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

OL # 3587

Data of Notification (4)	31		(F	£ '	-11	AC 8:60 and 5:1	A.	INV #	-11	18	3	
Date of Notification (1)						ng Owner/Operator				protous		marin may
	/ 1:				erizon Co	mmunications		E C E I			Janes Janes	S. Common of the
□ EPA ☑ Initia		E					IFAI				THE CASE OF	Transport
☑ DOLWD ☑ Ame	nded					ntgomery Street	111 111	JUN 12	0011	٦	Water or	Or Land
	ndment #			1	State, Zip		ful but of	00H 12	2013	1		1
DCA Emer (NJAC 5:23-8) justifi	gency (in	ncludin	g	_		PA 15212				-		THE STREET
(NJAC 5.23-6) Justin	cation)			100000000000000000000000000000000000000	ne of Contac	7.7	Ā	Telephone Nun	nber	JL &	-	
L Cano	enation			_	ACILITY IN	NFORMATION	To the Person proper	412-633-40		de la composition della compos	TPAS!	
Name of Facility Where Abatement	is Takin	g Place	(3)		(OILITTIII	41 OKINATION	Type of Facility	4)			te T	
Verizon Middletown Central			(-)				Type of Facility (4	•				
Street Address							Subchapter 8	(Other than K-1	21			
1009 State Route 35							Other (i.e., pri	vate and comme	ercial b	uildin	qs,	
City (5)			-				homes, etc.)					
Middletown							Square Feet	# of Floors	В	Bldg. A	ge	
County (6)							12,425	2		+-50)	
Monmouth				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Prio	r if being demoli	shed)			
							Verizon					
Name of Monitoring Firm Hired by E		Owner ((8)	ASCM	No.	Name of Abateme						
Chubb Global Risk Advisors	5					BRISTOL EN	VIRONMENTAL,	, INC.				
Street Address						Street Address						
10 Exchange Place						1123 BEAVER	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Jersey City, NJ 07302					1	BRISTOL, PA						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				10-01
Brian Kingsbury			100		5-5166	215-788-6040		00509				
Start Date (10)	Sched	uled Co	omple	tion Da	ate (11)	Name of OSHA M	onitor	00000				
6 /11 /19		6_ /					/IRONMENTAL,	INC				
Occupancy Status During Abatemer	t (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During E	ntire Per	riod of A	Abate	ment		1123 BEAVER	STDEET					
Abatement Performed Outside of	Normal	Facility	Hour	s - Des	scribe							
Time of Abatement: 6:00AM-1:3	0PM/_	PN	/	AM		City, State, Zip Co						
Scope of Work (Check all that apply)			-			BRISTOL, PA						
≥3 sf or ≥3 lf		⊠ Rer	covati	on		☐ Full Conta	ainment with Negat	ive Pressure				
⊠ ≥160 sf or ≥260 lf		☐ Den				☐ Mini-Enclo	DSUFE Procedure					
						☐ Non-Exen	npted (*) and Non-l	Friable Procedur	re			
			Locat						-	ateme	ent T	vne
Location of Asbestos-Containing Material (A)	28.43		ormal Sole			Description of				_		1
TO BE ABATED	JIVI)		ntena		Asbes	tos Containing Mate , thermal systems in	erial (ACM)	Amount	(em	Repair	nc	nc
IN Facility	1	Custo		Staff?	(1.0.,	surfacing, VAT,		(Specify SF or LF)	Removal	air	sde	Enclosure
(13)	-	v. T	(12)	Γ	1	other miscellaneo		or or Ery	=		Encapsulate	re
Df		Yes	No	N/A							æ	
Roof					Roof Fla			700 SF				
					Coping S	Stone Caulk		300 LF				
Side of Building					Caulk			88 LF				
										П	П	П
Name of Registered Waste Hauler			1,000.00	JDEP V		Cubic Yards of	Name of Register	ed Landfill	1-			_
SERVICE TRANSPORT GROU	JP, INC			auler ID		Waste	MINERVA LA					
City, State				20990		Disposal Date	City, State					
YARDLEY, PA						TBD		20.011				
Completed By (Print or Type)	Title						WAYNESBUF	(G, OH				
Dillan DeCaro	1000000	tim ata				Signature	10.11	Dat	te/	1 -		
SB-41	ES	timato	м			Dellan	De Caro/	16	/1/	19		
JU-T1						on an William Committee of the Committee		1	1			

ASB-41 JAN 13

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

2020010

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

	1	19			Verizon C	ding Owner/Operato	or (2)					
Agencies Notified Type	Notificat		_									
□ EPA □ Init		ion			reet Addres							
53	nended				15 East M	ontgomery Street	et					
	endmer	t #1_5	12214	0.	ty, State, Zi							
□ DCA □ Fm	ergency	(inclu	dina			n, PA 15212						
(NJAC 5:23-8) just	tification)	unig		me of Cont							
	ncellatio			1 .	Anthony F	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telephone N				
								412-633-4	4021			
Name of Facility Where Abateme	nt is Tal	cina Pl	ace (3	1	ACILITY	INFORMATION						
Verizon Middletown Centr	al Offic	e.		<i>f</i>			Type of Facilit					
Street Address							School (K-	12)				
1009 State Route 35							☐ Subchapter	8 (Other than K	-12)			
City (5)							homes, etc	private and comr	mercial	build	ings,	
Middletown							Square Feet	# of Floors		בום	Λ -	
							12,425				Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		2		+-5	00	
Monmouth					,	. ASMIL OOL ONLY)		rior if being demo	olished)		
Name of Monitoring Firm Hired by	Building	Owne	er (8)	ASC	M No.	Nome of At	Verizon					
Chubb Global Risk Advisor	rs		(0)	7.00	W NO.	Name of Abatem				-		
Street Address	-						VIRONMENTA	L, INC.				
10 Exchange Place						Street Address					0.000	
City, State, Zip Code						1123 BEAVE	R STREET					
						City, State, Zip C	ode					
Jersey City, NJ 07302						BRISTOL, PA						
Project Manager for Monitoring Fire	n		Te	lephone	e No.	Telephone No.		111				
Brian Kingsbury					6-5166	215-788-6040	V.	License No.				
Start Date (10)	Sche	duled			ate (11)			00509				
ON HOLO			/	/	ate (11)	Name of OSHA M		a vy	10.00			
Occupancy Status During Abateme	nt (Cha	rk only					VIRONMENTA	L, INC				
☐ Facility Closed/Vacated During E	int (One)	k only	one)			Street Address					-	
Make the second vacated bulling t	-illire Pe	stiod o	Abate	ement		1123 BEAVER	CTDEET					
Abatement Performed Outside a		1 E - "	4				COLKEEL					
Abatement Performed Outside on Time of Abatement: 6:00AM-1-1	i Norma	I Facili	ty Ho	rs - De	scribe							
Me of Abatement. 6.00AM-1:	00PM/_	l Facili	ty Ho	rs - De AM	scribe i	City, State, Zip Co	de					10-25-5
Ame of Abatement. 6:00 AM-1:1	00PM/_	l Facili	ty Ho	irs - De AM	scribe i		de					
Scope of Work (Check all that apply	00PM/_	F	ty Hou PM	AM	scribe	City, State, Zip Co BRISTOL, PA	de 19007	ativo Person				
Scope of Work (Check all that apply	00PM/_	F	ty Hou PM	AM	scribe i	City, State, Zip Co BRISTOL, PA	de 19007 ainment with Neg	ative Pressure				
Scope of Work (Check all that apply 3 sf or >3 if	00PM/_	F	ty Hou PM	AM	scribe	City, State, Zip Co BRISTOL, PA	de 19007 ainment with Negosure Procedure					
Scope of Work (Check all that apply	00PM/_	⊠ Re	enovat	AM	scribe	City, State, Zip Co BRISTOL, PA	de 19007 ainment with Neg		ıre			
Scope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of))	⊠ Re	enovatemoliti	AM	scribe	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen	ainment with Negosure Procedure npted (*) and Nor			patem	ent T	ype
Scope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (All))	⊠ Ro	enovatemolities Loca	ion on tion		City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen	ainment with Negosure Procedure npted (*) and Nor	n-Friable Procedu	At	1	Т	
Cope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (Ad TO BE ABATED))	⊠ Re □ De	enovatemoliti Loca Norma ed Sole intena	AM ion on tion ely by ince/	Asbes	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate	ainment with Negosure Procedure npted (*) and Nor	n-Friable Procedu	At	1	Т	-
Cope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (All TO BE ABATED IN Facility))	⊠ Re □ De	enovatemoliti Local Norma ed Sole intenatodial	AM ion on tion ely by ince/	Asbes	City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT.	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	Amount (Specify	At	patern Repair	Т	
Cope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (Ad TO BE ABATED))	Is Use Ma	enovatemolities Loca Norma ed Sole intena (12)	ion on tion llly ely by nce/ Staff?	Asbes	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of tos Containing Mate, thermal systems in	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	n-Friable Procedu		1	Т	
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Scope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (At TO BE ABATED IN Facility (13)))	Is Ro	enovatemoliti s Loca Normaed Sole intenatodial (12)	ion on tion elly by nce/Staff?	Asbes (i.e.	City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	Amount (Specify	At	1	Т	ype Enclosure
Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Ad TO BE ABATED IN Facility (13) oof))	Is Re Use Ma Cus	enovatemoliti s Loca Norma ed Sole intena todial (12) No	ion on tion llly elly by nce/ Staff?	Asbes (i.e. Roof Fla	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneon	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	Amount (Specify SF or LF)	से Removal	Repair	Encapsulate	
Cope of Work (Check all that apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (Ad TO BE ABATED IN Facility (13) oof))	Is Re Use Ma Cus	enovatemolities Local Normal (12)	ion on tion llly ely by nce/ Staff?	Asbes (i.e.	City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	Amount (Specify SF or LF)	Removal 🛛	Repair	Encapsulate	
Cope of Work (Check all that apply 3 sf or \$\geq 3\$ if \$\geq 160\$ sf or \$\geq 260\$ if Location of Asbestos-Containing Material (At \(\frac{10}{10}\) BE ABATED IN Facility (13) 0 of oof oof de of Building))	Is Re Use Ma Cus	enovatemoliti s Loca Norma ed Sole intena todial (12) No	ion on tion llly elly by nce/ Staff?	Asbes (i.e. Roof Fla	City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negosure Procedure npted (*) and Nor erial (ACM) issulation,	Amount (Specify SF or LF) 700 SF 300 LF	Removal	Repair	Encapsulate	
Coope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (All TO BE ABATED IN Facility (13) oof de of Building ime of Registered Waste Hauler	CM)	Is Re Use Ma Cus	enovatemoliti s Loca Normal todial (12) No	ion on tion llly ely by nce/ Staff?	Asbes (i.e. Roof Fla Coping S	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encluder Glovebag Non-Exen Description of tos Containing Mate thermal systems surfacing, VAT, of other miscellaneous shing Stone Caulk	ainment with Negosure Procedure Inpted (*) and Nor Insulation, Ins	Amount (Specify SF or LF) 700 SF 300 LF	Removal 🛛	Repair	Encapsulate	
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Coope of Work (Check all that apply \(\text{23 sf or } \text{23 lf} \) \(\text{2160 sf or } \text{260 lf} \) Location of Asbestos-Containing Material (Ad TO BE ABATED IN Facility (13)} To be about the cooperation of the cooperati	CM)	Is Re Use Ma Cus	enovatemoliti s Loca Norma ed Sole intena (12) No	ion on tion llly elly by nce/ Staff?	Asbes (i.e. Roof Fla Coping S Caulk Vaste No.	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encluder Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, of other miscellaneous shing Stone Caulk Cubic Yards of Waste	ainment with Negosure Procedure Inpted (*) and Nor Insulation, Ins	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛	Repair	Encapsulate	-
Cope of Work (Check all that apply 3 sf or \$3 if 10 160 sf or \$260 if Location of Asbestos-Containing Material (Aid To BE ABATED IN Facility (13) Coof Coof Coof Code of Building Ame of Registered Waste Hauler SERVICE TRANSPORT GROUP, State	CM)	Is Re Use Ma Cus	enovatemoliti s Loca Norma ed Sole intena (12) No	ion on tion llly ely by nce/ Staff? N/A	Asbes (i.e. Roof Fla Coping S Caulk Vaste No.	City, State, Zip Co BRISTOL, PA Full Conta Mini-Encluder Glovebag Non-Exen Description of tos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous shing Stone Caulk Cubic Yards of Waste Disposal Date Disposal Dat	ainment with Negosure Procedure Inpted (*) and Nor Insulation, Ins	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛	Repair	Encapsulate	
Coope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Ad TO BE ABATED IN Facility (13) coof coof dee of Building ame of Registered Waste Hauler SERVICE TRANSPORT GROUND, State YARDLEY, PA	CM)	Is Re Use Ma Cus	enovatemoliti s Loca Norma ed Sole intena (12) No	ion on tion llly ely by nce/ Staff? N/A	Asbes (i.e. Roof Fla Coping S Caulk Vaste No.	City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneous shing Stone Caulk Cubic Yards of Waste Disposal Date TBD	ainment with Negosure Procedure Inpted (*) and Nor Insulation, Ins	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛	Repair	Encapsulate	
Coope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (Ad TO BE ABATED IN Facility (13) coof coof ide of Building ame of Registered Waste Hauler SERVICE TRANSPORT GROL by, State	CM) JP, INC	Is Re Use Ma Cus	enovatemolitics Local Norma (12) No	ion on tion llly ely by nce/ Staff? N/A	Asbes (i.e. Roof Fla Coping S Caulk Vaste No.	City, State, Zip Co BRISTOL, PA Full Conta Mini-Enclude Glovebag Non-Exen Description of tos Containing Mate thermal systems surfacing, VAT, of other miscellaneous shing Stone Caulk Cubic Yards of Waste Disposal Date TBD Signature	ainment with Negosure Procedure Inpted (*) and Nor Insulation, Ins	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛 🖂	Repair	Encapsulate	

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

Ch4#3572

Date of Notification (1)			T	Name of E	Building Owner/Opera	tor (2)	- OW		_		801 - 6
5 / 14 /	19			Verizo	Communication	s					20.00
Agencies Notified Type Noti	ication		\rightarrow	Street Add							
	.00			00100-015000000-0							-
□ EPA □ GOQ □ □ Initial □ Amend			-		Montgomery Str	eet					
	ment #_			City, State,							
DCA Emerge (NJAC 5:23-8) iustifica	ency (inc	luding	1		rgh, PA 15212						
(NJAC 5:23-8) justifica			- 11	Name of Co			Telephone N	Jumbe	r	-	
Cancell	alion			Anthon	/ Porta		412-633-		.,		
No. of the same				FACILIT	Y INFORMATION		1.12 000-	4021			
Name of Facility Where Abatement is	Taking F	Place (3)			Type of Fac	llity (4)				
Verizon Middletown Central C	ffice		63			School (F					
Street Address	F247	2	7.47			── Subchap	ter 8 (Other than k	-12\			
1009 State Route 35						M Other (I.e	Drivate and com	mercia	al buile	dinas	
City (5)						nomes, e	(0.)				1
Middletown						Square Feet	10013		Bldg	. Age	9
County (6)			10	County Co-	le (7)(STATE USE ONL)	12,425	2		+-	50	127
Monmouth			1	Journey COC	IE (1)(STATE USE ONL)		(Prior if being dem	olishe	d)		_
Name of Monitoring Firm Hired by Buil	ding Our	ner /0\	100	OB (A)		Verizon			15		
Chubb Global Risk Advisors	ang Owl	ici (0)	AS	CM No.	Name of Abate	ment Contractor	(9)			-	
Street Address					BRISTOL E	NVIRONMENT	AL, INC.				
10 Exchange Place					Street Address			-			
					1123 BEAV	ER STREET					
City, State, Zip Code		+11			City, State, Zip (
Jersey City, NJ 07302					BRISTOL, P						
Project Manager for Monitoring Firm		Te	elepho	ne No.	Telephone No.	71 10001	1				
Brian Kingsbury				56-5166	215-788-604	n	License No.				
Start Date (10)	cheduled			Date (11)	Name of OSHA		00509				
_5 / _28 / _19				/19	- III						
Occupancy Status During Abatement (C	heck onl					VIRONMENT	AL, INC				
Facility Closed/Vacated During Entire	Doring.	y one)			Street Address						
Apatement Performed Outside of No.	mal Fac	lity Ho	ure D	ooosik s	1123 BEAVE						
Time of Abatement: 6:00AM-1:00Pf	///	PM-	uis - Di	escribe M	City, State, Zip C	ode			_		
cope of Work (Check all that apply)					BRISTOL, PA	19007					
≥3 sf or ≥3 lf	⊠ F	Renova	tion		☐ Full Con	tainment with Ne	gative Pressure				
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					☐ Non-Exe	mpted (*) and No	on-Friable Procedu				
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Location of Asbestos-Containing Material (ACM)	He	Norma ed Sol			Description o	f		Al		ent 7	ype
TO BE ABATED	M	aintena	ance/		estos Containing Ma	terial (ACM)	Amount	Re	Re	m	Ш
IN Facility	Cu	stodial	Staff?	(1.	e., thermal systems i surfacing, VAT,	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)	-	(12)	1		other miscellaned	ous)	SF or LF)	a	1	Encapsulate	Sure
	Yes	No	N/A							ate	"
oof				Roof F	lashing		700.07	-	-		
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de of Building		1		coping	Stone Caulk		300 LF	×		П	
or building				Caulk			88 LF	+-	1][-
			П				30 LF		Ш	Ц	
me of Registered Waste Hauler				Waste	Cubio Vanda						
ERVICE TRANSPORT GROUP, II	/C		auler II		Cubic Yards of Waste	Name of Regist	tered Landfill				_
, State			20990			MINERVA L	ANDFILL				
ARDLEY, PA					Disposal Date	City, State					
WILL I, FA					TBD	WAYNESBU	JRG OH				
							, 011				1
npleted By (Print or Type) Tit	le				Signature						
npleted By (Print or Type)	le Estimat	or			Signature	00	(m Date	e ,			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 5114 (Pursuant to NAC 8:60 and 12:120) of Notification (1) Name of Building Owner/Operator (2) ROVIDENT BANK Agency Notified Type Notification AUE 2 Initial D EPA D DEP City, State, Zip Code ☐ Amended 07002 Amendment# BYLONNE Emergency (including Telephone Number Name of Contact B DOH justification) 732-749 15858 DINCA ☐ Cancellation JOSHUA HAU **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PROVIDENT School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) El Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 1950 3500 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) DEFFI CE BLAK Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 18/19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours DOther-Describe: 8:00 BM TO 5:00 PM S. Hackensack .N.J. 07606 Scope of Work (Check all that apply) Pruli Containment with Negative Pressure Renovation □≥3sfor≥3lf ☐ Mini-Enclosure £ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapaulate Maintenance/ Enclosure TO BE ABATED Remova (i.e., thermal systems insulation, (Specify Repair Custodial IN Facility surfacing, VAT, or SF or LF) Staff? other miscellaneous) (13)(12)No N/A BASEMENT VAT 340 SF Name of Registered Waste Hauler NJDEP Waste Hauter Cubic Yards of Name of Registered Landfill ID No Masta Best Removal Inc 17109 CUMBERLAND COUNTY LANDFICL City, State Disposal Date City, State Hackensack , N.J. 07601 6/19/1 NEW BURGH Completed by Signature J. Maiorano Estimator ASB-41 * Do not use this form for asbestos licensure exempted activities.

3956780

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2019-142

B & G proj. #: Check # 9353 Date of Notification (1) Name of Building Owner/Operator (2) 10 16 1/11 10 1/11 19 1 Hamilton Township School District Agencies Notified Type Notification Street Address ☐ EPA X 90 Park Avenue Initial ☐ DEP City, State, Zip Code X DOL Amendment Hamilton, NJ 08610 1 X DOH Name of Contact Telephone Number Cancellation ☐ DCA John Miranda 609-631-4100 ext#2769 **FACILITY INFORMATION** ASSESTOS CONTROL & Name of facility where abatement is taking place (3) Type of Eacility (4) VOING School (K - 12) Wilson Elementary School(NON-Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 600 East Park Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 50 years (State use only) Hamilton Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Karl & Associates n/a B & G Restoration, Inc. Street Address Street Address P.O. Box 645 105 Ryerson Road City, State, Zip Code City, State, Zip Code Shillington, PA 19607 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number Michael Krisher 610-856-7700 (973)696-6869 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 06/24/2019 06/27/2019 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: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation Fuil 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 Location of F by maintenance/custodial asbestos-containing E e n Description of asbestos-containing Amount staff(12) material to be m n p C material (ACM) (Specify SF or abated in facility (13) 0 Yes a No N/A ADA Bathrooms Nurses Office X pipe (wrap & cut) 60 If X × mirror mastic 1 sqft X transte panels 32 sf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 06/24-27/2019 Pens Argyl, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 06/10/2019

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Street Address	-/,-					☐ Subchapter	8 (Other than K-12)				
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Project Manager for Monitoring Firm	Tel	ephon	e No.		Telephone No.		License No.				
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 05/31/2019	11 (2)			Name	of Buildin	g Owne	r/Operato	or (2) ality LLC						
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Name of Facility Where	Abatement is Tak	ing Place (3	3)	FA	CILITY IN	FORMA	TION	Type of Facil	ity (4)	LICENE	ONTH MMG	الله الله	i.	į
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Name of Monitoring Firm Indoor Environment	Hired by Building al Concepts	Owner (8)		ASC	M No.		Name	of Abatement of Environme	Contractor (9	9)				
Street Address 286 Sunset Rd							Street	Address Glenwood D						
City, State, Zip Code Barrington, New Jer	sev 08007-14	39					City, S	tate, Zip Code			-			
Project Manager for Moni	toring Firm		Т	Telepho	one No.			nington Cros		icense	NI=			
Michael P Menz, CII	H, CHMM				28-6020			313-7427	1000	1225	NO.			
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Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire d Outside of Norn	Period of Al nal Facility	baten Hours	nent			City, St	ate, Zip Code						
Scope of Work (Check All	That Apply)					_								
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to AUAC 8:60 and 12:120)

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Date of Notification (1) 4/29/2019 CHECK #0205			Name	e of Buildi	ing Owner	r/Operato	r (2)		i) E	G	E	I	\mathbb{V}	E	m
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DEP Amended Amendmer	nt #			State, Zip	Code J,07652					JUN	7 /	<u>) 2</u>	019		4
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Name of Facility Where Abatement is Taki	ng Place (3)			II OILIIA	IION	Туре	of Facility	(4)						
Street Address								School (K-	12)						
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Street Address							Address								
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Project Manager for Monitoring Firm			Tolonb	ana Ma		ELM	NOOD	PARK	,NJ 0	7407					
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Scope of Work (Check All That Apply)						_									
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* Do not use this form for asbestos licensure exempted activities.

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

Check # 2011 Date of Notification (1) Name of Building Owner / Operator (2) June 6, 2019 Robert Slade Agencies Notified Type Notification Street Address EPA DEP DOL Initial City, State & Zip Code Amended Long Beach Township, NJ 08008 **MDOH** Amendment # ASSESTOS COMTROL & DCA Cancellation Name of Contact LICE Telephone Number John Swenson Builders **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 1,188 58 years Long Beach Township Current Use (Prior if being demolished) Residence County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 17, 2019 July 17, 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) J Full Containment with Negative Pressure ___ ≥3 sf or > 3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure 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 insulation, surfacing, VAT Encapsulate Enclosure Remova or other miscellaneous) Repair Yes N/A No House and Garage X Siding 2,300 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 10 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ July 18, 2019 Morrisville, PA Completed By Title Signature Date Weare Diane Aloia **Executive Administrator** June 6, 2019

445 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 06 Church of Saint Gregory the Great 19 Agencies Notified Type Notification Street Address JUN 12 4620 Nottingham Way □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Hamilton Square, NJ 08690 ASPESTOR CONTINUL& ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Rev. Michael McClane 609-587-4877 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Saint Gregory the Great School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 4620 Nottingham Way homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hamilton Square 50,000 2 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Church/School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PARS Environmental, Inc. Shade Environmental, LLC Street Address Street Address 500 Horizon Drive, Suite 540 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Robbinsville, NJ 08691 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Julian Fernandez-Obregon 609-890-7277 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __06__ / __17__ / __19__ 06 / 18 / 19 EMSL Analytical, Inc. 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 □ 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 Remova Repair 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)(13)other miscellaneous) Yes No N/A Upstairs 4th Grade Classroom X **Ebonite Window Sills** X 30 SF П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 1 City, State Disposal Date City, State Freehold, NJ 06/18/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations

State of New Jersey

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Monmouth				(STATE	USE ONL	0			mentary :			5-5-17-50-04			
Name of Monitoring Firm AHERA Consultant		wner (8)		ASCN		_			tement Co						
Street Address	S			1	205				Environr	nental	Service	s, Inc.			
PO Box 385							Street		ss Ion Rd. S	Cuito 1	00				
City, State, Zip Code									ip Code	Suite i	UZ				
Oceanville, NJ 082	31								NJ 0740	5					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				License	No.			
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Start Date (10) 6/29/19		7/24/19	9	npletion I	Date (11)				IA Monitor Environn		Service	s, Inc.	8		
Occupancy Status During		100	20				Street								
Facility Closed/Vaca Abatement Perform	ated During Entire Pa	eriod of A	baten	nent			L_V. S.		lon Rd.	Suite 1	102				
Other - Describe:	ed Odiside of Norma	ar r acinty	riours						p Code NJ 0740	5					
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Art Roc			×							-	51 sf	X	-		-
Rms. 333, 335,							herma				0 If	Х			
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Kinnelon, NJ						7/25/1	al Date	,	City, State Morrisv		A				

Completed by

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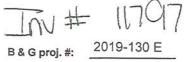
Title

Sr. Project Manager

Date

Signature

FILL FULL



State of NJ Notification of Asbestos Abatement (Pursuan to NJAC 8:60-7 and 12:120-7)

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Agencies Notified	Type Notifica	tion	Street Ac					1111	1			111	111	
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X DOH	_	lt	Name of	Contact				1-1-41 = 40 #/	Telephor	ne Numbe	fazinen e	ne di mini		
☐ DCA	☐ Cancell	ation	Dina	Messery					908-8	52-1894				
				FAC	ILITY INFORM	ATIO	N							
Name of facility wh	ere abatement i	s taking p	lace (3)					T	ype of Facility	(4)				
Euclid School	(sub 8)								✗ School	ol (K - 12)				
Street Address								4		apter 8 (C			-12)	
1 Burton Aver	1110									(Private/C /Homes, e		rcial		
- Buiton Avei	iue							5		# of Floor		BI	dg. A	\ge
City (5)		Co	unty (6)				unty Code (7)	1 _						
Hasbrouck Ho			ergen			(St	ate use only)	1 1	Current Use (P school	rior if bein	g dem	olish	ed)	
Name of Monitoring			ner (8)		ASCM No.	\neg	Name of Abateme	nt Con	tractor (9)					
Westchester	Elementary I	LLC			#00127		B & G Restor	ation,	Inc.					
Street Address							Street Address	_	9					
1248 Wrights							105 Ryerson		d					
City. State, Zip Code West Cheste	e r. PA 19380						City, State, Zip Cod		07005					
Project Manager for				Phone Numb		_	Lincoln Park	23407 - 42555	07035	100				
Matthew Abra				610-431-7			Telephone Number (973)696-68			License 00	378	er		
Scheduled Start Dat	te (10)	ISche	d. Compl	etion Date (1	1)	-	Name of OSHA Mo							
06/24/2019			/30/2019		,		B & G Restor	ation,	, Inc.					
Occupancy Status D	Juring Abatemer					_	Street Address	D	1					
Facility closed				atement			105 Ryerson		l 					
Abatement pe	rformed outside						City, State, Zip Cod	ie						
Describe: Other-Describ	oe:					-1	Lincoln Park,	NJ 0	7035					
Scope of Work (che		r)					L							1.
☐ Demolition	X	Renovati	ion			X	Full Containment w/n	negativ	e pressure	Gloveb	an nn	ncedi	re	
X >3 sf or >3 if		≥160 sf o	r >260 If				Mini-enclosure		- [Non-fri				
			-22	ly used solely		_					R	R	E	1
Location of asbestos-cont	taining	by main	tenance/c	ustodial		n of a	asbestos-containing		Amount		е	е	n	E
material to be abated in facil		staff(12)		T	material (A				(Specify S LF)	For	m o	p a	c	C
abatoa iii iadii	iity (10)	Yes	No	N/A					LIF		v e	i	р	L
rd floor office su				X	white coat				660 sf	-	X	Ù		
rd floor cifice su	(8)3077/2			X	sheetrock v				385 sf		X			
Main office bath	room			X	VAT & woo	od su	ub floor		50 sf		X			
Registered Waste Ha B & G Restorati		NJE	EP Haule 19563	er ID# C	ubic Yards of W	vaste	Name of Registere Grand C							
City, State				Disposal D			City, State	-	**	A SHEET		-		
Lincoln Park, N	IJ			06/24	/19 - 07/01/	19	Pen Arg	ıyl, PA	A					5
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer						Gordana Luna			Date 06/04	/201	9			

Notification of Asbestos Abatement

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

SUB-chapter 8

Date of Notification (1) Series Audienses Seri		世川	140)		SUB-0	napt	er 8	Check	# 9335				_
Size Address Size		500	1	Name of E	Building Ow	ner/Operator (2	2)							
EPA DEP Minital Solution		-,		Hasbro	ouck Heig	hts School I	Distri	су						
DEP Initial Job Amendment Amendm	And the second	Type Notifica	tion							***************************************			~	
DOL	10000000	X Initial							INEGI	E 11 N	7 [5		11	
DCA	X DOL	Amend	ment			ghts, NJ 076	604				12.6	And the second state of th	Tally tandon's tuni and all males assessed, breakers of course, as	
DIDA	X DOH	П.		Name of C	ontact				Telephor	e Number	y	1	力	NAME OF TAXABLE PARTY.
Name of facility where abatement is taking place (3) Lincoln School (sub 8) Street Address Subchapter 8 (Other than K-12)	☐ DCA	☐ Cancel	ation	Dina N	<i>Messery</i>			deserous-11.	908-8	52-1894		i i	144994	
Lincoln School (sub 8)					FAC	CILITY INFORM	MATIO	N		NSING	UL 8	i.	- 1	
Subchapter 8 (Other than K-12) Street Address Square Feet \$for Floors Bidg. Age	Name of facility who	ere abatement	is taking p	place (3)										
County Code (7) County (8) County (9) County (9) Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Bidg. Owner (8) Monitoring Firm Hired by Bidg. Owner (8) Monitoring Firm Address 1248 Wrights Lane City, State, Zip Code City, State City	Lincoln Schoo	l (sub 8)								8 8	ther t	han k	-12\	
County Code (7) County Code (7) County Code (7) Current Use (Prior if being demolished) Current Use (Prior if being demolished) School Current Use (Prior if being demolished) City, State, Zip Code	Street Address		- Programme						Other	(Private/Co	omme		-12)	5 k
City (5) Hasbrouck Heights Name of Monitoring Firm Hired by Bidg. Owner (8) Westchester Elementary LLC Street Address 1248 Wrights Lane City, State, 2ip Code West Chester, PA 19380 Project Manager for Monitoring Firm Matthew Abraham Scheduled Start Date (10) 06/24/2019 Occupancy Status During Abatement (Check only one) Eleacity Codes/Completion Date (11) 06/24/2019 Occupancy Status During Abatement (Check only one) Eleacity Codes/Completion Date (10) Deprolition Deprolitio	302 Burton Av	enue/										B	da £	and and
Name of Monitoring Firm Hired by Bild, Owner (8) Westchester Elementary LLC Street Address 1248 Wrights Lane City, State, Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Matthew Abraham Scheduled Start Date (10) 06/21/2019 Occupancy Status During Abatement (Check only one) If actility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Demolition If acciding of asbestos-containing material to be abated in facility (13) Assignment Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State Lincoln Park, NJ 07035 Telephone Number (973)696-6869 City, State Park (973)696-6869 City, State Park (973)696-6869 City, State Park (973)696-6869 City	City (5)		Co	unty (6)			Co	unty Code (7)	Oquale i eet	# 0111001	_		ug.,	,gc
Name of Monitoring Firm Hired by Bidg. Owner (8) Westchester Elementary LLC Westchester Elementary LLC Street Address 1248 Wrights Lane City, State, Zip Cade West Chester, PA 19380 Project Manager for Monitoring Firm Matthew Abraham Scheduled Start Date (10) 06/24/2019 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Describe: Other-Describe:	Hasbrouck He	eights	В	ergen			(St	ate use only)		rior if being	g dem	olish	ed)	
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City, State, Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Matthew Abraham Scheduled Start Date (10) 06/21/2019 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement.		Lono							Pood					
West Chester, PA 19380 Project Manager for Monitoring Firm Matthew Abraham Matthew Abraham Scheduled Start Date (10) 06/24/2019 Occupancy Status During Abatement (Check only one) Expectible: Other-Describe: Other-Describe: Demolition Expectible: Location of asbestos-containing material to be abated in facility (13) Page of Sor Sor Sor No. N/A Brill Containment w/negative pressure Scope of Work (check all that apply) Description of asbestos-containing material to be abated in facility (13) Page of Roll of Sor							_				-			
Matthew Abraham 610-431-7545 Scheduled Start Date (10) 06/21/2019 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.								(a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d						
Scheduled Start Date (10) O6/21/2019 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Demolition Renovation Street Address City, State, Zip Code Lincoln Park, NJ 07035 Location of asbestos-containing material to be abated in facility (13) Staff(12) Amount R E E E Amount R E E E Amount R E Amount R E Amount R E Amount R E E Amount R E			1							0.70		er		
Sched. Completed by Print or Type) Sched. Completed by Print or Type) Sched. Completed by Print or Type) Title										00	378			
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.		e (10)		250	ion Date (1	1)								
Abatement performed outside of normal facility hours-Describe: City, State, Zip Code						A CONTRACTOR OF THE PARTY OF TH		Street Address						
Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: Scope of Work (check all that apply) □ Demolition X Renovation X Renovation X State Lincoln Park, NJ 07035					omont									
Cother-Describe: City, State Completed by (Print or Type) Title Signature Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of Cape of Work (check all that apply) Completed by (Print or Type) Title Signature Cape of	Abatement per							City, State, Zip Code	9					
Scope of Work (check all that apply) □ Demolition		e:					_	Lincoln Park,	NJ 07035					
Signature Sig	Scope of Work (che	ck all that apply	y)									-		<u> </u>
Location of asbestos-containing material to be abated in facility (13) Srd floor office suite Main office bathroom Registered Waste Hauler B & G Restoration, Inc. Description of asbestos-containing material (ACM) N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) N/A Description of asbestos-containing material (ACM) N/A Description of asbestos-containing material (ACM) N/A Sheetrock walls N/A N/A N/A Sheetrock walls N/A N/A N/A N/A N/A N/A N/A N/	Demolition	X	Renovat	ion			X	Full Containment w/ne	egative pressure [Gloveb	ag pro	ocedi	ıre	
by maintenance/custodial staff(12) Yes No N/A Brd floor office suite X Sheetrock walls Sheetr	>3 sf or >3 lf		≥160 sf o	r ≥260 lf				Mini-enclosure	[Non-fri	able p	roce	dure	
assestos-containing material to be abated in facility (13) Yes No N/A Brd floor office suite X sheetrock walls Sate floor office bathroom X VAT & wood sub floor So sf X In Completed by (Print or Type) Title Signature Description of asbestos-containing material (ACM) Amount (Specify SF or LF) Amount (Speci		-1-1				1				-	100	N. 11		E
Abated in facility (13) Yes No N/A Yes No N/A Sheetrock walls Shee	material to be		1							For	130000	р	С	1
And floor office suite X Sheetrock walls 385 sf X	abated in facil	ity (13)	Yes	No	N/A				LF)		v	i	1000	L
Registered Waste Hauler B & G Restoration, Inc. City, State Lincoln Park, NJ Completed by (Print or Type) Title NJDEP Hauler ID# Cubic Yards of Waste For Argyl, PA Completed by (Print or Type) Completed by (Print or Type) Name of Registered Landfill Grand Central Landfill City, State Pen Argyl, PA Completed by (Print or Type) Title Signature Completed					X	sheetrock	walls	3	385 sf					
B & G Restoration, Inc. 19563 6 Grand Central Landfill City, State Lincoln Park, NJ Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Date	Main office bathr	oom			X	VAT & wo	od st	ıb floor	50 sf		X			
B & G Restoration, Inc. 19563 6 Grand Central Landfill City, State Lincoln Park, NJ Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Date														
B & G Restoration, Inc. 19563 6 Grand Central Landfill City, State Lincoln Park, NJ Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Completed by (Print or Type) Title Disposal Date 06/21/19 - 06/25/19 Date	-			-	#	ļ						H	분	11
B & G Restoration, Inc. 19563 6 Grand Central Landfill City, State Lincoln Park, NJ Disposal Date 06/21/19 - 06/25/19 Pen Argyl, PA Completed by (Print or Type) Title Signature Date	Registered Waste Ha	nuler	NJE	JIL DEP Hauler	ID# C	Ubic Yards of V	Naste	Name of Registere	d Landfill		Ш		Ц.	
Lincoln Park, NJ 06/21/19 - 06/25/19 Pen Argyl, PA Completed by (Print or Type) Title Signature Date		on, Inc.				6		Grand Ce	entral Landfill					
	City, State Lincoln Park, N	J					19		yl, PA					
	Completed by (Print Gordana Luna	or Type)		arv/Treas	urer	Signature		Gordana Luna		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/201	9		

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CK# 24081

State of New Versey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:120)

13/1# 11-00	Print Form
4) 11 MC	1

Date of Notification (1) 6/6/2019			Name o	of Building	Owner/0	Operator	(2)			- U	U L		SEPTIMENT OF THE PARTY OF THE P		
Agencies Notified X EPA	Type Notification				Address BOX 600	0		1		Wit.	1.2 30	19	loves	11	
DEP X DOL	Amended Amendmen Emergency				ate, Zip C ITON, N		5 -060	0	AS(i):	aro: LiQI	NSINA	ŪL&	1	A GIVE WE WAY THE	
DOH DCA	justification Cancellation)		JITEN	of Contact NDRA PA	ATEL				Te	lephone Nu 09-530-54		un erape		
Name of Facility Where DOT HIGH POINT	Abatement is Takir WINTER YD -	ng Place (3	3) /STC		/FLAMN				of Facility (4						
Street Address ROUTE 23 NB, MP	48.1							×	School (K-1; Subchapter Other (i.e. pretc.)	8 (Oth			ldings	, hom	es,
City (5) WANTAGE	,								re Feet	# 0	of Floors	E	Bldg. /	Age	
County (6) SUSSEX		6			Code (7) USE ONLY	?	_	Curre	ent Use (Prio	r if be	ing demolis	hed)	2330		
Name of Monitoring Firm ENVIRONMENTAL	197.0		ASC	M No.			ne of Abatement Contractor (9) O BROTHERS CONTRACTING, INC.								
Street Address 120 NORTH WARF	REN STREET			Street Address 11 VREELAND AVE						ENUE	Ē				
City, State, Zip Code TRENTON, NJ 086		12.141211.11.1		ТОТО				r, State, Zip Code DTOWA, NJ 07512							
Project Manager for Mon DOMINICK DERCO				Telepho 609-39		o. 3700		License N 00494	lo.						
Start Date (10) 6/17/2019		6/21/20	019	TO THE POST OF THE PARTY OF THE					HA Monitor (9) ABO\	/E					
Occupancy Status During Facility Closed/Vaca				nent	Street Address										
Abatement Perform Other – Describe:	ed Outside of Norm /ACANT	nal Facility	Hours	s	City, State, Zip Code										
Scope of Work (Check A Signal ≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf	Il That Apply)	- Committee	Renova Demoli				×	Min Glo	l Containme ii-Enclosure vebag Proce n-Exempted	edure	J			e	
		112.50	Locat	45.00										ement	t
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	d Sole intena odial ((12)	ely by nce/	Asbes (i.e.	tos Conta thermal : surfac	cription aining M systems sing, VA aiscellan	laterial insula T, or	(ACM)	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERI	OP	Yes	No X	N/A		VINDO	M/CL/	71110	-		C C			le l	
LATERI			^			TRANS					5 LF 00 SF	X			
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards	-	Name of R	egiste	red Landfill				
TWO BROTHERS CONTRACTING Hauler ID No. 18743					No.	of Was	te				NAGEME	NT G	R.C).W.S	S.
City, State TOTOWA, NJ						Disposal Date City, State 6/21/2019 MORRISVILLE, PA									
Completed by Title PROJECT COORDINATO					gnature در ک		17	ا د برد	Da	te 6/201	19				

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

IN# 11800				N OF ASI					HEC	K# 1	778	3		
Date of Notification (1) 06/04/2019			Name o	of Building NHARD	Owner/ INC.	Operato	r (2)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Agencies Notified Type Notification EPA Initial				Address E. PAR	K AVE.				C	E I	W E		77	
DEP Amended DOL Amendment				ate, Zip C LE SHA		***		忧		had U		The same of	Shirt Sandana	
DOH Emergency (i justification) Cancellation	nciuaing			of Contact L COX			7 :			ephone N 6-229-1		16.	7	
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	ZALJT.	DE CON	HUL	<u> </u>		
STONHARD	, .= \							School (K-	Li	DENSING	1			
Street Address 1000 E. PARK AVE.								Subchapte Other (i.e. etc.)	r 8 (Oth			dings	, họm	es,
City (5) MAPLE SHADE								re Feet	# 0	fFloors		3ldg. / 50+	\ge	
County (6) BURLINGTON	Tourse Commen			Code (7) USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building O ACER ASSOC.	wner (8))	ASCI	VI No.		Name ASS	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1012 INDUSTRIAL DRIVE							Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091	and any common many constraint	The second se	100 mg - 100 mg/mg - 100 mg -			City, S MUL	state, Z LICA	ip Code HILL NJ	08062	2				
Project Manager for Monitoring Firm MATT DEPALMA	T DEPALMA						304-4			License 01145	No.			
Start Date (10) 06/17/2019	Schedul 06/19/	ed Con 2019	npletion	Date (11)		Name EMS		A Monitor	J					
Occupancy Status During Abatement (Check	Only Or	19)					Addres							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of <i>i</i>	Abaterr / Hours	ement 200 RT. 130 NORTH urs City, State, Zip Code C(NNAMINSON NJ 08077											
Scope of Work (Check All That Apply)		-,	CINNAMINSON NJ											,
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demotit	ition ion			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur					e			
		Lecati		I		.:		· · · · · · · · · · · ·	1/2/11	ritona na	0.51.10	Abat	ement	
Location of Asbestos-Containing Material (ACM)	Uss	Normal d Sole	ly by	Ashes	Des	scription		(ACAA)	Λ.	mount	-	1)	pe	<u> </u>
TO BE ABATED In Facility		intenar todial S			thermal		s insula		(S	pecify or LF)	Ren	Re	Enca	Encl
(13)	ļ	(12)	т			niscellan		6	o,	0, 2,)	Removal	Repair	Encapsulate	Enclosure
OFFICE	No	N/A X		NF1 F	1000	TH F			~ OF	<u> </u>		(0)		
OTTIOL					MELE	LOOK	TILE			6 SF	X	_		ļ
	1	 								<u> </u>				
	ļ		aring the partition and the community of		177000 N. 1000 MI			**********						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES Hauler 00348				No.	Guolo of Was 5	es article				red Landfi NDFILL		L		
City, State MULLICA HILL NJ				ofers therefore new years in the		sal Date 0/2019		City, State WAYNI		 RG, OH	,			
Completed by RON SWANSON	Title GEN	IERAI	AL MANAGER Signature Lack Duringer 06/04/2019											

NO CK

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

[B. (1) 115 11 111								PAFI	ПЛ	E	15				
Date of Notification (1)	00					g Owner/Operator (2 5 5 4 5 5		14	<u>L</u>					
	28 /	19		Mo	ntclair P	olice Headquart	ers			all leaves	de Branch	anderso and est			
Agencies Notified	Type Notifica	ation		Stree	t Address			JUN 12	2019	-	U				
□ EPA				637	Bloomfi	ield Ave	11 11	9130 1 4 C	OH)						
☑ DOLWD	⊠ Amended		140	City,	State, Zip (Code				-		1			
□ DCA	Emergen	ent # <u>1-6/6</u>		Mo	ntclair, N	J 07042		ASPENTOS CON	TR.J	. 8.		İ			
(NJAC 5:23-8)	justificati		ig	Name	of Contac	t		Telephone Numb	7		0.000	- t- - t-			
	☐ Cancellat	tion		N/A				N/A							
				FA	CILITY IN	IFORMATION									
Name of Facility Where A	Abatement is 7	Taking Place	e (3)				Type of Facility (4)								
Montclair Police He	adquarters						☐ School (K-12	2)							
Street Address								(Other than K-12)		4.11					
637 Bloomfield Ave	•				Other (i.e., private and commercial homes, etc.)										
City (5)				100			Square Feet	# of Floors	Bl	da A	ae				
Montclair							Square Feet								
County (6)				Cour	nty Code (7)(STATE USE ONLY)				- 10					
Essex					., (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y) Current Use (Prior if being demolished) Township Building								
Name of Monitoring Firm	Hired by Build	ding Owne	(8)	ASCM	No	Name of Abateme									
Environmental Con		anig Omio	(0)	7100111	110.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address					Street Address										
120 North Warren S	treet					1123 BEAVE	D STREET								
City, State, Zip Code						City, State, Zip Co									
Trenton, NJ 08608						BRISTOL, PA									
Project Manager for Moni	torina Firm		Tol	phone	No	The state of the s	1 1 9 0 0 7	I Lianna Na							
Rollie Jones	toring Firm			99-392											
Start Date (10)	To	Scheduled				215-788-6040 00509 Name of OSHA Monitor									
6 /10 /		6						INC							
					10		VIRONMENTAL	L, INC							
Occupancy Status During			33 m 20 m 20 m			Street Address									
☐ Facility Closed/Vacate ☑ Abatement Performed					oribo	1123 BEAVE									
Time of Abatement: 7	:00AM-3:30F	PM/	PM-	AM	Cribe	City, State, Zip Co									
2						BRISTOL, PA	19007	- N							
Scope of Work (Check all	that apply)					☐ Full Cont	tainment with Neg	ative Pressure							
≥3 sf or ≥3 If		⊠ R	enovat	ion		☐ Mini-Enc		alive Flessule							
≥160 sf or ≥260 lf			emoliti	on	☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure										
				tian.	1	⊠ Non-Exe	mpted (*) and Noi	n-Friable Procedure	T -						
Location	of	1	s Loca Norma			Doggription			Ab	atem		-			
Asbestos-Containing			ed Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	En	Enclosure			
TO BE ABA	TED	1	aintena stodial		(i.e	, thermal systems	insulation,	(Specify	Removal	oair	Sap	clos			
IN Facilii (13)	ty	00	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure			
(13)		Yes	T	N/A		other miscellane	ous)				te				
Detectives Office				\boxtimes	Double	Layer VAT/Mast	tic	985 SF		П					
Hallway						Layer VAT/Mast		120 SF							
								120 01							
Name of Registered Mas	Name of Registered Waste Hauler NJDEP Waste				Naste	Cubic Yards of	Name of Regis	torod Landfill			П				
	SERVICE TRANSPORT GROUP, INC. Hauler ID No.				O No.	Waste	MINERVA I								
City, State				Disposal Date	City, State		-		-						
YARDLEY, PA				TBD	WAYNESB	URG, OH									
Completed By (Print or Ty	14-7 (ALC) 27-28-33-35-34-5				Signature Date										
Dillan DeCaro	version to in	Estim	ator			Dilla	in Doca		0-1	10-	19	Î			

JAN 13 DD19052

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

CMH 3575

											_			
Date of Notification (1)				Name of Building Owner/Operator (2) Montclair Police Headquarters										
		19			IVIO	ntclair P	olice Headquart	ers						
Agencies Notified	Type Notifica	ation			Street	Address								10.00
□ EPA □ DOLWD G149	☐ Initial					Bloomfi								
M DOLWD G	Amended Amendme				City, S	State, Zip (Code							
□ DOH 6 ISC	☐ Emergen		luding		Mo	ntclair, N	J 07042							
(NJAC 5:23-8)	justification				Name	of Contac	t		Telephone N	umber				
	☐ Cancellat	ion			N/A				N/A					
	,				FA	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is T	aking	Place	(3)				Type of Facility ((4)			7	72	
Montclair Police He	eadquarters							School (K-12						
Street Address								Subchapter 8			huil	dina	c	
637 Bloomfield Ave	9							ivate and com	Herciai	nercial buildings,				
City (5)							# of Floors	- 1	Bldg	g. Ag	je			
Montclair								+-30,000	4		+.	-100)	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)				
Essex								Township B	uilding					
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme							
Environmental Con							BRISTOL EN	VIRONMENTAL	., INC.		-			
Street Address					-		Street Address							
120 North Warren S	Street						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C	ode						
Trenton, NJ 08608							BRISTOL, PA	19007						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.						-	
Rollie Jones				6	09-392	-4200	215-788-6040 00509							
Start Date (10)	S	Schedu	ıled C	omple	tion Da	n Date (11) Name of OSHA Monitor								
6 / 10 /	1000000				2 /		BRISTOL EN	VIRONMENTAL	, INC					
Occupancy Status During	a Abatement (0	Check	only o	ne)			Street Address							
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET						
Abatement Performed	d Outside of No	ormal F	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co				1000			-
Time of Abatement: _	AM	PM	/ <u>7:00</u>	PM- <u>3</u>	:30AM		BRISTOL, PA							
Scope of Work (Check al	Il that apply)											-		_
less of the second	., ,,		Π.	000 to 1000 to	•			tainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-End	osure g Procedure						
22_100010120011		88					Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Proce	dure				
				Loca						F	bat	eme	ent T	уре
Location		.		d Sol	illy ely by		Description of			2	7	Z,	щ	Щ
Asbestos-Containing TO BE ABA)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Neilloval		Repair	cap	clos
IN Facili			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	2			Encapsulate	Enclosure
(13)		-	Vaa	-	T	1	other miscellane	ous)					ate	
			Yes	No	N/A						+	_		-
Detectives Office						VAT/Ma	stic/Linoleum		985 SF	D		Ш	Ш	
Hallway						VAT/Ma	stic/Linoleum		120 SF	D				
	, 0 0 0					 					7	П	П	
Name of Pegistered Was	me of Registered Waste Hauler NJDEP Was			Naste	Cubic Yards of	Name of Regis	tered Landfill	_	-		ш			
SERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990				D No.	Waste	MINERVA L								
City, State	State			Disposal Date	Date City, State									
YARDLEY, PA			M				TBD	WAYNESBURG, OH						
Completed By (Print or T	ype)	Title			Signature	ure . Date								
Dillan DeCaro		Es	tima	tor			Dillan	n DiCaro/9RE 5-28-19						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner Operator (2) 06/10/2019 RautHernandez Agencies Notified Type Notification Street Address EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Nutley, NJ 07110 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Raul **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (44) STOS CONTROLS Private residence School-(K-12) LICENSING Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet # of Floors Bldg. Age Nutley County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Removal Safety LLC Street Address Street Address 8 Crosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-400-8711 01332 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/19/2019 06/22/2019 Same as (9) 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: 8:00am - 4:30pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate Custodial Staff? (Specify In Facility Removal surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A Basement X Pipe insulation 36 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Removal Safety LLC of Waste 0037007 Fairless 2 City, State Disposal Date City, State Paterson, NJ

TBD

Signature

Title

President

06/10/2019

Date

Morrisville, PA

Completed by

Lasko Veskov

Check # State of New Jersey 1061 NOTIFICATION OF ASBESTOS ABATEME (Pursuant to 4WAC 8 60 and 5 16)

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Security Programme of the Control of		2 2	210		U
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			7:17/7	- 12	
	ASSESTOS	MSING	3	i CA	e de cesa d
	Telephone Numb			19.5 Series 14.4.4	
	908-208-3060				
	000 200 000				
of Facility (4)	-			-
chool (K-12)					
ubchapter 8	(Other than K-12) ivate and commer	cial hui	Idinas		
omes, etc.)	ivate and commen	ciai bui	ung	3,	
re Feet	# of Floors	114	g. Ag		
0,000	4		8 + 1	yrs.	
	or if being demolis	hed)			
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ntractor (9)	64				
3					
	License No.				
	01365				
r					
ent with Neg e	ative Pressure				
cedure	n-Friable Procedu	r0			
a () and No	II-I Hable I Toccuu	-	ateme	ent Ty	vne
1				_	
	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
(ACM)		1	=/	suk	sure
(ACM) ation,	SF or LF)	m	1	ate	
		<u>m</u>		1000	l
	SF or LF)		П		П
	SF or LF)				
	60 SF 150 SF		0 0 1		
	SF or LF)				_
	60 SF 150 SF				_

D-1- (N 155 - 15 - 70)				ing)		Owner/Operator (2	, 117			<u> </u>		111		
Date of Notification (1) 06 /	06 / 19				_	1			-	1100000				
/	06 / 19	_		Clar	a iviaass	Medical Center	Comment of the Commen	A STATE OF THE STA	1 2 2	010		IJ		
Agencies Notified	Type Notification				Address		Comments of the second	Ц оон	i lar in	010		AMERICA ST		
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended				ara Maas			100	10 100	4-1				
⊠ DOLWD	Amendment #2			City, St	tate, Zip C	ode		ASSESTO	S CON	TRU	L CA			
□ DCA	☐ Emergency (inc			Bell	eville, N.	07109	Lidouri A	LICI	EMSIN	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1944 منطقه	a-dame 5 *		
(NJAC 5:23-8)	justification)	J			of Contact			Telephone Num	ber					
	☐ Cancellation			Ron	Carvalh	o as agent		908-208-306	0					
				FAC	ILITY IN	FORMATION								
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility (4	.)						
Clara Maass Medic	al Center						☐ School (K-12)							
Street Address							☐ Subchapter 8 (☐ Other (i.e., priv	Other than K-12) rcial hu	ldinas	5			
1 Clara Maass Driv	e e						homes, etc.)	rate and comme	olal ba		5.A			
City (5)						Square Feet	# of Floors	Bldg. Age						
Belleville						N	500,000	4	6	8 + 9	rs.			
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)					
Essex							Hospital							
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASCM N	No.	Name of Abatement Contractor (9)								
Environmental Tac	ctics, Inc.			N/A		MAK-B Pro, I	nc.	i						
Street Address		//III				Street Address								
64 Broad Street						104 Market S	treet							
City, State, Zip Code						City, State, Zip Co	ode							
Matawan, NJ 07747	7					Garfield, NJ								
Project Manager for Mor			Tele	phone I	No.	Telephone No.		License No.						
Tom Geiger				32-290-		973-931-3293	1	01365						
Start Date (10)	Sched	uled C	100	tion Dat		Name of OSHA N	lonitor							
02 / 22 /) /		Same as abo	ve							
Occupancy Status Durin			4			Street Address								
☐ Facility Closed/Vacat				ment		0001710000								
Abatement Performe of Abatement:	d Outside of Normal	Facility	Hou		ribe Time	City, State, Zip C	ode							
Scope of Work (Check a	all that apply)													
	-			200000			tainment with Nega	ative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De					closure g Procedure							
24 _100 01 01 _200 11	4		mond	011			empted (*) and Non	-Friable Procedu	ire					
		Is	Loca	tion					Ab	atem	ent T	уре		
Location			Norma	ally ely by	0.1	Description of		Amount	Re	Re	En	En		
Asbestos-Containing TO BE AB				ance/		stos Containing Ma ., thermal systems		(Specify	Remova	Repair	cap	Enclosure		
IN Faci	ility	Cus		Staff?		surfacing, VAT	, or	SF or LF)	val	1	Encapsulate	ure		
(13)		Yes	(12 No	N/A	1	other miscellane	eous)				ate			
Cwd El DEDIED O		1000000	1		Ealt Ta	r/waterproofing		60 SF		$\frac{1}{1}$				
									-					
3 rd Fl Elevator Lok						ile		150 SF		부				
3 rd Fl. South Annex						ile		2,645 SF		Ш	Ш	Ш		
Name of Registered Waste Hauler NJDEP Waste						Cubic Yards of	Name of Regist	ered Landfill						
Newark Carting, Inc. Hauler ID No.					Waste 15	G.R.O.W.S.	, Inc.							
City, State					Disposal Date	City, State			-					
Newark, NJ					June 2019	Morrisville,	PA							
Completed By (Print or Type) Title				Signature	101		ate							
Kiril Nestorov Project Manager				177	14		6-	1.	- / (9				
A C D 44		100				1 len	1 / William	23	0	0	1			

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

Date of Notification (1)						Name of Building Owner/Operator (2)								
	13 / _	19	_	Clara Maass Medical Center										
Agencies Notified	Type Notifica	tion				Address								
☐ EPA ☑ DOLWD	☐ Initial ☐ Amandad					lara Maa								
☑ DOEWD ☑ DHSS	Amended Amendme				City, S	state, Zip C	ode							
□ DCA	☐ Emergence	_	ıdina		Bell	leville, N	J 07109							
(NJAC 5:23-8)	justificatio	n)			Name	of Contac			Telephone Nu	ımber				
	☐ Cancellation	on			Ror	Carvalh	o as agent		908-208-3	060				
Name of Facility 1811					FAC	CILITY IN	FORMATION		A					
Name of Facility Where		aking F	Place	(3)			4)							
Clara Maass Medic	al Center					☐ School (K-12) ☐ Subchapter 8 (Other than K-								
Street Address 1 Clara Maass Driv					☑ Other (i.e., private and comm						uilding	gs,		
City (5)	e							homes, etc.)						
Belleville								Square Feet 500,000						
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)		-		
Essex							22	Hospital	, , , ,	77				
1000	lame of Monitoring Firm Hired by Building Owner (8)						Name of Abateme							
Environmental Tac	tics, Inc.				N/A									
Street Address						Street Address								
64 Broad Street							104 Market S	treet						
City, State, Zip Code	No.						City, State, Zip Co							
Matawan, NJ 07747							Garfield, NJ (Garfield, NJ 07026						
	pject Manager for Monitoring Firm Te						Telephone No. License No.							
Tom Geiger				73	32-290	-2217	973-931-3293		01365					
Start Date (10)					tion Da		Name of OSHA M	lonitor						
02 /22 /					/ _	20	Same as abo	ve						
Occupancy Status During							Street Address			1				
☐ Facility Closed/Vacate	ed During Entire	e Perio	d of A	bate	ment									
Abatement Performed of Abatement:	d Outside of Nor _AM- <u>5</u> PM/	rmal Fa PM-2	cility 2AM	Hour	s - Desc	ribe Time	City, State, Zip Co	ode						
Scope of Work (Check a	Il that apply)								-27-72					
≥3 sf or ≥3 lf			₹ Rer	ovati	on			ainment with Neg	ative Pressure					
☐ ≥160 sf or ≥260 lf			Der				☐ Glovebag	Procedure						
							☐ Non-Exe	mpted (*) and Nor	n-Friable Proce	dure				
				Locat orma						Al	atem	ent T	уре	
Location Asbestos-Containing	। oा Material (ACM)		Used	Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Rej	En	Enc	
TO BE ABA	ATED			ntena odial	nce/ Staff?		, thermal systems i	nsulation,	(Specify	Removal	Repair	caps	Enclosure	
(13)	ity			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	Tre	
8. 51			Yes	No	N/A							0		
	Grd. Fl PED/ED Space Expansion						/waterproofing		60 SF	×				
3 rd Fl Elevator Lobby						Floor T	ile		150 SF	$ \boxtimes$				
I was a second of the second o					JDEP \		Cubic Yards of	Name of Regis	tered Landfill		1	1		
1122					lauler II 11222		Waste 2	G.R.O.W.S	., Inc.					
City, State					Disposal Date	City, State								
Newark, NJ					3-1-19	Morrisville	, PA							
Completed By (Print or Type) Title					Signature	10.0	. 1	Date						
Kiril Nestorov Project Manager				Kingt	Mestry		2 -	13.	19	7				
ASB-41						17047	1 9/101	4	~	1.1	//			

MAY 11 * Do not use this form for asbestos licensure exempted activities.

Check # 1022

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

Date of Notification (1)			Name of Building Owner/Operator (2)										
02 /11	_ /	19		Clara Maass Medical Center									
	e Notification	on		Street Address									
	Initial			1 C	lara Maas	ss Dr	ive						
	Amended			City. S	state, Zip C	Code							
1	Amendmen				leville, N		ng						
	Emergency justification		1		of Contact				Tolonhono Nur	mhor			
AND CONTRACTOR OF THE CONTRACT	Cancellation			100000000000000000000000000000000000000	or Contact Carvalh		agant	13	Telephone Nur				
	Odriodilation	11							908-208-30	000			
News of Factor and				FAC	CILITY IN	FOR	MATION			5250			
Name of Facility Where Abate		king Place	(3)			Type of Facility (4)							
Clara Maass Medical C	enter					School (K-12) Subchapter 8 (Other than K-12)							
Street Address								☐ Subchapter 8			ildina	S.	
1 Clara Maass Drive								homes, etc.)	ivato ana commi	0101010	9		
City (5)	100							Square Feet	# of Floors	Bl	dg. Ag	je	
Belleville								500,000	4		68 ÷	yrs.	
County (6)				Coun	ty Code (7))(STAT	E USE ONLY)	Current Use (Pri	or if being demo	lished)			
Essex							•	Hospital					
Name of Monitoring Firm Hire	d by Buildin	ng Owner	(8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)					_
Environmental Tactics,				N/A		1	AK-B Pro, I						
Street Address							-	_					
64 Broad Street		92					et Address 14 Market S	treet					
City, State, Zip Code						1,000							
Matawan, NJ 07747						City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitorin	a Eirm		TTol	phone	No			77026	Tilleren Ne				
Tom Geiger	griiii		1			Telephone No. License No.							
Start Date (10)	I Co	hadulad C		32-290		973-931-3293 01365							
02/22/_1			9050		Date (11) Name of OSHA Monitor								
					/ 19 Same as above								
Occupancy Status During Aba					Street Address								
☐ Facility Closed/Vacated Dit ☐ Abatement Performed Out	uring Entire	Period of	Abate	ment		me lotte other 7th out							
of Abatement:AM-	5PM/	_PM- <u>2</u> AM	, Houi	s - Desc	cribe Time	ime City, State, Zip Code							
Scope of Work (Check all that	i apply)								····				-
≥3 sf or ≥3 If		⊠ Re	nova	ion	4	☐ Full Containment with Negative Pressure ☑ Mini-Enclosure							
☐ ≥160 sf or ≥260 lf							⊠ Glovebag						
								mpted (*) and No	n-Friable Proced	edure			
			Loca							Ab	atem	ent T	уре
Location of			Norma	ally ely by	Annual Control		Description o			R	R	m	Ш
Asbestos-Containing Mate			inten		Asbe	stos C	ontaining Ma mal systems	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	-	Cus		Staff?	(1.0		irfacing, VAT,		SF or LF)	oval	=	nsc	sur
(13)			(12)	1	+	oth	er miscellane	ous)				ate	10
Grd. Fl PED/ED Space	Evnencie	Yes	No	N/A	F-14 X-11		6:		20.05			_	
3 rd Fl Elevator Lobby	LXPAIISIO		분		_	-	erproofing		60 SF				片
o it Elevator Lobby			片		Floor Ti	ile			150 SF	×			븸
			닏	12						$- \Box$			빝
Name of Design												Ш	
Name of Registered Waste H	auler		4 (1.5)	VJDEP V	461 2000	1000000	c Yards of	Name of Regis					
Newark Carting, Inc.				Hauler II 11222		Was 2	re	G.R.O.W.S	., Inc.				
City, State							osal Date	City, State					
Newark, NJ						3-	1-19	Morrisville	, PA				
Completed By (Print or Type)	1.	Title				Signature Date				_			
Kiril Nestorov								14	, 0	2/			
ASB 41			of Manager Alle Manager 2-11						11-	1	1		

ASB-41 MAY 11

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

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

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Date of Notification (1)			Name	of Building Owner	Operate	or (2)	NE	CE		W	5 5	
Agencies Notified Type Notification			Street	Address		1 1 1	<u> </u>				1	1 1 1 1
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DCA justification			Name	of Contact	20	/	Tel	ephone N	umber	not,	83	-
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Name of Facility Where Abatement is Taking	g Place	(3)	FAL	MIT WEUKMAI	ION	Type of Facilit	v (4)					
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County (6)				4		1000		(and the same of th	Sidg. A		
Dieca			(STATE	Code (7) USE ONLY)		Current Use (F			shed)			
Name of Monitoring Firm Hired by Building C	Winer (8	3)	ASC	M No.	Name	of Abatement C	ontractor				-	
Street Address					-	Insulation Co	o., inc					
						Address Iontrose Rd						
City, State, Zip Code						State, Zip Code						
Project Manager for Affective for File		· · · · · ·				S Neck, New .	Jersey C	7722				
Project Manager for Monitoring Firm			Telepho	me No.		ione No.) 294 1757	1	License P	Vo.			
Start Date (10)	Schedu	led Con	npletion	Date (11)		of OSHA Monito	1	00029				
(6/18/19		(1)	5/19									
Occupancy Status During Abatement (Check			to		Street	Address						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	al Facilit	v Hours	tent		City S	tate, Zip Code						
Other - Describe:	7pm	3			,, -	, <u></u>						
Scope of Work (Check All That Apply)					9294							-
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Project #	

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

Check # 4642

Date of Notification (1)			Nama	of Duitatio	- 0	·O ·	101							
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				CILITY IN	***	ION	- 1	-	5-10 La		=NQI		OL8	12
Name of Facility Where Abateme	nt is Taking Place	(3)					Type of Facili	ty (4)	والمناصف المارون المار	LICI	-10/01	1/15-3		
Residence							School (K. 12)						
Street Address							Subchap	ter 8 (0	Other th	nan K-1	12)			
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City (5)							etc.) Square Feet	1:	# of Flo	ors		Bldg.	Age	
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County (6)			County	Code (7)			Current Use (Prior if	being d	lemolis	(hed)	_		
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Name of Monitoring Firm Hired by	y Building Owner (8)	ASC	M No.		Name	of Abatement (Contrac	tor (9)	-	-		_	-
							Restoration							
Street Address							Address	LLO			-	_		_
						72 Br	okside Rd							
City, State, Zip Code						The second second	ate, Zip Code			-	-	_		
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Project Manager for Monitoring Fi	rm		Telepho	one No.			one No.	300	Lic	ense N	lo.		_	-
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Start Date (10)	Schedu	iled Cor	npletion	Date (11)			of OSHA Monito	or	1010	-	Let I I I I			
06/15/2019	06/17/					Nick F	Restoration	LLC						
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Abatement Performed Outsic	le of Normal Facili	ty Hours	S		ı		ate, Zip Code							
Other – Describe:							lph, NJ 078	369						
Scope of Work (Check All That Ap	ply)												-	
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City, State					Disposa	al Date	City, Sta							
Randolph, NJ					TBD		Tullyto		9					
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Date of Notification (1) 06-06-19				of Building O Home Con	wner/Operatorstruction	r (2)	Fire		SVA-AMIL.		95	
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DOH Emergency justification				f Contact				Telephon	1 6	<u>2010</u> er		
DCA Cancellation			, surreionsumential	el Garbuz				(201) 69	97-995	3		
Name of Facility Where Abatement is Taki	ng Place (3))	FAC	ILITY INFOR	RMATION	Тур	e of Facility (4)	LIC	SEMOIN	THOL G	. હ્	
Private Home	,						School (K-12			The second second	The Spile to the or	- 1
Street Address							Subchapter 8 Other (i.e. pri	(Other than		wilding	s hom	100
City (5)						_	etc.)	# of Floor:				
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County (6) Bergen	12			Code (7) USE ONLY)		Cur	rent Use (Prior	if being den	nolished)		-
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/I No.			ntracting LL					
Street Address					Street	Addr	ess					
City, State, Zip Code					522							
only, oute, zip odde					1 12 May - 20 May		Zip Code y NJ 07087					
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 201	none i	No.	Licen 0120	ise No.			
Start Date (10) 06-17-19	Schedule 06-21-1		mpletion I	Date (11)			SHA Monitor					
Occupancy Status During Abatement (Che	ck Only One	e)			Street	Addre	ess				-2/	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	baten	nent		522							
Other - Describe:	Tidi i donity	i ioui.					Zip Code y NJ 07087					
Scope of Work (Check All That Apply)						111111111111111111111111111111111111111	•					
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Exterior		X		W	indow Cau	lking		80 LF	х			
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Name of Registered Waste Hauler Delfa Contracting LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP Wa	100 m	ubic Yards f Waste		Name of Re				1	L
City State		3	356240		5		Tullytown	Resource	e Reco	very f	acili	ty
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Delfa Contracting LLC City, State City, State Disposal Date Union City, NJ 06-21-19 Tullytown, PA Completed by Title Signature Date Jaime Delgado Proj. Manager. 06-06-19

Date of Notification (1)	X 2017		NOT F	CATION ursuant	OF ASE	BESTOS 8 60 an	ABATE d 12:12	MENT 0)	T	nv:	# 1	18	03	5	
Agencies Notified Final Initial Canadaman Sinear Address Side Ave. Canadaman Date of Notification (1)							r (2)	1	IP 6			10.72			
City, State, Zip Code						iopinei	IL LEC			G U		W	5 11	71	
DOL Amendment # Jersey City, NJ 07306 Street Address ☐ EPA						Ave.		Im					A STATE OF THE STA		
DOH		#					16		14 4	JUA	1 2 2	019		III	
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Name of Facility Where Abatement is Taking Place (3) Commercial Property Type of Facility (4) School (K-12)	justinoation)								l AS	01 (2	01) 324-		4	ateria y .	
School (K-12) School (K-12) Subchaples (Other than K-12)	Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INF	ORMAT	ION	Type	of Facility	- Andread has been designed	CIROLING.	****	here ye	1	
Street Address 340 West Side Ave. City (5) Jersey City County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address	Commercial Property							П	15						
City (6) County (6) County Code (7) Current Use (Prior if being demolished) Current Use (Prior if being demolished)								r	Subchapte Other (i.e.	r 8 (Oth			dings,	home	es,
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Delfa Contracting LLC. Street Address Street Addres						n		Curr	ent Use (Pr	ior if be	ing demolis	shed)			
S22 7th St. City, State, Zip Code City, State, Zip Code City, State, Zip Code Union City NJ 07087 Project Manager for Monitoring Firm Telephone No. 201 216-9603 O1206 Scheduled Completion Date (11) O6-17-19 Occupancy Status During Abatement (Check Only One) Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Tacility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union City NJ 07087 Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 Scope of Work (Check All That Apply) Sa sf or ≥3 If Sa sf or ≥28 If Sa for ≥28 If Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Absestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Abatement Type Custodial SulPr (12) Ves No N/A Siding Black Tar Paper 3,800 SF x I I I I I I I I I I I I I I I I I I		wner (8)		ASCN	No.						(9)				
Project Manager for Monitoring Firm	Street Address								7						
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		3(89)	20						A. 7.0						
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Renovation Demolition □ Renovation Demolition □ Substance Containing Material (ACM) TO BE ABATED In Facility (13) □ Exterior □ Siding Black Tar Paper □ Siding Black Tar Paper □ Siding Black Tar Paper □ Siding Slack Ta	Abatement Performed Outside of Norm	al Facility	Hour	nent s			City, S	tate, Z	ip Code	87					
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Exterior	In Facility	Cus		Staff?	(1.0.	surfac	cing, VA	T, or	ation,			emo	Repa	caps	nclos
Name of Registered Waste Hauler Delfa Contracting LLC City, State Union City, NJ Completed by Title NJDEP Waste Hauler ID No. 356240 Disposal Date 06-21-19 Cubic Yards of Waste 20 Tullytown Resource Recovery Facility City, State Tullytown, PA City, State Tullytown, PA Date	(10)	Yes	No	N/A		othern	inscendii	leous)				val	=	ulate	ure
Delfa Contracting LLC Hauler ID No. 356240 of Waste 20 Tullytown Resource Recovery Facility City, State Union City, NJ Disposal Date 06-21-19 Completed by Title Signature	Exterior		Х		Si	ding Bl	ack Ta	ır Pap	per	3,8	00 SF	x			
Delfa Contracting LLC Hauler ID No. 356240 of Waste 20 Tullytown Resource Recovery Facility City, State Union City, NJ Disposal Date 06-21-19 Completed by Title Signature					Ti.										
Delfa Contracting LLC Hauler ID No. 356240 of Waste 20 Tullytown Resource Recovery Facility City, State Union City, NJ Disposal Date 06-21-19 Completed by Title Signature	Ge-Go-19														
Delfa Contracting LLC Hauler ID No. 356240 of Waste 20 Tullytown Resource Recovery Facility City, State Union City, NJ Disposal Date 06-21-19 Completed by Title Signature															
Union City, NJ 06-21-19 Tullytown, PA Completed by Title Signature ////////////////////////////////////			H	lauler ID	No.	of Was	ste			1.5			ery F	acilit	ty
Completed by Title Signature / Date											\				
		The state of the s	Man	ager		S	ignature	4	_				10		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) June 6, 2019 The Valley Hospital Agencies Notified Notification Type Street Address X EPA Initial Notification 223 North Van Dien Avenue D DCA x Amendment # 4- 06/06/19 City, State, Zip Code x DOL Emergency (including Ridgewood, NJ 07450-2736 X DEP justification) Name of Contact Telephone Number 1801 & x DOH William Stasiak 201-447-81410 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital Warehouse ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 599 Valley Health Plaza Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital Paramus Bergen (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street 511 MAIN STREET City, State, Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 17, 2019 August 31, 2019 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) x Full Containment with Negative Pressure \geq 3 sf or > 3 If Mini-Enclosure X Renovation □≥ 160 sf or > 260 Demolition x Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Solely Description of Asbestos Amount Abatement Type Material (ACM) in Facility (13) by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF YES NO Remove Repair Encap Enclose NA thermal systems insulation, or LF) surfacing, VAT, or other miscell.) Warehouse X 400 LF VAT & Mastic 2.990 sf X Concrete Expansion Joint X 450 sf X Glue Daubs 130 sf X Mechanical Duct Tar 6 sf **Exterior Canopy** X VAT 400 sf X Roofina Interior 200 sf X **Expansion Joint Material** 50 If Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below Meadowfill Landfill/GROWS 180 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State Route 2, Box 68 Disposal Date August 31, 2019 NJ DEP # 12561 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Completed by (Print or Type) Signature Date Marin Graure SENIOR PROJECT June 6, 2019 Marin Graune MANAGER

GAC # 2018-665 Please Note: Amendment # 4 - Next Phase Start Date & Completion Date

395680/

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

Date of Notification (1)					Name of Building Own	10			
November 19, 2018					The Valley Hosp		.)		
Agencies Notified		Notification	Туре		Street Address				
⊠ EPA		x Initial	Notification	on	223 North Van Di	en Avenue			
□ DCA		Amendr	nent		City, State, Zip Code				
x DOL		Emerger	ncy (inclu	dina	Ridgewood, NJ	07450-27	36		
⊠ DEP		justific		3	Name of Contact	07430-27		hana Number	
x DOH					William Stasiak		201	hone Number -447-8141	
				FACILITY	INFORMATION		1 201	447-0141	
Name of Facility Where Abate	ment is Ta	king Place (3)			Type of Facility (4)				
The Valley Hospital V	varenou	ise			School (K-12)				
Street Address					Subchapter 8 (other th				
599 Valley Health Pla	72				Other (i.e. private	& commercial	buildings,	homes, etc.)	
	Za				Sq. Feet: Unknow	n # of Floo	ors: 4 B	Bldg. Age: 5	0+ years
City (5)	County (6	T 1	County Co		Current Use (prior if be	ina domolisho	d\. Ilaa	-:4-1	
Paramus	Berger	1	(State Use	Only)	Current Ose (prior ii bei	ing demolishe	a): Host	oital	
Nome of Manitarian Firm III				.,-					
Name of Monitoring Firm Hire		Owner (8)	ASCM No.		Name of Contractor (9)				200
Colden Corporation	1				GREENWOOD ABA	ATEMENT (CONSU	LTANTS, IN	C.
Street Address					Street Address				
28 Washington Street	t				511 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
Ballston Spa, NY 120)20				Butler, NJ 07405	X1			
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		License	e Number	
Jim Miades		347.435.			973-492-0477		00840	0	
Scheduled Start Date (10) December 3, 2018		Scheduled C		ate (11)	Name of OSHA Monitor				
Occupancy Status During At	atomont (March 31	, 2019		EMSL inc.				
☑ Facility Closed/Vac	ated Durin	Greck only on	<u>le)</u> d of Abatan	nont	Street Address				
Abatement Performed	Outside o	f Normal Facil	itv Hours -	nent	1056 Stelton Road				
Describe			.,		City, State, Zip Code				
Other - Describe:					Piscataway, NJ 08	854			
					2502				
Source of Work (Check all that	apply)			72		-			
						x Full Contai	nment wit	th Negative Pr	essure
$\geq 3 \text{ sf or } \geq 3 \text{ lf}$				Renovati	on	Mini-Encl		•	A1000023000000-
$\square \ge 160 \text{ sf or } \ge 26$	30			Demolitic	n	x Glovebag I	rocedure	•	
Location of Asbestos-Containing	10	Is Location N	a rosa elle el ta a	d 0-1-1	5			and Non-Friabl	
Material (ACM) in Facility (13)	ig	by Maint./Cus	ormally Use	a Solely 2 (12)	Description of Asbestos Containing Material (ACM) (i	Amou		Abatement Typ	<u>e</u>
		YES N	IO NA	(/	thermal systems insulation,	.e. (Speci		Remove Repair	Encap Enclose
					surfacing, VAT, or other misc				
Warehouse		X	1		TSI	500 L	F	X	
					VAT & Mastic	5,000		X	
						1			
						1			
Name of Reg. Waste Hauler		MIDEDIN	11 1 15						
See Hauler Below # 1 & 2		NJDEP Waste See Below	Hauler ID #	Ė	Cubic Yards of Waste:			f Registered La	
			to le-	Dudle N	07405	80		wfill Landfill/	
Hauler #1) Greenwood A NJ DEP # 125	natemen 61	it Consultan	ns, inc. –	butter, NJ	07405	Disposal Da March 31	Control of the contro	City, Star Route 2,	Box 68
Hauler #2) Newark Cartin	37.0	Nawark NII	04500 NE	DED # 1055	1	IVIAI CII 3	, 2019	Bridgepo	ort, WVA
Completed by (Print or Type)		itle	14309, NJ	DEF # 1955				304-842-	
Marin Graure		ENIOR PR	OJECT		<u>Signature</u>		<u>Date</u>	nha-40 cc	140
		IANAGER	00101		Maria Graure	3	Nover	mber 19, 20	118
CAC # 2018 665	10								

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

Date of Notification (1)			CONTRACTOR		Nome of Building O	10						
November 29, 2018					Name of Building Own The Valley Host	ner/Ope	erator (2)				
Agencies Notified		Notification	Type		Street Address	Jilai						
⊠ EPA			lotificatio	n	223 North Van D	ion A	Vonue					
☐ DCA				 1-11/29/18	City, State, Zip Code	ien A	venue					
x DOL			ncy (inclu			074	=0.0=	• -				
⊠ DEP				idirig	Ridgewood, NJ	074	50-27	36				
x DOH		justific	ation)		Name of Contact					Number		
					William Stasiak			20	1-447	7-8141		
Name of Facility Where Abate	ment is Ta	king Place (2)		FACILITY	INFORMATION							
The Valley Hospital V	Varahou	ISO			Type of Facility (4)							
···· vancy riospital v	rai ello	150			School (K-12)							
Street Address					Subchapter 8 (other t							
599 Valley Health Pla	72				Other (i.e. private	e & con	nmercial	building	gs, hom	es, etc.)		
The falley freathful ia	Za				Sq. Feet: Unknow	/n <u>#</u>	of Floo	ors: 4	Bldg.	Age: 5	0+ yea	ars
<u>City (5)</u>	County (6	6)	County Co	ode (7)	Current Head (prior if he		9. 9					
Paramus	Berger	1	(State Use	e Only)	Current Use (prior if be	eing de	molished	d): Ho	ospital			
Name of Monitoring Firm Hired		Owner (8)	ASCM No	<u>.</u>	Name of Contractor (9)							
Colden Corporation	1				GREENWOOD AB	ATEN	IENT C	ONS	ULTA	NTS. IN	C.	
Street Address									,.		7.	
28 Washington Street					Street Address		- Waste					
City, State, Zip Code					511 MAIN STREET							
Ballston Spa, NY 120	20				City State, ZipCode							
Project Manager for Monitoring	20	I = 1			Butler, NJ 07405							
Jim Miades	<u>i Firm</u>	Telephone N			Telephone Number			Licer	nse Nur	nber		
Scheduled Start Date (10)		347.435.			973-492-0477			008	40			
December 5, 2018		Scheduled C		ate (11)	Name of OSHA Monitor							
Occupancy Status During Ab	atamant (March 31	, 2019		EMSL inc.							
☑ Facility Closed/Vac	ated Durin	Check only on	<u>le)</u>	Sangtronen en	Street Address							
Abatement Performed	Outside o	f Normal Easil	d of Abater	nent	1056 Stelton Road	1						
Describe	Outside 0	i Nomian acii	ity Hours -		City, State, Zip Code	4	-					
Other - Describe:					Piscataway, NJ 08	8854						
					i resultantaj, no se	,004						
Source of Work (Check all that	apply)											
						v Ful	I Contair	mont	with No	gative Pre	0001150	
\geq 3 sf or \geq 3 lf				X Renov	ration	× 1 G		i-Enclo		galive Pit	essure	
$\square \ge 160 \text{ sf or } \ge 26$	60			Demolitio		_	vebag F					
					"					lon-Friabl	e Proce	dure
Location of Asbestos-Containin	ıg	Is Location N	ormally Use	d Solely	Description of Asbestos		Amour			ement Typ		duie
Material (ACM) in Facility (13)		by Maint./Cus		? (12)	Containing Material (ACM) (i.e.	(Specif					
		YES N	IO NA	1	thermal systems insulation, surfacing, VAT, or other misc	!! \	or LF)		Remo	ve Repair	Encap	Enclose
					surfacility, VAT, or other misc	cell.)						
Warehouse		X			TSI		400	LF	X		T	
				1 1	VAT & Mastic		2,990	sf	X			
				1 1	Concrete Expansion Join	t	450		X			
					Glue Daubs Mechanical Duct Tar		130		X			1
					medianical Duct Tai		6 s	1	- E			
Name of Day Waste LL												
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste	Hauler ID	<u>#</u>	Cubic Yards of Waste:			Name	of Reg	istered La	ndfill	
		See Below				140		Mead	dowfill	Landfill/	GROV	VS
Hauler #1) Greenwood A	batemer	it Consultan	ts, Inc	Butler, NJ	07405	Disp	osal Da	te		City, Stat		
NJ DEP # 125	61					Ma	rch 31	, 2019	9	Route 2,		
Hauler #2) Newark Cartin	ıg, Inc	Newark, NJ (04509, NJ	DEP # 1955	1					Bridgepo 304-842-		C .
Completed by (Print or Type)	I	itle			Signature			Date		304-042-	2104	
Marin Graure	S	ENIOR PR	OJECT		The state of the s	ed.			embe	r 29, 20	18	1
	I.	MANAGER			Maria Graan	ř	- 1		5.7150	,		
010 110010 115	- 22											1

GAC # 2018-665 Please Note: Amendment # 1 - New Start Date 12/05/2018 and add asbestos quantities

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

Date of Notification (1)					Name of Building Com	- 10	(0)					
January 9, 2018					Name of Building Owr The Valley Hosp		tor (2)					
Agencies Notified		Notification	Type		Street Address	ilai						
⊠ EPA			lotification	n	223 North Van D	ien Ave	nue					
□ DCA		x Amend	ment#	2- 1/9/19	City, State, Zip Code	OII AVO	Huc					
× DOL		Emerger			Ridgewood, NJ	07450	272	6				
⊠ DEP		justific		9	Name of Contact	07430	-413			1		
x DOH		Jacanie	allolly		William Stasiak				phone N			
				FACILITY	INFORMATION			20	1-44/-	0141		
Name of Facility Where Abate	ement is Ta	king Place (3)			Type of Facility (4)							
The Valley Hospital V	Narehou	ise			☐ School (K-12)							
					Subchapter 8 (other t	han K-12)						
Street Address					Other (i.e. private	e & comme	ercial bu	uildings	s, homes	s. etc.)		
599 Valley Health Pla	ıza				Sq. Feet: Unknow	n # of	Floor	s: 4	Bldg. A	ge: 50)+ yea	ars
City (5)	County (6)	County C	ode (7)	 						•	
Paramus	Berger	1	(State Us		Current Use (prior if be	ing demol	lished):	: Hos	spital			
	_											
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM No).	Name of Contractor (9)	77.2						
Colden Corporation	n				GREENWOOD AB	ATEMEN	NT CC	DNSU	JLTAN	TS, INC	: .	
Street Address										15		
28 Washington Stree	t				Street Address 511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
Ballston Spa, NY 120	020				Butler, NJ 07405							
Project Manager for Monitoring	g Firm	Telephone N	umber		Telephone Number		Т	Licens	se Numb	ner		
Jim Miades		347.435.			973-492-0477			0084		<u></u>		
Scheduled Start Date (10)		Scheduled C		Date (11)	Name of OSHA Monitor							
December 5, 2018		March 31	, 2019		EMSL inc.							
Occupancy Status During Al Facility Closed/Vacate	d During F	Check only on	<u>ie)</u>	.7	Street Address				+			
Abatement Performed	Outside of	f Normal Facil	t Abateme	nt	1056 Stelton Road	1						
Describe	Outoide o	i ivoiman acii	ity i louis -		City, State, Zip Code	4						
Other - Describe:					Piscataway, NJ 08	854						
					#.A. 03 A							
Source of Work (Check all that	t apply)	1 ko 7 % - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 										
						x Full Co	ontainn	nent w	ith Neg	ative Pre	ssure	
≥ 3 sf or ≥ 3 lf				X Reno		X		Enclos				
$\square \ge 160 \text{ sf or } \ge 2$	60			Demolitic	n	x Gloveb						
Location of Asbestos-Containing	na	Is Location N	ormally I lea	ad Sololy	Description of Ashastas	x Non-E						dure
Material (ACM) in Facility (13)	.5	by Maint./Cus	stodial Staff	? (12)	Description of Asbestos Containing Material (ACM) (mount Specify		Abaten	nent Type		
			IO NA		thermal systems insulation,	or	r LF)	0,	Remove	Repair E	ncap E	Enclose
					surfacing, VAT, or other misc	cell.)						
Warehouse		X			TSI		400 LF	F	X	T		
					VAT & Mastic	2	2,990 s	99 8	X			
					Concrete Expansion Join Glue Daubs	t	450 s	255	X X			
					Mechanical Duct Tar		130 s	201	X			
Exterior Canopy					VAT		400 s	22.0	X			
			-		Roofing		200 s	sf	X			
Name of Reg. Waste Hauler		N IDED West	I I I I I I I I I I I I I I I I I I I		Tana							
See Hauler Below # 1 & 2		NJDEP Waste	Hauler ID	<u>#</u>	Cubic Yards of Waste:	100	1	Name	of Regis	tered Lan	dfill	
Hauler #1) Greenwood A			An Iven	D. II. N.	07107	180				andfill/G		IS
NJ DEP # 125	spatemen 61	Consultan	its, inc. –	Butter, NJ	07405	Disposa				City, State Route 2, B		
Hauler #2) Newark Cartin		Nowarl Mr	14500 NI	DED # 1055	•	March	131,	2019	E	Roule 2, 6 Bridgeport		
Completed by (Print or Type)		itle	14509, NJ	DEP # 1955						04-842-2		
Marin Graure	_	ENIOR PR	OJECT		Signature			<u>Date</u>		2040		
	1000	ANAGER			Monin Graun	2		Janu	ary 9,	2018		
7 A C # 2010 (CF DI	77			So town and the								

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

Date of Notification (1)					Name of Building Own	/0	2,				
January 17, 2018					The Valley Hosp	er/Operator (2)				
Agencies Notified		Notification	Type		Street Address	itai					
⊠ EPA			otification	n	223 North Van Di	en Avenu	3				
□ DCA		x Amend	ment #	3- 1/17/19	City, State, Zip Code	CII A VEIIU					
x DOL		Emerger			Ridgewood, NJ	07450 25	126				
☑ DEP x DOH			cation)	3	Name of Contact	07-30-27			Missahaa		
X DON			,		William Stasiak		20	<u>epnone</u>)1-447	Number 21/11		
				FACILITY	Y INFORMATION		1 20	1-441	-0191		
Name of Facility Where Abate	ment is Ta	king Place (3)			Type of Facility (4)						
The Valley Hospital V	Varehou	ise			☐ School (K-12)						
Street Address					☐Subchapter 8 (other ti	nan K-12)					
599 Valley Health Pla					Other (i.e. private	& commercia	building	gs, home	es, etc.)		
A CONTRACTOR OF THE CONTRACTOR	Zd				Sq. Feet: Unknow	n # of Flo	ors: 4	Bldg.	Age: 50	0+ yea	ars
<u>City (5)</u>	County (6)	County C	ode (7)	Current Heartain Ma						
Paramus	Bergen	ı	(State Us	e Only)	Current Use (prior if be	ing demolishe	d): Ho	spital			
Nome of Maritain Electrical				-1100-1100-1-1100							
Name of Monitoring Firm Hired	d by Bldg. (Owner (8)	ASCM No	<u>).</u>	Name of Contractor (9)						
Colden Corporation	1				GREENWOOD ABA	ATEMENT (CONS	ULTAN	ITS, INC	٥.	
Street Address					Street Address						
28 Washington Street					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode					-	
Ballston Spa, NY 120	20				Butler, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		Lice	nse Num	her		
Jim Miades		347.435.			973-492-0477		008		50.		
Scheduled Start Date (10) December 5, 2018		Scheduled C		Date (11)	Name of OSHA Monitor						
Occupancy Status During Ab	otomont (March 31	, 2019		EMSL inc.						
Facility Closed/Vacate	d During E	neck only on	<u>e)</u>		Street Address						
Abatement Performed	Outside of	Normal Facil	ity Hours	nt	1056 Stelton Road						
Describe			ity i louis -		City, State, Zip Code						
Other - Describe:					Piscataway, NJ 08	854					
Source of Work (Check all that	apply)										
. 2 2						x Full Contai	nment	with Neg	gative Pre	ssure	
≥ 3 sf or ≥ 3 lf				⊠ Reno	0.0000000000000000000000000000000000000	X Mir	ni-Enclo	sure			
$\square \ge 160 \text{ sf or } \ge 26$	0			Demolitic	on	x Glovebag	Procedu	ıre			
Location of Asbestos-Containin	g T	Is Location N	ormally Use	ed Solely	Description of Asbestos	x Non-Exen	ipted (*				dure
Material (ACM) in Facility (13)	ĭ	by Maint./Cus	todial Staff	? (12)	Containing Material (ACM) (i.	e. (Spec		Abater	ment Type		
			O NA		thermal systems insulation.	or (F)		Remov	e Repair E	Encap E	Enclose
					surfacing, VAT, or other misco	ell.)					
Warehouse		X			TSI	400	LF	X			
					VAT & Mastic	2,990		X			
					Concrete Expansion Joint Glue Daubs			X			
					Mechanical Duct Tar	130		X			
Exterior Canopy	1		1		VAT	100000) sf	X			
Interior	- 1				Roofing) sf	X			
					Expansion Joint Material	50	lf	X			
Name of Reg. Waste Hauler		NJDEP Waste	Hauler ID	<u> </u>	Loubie Vender (184						
See Hauler Below # 1 & 2		See Below	Hadiei ID i	T	Cubic Yards of Waste:	100			stered Lan		
Hauler #1) Greenwood Al	hatement	Consultan	te Inc	Dutler M.	07405	180 Disposal Da			_andfill/G		5
NJ DEP # 1256	31	Consultan	15, 1110. –	butter, NJ	07405	March 31			City, State Route 2, E		
Hauler #2) Newark Cartin		Vewark NIA	4500 NI	DED # 1055	11	Wat CIT 31	, 2013		Bridgeport		
Completed by (Print or Type)	g, riic. – I		4309, NJ	DEF # 1955			_		304-842-2		
Marin Graure		ENIOR PR	OJECT		<u>Signature</u>		Date		7 0040		
	100	ANAGER			Maria Grance		Janu	ary 17	7, 2018		
CAC # 2019 665 Place		1 1									

GAC # 2018-665 Please Note: Amendment # 3 – Additional asbestos quantities-Expansion Joint 50'

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK #6010/26285

Date of Notification (1)			l Name	-fD 111	_					HECK	#6010	1/262	85	
06-05-19			Jans	of Buildin ssen Pha	g Owner armace	Operato uticals	or (2)							
Agencies Notified Type Notification	1			Address	202.0-									
EPA Initial Amended				Route 2 State, Zip (uth								
× DOL Amendmen				an, NJ 0					= 0	F	п пп		aller de cue	7
■ DOH	(including	9	Name	of Contac	t			1111111	17 100	ephone	II \V/	[= -	10	11
DCA Cancellation				os Gonza				limi	1	08) 872			100000	Territories
Name of Facility Where Abatement is Takin	ng Place ((3)	FA	CILITY IN	FORMAT	TION	Type	of Facility (JUA	1 1 2	2019	- Action	11	THE CONTRACTOR OF
Charach Add								School (K-1				at July	knowasi6*	in-title
Street Address 1000 Route 202							П	Subchapter,	8 (Othe	er than h	(-12)	1.8		Silver City
City (5)								Other (i.e. p		and a suppose of the suppose	rgal of	- بردامیمه	de processos.	nes,
Raritan							Squa	re Feet	# of	Floors		Bldg. 44 y	200	
County (6) Somerset				Code (7)			Curre	nt Use (Prio	r if beir	ng demo	lished)	,		
Name of Monitoring Firm Hired by Building	O (0)			USE ONL	n		Com	mercial						
Environmental Health Investigators	owner (8) s, Inc.)	ASC	M No.		Name Pinna	of Aba acle E	tement Con	tractor	(9) Corp				
Street Address 655 West Shore Trail						Street	Addres	ss						
City, State, Zip Code		S1111						Street p Code						
Sparta, NJ 07871						Carls	tadt, i	NJ 07072						
Project Manager for Monitoring Firm Bill Kerbel			Telepho (973)	one No. 651-104	-0	Teleph 201-0	one No 939-6			License				
Start Date (10)				Date (11)		Name o	of OSH	A Monitor		00756				
(2)Project Postponed(3)01-29-19 Occupancy Status During Abatement (Chec	08-31-					Even-	111111111111111111111111111111111111111	19901						
Facility Closed/Vacated During Entire F						Street /		s son Aven	110					
Abatement Performed Outside of Norm	al Facility	Hour	c			City, St			ue			- 0		
	e not be d	occupie	ed during	j abatemer	<u>nt</u>			d City, NY	1110	1				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf														
≥ ≥160 sf or ≥260 lf		enova emolit				Н	Full Mini	Containmen -Enclosure	t with N	Negative	Pressu	ıre		
						×	Glov	ebag Proce Exempted (dure	Na- 5-	LL D			
Q40	Is	Locati	ion				14011	-Exempled () and	NON-FR	able Pro		emen	
Location of		lormal d Sole		80.80	Des	cription of	of					Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar	nce/	Asbest (i.e.	tos Conta	aining Ma systems	aterial (ACM)		ount ecify	7		Щ	ш
In Facility (13)	Cust	odial S (12)	olaii?		surfac	ing, VAT	, or	,		r LF)	Remova	Repair	caps	Enclosure
	Yes	No	N/A		outer in	iiocciiai ic	ous)				val	=	Encapsulate	sure
Bldg. B: 1st Floor East Wing			х		Tr	ansite		_	3.53	0SF	x			
Bldg. B: 1st Floor East Wing			х	T	ransite	Count	ertop			5SF	x			
Bldg. B: 1st Floor East Wing			х		VAT	Γ/Mastic	c		12,82		x			
Bldg. B: 2nd Floor East Wing			x	,	ACM pa	aint on	sink		103		x			\dashv
Name of Registered Waste Hauler		110000	JDEP W		Cubic Y			Name of Re			1 - 455			\dashv
Newark Carting, Inc.			auler ID I 1509	NO.	of Wast	ie		G.R.O.W.	S. No	rth Lai	ndfill			
City, State Newark, NJ 07105					Disposa	al Date		City, State	- DA	1000=				
Completed by	Title					griature		Morrisville	e, PA		-4-			
Richard Doran	Projec	t Ma	nager			mature	_/_	MI)		ate 6-05-1	19		
									_	-				

TINE	18091	105		ICATIO	N OF ASI	BESTOS	ABATE				Mo		1	11	10)
Date of Notification (1) 06/05/2019			<u>}_</u>		of Building by Mess		Operato	r (2)							The state of the s	
Agencies Notified	Type Notification			Street /	Address							20010000			TOTAL STREET	.f
EPA DEP	X Initial Amended		-	City St	ate, Zip C	cho				JŲ	N 12	2019		116	4	
₩ DOL	Amendment				nia, NJ 0					ener o o o	and the second of the second of	e		Same a	any of profits	
□ DOH	Emergency (justification)	includin	9		of Contact				1 **	Tel	ephone,	Numbe	/L 8		A sighteen	
DCA	Cancellation				y Messi		ION		To compart to the observation of the	<u> </u>				****		
Name of Facility Where		Place	(3)	FAC	ILIII INT	OKIVIA	ION	Туре	of Facility (4)						
Residential Propert	У								School (K-1							
Street Address									Subchapter Other (i.e. p				uildir	gs, l	home	es,
City (5)				au 1-23-		-		e	etc.) e Feet	# 01	f Floors		Bld	g. Ag	ge	
Colonia								5,744		2			190			
County (6) Middlesex					Code (7) USE ONLY	n		Curre	nt Use (Prid	or if bei	ng demo	olished)				
Name of Monitoring Firm	Hired by Building C	wner (8)	ASC	M No.				ement Con ntracting		(9)					
Street Address								Addres South	s 5th St.							
City, State, Zip Code								state, Zij beth,	Code NJ 07206	 S			-			
Project Manager for Mon	itoring Firm			Telepho	ne No.		430000000000000000000000000000000000000	none No 906-41			License 01355					
Start Date (10) 06/14/2019		Schedul 06/21/		npletion	Date (11)				A Monitor mental L	abora	atories,	Inc				
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Address	S							
Facility Closed/Vaca Abatement Performe	ated During Entire P	eriod of	Abaten	nent					e 22 Wes	t						
Other – Describe: _		ıı racılı	y nours					tate, Zip n, NJ								
Scope of Work (Check Al	II That Apply)						_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini Glov	Containme -Enclosure rebag Proce -Exempted	edure				lure		
		Is	Locati	on						17				ater	nent	
Location Asbestos-Containing			Normall ed Sole		A-b		scription				v		Т	Тур	e	
TO BE ABA	ATED	Ma	intenar todial S	nce/		tos Cont thermal	systems	insulat		(S	nount pecify	Re	١,	0	Encapsulate	Enc
In Facili (13)	ty	, 200	(12)				cing, VA niscellan			SF	or LF)	Removal	- Pour	Ranair	psul	Enclosure
		Yes	No	N/A								<u> </u>			ate	ė.
Crawlspa	ace			Х		Pipe	Insula	tion		10	0 LF	х				
Baseme	ent			Х		Pipe	Insulat	tion		37	0 LF	х				
Name of Registered Wast Danvic Contracting L			H	JDEP W auler ID '574		of Was			Name of R Fairless			fill				
City, State Elizabeth, New Jerse	ev					N. C.	al Date	+	City, State Morrisvil							
Completed by Jeymy Donneys	*	Title Own	er	-			ignature	1		, . /	1	Date 06/05/	20.	19		
						1	1	12/	1							

Check #

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

JAN + WELL

Data of Natification (1)	-			005.0	Person		-		1 har	EGE	пп	7		
Date of Notification (1)	24	40			00000000			wner/Operator		L G E			11	11/
	31 /	19			Sa	int Barna	abas	Medical Ce	nter		the book of combannes.	TO STATE STATE OF	7//	Water and
Agencies Notified	Type Notific	ation			Stree	et Address			7 11111	11101 *	/9		11	111
□ EPA	☐ Initial	0			94	Old Sho	rt Hi	ills Road	[1 3.3]	JUN 1	2 30H	}	111	П
☑ DOLWD ☑ DHSS	Amende				City,	State, Zip	Code	9					***************************************	+
□ DCA	Amendm Emerger			_	Liv	ingston,	NJ	07039		19815070510	i fit the			1
(NJAC 5:23-8)	justificat		ciuain	g		e of Contac			1 1 1 1 1 1 1	Telephone N	umber	1.01		-
	☐ Cancella				Ro	n Carvall	ho a	is agent		908-208-3		William II		
								RMATION		300-200-3	0000			
Name of Facility Where A	hatement is	Taking	Place	2 (3)	T P	CILITI	NFO	RIVIATION	Tuna of Facility	(4)				
Saint Barnabas Med			, i lace	3 (3)					Type of Facility ☐ School (K-12	4				
Street Address	aloui ociite		-						Subchapter		-12)			
94 Old Short Hills R	d								Other (i.e., p	rivate and com	mercial b	uildin	gs,	
City (5)			-						homes, etc.)					
Livingston									Square Feet	# of Floors	E	lldg. A	17.00	
County (6)				-	Carr	-t O - d - /	71/07	ATELIOE ON LO	500,000	4.		68 ÷	yrs.	
Essex					Cou	nty Code (()(51	ATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Name of Monitoring Firm	Llizad by Duil	dia a C		(0)	10000		1		Hospital					
Environmental Tact		aing C	wner	(8)	ASCM		1		ent Contractor (9)					
Street Address	ics, inc.				N/A		-	MAK-B Pro, I	nc.					
1-27 (W) (W) (W) (W) (W) (W) (W) (W) (W) (W)								reet Address						
64 Broad Street								104 Market S						
City, State, Zip Code								y, State, Zip Co						
Matawan, NJ 07747							_	Garfield, NJ (07026					
Project Manager for Monit	toring Firm			4	lephone		Te	lephone No.		License No.				
Tom Geiger					732-290		5	973-931-3293	li e	01365				
Start Date (10)					letion Da	925 (5)	Na	me of OSHA N	lonitor					
		-	13-13-13-13-1		0 /		5	Same as abo	ve					
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abat	ement									
Abatement Performed of Abatement: 12AM-	Outside of No PM/	ormal l	-acility M- <u>8</u> AN	/ Hou VI	ırs - Des	cribe Time	Cit	y, State, Zip Co	ode					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 If			⊠ Re	nova	tion			☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De					⊠ Glovebaç						
								☐ Non-Exe	mpted (*) and Nor	n-Friable Proce	dure			
Waterman, care				Loca							Al	atem	ent T	уре
Location of Asbestos-Containing N		,,		Norm	ally lely by	Asha		Description o		1200000000000	R	Z	ш	ш
TO BE ABA		''	Ma	inten	ance/			Containing Ma ermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	У		Cust	todia (12	Staff?		5	surfacing, VAT.	or	SF or LF)	va	=	Encapsulate	Enclosure
(13)		ŀ	Yes	No	1	+	ot	her miscellane	ous)				ate	(D
0.151 1.101			162	INC	1 50000									
Grd. Floor Lab Chase			Ш	Ш		Pipe fitt	ting	s		8 LF				
											П	П	П	П
											1	=		
											_ ⊔		Ш	Ш
New (B				Ш										
Name of Registered Wast					NJDEP I Hauler II		Cul	oic Yards of	Name of Regist					
Newark Carting, Inc.					11222	The state of the s	vva 1		G.R.O.W.S.	, Inc.				
City, State							Dis	posal Date	City, State		Kenne – til			
Newark, NJ							6	-20-19	Morrisville,	PA				
Completed By (Print or Ty	pe)	Title						Signature	0 0		Date			
Kiril Nestorov		Pr	oject	Mar	nager			Kird	A	100	5-	71.	. j '	9
CD 44					100%			1 mg	way ;		0 -	11	1	

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

Inu#11813

Date of Notification (1)			Nome	of Building (Li	-	(0)	- 4 1 1	1 , , ,	, 0	, _	رر	
06/03/19			Neila	a Juan De	merla	operato no	r (2)	E O	S 12 1	n n	mpessora n. tr	334-apr-	
Agencies Notified Type Notification	1			Address	mona			E ((E			m	1
EPA X Initial							113	The state of the s		The Control of the Co	1	The property of the state of th	Sept.
DEP Amended			City, St	tate, Zip Coo	de			1 .11	N 12	2010	1		<u>i</u>
X DOL Amendmen Emergency			Ridge	ewood, N	J 074	50	1 4 2.3	1	11. 1.7	2013			Control of the Contro
DOH justification		1		of Contact		-		Te	lephone N	lumber			
DCA Cancellation	1		Neila	Juan De	merla	no	1	AST				100	
Name of Facility Where Abatement is Takir	ng Place /	2)	FAC	ILITY INFO	RMATI	ON			ICENSIA	<u> </u>	TALL AND THE	***********	
Private House	ig Flace (3)					Type of Facility	S113 (5)					
Street Address							School (K	(-12)					
							Subchapt Other (i.e	er 8 (Oth . private :	er than K- & commer	·12) cial bu	ildinas	. hom	ies.
City (5)							etc.)						
Ridgewood							Square Feet	# 0	f Floors		Bldg.	Age	
County (6)			County	Code (7)			Current Use (P	rior if hai	na damali	\			
Bergen				USE ONLY)			ourient ose (i	noi ii bei	ng demon	sneu)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abatement C	ontractor	(9)				-
Competent Supervisor							demy Constru						
Street Address				-			Address						
011 011 011							Route 46 Sui	te 14					
City, State, Zip Code							tate, Zip Code						
Project Manager for Monitoring Firm							wa NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.			one No.		License	No.			
Start Date (10)	Schodul	od Cor	nnlation	Date (11)			832 4244		01379				
06/14/19	06/23/		ipietion	Date (11)			of OSHA Monito e as above	г					
Occupancy Status During Abatement (Chec		1000					Address						
Facility Closed/Vacated During Entire I	55	59	aont			Olloct	Address						
Abatement Performed Outside of Norm	nal Facility	y Hours	5		ŀ	City, St	tate, Zip Code						manuri reinia (n
Other – Describe:					-								
Scope of Work (Check All That Apply)													
 X ≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf 	_	Renova					Full Containn	nent with	Negative	Pressu	ire		
≥100 St of ≥200 if		Demolit	ion			X	Mini-Enclosu Glovebag Pro						20
						X	Non-Exempte		l Non-Fria	ble Pro	cedu	e	
		Locati										ement	t
Location of		Normal ed Sole				cription				-	T -	/pe	Γ
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/	Asbesto (i.e. th	s Conta	aining M	aterial (ACM) insulation,	1000	nount pecify	71		m	т
In Facility (13)	Cus	todial S (12)	staff?	08-7-2-3-03	surfac	ing, VA7	Γ, or		or LF)	Remova	Repair	caps	Enclosure
(13)			Т	,	other m	iscellan	eous)			oval	air	Encapsulate	sure
	Yes	No	N/A									le le	
Garage			X		Pipe i	insulat	ion	2	20If	x		x	
Basement			X		,	VAT		20	00sf	×	-	X	
	+									-	-		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Y	'ards	Name of	Register	ed Landfil	1		L	
Academy Construction Inc		Н	auler ID	No.	of Wast			s Land					
City, State		0:	34422		3				1111				
Totowa NJ					Disposa TBD	al Date	City, Sta		۸				
Completed by	Title					noture	IVIOTTIS	ville, PA	1	-4-			
Filip Geleski	1	erviso	r		Sig	griatul 8	Telep De	1. W.	0	ate 6/03/	19		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8750 and 12:120)

Data of No. 17				nt to NJAC 8:60	and 12:1	20 -	TMV:	#	-	21		
Date of Notification (1) 05/30/2019			Name	of Building Own Environment	er/Operato	or (2)	10 14		11	01	- (
Agencies Notified Type Notifica	ition			t Address	ai, LLC			3 11 1	\ <i>17</i> - 1	-		
EPA Initial				Oxford Road		ILKE	9 6	- [y l	3/1		
X DEP Amenda			City, S	State, Zip Code			2122222					
Emerge	ncy (includi	ng 🌉		an, NJ 08750			JUN 1	2 20				
DCA justifica		-		Brian Clark			Tele	phone N 6) 265	lumbe	r Person		
Name of Equilibria/			FA	CILITY INFORMA	ATION	ASS					The Control of the Co	
Name of Facility Where Abatement is T Residental	aking Place	(3)				Type of Facilit	y (4)	SING	Manager or In	and the same of	1	
Street Address						School (F	<-12)					
						X Other (i.e	ter 8 (Othe . private &	r than K- commer	12) cial bu	uilding	s, ho	mes,
City (5) East Newark						etc.) Square Feet		Floors		Bldg.		2000
County (6)						1,359	2	10010		119	rigo	
Essex			County (STATE	Code (7) USE ONLY)		Current Use (F Commercia	Prior if bein	g demoli	shed)		are	
Name of Monitoring Firm Hired by Build TBD	ng Owner (8)	ASC	M No.	Name	of Abatement C	ontractor (9)				
Street Address						Contracting, Address	LLC					
						Valley Road	, Suite K					
City, State, Zip Code					City, S	state, Zip Code						
Project Manager for Monitoring Firm			Telenho	one No.		ne, New Jers						
			relepine	one No.	11.00	928-5040	10 133	icense I	Vo.			
Start Date (10) 06/10/2019	Schedu	iled Co	mpletion	Date (11)	Name	of OSHA Monito	r					
Occupancy Status During Abatement (C	06/20		() 			Contracting, L	LC					
Facility Closed/Vacated During Enti			mont		100000000000000000000000000000000000000	Address Valley Road,	Suite K					
Abatement Performed Outside of N Other – Describe:	ormal Facili	y Hour	S			tate, Zip Code	ounc it					
Scope of Work (Check All That Apply)						ne, New Jerse	ey 07470	1				
≥3 sf or ≥3 If	lea .	225										
≥160 sf or ≥260 lf	Personal Property lies	Renovi Demoli			×	Full Containn Mini-Enclosus	nent with N	egative f	Pressu	ire		
					×	Glovebag Pro	cedure			- 27		
d.	I:	s Locat	ion			Non-Exempte	d (") and N	ion-Friat	le Pro	Abate		t
Location of Asbestos-Containing Material (ACM)		Norma		De	escription	of					ре	
TO BE ABATED	Ma	aintena todial	nce/	Asbestos Cor (i.e. therma	ntaining Ma Il systems	aterial (ACM) insulation	Amo (Spe		77		En	m
In Facility (13)	Ous	(12)	stair:	surfa	acing, VAT miscellane	, or	SF or		Remova	Repair	caps	Enclosure
	Yes	No	N/A		riiooonario	2003)			val	ji ji	Encapsulate	sure
Basement		X		ACM	l Floor T	iles	450	SF	x		-	-
Basement	X		AC	M Mast	ic	450	SF	Х		-		
Basement		Χ		ACM Jo	int Com	pound	300	SF	Х			
Name of Posist												
Name of Registered Waste Hauler Service Transport Group, Inc.		5323	JDEP Wauler ID		Yards ste		Registered					
City, State			0990	TBD		Minerva	a Enterpr	ises, L	LC			
New Castle, Delaware				Dispo TBD	sal Date	City, Stat	e sburg, Ol	nio				
Completed by	Title				Signature	· vayile.	Jourg, Or	Dat	e			
Predrag Sarcev	Vice	Presid	dent		110	>		1000000	/30/2	019		

CK# 3/36

State of New Jersey NOTIFICATION OF ASBESTIOS ABATEMENT Teursuant to NJAC 8:60 and 12:120)																
Date of Notification (1) 6-3-2019						Name of Building Owner/Operator (2) R.E.M. Estate Development, LLC										
Agencies Notified Type Notification	Street Address 391 Water Street							JUN	1 2	2019	The second of the second					
EPA Initial Amended Amendment # BOH DCA Initial Carnellation				City, State, Zip Code Teaneck, NJ 07666				Manage School School					COURSE IN SEC.			
				Name of Contact Ely Rubin				Telephon 201-344				TOS CONTROL 2.				
Name of Facility Where Abatement is Taking	FACILITY INFORMATION				Type of Facility (4)											
Residential Street Address		School						I (K-12)								
								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Tenafly, NJ 07670				Squa 1388	re Feet 3	2	f Floors		3ldg. / 116+							
County (6) Bergen				County Code (7) (STATE USE ONLY)				ent Use (Pr	ior if be	being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)								ame of Abatement Contractor (9) Freen Environmental Services, LLC								
Street Address				Street Address 235 Virginia Avenue												
City, State, Zip Code City							ity, State, Zip Code ersey City, NJ 07304									
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 201-333-8855			License No. 01174						
Start Date (10) Scheduled Completion Date (11) 6-3-2019 6-3-2019							Name of OSHA Monitor Green Environmental Services, LLC									
Occupancy Status During Abatement (Check Only One)							Street Address 235 Virginia Avenue									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code Jersey City, NJ 07304									
Scope of Work (Check All That Apply)						Jeise	ey Cit	y, NJ 07	304							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Renovation Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Locati						- Exempto	9 () 411	a ivoii-i nac	Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena odial S (12)	ly by nce/		tos Cont thermal surfac		laterial (ACM) s insulation, T, or		(8	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								1 2		ate	Гe		
Houses Perimeter		X			Siding					00 SF	X					
												-				
Green Environmental Services LLC			JDEP Wa auler ID I 034889			Cubic Yards of Waste 6		Name of Registered Landfill Fairless Landfill								
City, State Jersey City, NJ				Dispo 6-3-2				City, Stat Morrisv	y, State prrisville, PA							
Completed by Liliana Serrano	Title Office	Mar	nager		Si	ignature	hature Date 6-3-2019									

1 - - 11100

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

		NOTII	FICATIO Pursuan	N OF AS	BESTOS C 8:60 ar	ABATE	MENT (0)		NX	#1	18	16	2	
Date of Notification (1) 06-03-19			Name Cara	of Buildin vella De	g Owner/ emolitio	Operato n Inc.	r (2)		E	GE	11 W	E		\]
Agencies Notified Type EPA	e Notification			Address eforest	Ave.					**************************************	G U			A COLUMN TO A COLU
DEP DOL	Amended Amendment #			tate, Zip (Hanove			72		- J	JN 1 6	2 2019			
□ DOH	Emergency (includir justification)	ıg	Name	of Contac	t			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a clote	lephone	Number			j
DCA	Cancellation		John	Carave	lla				(9	73) 88	4-9400	&		
Name of Facility Where Abel			FAC	ILITY IN	FORMAT	ION				A SECULAR STREET, SAME OF THE PARTY OF				
Name of Facility Where Abate Private Property	ement is Taking Place	(3)						of Facility School (K-						
Street Address					D.		r	Subchapte Other (i.e. etc.)	er 8 (Oth	er than I & comm	K-12) ercial bu	ildings	, hom	nes,
City (5) Somerville								re Feet	# 0	f Floors		Bldg.	Age	
County (6) Somerset				Code (7) USE ONL			Curre	ent Use (Pr	ior if be	ing demo	olished)			
Name of Monitoring Firm Hire N/A	d by Building Owner (3)	ASCI	M No.		THE STATES THE STATES		tement Co		(9)				
Street Address						Street	Addres	ss		-				
City, State, Zip Code						City, S		ip Code						
Project Manager for Manite in	P							NJ 070	37					
Project Manager for Monitorin	5		Telepho			Teleph 201 2				License 01206				
Start Date (10) 06-14-19	Schedu 06-21		mpletion	Date (11)	Ň			A Monitor		1				
Occupancy Status During Aba	tement (Check Only C	ne)				Street								
Facility Closed/Vacated I Abatement Performed On	During Entire Period of utside of Normal Facili	Abaten	nent			522 7 City, St								
Other – Describe:		-			_	and the state of t		NJ 0708	37					
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	germany.	Renova Demolit				· ·	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure				'e	
		s Locati										Abat	emen	t
Location of Asbestos-Containing Mate	100 4500	Normal ed Sole			Des	scription	of	eggener of the Care			-		/pe	
TO BE ABATED In Facility (13)	M (ACIVI)	aintenar stodial S (12)	nce/	(i.e		aining Ma systems cing, VAT niscelland	insula r, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	10
1st Floor		X				eum & \	10110150151		37	0 SF	x			
1st floor		Х		Tra	insite B		& Mas	stic	35	0 SF	х			
2nd Floor		х				VAT			40	SF	x			
2nd Floor South F		х			Roofin	g Mate	rials		16	0 SF	x			
Name of Registered Waste Ha	uler		JDEP W auler ID		Cubic '			Name of I				-		
Delfa Contracting LLC			356240		2	20		Tullytov	n Res	ource	Recov	ery F	acilit	ty
City, State Union City, NJ					Disposi 06-20-			City, State Tullytow						
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Street Address							School (K-12) (Other than K⊣1	2)					
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Mark Jovic Consulting LLC	anding (OWITE	(0)	ASCI	VI INO.	Name of Abateme								
Street Address		-					NAGEMENT LL	.C						
87 Main Street, Suite A						Street Address								
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Project Manager for Monitoring Firm			Tol	anh	M	Garfield, NJ	07026							
Mark Jovic				ephone		Telephone No.		License No.						
Start Date (10)	School	ulad (0-0932 ate (11)	973-928-4888		1188						
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Occupancy Status During Abatement	(Check	only	one)			Street Address								
☐ Facility Closed/Vacated During En	tire Per	riod of	Abate	ment		27 Outwater L	.ane							
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			PIVI		_AM	Garfield, NJ 0								
Scope of Work (Check all that apply)														
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, ,		Yes	No	N/A	1	other miscellaneou	us)		-		Encapsulate	Ğ.		
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1st & 2nd Floor				\boxtimes	Plaster				-			믬		
1 st Floor					Fluffy M	aterial		8,000 SF 800 SF				님		
Exterior			П	\boxtimes	Window	Caulking		100000000000000000000000000000000000000	-		_	믬		
Name of Registered Waste Hauler			N	JDEP V		Cubic Yards of	Name of Basista	25 LF				Ш		
Century Waste, LLC/Newark Ca	rting/	All P	ro H	auler IE	No.	Waste	Name of Register	eu Landfill						
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	ncellation			2000	Varren Sp			Telephone No				
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Commercial							Type of Facility (
Street Address							School (K-12) Subchapter 8	(Other than V	12)			
18 Ward Street							Other (i.e., pr	vate and comn	12) nercial	buildi	nas	
City (5)							nomes, etc.)		10,0101	o a ii a i	igo,	
Bloomfield, NJ							Square Feet	# of Floors		Bldg.	Age	
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Essex				100	unty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Name of Monitoring Firm Hired by	Building	Owno	r (0)	LACCI	4.51	1						
Mark Jovic Consulting LL	• Danding	Owne	(8)	ASC	vi No.		ent Contractor (9)					
Street Address						ALL PRO MA	NAGEMENT LL	С				
87 Main Street, Suite A						Street Address						
City, State, Zip Code						27 Outwater	Lane					
Lincoln Park, NJ 07035						City, State, Zip Co	ode					
						Garfield, NJ	07026					
Project Manager for Monitoring Fit Mark Jovic	m			ephone		Telephone No.		License No.			_	
Start Date (10)					0-0932	973-928-4888		1188				
					ate (11)	Name of OSHA M					- 20	
		12_	/ _1	9_/	19	ALL PRO MA	NAGEMENT LLO					
Occupancy Status During Abatem	ent (Chec	ck only	one)			Street Address						_
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		27 Outwater L	ane .					
Abatement Performed Outside Time of Abatement:AM	Norma	II Facili	ty Hou	rs - De		City, State, Zip Co	de			7-7-5	-	
A CONTRACTOR OF THE PROPERTY O					_AM	Garfield, NJ (
Scope of Work (Check all that appl	/)											
≥3 sf or ≥3 lf		□R	enovat	ion			ainment with Negat	ive Pressure				
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						Non-Exen	npted (*) and Non-F	riable Procedu	ire			
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		Yes	No	N/A		other miscellaneo	us)	0.50	-		Encapsulate	Гe
2 nd Floor					VAT w/E	Black Spots		4000.05	-	_		_
2 nd Floor Steps					VAT	THOR OPOLO		1000 SF				
Exterior			П		Caulking	,		300 ₄ SF				
		П	П		Guanang	3		15 LF _?				
Name of Registered Waste Hauler			N	JDEP V	Vaste I	Cubic Yards of	N 15					
Century Waste, LLC/Newark	Cartino	/All P	ro H	auler ID	No.	Waste	Name of Registere	ed Landfill				
City, State	5			32797	/ 0283	As Needed	\(\frac{1}{2}\)					
Elizabeth, NJ / Newark, NJ /	Garfield	l, NJ				Disposal Date TBD	City, State	A / D				
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	ndment			9.1	y, State, Zip			ASDESTOS	CONT	ROL	æ	-
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Name of Facility Where Abatement Commercial	is Takir	ng Pla	ce (3)				Type of Facility ((4)			-	
							School (K-12					
Street Address			1875.1				Subchapter 8	(Other than K-	12)			
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Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCI	M No.	Name of Abatam			145			
Mark Jovic Consulting LLC							ent Contractor (9)					
Street Address							NAGEMENT LL	C				
87 Main Street, Suite A						Street Address						
City, State, Zip Code						27 Outwater						
Lincoln Park, NJ 07035						City, State, Zip Co						
Project Manager for Monitoring Firm			1=			Garfield, NJ	07026					
Mark Jovic				ephone		Telephone No.		License No.			-	
Start Date (10)	0.				0-0932	973-928-4888		1188				
06 /19 /19					ate (11)	Name of OSHA M						
				9_ /	19	ALL PRO MAI	NAGEMENT LL					
Occupancy Status During Abatement	(Check	only	one)			Street Address						
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Scope of Work (Check all that apply)											1000	
≥3 sf or ≥3 If		ПВ	novat	ion		☐ Full Conta	inment with Negat	ive Pressure				
≥160 sf or ≥260 lf		⊠ De	molitic	on		☐ Mini-Enclo	osure					
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TO BE ABATED	,	Ma	intena	nce/	Aspes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	Ren	Repair	Enc	Enc
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(13)	-	Yes	(12)	NI/A	-	other miscellaneou	us)	SI OILF)	<u>a</u>		Encapsulate	иге
Exterior	-	100 TO 10	No	N/A							te	
Exerior					Tar Root	fing and Flashing	9	3,750 SF				
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									10			
Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Registere	. d 1 1611				
Century Waste, LLC/Newark Ca	arting/	All Pi	o H	auler IE	No.	Waste	Name of Registers	ed Landfill				
City, State				32191	/ 0283	As Needed Disposal Date	City, State					
Elizabeth, NJ / Newark, NJ / Ga	rfield,	NJ				TBD	Morrisville, P	A / Pon A	DA			
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Allen Monchik	Pro	ject	Mana	ger				Da	te/	1)	

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	cation)	Juan	ıg		ne of Conta			T. ASBEC	Trici	200		
☐ Cance	ellation				arren Spi			Telephone Nu 908-670-57	ICEN	SING	RO	L&
				-		NFORMATION		300-07-0-07			-	
Name of Facility Where Abatement	is Taking	Plac	e (3)		COLLITTI	NOTATION	Type of Facility	(4)				
Commercial							School (K-1)	1104.000				
Street Address							Subchapter	8 (Other than K-1	2)			
622 Bloomfield Avenue							Other (i.e., p	rivate and comme	ercial b	ouildir	igs,	
City (5)							homes, etc.					
Bloomfield, NJ							Square Feet	# of Floors	E	Bldg. /	Age	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use /Dr	for if being demol				
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Name of Monitoring Firm Hired by B	uilding Ov	vner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)		1000			
Mark Jovic Consulting LLC							NAGEMENT L					
Street Address						Street Address	CLINEIT L	LC				
87 Main Street, Suite A						27 Outwater I	ane					
City, State, Zip Code						City, State, Zip Co						
Lincoln Park, NJ 07035						Garfield, NJ						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Mark Jovic					0-0932	973-928-4888		1188				
Start Date (10)	Schedul					Name of OSHA M	onitor	1100				
				_ /	19		NAGEMENT LI	LC				
Occupancy Status During Abatemen	(Check o	only o	one)			Street Address						
☐ Facility Closed/Vacated During En	ntire Perio	d of	Abate	ment		27 Outwater L	.ane					
Abatement Performed Outside of Time of Abatement:AM	Normal Fa	acility	y Hour	s - Des		City, State, Zip Co						
	PIVI/_	-	PIVI-		AM	Garfield, NJ (7026					
Scope of Work (Check all that apply)						20.50					-	
≥3 sf or ≥3 If		Re	novati	on			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			molitic				Procedure					
1		Ic	Locat		T	Non-Exen	npted (*) and Nor	-Friable Procedu	e			
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TO BE ABATED IN Facility			intena odial S		(i.e.	, thermal systems in	sulation.	(Specify	Removal	Repair	cap	Clos
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	Va Va	-	Encapsulate	Enclosure
	Y	es/	No	N/A		Times impochance	43)				ate	
Ground Floor - Boiler Room				\boxtimes	Pipe Ins	ullation		1,300 SF				
Ground Floor - Boiler Room				\boxtimes	Flue Cer	ment		2 SF				
Throughout Building				\boxtimes	VAT			12,500 SF			$\overline{\Box}$	
Exterior				\boxtimes	Roofing	& Flashing		6,500 SF			_	
Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Registe			Ш	Ц	П
Century Waste, LLC/Newark C	arting/A	II Pr	ro Ha	auler ID		Waste	or region	ord Lundini				
City, State				02131	/ 0283	As Needed Disposal Date	City, State			Section .		
Elizabeth, NJ / Newark, NJ / G	arfield, N	UJ				TBD		PA / Pen Argyl	DΛ			
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Street Address							School (K-	12) r 8 (Other than K-	12)			
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City (5)		-					nomes, etc	.)			3-1	
Bloomfield, NJ							Square Feet	# of Floors	E	Bldg. A	Age	
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Essex				00	unity Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished)			
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Mark Jovic Consulting LLC	ununing t	Owner	(8)	ASC	∕l No.	Name of Abateme						
Street Address						ALL PRO MA	NAGEMENT I	LLC				
87 Main Street, Suite A						Street Address						
City, State, Zip Code						27 Outwater I	Lane					
1						City, State, Zip Co	ode					_
Lincoln Park, NJ 07035						Garfield, NJ	07026					
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.				
Mark Jovic					0-0932	973-928-4888		1188				
Start Date (10)06 /19 /19				etion D	ate (11) 19	Name of OSHA Mo						
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☐ Facility Closed/Vacated During En	tire Per	riod of	Ahate	mont		Street Address						
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Scope of Work (Check all that apply)		72			_	Garfield, NJ 0	7026					
☐ ≥3 sf or ≥3 lf			20			☐ Full Conta	inment with Neg	ative Pressure				
≥160 sf or ≥260 lf		☐ Re	novat	ion		☐ Mini-Enclo	sure	,				
		2 00	arronu.	311		☐ Glovebag ⊠ Non-Exem	Procedure	n-Friable Procedu				
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TO BE ABATED	NI)	Ma	intena	nce/	Asbes	tos Containing Mate	erial (ACM)	Amount	Rer	Repair	Enc	Enc
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(13)	-		(12)	1 222	-	other miscellaneou	us)	SF or LF)	<u>a</u>		Encapsulate	иге
Exterior		Yes	No	N/A							te	
Exterior					Tar Roo	fing and Flashing	9	3,750 SF				
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Name of Registered Waste Hauler			N	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
Century Waste, LLC/Newark C	arting/	All P	ro H	auler IE 32797	No.	Waste As Needed		v = Eurium				
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Commercial		mg r iac)C (U)				Type of Facility	3.43 Ac				
Street Address							School (K-12	?) ?/O#//				
622 Bloomfield Avenue							☐ Subchapter 8 ☑ Other (i.e., p	o (Other than K-1	2) ercial l	nuildir	nae	
City (5)							homes, etc.)	and donning	CIGIAII	Junun	igs,	
Bloomfield, NJ							Square Feet	# of Floors	E	Bldg.	Age	
County (6)												
Essex				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	ished)			
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Name of Monitoring Firm Hired Mark Jovic Consulting I		Owner	(8)	ASCN	l No.	Name of Abateme						
Street Address	LLC					ALL PRO MA	NAGEMENT LI	_C				
						Street Address						
87 Main Street, Suite A						27 Outwater L	_ane					
City, State, Zip Code						City, State, Zip Co	de					
Lincoln Park, NJ 07035						Garfield, NJ (07026					
Project Manager for Monitoring	Firm		3	phone		Telephone No.		License No.				
Mark Jovic					0-0932	973-928-4888		1188				
Start Date (10)					ate (11)	Name of OSHA Mo	onitor			111-0-11-0	_	
/	_ _			_ /	19	ALL PRO MAI	NAGEMENT LL	.c				
Occupancy Status During Abat	ement (Che	ck only	one)			Street Address			-			
Facility Closed/Vacated Dur	ing Entire P	eriod of	Abate	ment		27 Outwater L	ane					
Abatement Performed Outsi	de of Norma	al Facilit	y Hour	s - Des	scribe	City, State, Zip Coo						
Time of Abatement:/	АМF	PM/	PM-		AM	Garfield, NJ 0						
Scope of Work (Check all that a	ipply)					Carneta, No 0	7020					
☐ ≥3 sf or ≥3 lf			92				inment with Nega	tive Pressure				
≥160 sf or ≥260 lf			novati				sure					
		24 00	arrondic	**1			Procedure opted (*) and Non-	Eriabla Brazadu				
		100	Locat				prod () drid Horr	Thable Frocedu				
Location of Asbestos-Containing Materia	-1 /4 03 45		Norma d Sole			Description of				atem	1	
TO BE ABATED	ai (ACM)	100000000000000000000000000000000000000	intena		Asbes	tos Containing Mate	erial (ACM)	Amount	Removal	Repair	Ē	Enclosure
IN Facility		Cus	todial S	Staff?	(i.e.	, thermal systems in surfacing, VAT, of	sulation,	(Specify	VOU	air	aps	los
(13)		.,	(12)	0.000		other miscellaneou	us)	SF or LF)	<u>n</u>		Encapsulate	ure
0 15		Yes	No	N/A							é	
Ground Floor - Boiler Root Ground Floor - Boiler Root					Pipe Ins	Service of the servic		1,300 SF	\boxtimes			
	n				Flue Cer	ment		2 SF				
Throughout Building	1-			\boxtimes	VAT			12,500 SF				
Exterior				\boxtimes	Roofing	& Flashing		6,500 SF		П	П	П
Name of Registered Waste Hau				JDEP V	Vaste	Cubic Yards of	Name of Registe	•	10		ш	
Century Waste, LLC/New	ark Carting	g/All P	ro H	auler ID	No. / 0283	Waste	3.5.0					
City, State				02/3/		As Needed Disposal Date	City, State					
Elizabeth, NJ / Newark, N	J / Garfield	d, NJ				TBD		PA / Pen Argyl	DA			
Completed By (Print or Type)	Title	9							1			
Allen Monchik	1	roject	Mana	ger		Signature)		Da	re/.	of,	13	
NSB 44		-1006		201		1000	11/	~ \ \ \ \	1/10	4/	4	

State of New Jersey

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

DECEIVED

JUN 1 2 2019

CONTINUATION SHEET Abatément ye ENSING 622 Bloomfield Ave., Bloomfield, NJ E Is Location Description of Asbestos-Containing Location of Asbestos-Containing n Normally Used R Material (ACM) TO BE ABATED In Material (ACM) (i.e. thermal n C Solely by Amount (Specify SF systems, insulation, surfacing, VAT, e R Faculty (13) C 1 Maintenance/Cust or LF) or other miscellaneous) m e odial Staff (12) а 0 0 p p 5 a 5 u а i и r е No N/A Exterior - Doors X Caulking 15 LF X

Completed by: (Print or type)	Title:	Project Manager	1/ 100	
Allen Monchik	ride.	Project Manager	Signature:)	Date:
			Court of	6/19/19

08.06.2019 07:32 AM	A. Ma	G Cont	racting							
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# 100 8 Inville	39	NOTIFICA (Pure	State of New Ja	SEASATEMENT D	DOL	the Real Property lies		DAY #/o	Character Control of the	
Date of Notification (1)		and the factor of the state of the	ne of Building Dwn	N/Operator (2)	1 10		3 2	137	4	
Agencies Notified Type Notificati	en.	Sin	I HV2 I KA WG	E RUN AN	The second secon	1		YE	IN	E
SPA Initial	•		130 46	V ROAV #	9 WAIVE	弘	ממכ	CVID	Th U	1
DEP Amended Amended	ent de	City	State, Zip Coda	Y, N.5 0	VIPI II	111	-		14	
M DOH - Emergent	by (including	Nan	ne of Contact	7, 200	1 4			JN·1	2 201	3
Cancellat	lon		quecla		7 73-3	Anuna Pounna	r	16		
Name of Facility Where Abstement is Tel	dng Place (70.1	ACILITY INFORM		- 1	'AS	SHE:	TOS	CONTR	OL 8
PARTRUATE RUL ,	APARTA	رديوس		Type of Fed	(K-12)	WHEN STREET	or or other than			
130 WEW ROAD ?	× 69			Suboh	ediar & Cother than ic.	-12)	•	opacete:		2)
CHY PARSIARAUY				(I)	l.e. private & comma	rotal b			08 ,	
County (8)				Rquare Fee			Blag.			
MORRIS		Cour	THE USE ONLY)		Prior If being demoi	shed)		Section in contrast of	-	
Name of Monitoring Firm Hired by Buildin	Owner (8)		CM No.	Nama of Absternant	Carles de l'A					
Girest Address	-			A. Mac Contrac	Contractor (9) ling inc.					
		_		Birest Address		-		=	-	
City, State, Zip Code				185 Vreetend A		,				
Project Manager for Monitoring Firm		1.42:-		Midland Perk, N	J 07432	9				
		1 stag	horis No.	Telephone No. 201-282-5841	Utansa 00156	No.			\neg	
6/6/19	Sphedule	d Complation	27 Date (11)	Name of DaHA Mon	tor				_	
Occupancy Status During Abatement (Che	ck Driv On	114/19	·		mental Servicer in	ic.				
Fadility Closed/Vecated During Entire Abetement Performed Outside of Nor Other - Describe:	Darlad ad h	hatamas		Street Address 280 Huyler Street	ot					
cope of Work (Check All That Apply)				City, State, Zip Code Hackensack, NJ	07606			10000		
S ≥S of or ≥S I/	RED				17.000					
≥160 of or ≥280 W		enovation empition		Glovebed F	ement with Negative i ore orocedure orocedure orocedure					
Looston of	ie i	Location ormally			A DE LA CONTRACTOR DE L	Na Pro	Abel	ment		
Asbestos-Contahing Meterial (ACM)	Uesc	f Golely by	ABDESTOS Con	ecription of teining Meterial (ACM)	Amount	-	1	pe	_	
In Facility (18)	Gusto	dial Staff? (12)	(i.e. menna)	systems insulation, cing. VAT. or	(Specify 8F or LF)	2	2	Ente	gr	
(19)	Yes		other r	niedelleneque)	ar gr LP)	Remote	Repair	Encapadate	Enclosure	
Boiling RAY 6-13	100	No NA	-			_		R.	4	
11 " 613	+-+	- X	PIL		210 66	X				
11 11 M3	++	× ×		CHWL E	85 3 A	K				
11 11 M-3	1	نام	RAGE	SHING-	100 LA	x				
ame of Registered Weste Hauter		NUDEP	The state of the s		853F	X				
ewark Carting Inc.		Hauter 10 04508	No. Cubic	Grane	Central Sanitary	Lan	dfill			
ewark, NJ 07105			Dispos	al Date City, 81	te				-	
The state of the s					u In a semana				- 1	
Ompleted by McDoneld	Title -		6/6/	gnature 12 Jan	rgyl, PA 08072		, ,			

A88-41 (R-08-01)

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^{*} Do not use this form for asbeatos ilconsure exempted softvides.

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K & OE INI	111817		NOTIF (P	ICATIO	tate of Ne NOF ASE to NJAC	BESTOS	ABATE	EMENT		EG	E	\mathbb{V}			
Date of Notification (1) 05/15/2019 check	Werker recover			Name o	of Building	Owner/	Operato	r (2)					Addition the day		No. of Concession, Name of Street, or other party of the Street, o
Agencies Notified	Type Notification	n		Street A	Address		-				1 2	2019		lud)	1
× EPA	☐ Initial				aham st								أ		-
DEP DOL	Amended Amendmer		_		ate, Zip C city NJ		1		To the state of th		TOS CO JCENSII		, i., ex	. 4	
DOH DOA	Emergency justification)			of Contact				(Lagorian S	1	phone Nu	mber			
DCA	Cancellatio	n		•	an carri		ION			-1			_	-	
Name of Facility Where	Abatement is Taki	ng Place (3	3)					Туре	of Facility	(4)					
Street Address 82 graham st	·····								School (K- Subchapte Other (i.e.	r 8 (Other			dings,	hom	es,
City (5)	None Control of the C								etc.) ire Feet		Floors		Bldg. A		3/
jersey city NJ 0730	3							50X	100	2 FL	-	5	0 YE	7	3
County (6) HUDSON					Code (7) USE ONLY	o			ent Use (Pr SEMENT			ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	ll No.		1 2000 / 2000 / 2000		atement Co JTIONS			3			
Street Address				1				Addre	ss CH ST		(1)2				
City, State, Zip Code									ip Code D NJ 07	407					
Project Manager for Mor	nitoring Firm	***************************************		Telepho	ne No.		100000000000000000000000000000000000000	hone N 873 9		100	License N 01301	0.			
Start Date (10) 5/16/2019		Schedule 5/17/20		npletion	Date (11)				HA Monitor		ACTING	3			
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	Abaten	nent			24 C City, S	State, Z	ss CH ST ip Code DD NJ 07	407					
Scope of Work (Check A	II That Apply)						LLIVI	10000	D NO UT	407					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same	Renova Demolit				2 2	Mir Glo	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	79.20			e	
			Locati										Abate		t
Location Asbestos-Containing		Use	Normal d Sole	ly by	Asbes	De tos Conf	scription		(ACM)	Am	ount		, ,		
TO BE AB In Facil (13)	ATED lity	0.0000000000000000000000000000000000000	intenar todial S (12)			thermal surfa		s insula T, or			ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	·	ate	re
BASEM				Х		PIPE II	NSULA	ATION	٧		LF	Х			
BASEM	ENT			X	D	EBRIE	SON	FLOC)R	CLEA	N UP	X			
				-								-			-
Name of Registered Was			A 4 0 12000	JDEP W		of Wa	Yards ste				ed Landfill				
City, State	G					TDB	sal Date	1	City, Stat	D CENT	RAL				
PEN ARGYL PA 180	072					TDB		7			A 1807	2			
Completed by LUIS ARCILA		Title PRES	SIDEI	NT		S	Signature	2		4	, Da	te 15/20	019		

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

L# 192.		NOF	IFICATION	ON, OF A	New Jers SBESTO AC 8:60 a	SABATE	EMENT		E (CE		E		Prin
Date of Notification (1) 06/06/19 TO			Name	of Buildi en Fox	ng Owner	/Operato	or (2)		J	UN 12	201	3		
Agencies Notified Type Notificati	on		1	t Address		14 day =		And had t					Lorenzo	
□ DEP □ DOL □ Amended Amendment			1	State, Zip bertville				<u> </u>	ASBE	STOS CO LICENS		OL &	J	and the same of th
DOH Emergen justification Cancellate	cy (includi	ng	Name	of Conta					Te	elephone N	lumbe	r		
Name of Facility Where Abatement is Ta	de - Di	(0)			FORMAT	TION			7					-
reame of Facility Where Abatement is Ta	king Place	(3)					Personal Per	of Facility						
Street Address							×	School (Ka Subchapte Other (i.e. etc.)	er 8 (Ot	her than K	-12) rcial bu	uilding	s, hor	nes,
City (5) Lambertville								re Feet	# 0	of Floors		Bldg.		
County (6) Hunterdon			County (STATE	Code (7) _Y)		Curre	nt Use (Pr dential	ior if be	eing demoli	ished)			
Name of Monitoring Firm Hired by Buildin Eagle IHA Inc	g Owner (8)	ASC	M No.		Name ELC	of Abat	tement Co	ntractor ental I	r (9)				
Street Address 359 Dresher Road						533555	Addres	s rood Dr						
City, State, Zip Code Horsham, PA 19044							tate, Zip		ina. P	A 18977				
Project Manager for Monitoring Firm Mark Hays			Telepho 215-6	one No. 372-608	8	Teleph	one No		3, .	License 01225				
Start Date (10) 6/19/2019	6/21/2	2019	mpletion	Date (11)	Name o		A Monitor						
Occupancy Status During Abatement (Che			100			Street A	Address	3						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facility	Abater by Hour	nent s			City, St	ate, Zip	Code		-				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	granutures	Renova Demolit				×	Mini- Glov	Enclosure ebag Prod	edure	Negative				
	Is	s Locati	on				Non-	Exempted	(*) and	d Non-Frial	ble Pro		re emen	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly	Special Steam	Des	cription o	of				_		/pe	
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbes (i.e	stos Conta thermal : surfac other m	aining Ma systems i ing, VAT iscellane	insulati	ACM) on,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				18				a		late	ле
Basement/crawlspaces			x		Pipe	nsulation	on		1	180	x			
lame of Registered Waste Hauler		l N	JDEP W	aste	Cubic Y	arde	- 1 :	Name of F		-11 - 15				
ervice Transport Group		Ha	wiler ID I	No.	of Wast		28	Name of R Minerva		ed Landfill prises				
oty, State Dover, DE					Disposa TBD	I Date		City, State Waynes		OH				

Project manager

0001700

Date

06/06/2019

Completed by

Andre Gosek

Waynesburg, OH

CK + 1240 1247

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

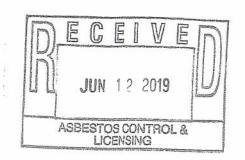
Date of Notification (1)			$\cup L$	The Comment	l	and the same	The state of the s	7 10 1	P 11	NII	己	(_)	1
6/1/2019 MUH 11809		(lame of Build	ding Owner , LLC	r/Opera	tor (2)	III) L	- G	3 1	W		11000	- Appropriate
Agencies Notified Type Notification	n	10000	treet Addres	_			11	200			1		i
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X DEP Amended			ity, State, Zi								1		-
Emergence	nt # y (including	_ [[eonia NJ	07605			1 7		5 .57 6	100			1
iustification	1)	11	ame of Cont		Scr Alfrascille		11.00		hone N				
L DCA L Cancellation	on	(HRIS CR				Secret -	646-	2396-	764			7.5
Name of Facility Where Abatement is Tak	ing Place (3)	1	FACILITY I	NFORMA'	TION	1 =	.=						
Residential	9 1 1000 (0)					Type	of Facility ((4)					
Street Address						- H :	School (K-1	2)					
							Subchapter Other (i.e. p	o (Otner i	nan K- ommer	12) cial bu	ildina	s. hor	nes
City (5)						- 6	etc.)						,,,,,
Leonia						Squar	e Feet	# of FI	oors		Bldg.	Age	
County (6)		Co	unty Code (7)		Curre	nt Use (Prid	or if bains	d P	1 - 0			
Bergen		(S	TATE USE ON	ILY)		Ourie	11 036 (1110	of it being	uemons	snea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.		Nam	e of Abat	ement Con	tractor (0)					
					MK	D Prop	erty Mair	tenance	LLC				
Street Address						et Addres				_			
0:1					105	Van R	iper Aver	nue					
City, State, Zip Code					City,	State, Zip	Code			92020	1000	-	
Project Manage 6 14 11					Cliff	ton NJ	07011						
Project Manager for Monitoring Firm		Tel	ephone No.			hone No		Lie	cense N	lo.			
Start Date (10)	Cabadalaa				1	-899-90		01	1336				
6/16/2019	7/15/201		etion Date (1	1)	Name	of OSH	A Monitor						
Occupancy Status During Abatement (Che-					Ct								
Facility Closed/Vacated During Entire					Stree	t Address							
Abatement Performed Outside of Norr	nal Facility H	atemeni lours			City 9	State, Zip	Codo						
Other – Describe:					Oity, C	state, Zip	Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	× Rer	novation			5	K =	>==t=!====						
× ≥160 sf or ≥260 lf		nolition				- Mini-	Containmer Enclosure		gative F	ressu	re		
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	le l c	ocation					Exempted	(*) and No	n-Fnab	le Pro	55150		
Location of	Nor	mally		D	:							emen vpe	L
Asbestos-Containing Material (ACM)		Solely by enance/	ASDE	stos Conta	scription aining N	Naterial (A	ACM)	Amou	nt				
TO BE ABATED In Facility	Custod	ial Staff	/i.	e. thermal	systems	s insulation	on,	(Speci	fy	Re	Z	inc	Ē
(13)	(12)		other m	ing, VA iscellar			SF or L	F)	Remova	Repair	Encapsulate	Enclosure
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			<u> </u>	SEE A	TIAC	HED				X			
N													
Name of Registered Waste Hauler			P Waste	Cubic Y		1	lame of Re	gistered L	andfill				-
MKD Property Maintenance LLC		0037	r ID No. 991	of Wast	te	1 .	Naste Ma			airle	ess I	andf	in
City, State	1001		Disposa	al Date		ity, State			J. 10		ariul		
Clifton NJ			Siopose	Date		Aly, State Morrisville	PA 10	067					
Completed by	Title			Sic	gnature		_	-,	Date				
Darko Raloski	Project	Manag	jer						1	; /201	9		
									1				

3956788

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

CONTINUATION SHEET



499 Broad Ave, Leonia NJ 07605

Location of Asbestos- Containing Material	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
(ACM) TO BE ABATED In Facility (13)						Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Roof		х		roofing material shingles	985 SF	Х			
2 nd floor		х		Plaster walls	498SF	x			
2nd floor		x		Plaster ceiling	498 SF	x			
2nd floor		Х		Vinyl asbestos tile	215 SF	х			
1 st floor		x		Plaster ceiling	558 SF	x			
1st floor		х		Plaster walls	558 SF	x			
1 st floor		х		Vinyl asbestos tile	356 SF	X			
Basement		х		Pipe insulation	44 LF	x			

		Completed by: Darko Raloski	Title: Project manager	Signature	Date: 6/1/2019	
--	--	-----------------------------	------------------------	-----------	----------------	--