Tulopal	A TT	иоті	FICATIO	State of N	BESTOS	ABATE	MENT	-	A					
IN# 1917	Alle	<i>》</i> (t to NJAC				C	Ree	ak 1	12	73	2	
Date of Notification (1) 6/7/19				of Building Valence		Operato	r (2)	III	1	EC	E	IV		F
Agencies Notified Type Notifica	ion		Street.	Address		Tall 2		1	31			-	~~~	111
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DEP Amende X DOL Amendm			Dove	tate, Zip C	ode			14	u	0014	' 9	ZUI:	1	land the same of
	cy (including]		of Contact					1 75		harran dansar			-
DCA justificati			Denis		C				16	lephone N	ńwber	PTIA	B JC	
Name of Facility When About			FAC	ILITY INF	ORMAT	ION		L	سيستط				-	The Strain Strain
Name of Facility Where Abatement is Tahome	iking Place (3)					Type of	Facility (4)					
Street Address			-					nool (K-12		er than K-	10)			
							X Oth	er (i.e. pr	ivate	& commer	cial bu	ildings	, hom	nes,
City (5)		1 22					etc. Square F	-	T#0	f Floors		Bldg.	Age	
Dover							1000		2			78	190	
County (6) Morris			County	Code (7) USE ONLY	/1			Use (Prior	if be	ing demoli:	shed)			
Name of Monitoring Firm Hired by Buildi	na Oumar 10		201 1 2 2 2 2 2 2 2	M No.	/		home							
James of Marines and Parish	ig Owner (o	,	ASCI	VI INO.			of Abatem			· (9) ⁄ices, LL	_			
Street Address							Address	interitar	0011	nces, LL				
						POE	3ox 483,	4 E Ga	te D	rive				
City, State, Zip Code							tate, Zip C							
Project Manager for Monitoring Firm			Telepho	na Ma			wood, N	IJ 0741	8					
The second secon			relepho	me No.			one No. 764-227	6		License I 703	No.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)		100,100,000	of OSHA		_	703				
6/17/19	6/24/1	-												
Occupancy Status During Abatement (Cl						Street	Address							
Facility Closed/Vacated During Enti Abatement Performed Outside of N	e Period of	Abater	ment			011 0								
X Other - Describe: basement	ziriai i aciii()	rioui				City, S	tate, Zip C	ode						
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf	× F	Renova	ation				Full Co	ntainmen	t with	Negative	Pressi	ıre		
× ≥160 sf or ≥260 lf		emoli)	tion			×	Mini-Er	nclosure ag Proce		3				
							Non-Ex	cempted (*) and	d Non-Frial	ole Pro	ocedur	e	
	1000	Locat	(C) (C) (C)										ement	t
Location of Asbestos-Containing Material (ACM)		Normal d Sole		Achoc	Des	scription	of aterial (AC			DANIES CONTRACTOR	-	1	ре	
TO BE ABATED		intena odial S			thermal	systems	insulation		(S	mount pecify	R	וג	Enc	En
In Facility (13)		(12)				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								/al	=	ılate	ure
basement			х		pipe	insulat	ion		2	5 LF	×			
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Name of Registered Waste Hauler			JDEP W		Cubic '	Yards	Na	ame of Re	aiste	red Landfill	1			
Newark Carting		10000	auler ID 4509	No.	of Was	ste				l Sanitar		ndfill		
City, State			4308			al Date		ty, State		- Garmar	y Lui	, Grilli		
Newark NJ					TBD			en Argy	I, PA	\				
Completed by	Title				Si	ignature	1	- 57			ite			
A. Scott Higgins	Presi	dent					11	_		6/	7/19			

Tow # 120	RS						State of I	New Jersey							
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Date of Notification (1)				peves	30.7	Nan	ne of Buildin	ng Owner/Operator	(2)	31-				9	
		1						Township Boar		JUN	19	20	119	A Seriel diseria	Ш
N === .	pe Notifi	ication	1			Stre	et Address							+	runps.
M DOLLAR	Initial Amende	لم				111	Gumtree	Corner Road	į.	ASBEST	25.00	7517	001	ار	
⊠ DOH	Amend		#			City,	State, Zip	Code		LIC	CENSI	NG	TUE	Ct	
□ DCA □	Emerge	ency (i		ng				NJ 08302		A TO STATE OF THE PARTY OF THE	******		DO SHIPMONE	PAGE TO CH	Waterper
(NJAC 5:23-8)	justifica	tion)		Ĭ		Nam	e of Contac	ct		Telephone	Numb	er			
	Cancella	ation				Jo	hn Klug			856-455	5-1717				
No. of W. com						FA	CILITY II	VFORMATION							
Name of Facility Where Abate				ce (3)				Type of Facility	/ (4)					
Morris Goodwin Eleme	entary S	Scho	ol						School (K-1						
Street Address									Subchapter Other (i.e.,	8 (Other than	K-12)	ial hi	ildin	ac	
839 YeGreate Street City (5)				74.1					homes, etc	.)	TITICIO	iai bi	anum	gs,	
Greenwich									Square Feet	# of Floors	s	В	dg. A	Age	1700
County (6)									70,000	2			70		
Cumberland						Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being de	molish	ed)			
Name of Monitoring Firm Hire	d b . D . ii	1-11		101					School						
Epic Environmental Se			Jwner	(8)		ASCN	l No.		ent Contractor (9						
Street Address	rvices,	LLC							onmental, LLC						
1930 Brown Road								Street Address				7.5			
City, State, Zip Code		-						623 Cutler A							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Newfield, NJ 08344								City, State, Zip C							
Project Manager for Monitoring	a Firm			1-	Tolo		Na	Maple Shade	e, NJ 08052						
Jim Eberts	gimii					phone	NO. 5-1077	Telephone No.		License N	0.				
Start Date (10)	1	Schoo	lulad (om			ite (11)	856-755-0099		00842					
06 /28 /19							19	Name of OSHA N							
Occupancy Status During Aba								EMSL Analyt	icai, inc.						
☐ Facility Closed/Vacated Du	ring Enti	re Pe	riod of	one	i) ator	mont		Street Address							
☐ Abatement Performed Outs	ide of N	ormal	Facilit	v H	our	s - Des	scribe	200 Route 13							
Time of Abatement:	_AM	P	Λ/	F	PM-		AM	City, State, Zip Co							
Scope of Work (Check all that	apply)							Cinnaminsor	i, NJ 08077		IC				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		vi .	⊠ Re					☐ Mini-Enc	ainment with Neg losure g Procedure mpted (*) and No						
					cati							Aba	ateme	ent T	уре
Location of Asbestos-Containing Mater	ial (ACM	n			mal Sole	ly by	Achoo	Description o	f	***************************************	1				1
TO BE ABATED	iai (/ 1011)	,				ice/	(i.e.	tos Containing Ma , thermal systems i	nsulation.	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus		al S 2)	staff?		surfacing, VAT,	or	SF or LF)		val	7	lusc	sure
(10)			Yes	T	lo.	N/A		other miscellane	ous)					ate	
Classroom				×			Floor Til	e and Mastic		720 SF			П	П	П
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			_	-							- 1	_		Ц	Ш
]										
Name of Desire 1111				L							[
Name of Registered Waste Hau Freehold Cartage	uler				На	DEP V	No.	Cubic Yards of Waste	Name of Regist						
City, State						15939		3 Disposal Date							
Freehold, NJ								07/01/2019	City, State Morrisville,	ΡΔ .					
Completed By (Print or Type)		Title						Signature	morrisvine,	· ^	D :				
Christina Lynch			ce Pr	esi	der	nt of C	perations	- 1	77	,	Date (o.	7.	10		

10 2019 03:30PM NJ Asbestos	Control	609	9.633.06	64		pa	ge 2	FIE	P E	ПП	7 [7
Try# 11670)						→ 6-9 - 5000	DE		U V	/ <u>[i</u>	
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Bate of Notification (1)	2 20,20,3	and the second				/Operator	3	4	08	0.0	Y,	9
Agencies Notified Type Notification			NJ AM	nerican	Water	Compa			LICENS	SING		of 1
N	n		Street	Address				1:	11 -	- 11	1 ,	7
DEP DEP			48 Pol	hemus tata, Zip					- Marie	7		
Amendme			Bridge				20	L	T	11	,	
DOH Emergence	y (includin n)	9	Mame	of Conta	ct			MANA Telephone	ID AS	The Co	WE	T
DCA Cancellation	n		Project	t Mana	ger		,	(973) 641			* 4.4	_
Name of Facility Where Abstement is Tak	no Place	(3)	FAC	ILITY IF	VFORMA"	TION			-1730			-
Raritan Millstone Water Treatment	Plant						Type of Facilit	Part Control (Control Control			2.50	
Street Address 48 Polhamus Lane				······································			School (I Subchap Other (I.e	K-12) ter 8 (Other than s. private & comm	K-12)	: Nadiae	.	
City (5)	-						0(¢.)					C
Bridgewater, NJ							Square Feel	# of Floors		Bidg. A	ge	
County (8)			County	Code (7)		Current Use (F	Prior If being dem	Ollahad			-
Name of Montening Com Words A William				USE ON C	.r;			Water Treatm		int.		
Name of Monitoring Firm Hirad by Building A.E.S.L.	Owner (8)	ASCA	M No.		Name	of Abatement C	entractor (B)	ICAN LIE	11 14		
Street Address						The M	ACK Group.					
200 Paterson Plank rd #7						1	Address					
City, State, Zip Code	amina Manada da atau da atau			· Philadelphi .		1500 K	(Ings HWY A	I, STE 209				
lorth Bergen, NJ 07047	AND A		1000				Hill, NJ 080	34				
Project Manager for Monitoring Firm	- WIC W		Talepho			Telephi	one No.	Licens	s No.			4
Start Date (10)	School	- I	201-864	4-6583		(973) 7	59 - 5000	00781				
6/11/19			mpletion 6/30/19)		1 OSHA Monito)r				
Occupancy Status During Abstament (Char	ck Only Or	10)	ווחפום	3		The MA	ACK Group,	LLC.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other - Describe:	Daried of	A b	ment s			1500 K	ings HWY N	, STE 209	- V-leave to the			0
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Scope of Work (Check All That Apply)	h-mi						, 110 0000					-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		langys illoms(×	Giovabag Pro	nent with Negativ re ocedure d (*) and Non-Frie				
I seelled of		Locati							100	Abate		-
Aspestos-Containing Material (ACM)	Uns	d Sole	ly by	Arhae	Des	scription o	terlal (ACM)		-	Typ	= ,	
TO BE ABATED		ntenai odial S		(1.6	. thermal	systems !	nsulation.	Amount (Specify	מ	_	Enc	
(13)		(12)			surfac other m	ing, VAT	ous)	SF or LF)	Remova	Repair	Encapsulate	
	Yes	No	8118						BAC	air.	ulah	
underground	1465	X	N/A	tra	nsite el	ectrical	conduit	TBD	V			Total Barrer
					-,-			100	4	-	-	1000
										-		S. S.
									-	-		
eme of Registered Waste Hauler		N.	J DEP Wa	istė –	Cubic		Name of	Registered Land	l.			
azza & Sons		H	auler ID N 3689		of Was							
ity, State		-	-7/157	•	Disposi	TBD al Dete	City, Stat	SS HILLS LAN	NDFILL			
nton Falls NJ						30/19		SVILLE PA				
ompleted by	Title					HATURE	non-structure		Date			-
ke Cooper	Preside	ent				The state of the same			10/19			

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Date of Notification (1) 06/10/2019			Name	of Buildi Schlosse	ing Owner	Operator (2)	Check-N	lo. 1525	1 9 2	2019		L
Agencies Notified Type Notification			Stree	t Address			and the second s					- Control
☐ EPA ☑ Initial ☐ Amended			City,	State, Zip	Code			ASBESTOS LICE	CON NSING	TRO	1.8	
■ DOL Amendment □ Emergency	(including		1000			ey 07960				· · · · · · · · · · · · · · · · · · ·	elliterina 2 + 1 +	1000 State Special Control
□ DCA justification) □ Cancellation				of Conta chlosser				Telenhone Nu	mher			
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITYIN	FORMAT					VA 1410		
Private Residence	ing ridde	(5)				Type of F	S. S					
Street Address						☐ Subch	ol (K-12) napter 8 (Other tha	an K-12)				
City (5)						Square Fe	(i.e. private & cor	nmercial buildi)
Morristown, New Jersey 07960						2500		2		ldg. A O+	ige	
County (6) Morris			(STATE	y Code (7 E USE ONI		Current Us	se (Prior if being o Private Reside	lemolished) nce				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	CM No.		Name of Al Lilich Con	patement Contraction	tor (9)				
Street Address						Street Addr 246 Union	ess Boulevard					
City, State, Zip Code						City, State, Totowa, N	Zip Code ew Jersey 0751	2				
Project Manager for Monitoring Firm			Teleph	one No		Telephone 973-225-8		License N 01104	0.			
Start Date (10) 06/21/2019	06/22/2	2019	mpletion	Date (11	1)	Name of OS Iris Enviro	SHA Monitor nmental Labora	tories, LLC				
Occupancy Status During Abatement (Che	157//23-					Street Addre 2333 Rout		7/2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /				
 □ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norm □ Other – Describe: 	Period of Anal Facility	Abaten Hours	nent			City, State, Union, NJ	Zip Code					
Scope of Work (Check All That Apply)												
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demoli				□ M □ G	ull Containment w ini-Enclosure love Bag Procedu n-Exempted (*) ar	re / Limited Co	ntainn	nent &	Ten	t
		Loca						Amount (Specify		bater		
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole aintena	ely by	Asb	estos Con	Description of	ial (ACM) (i.e.	SF of LF)		Тур		
TO BE ABATED In Facility		todial (12)		the	ermal syste	ems insulation	n, surfacing,		Ren	Re	Enca	End
(13)	Yes	No	N/A		othe	er miscellaneo	ius)		Removal	Repair	Encapsulate	Enclosure
asement	1 .00	X	1877	Pipe Fitt	ing			145 LF	X		(D	
asement		Х		Duct Ins	ulation			100 SF	X			\vdash
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic Y	/arde	Name of Deale	11 100				
_ilich Corporation		H	lauler ID 18724		of Wast		Name of Regist					
City, State Totowa, New Jersey					Disposa 06/22/2		City, State Morrisville, PA					_
Completed by Adriana Olejarova	Title Pre	siden	t			gnature		Date	10/20	110		-
ASB-41 (R-06-08)						1 Vopale		_			7000	
2000-00-00-00-00-00-00-00-00-00-00-00-00						Loo floo use i	this form for asbes	stos licensure	exemp	ted ac	tiviti	es.

JC 504 PAT Date of Notification (1)	D		FICATIO Pursuar	t to NJAC	BESTOS 8:60 ar	ABATEMENT nd 12:120)	R	ECE		40		
06/10/2019			Mount	of Building Laurel S	Chool C	Operator (2) District			g Zi ck No		24	السيا
Agencies Notified Type Notification I EPA I Initial				Address ount Lau	rel Roa	d	The state of the s	ASBESTOS	CONT	ROL	_&	
□ DEP □ Amended □ DOL Amendment #			City, St Mount	tate, Zip C Laurel,	ode New Je	rsey 08054		LICEN	SINC	1	nantar, bit.	-
☐ Emergency (ir justification) ☐ DCA ☐ Cancellation	cluding			of Contact Meeker				Telephone Num 856-231-5886				
Name of Facility Where Abatement is Takin Parkway Elementary School	g Place (3)	FAC	ILITY INF	ORMAT	Type of Fac	cility (4)					
Street Address 142 Ramblewood Parkway						School Subcha	apter 8 (Other ti	nan K-12) mmercial buildin	gs, hon	nes, e	etc.)	
City (5) Mount Laurel, New Jersey 08054						Square Fee 15000	et	# of Floors 1	Bld 50	lg. Ag	ge	
County (6) Burlington				Code (7) USE ONLY)	Current Use Elementar	e (Prior if being y School	demolished)				
Name of Monitoring Firm Hired by Building (AHERA Consultants, Inc.	Owner (8))	ASCI 0005	M No. 57		Name of Aba	atement Contra oration	ctor (9)				
Street Address P.O. Box 385						Street Addre						
City, State, Zip Code Oceanville, New Jersey 08231						City, State, Z Totowa, Ne	Zip Code ew Jersey 075	12				
Project Manager for Monitoring Firm Barbara Lis			Telepho 609-6	one No 52-1833		Telephone N 973-225-84		License No 01104				
Start Date (10) 07/08/2019	Schedule 07/19/2		mpletion	Date (11)		Name of OS Iris Environ	HA Monitor mental Labora	atories, LLC		7534619		
Occupancy Status During Abatement (Check	c Only Or	ne)				Street Addre						
□ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied	eriod of Al al Facility	bateme Hours	ent			2333 Route City, State, Z Union, NJ 0	ip Code					
Scope of Work (Check All That Apply)									-15-5			
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit				☐ Mir	ni-Enclosure ove Bag Proced	with Negative Prolute I Limited Column Non-Friable	ntainm	ent &	Tent	t
30	Is	Locat	ion					Amount (Specify		bater		
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		A-1		Description of		SF of LF)		Тур	e	\vdash
TO BE ABATED In Facility (13)	44,122	intena todial 3 (12)		ther	mal syst	ntaining Materia tems insulation VAT, or er miscellaneor	, surfacing,		Remova	Repair	Encapsulate	Enclosure
(1.5)	Yes	No	N/A		Oute	or miscenarieo	us)		val	=	ulate	ure
Room 1B, 2B, 3B, Speech Room		Х		Ceiling Pla	ster & Su	rfacing Residue		1,816 SF	Х			
Room 3B		X		Pipe Fittir	ng Insula	tion		3 LF	Х			
												\vdash
Name of Registered Waste Hauler		LN	IDEDIA	(2.24)	0.4:-	V1						
Lilich Corporation		Н	JDEP W auler ID 18724		of Was		Name of Reg	istered Landfill				
City, State Totowa, New Jersey						al Date /2019	City, State Morrisville, I					
Completed by Adriana Olejarova	Title Pre	siden	:			ignature		Date	10/20	119		
ASB-41 (R-06-08)						10		pestos licensure e	exemp	ted a	ctiviti	ies.

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Date of Notification (1) 06/10/2019	DAI	No.	Nar	TION OF uant to Note to the control of the control	JAC 8:60	OS /	ABATEM d 12:120)	- Links	DA) E		\mathbb{V}	E
Agencies Notified Type Notification			1	unt Laure		l Di	strict	2)			Chec	k ^Q No	962	3
☑ EPA ☑ Initial	1		330	eet Addres) Mount L	aurel Ro	oad		A PRINCIPAL PRIN		ASBE	STOS	COM	TRO	1 2
☑ DOL Amendmen	nt#		City	, State, Zi unt Laure	p Code	Jers	ev 080s			noble	LICE			in Cl
☐ Emergenci justification ☐ Cancellatio	1)	3	Nam	ne of Cont ry Meeke	act				1	elephone	Numb	er		
	- 1122			ACILITY		ATIO	AN		3.	356-231-	5886			
Name of Facility Where Abatement is Ta Hillside Elementary School	king Place	(3)			INI OTNIA			Facility (4)						
Street Address 1370 Hainesport Road						-	- Sub	ool (K-12) ochapter 8 (Other	r tha	n K-12)	. 11 . 11			
City (5) Mount Laurel, New Jersey 08054						1	Square I	er (i.e. private & c		of Floors	ııldıngs	Bldg	. Age	
County (6) Burlington			Coun	ity Code (7	7)	+	Current	Use (Prior if being	g de	molished		50+		
Name of Monitoring Firm Hired by Buildin AHERA Consultants, Inc.	g Owner (8)	AS	CM No. 057	-1)	7	Vame of	Abatement Contr				la-cour		
Street Address P.O. Box 385			00	U57		1 5	Street Ad	dress				12		
City, State, Zip Code Oceanville, New Jersey 08231						2	246 Unic	n Boulevard						
Project Manager for Monitoring Firm Barbara Lis			Telepi	hone No		1	otowa,	New Jersey 07	512					
Start Date (10)	Schedu	led Cor	609-	652-1833 in Date (1	3	9	73-225-	8400		License 01104				
06/24/2019	07/07/2	2019	ripictio	ii Date (1	1)	Ir	is Enviro	SHA Monitor onmental Labor	rato	ries, LL(;			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Dariad of A	h = 1	ent			S	treet Add)			
Other – Describe: Occupied Scope of Work (Check All That Apply)	nai r aciiity	nours				U	ity, State nion, NJ	Zip Code 07083						
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	⊠ ;	Renova Demoliti	tion on					Full Containment fini-Enclosure Blove Bag Proced on-Exempted (*)	dure	I I imited	Contai	man	t &Tei	nt
		Locati						Admpted ()	ariu	Amount			emer	nt
Location of Asbestos-Containing Material (ACM)	Use	Normall d Solel	v bv	Ash	estos Con	Des	cription o	f		(Specify SF of LF			уре	_
TO BE ABATED In Facility	Cust	intenar todial S	ice/ taff?	the	ermal syst	tems	ing Male insulation AT, or	rial (ACM) (i.e. on, surfacing,				, ,	Enc	Ē
(13)	Yes	(12) No	N/A		othe	er m	iscellane	ous)			0	Kepair	Encapsulate	The contract of
om A-1, A2, A3		Х		Ceiling Pla	ister & Sur	rfacir	ng Residue		-	21	12 X	+	e	-
									t				+	+
									-					
ame of Registered Waste Hauler		NI	DEP W	/aste	Cubia	1000		1						
ilich Corporation		Ha	uler ID 8724		Oubic Y of Wast 20		5	Name of Registration						
ity, State otowa, New Jersey		-	184 H.S.		Disposa 07/07/	al Da	ate	City, State						
ompleted by Adriana Olejarova	Title Pres	sident			07/07/2 Sig	gnat	yre (Morrisville, P	'A		te			
						1	Monos	1 1 -1 -		1 0	6/10/2	040		

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Date of Notification (1) 06/10/2019)				of Building eld Board		Operator (2) cation		Ш	C	N → N heck N				7
Agencies Notified EPA	Type Notification			100000000000000000000000000000000000000	Address ark Avent	ie		and the second		ASBES	TOS C	ONTR	OL 8	4	- Annual Control of the Lot of th
⊠ DEP ⊠ DOL	☑ Initial ☐ Amended Amendment #				ate, Zip Co eld, New		07060						Baction	g Saye (per benjame	Kara i i
☑ DOH ☑ DCA	☐ Emergency (i justification) ☐ Cancellation	ncluding		Name o	of Contact Sutton					Telepho 908-73					
				FAC	ILITY INF	ORMATI	ON								
Name of Facility When DeWitt D. Barlow El	e Abatement is Taki ementary School	ng Place (3)				Type of Fac	15101 11							
Street Address 2 Farragut Road							☐ Subcha☐ Other (i	apter 8 (C				gs, hom	ies, e	tc.)	
City (5) Plainfield, New Jers	ey 07060						Square Fee 10,000	et		# of Floo 1	ors	Bld 50	g. Ag	е	
County (6) Union					Code (7) USE ONLY)	Current Use	e (Prior if Elemer	being stary S	demolish School	ied)				
Name of Monitoring Fit Westchester Environ	rm Hired by Building nmental, LLC	Owner (8)		ASCN 0012			Name of Aba		Contra	actor (9)	12-13-13-13-13				
Street Address 1248 Wrights Lane							Street Addre 246 Union		ırd						
City, State, Zip Code West Chester, PA 1	9380					City, State, 2 Totowa, Ne	Zip Code ew Jerse	y 075	512						
Project Manager for Mo Philip Conteh	onitoring Firm		Telepho 610-43	ne No 31-7545		Telephone N 973-225-84				ense No 104),				
Start Date (10) 06/25/2019		Schedul 06/30/2		mpletion	Date (11)		Name of OS Iris Environ			atories,	LLC				
Occupancy Status Dur	ing Abatement (Che	ck Only Or	ne)				Street Addre	5.77.5%	o t						
☑ Facility Closed/Vac☐ Abatement Perform☐ Other – Describe:	ated During Entire P ned Outside of Norm	eriod of Al al Facility	oatem Hours	ent			City, State, Z Union, NJ (Zip Code							
Scope of Work (Check	All That Apply)						Onion, No C	07000					eset (I) E		
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Name of Registered W	aste Hauler		1	NJDEP W	/aste	Cubic '	Yards	Name	of Red	gistered L	andfill				
Lilich Corporation			ŀ	Hauler ID 18724	No.	of Was	ste	Fairle	ss La	andfill					
City, State Totowa, New Jersey							al Date //2019	City, S Morris	tate	282274.01011					
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Date of Notification (1)					Name	e of Buildin	ig Ov	vner/Operator ((2)		JI VUIV	1 9	40	119		
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	☐ Amended				City,	State, Zip	Code	1				-	-			
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(10/10/0.25-0)	☐ Cancellat			- 140	100000000	a Fritz					732-776-4					
					FA	CILITY IN	NFO	RMATION								
Name of Facility Where Ab	atement is T	Taking	Place	(3)			20,		Type of Facil	lity (4	1)					
Jersey Shore Medica	al Center								School (K	(-12)						
Street Address											(Other than K-					
1945 Route 33									bomes, e		vate and comn	nercia	l bu	ilding	s,	
City (5)		-							Square Feet		# of Floors	-	Die	la A	70	-
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County (6)					Cour	abi Cada I	7)/07/	TE USE ONLY	***************************************	897.				00		
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Name of Monitoring Firm F	2,23	ing O	wner (8)	ASCM	No.		me of Abateme								
Environmental Taction	CS	S					1	Guardian Co	ntracting, In	C.						
Street Address							Str	eet Address								
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City, State, Zip Code							Cit	y, State, Zip Co	ode		,					
Matawan, NJ 07747							1	Toms River, I	New Jersey	087	55					- 1
Project Manager for Monito	oring Firm			Tel	ephone	No.	Tel	lephone No.			License No.					\neg
Tom Geiger				7	32-290	-2217	7	32-349-9932	!		00624					- 1
Start Date (10)	S	Schedu	ıled C	ompl	etion Da	ite (11)	Na	me of OSHA M	lonitor				_			-
06 /12 /	19	06	3_/	_ 1	7_/	19	E	E.M.S.L. Anal	lytical							
Occupancy Status During A	Abatement (C	Check	only c	ne)			Str	eet Address		_		-				
☐ Facility Closed/Vacated					ement		1	056 Stelton								
Abatement Performed C						scribe		v. State, Zip Co	nde				_			
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Asbestos-Containing M TO BE ABAT)			ance/			Containing Mai			Amount		em	Repair	nca	nclo
IN Facility		- 1	Cust		Staff?	(1.6		ermal systems i surfacing, VAT,			(Specify SF or LF)		Removal	Ħ.	Encapsulate	Enclosure
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City, State	J,				20223	3	3		10000000000000000000000000000000000000	-						
Toms River, New Jer	sey						100	posal Date 6/17/19	City, State Tullytow	n, F	Pennsylvania	а				
Completed By (Print or Typ	e)	Title						Signature	1/1			Date	1	1		
Nicholas Fernicola		2078/50	oject	Mar	ager			1	V-1-	وسيدوان	1	1	1		1 9	

Inv#12083 PAID

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

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Date of Notification (1)	0	85-43		Name o	of Buildin	A L BAIR	RAPI	m.e c		\mathbb{V}		1 1 1	
G/13/1 Agency Notified	Type Notification		-	Street	Address	A L DATIC	ICHT	1971				7	100
Agency Nouncu	"/		- 1	Ou eet /	nuul ess		91	MI	. 1 .	201	_	Primario	SATERIAN.
□ EPA □ DEP	☐ Initial ☐ Amended		- 1-	City. St	ate, Zip	Code .		 	119	201	7	1	-
A DOL	Amendment#				FM:	ENSON.	N.T	07620				and the same	
DAO!!	☐ Emergency (includ	ling	H	Name o	of Contac	at .	100	Telephone Nu	mber co	NITE	701	8	
DEADOH DCA	justification) □ Cancellation			HI	2.6	2APHAIL	I	- ASBES	US 60	INIT	ال	C	
						ORMATION						******	-
Name of Facility Where	Abatement is Taking Pl	ace (3)			•		Type of Facility	(4)					_
MR	. ALBAIR K	CARL	3 1	٠,			D School (K-1)	2)					
Street Address		-, (, ,	- 6-6				☐ Subchapter	8 (Other than K-1	2)				
	04				·,		homes, etc.	rivate & commerc	ial buildin	igs,			
City (5)	- W				.,		Square Feet		Bldg.	Age	-		-
	KSON					••	.1800.	2	1	94	0		_
County (6)) (STATE USE		rior if being demo	lished)				
	RGEN			ONLY)	*			1000 CE					_
Name of Monitoring Firm	n Hired by Building Own	er /	ASCM	No.		Name of Abaten	nent Contractor ((9)					
(8) Street Address						Best Re	moval In	ıc					_
Odect Adda 033				820			th River	. C+					
City, State, Zip Code						City, State, Zip C		אנ					
							ack, N.J	07601					
Project Manager for Mo	nitoring Firm	Te	lephon	e No.		Telephone No.		License No.					_
,						201-329	-7444 -	00388			2007		
Start Date (10)	Scheduled C	Completi	on Dat	e (11)		Name of OSHA	Monitor						_
7/1/19	7/2	2/15	3			Omega 1	Environm	ental					
Occupancy Status Durin	ng Abatement (Check or	nly one)		V21		Street Address							
☐ Facility Closed/Vacat	ed During Entire Period	of Abate	ment	35		280 Ht	uyler St						
☐ Abatement Performer	d Outside of Normal Fac	ality Hou	ırs 🙎			City, State, Zip C				initalia 19			
Ø Other − Describe: {		5:3	20 61	4		S. Had	ckensack	,N.J. 0	7606				
Scope of Work (Check a	all that apply)					a full	Containment witi	n Negative Pressu	ire				
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Q ≥ 160 sf or ≥ 260 lf				□ Dem	KOHTOON		ebag Procedure Exempted (*) an	d Non-Friable Pro	cedure				
		ls	Location	nn n						At	aten		
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. Locati Asbestos-Containi			d Solel intenar	•	Asbe	Description stos Containing M	aterial (ACM)	Amount		-	1	m,	77
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(1)		1	Staff? (12)			other miscelland		SF G LF		lova	Shir!	au i	SILIS.
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Name of Registered Wa		1000000	DEP V No.	Vaste H	lauler	Cubic Yards of Waste	Name of Regi	istered Landfill					
Best Remo	oval inc	10		109			CUMBERI	AND COUNT	CY LAN	JAF	iu		
City, State						Disposal Date	City, State	באווים כטיוי	/		-		_
Hackensad	ck , N.J. 07	7601				7/2/19	NEW BU	RCH, PA	. 175	24	0		
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Date of Notification (1) 06/13/19	Check #3394				f Building se of Lir		Operator	(2)	the state of the s	Parameter Commence		JUN	1	3 20	19	-	1	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendmen			City, Sta	ddress ort Hills ate, Zip Co Hills, NJ	ode	'8				ASE	EST(OS C CENS		ROL	Si.	has interested the same	
DOH DCA	Emergency justification Cancellation	(including		Name of Cezar	f Contact							phone 3-223						
Name of Facility Where	Abatement is Takir	no Place (3	3)	FACI	LITY INFO	ORMAT	ION	Type	of Facili	ty (4)								
St. Rose of Lima		.g : .aoo (c	-,					E										
Street Address 52 Short Hills								A	School (Subchar Other (i. etc.)	oter 8					lings,	home	s,	
City (5) Short Hills	***************************************								re Feet		# of 3	Floors	S	1 30200	ldg. A	ge		
County (6) Essex				County (Code (7) USE ONLY			Curre	ent Use (Prior i	f beir	ng den	nolish	ed)				
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN N/A	No.			of Aba Servic	tement (Contra	ctor	(9)	- 177					
Street Address N/A	eet Address A						777500000000000000000000000000000000000	Addres	5050									
City, State, Zip Code N/A									ip Code g, NJ,	0702	2							
Project Manager for Mor N/A	nitoring Firm			Telephor	ne No.		160000000000000000000000000000000000000	none N 295-1				Licen 0107).				
Start Date (10) 06/26/19		Schedule 06/29/		mpletion (Date (11)				HA Moni		200	C						
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Addres	SS				100					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	state, Z	ip Code									
Scope of Work (Check A	II That Apply)						4											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mir Glo	I Contain ni-Enclos ovebag F n-Exemp	ure Proced	lure							
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Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma	ed Sole intena todial (12)	ely by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	Material s insula T, or			(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
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										-								
Name of Registered Was	ste Hauler		N	J JDEP W	/aste	Cubic	Yards		Name	of Re	aiste	red La	ndfill					
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City, State Bronx, NY						Dispos TBD	sal Date	SS	City, S Wayı		urg,	ОН						
Completed by Michael Faiardo		Title Office	e Cle	rk		S	Signature	w	1/				Dat 06	e /13/1	9			

Print Form

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CKIV	0/1	1		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATEMENT		ECE			7	
Date of Notification (†) 06/10/2019				Name of Brick B	f Building oard of E	Owner/0 dueatio	Operator (2)		Check No	7. g52h	9		川
	Type Notification			Street A 101 He	ddress ndrickso	n Aven	ue		0011				
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⊠ DOH	Emergency (in justification)Cancellation	cluding			f Contact Kolibas				Telephone I 732-785-3		61		
				FACI	LITY INFO	ORMATI							
Name of Facility Where Veterans Memorial El	Abatement is Takin ementary School	g Place (3)				Type of Faci	T 100				63	
Street Address 103 Hendrickson Ave	nue							(K-12) oter 8 (Other the e. private & co		ildings, ho	mes,	etc.)	
City (5) Brick, New Jersey 08	724						Square Feet 10,000		# of Floors 1		ldg. A 0+	.ge	
County (6) Ocean				County (Code (7) USE ONLY		Current Use	(Prior if being Elementary S					
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)		ASCM	l No.		Name of Aba Lilich Corpo	tement Contra oration	ctor (9)				
Street Address 7 Pleasant Hill Road	ř						Street Addres 246 Union E						
City, State, Zip Code Cranbury, New Jersey	y 08512						City, State, Zi Totowa, Nev	ip Code w Jersey 075	512				
Project Manager for Mor Kevin T Lovely	nitoring Firm			Telephor 732-39	ne No 0-5858		Telephone No 973-225-840		License 01104				
Start Date (10) 06/25/2019		Schedule 07/05/20		npletion I	Date (11)		Name of OSH Iris Environr	-IA Monitor mental Labor	atories, LL	С			
Occupancy Status Durin		· · · · · · · · · · · · · · · · · · ·					Street Addres						
☑ Facility Closed/Vaca☐ Abatement Performe☐ Other – Describe:	ed Outside of Norma			nt			City, State, Zi Union, NJ 0						
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	d Sole intenar codial S (12)	nce/		stos Cor mal sys	ntaining Materia tems insulation VAT, or er miscellaneou	, surfacing,		Zellova	Repair	Encapsulate	Enclosure
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Boiler # 1	and 2	×				Boiler Ir	nsulation and G	Gaskets	300 S	F X			
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Boiler # 1	and 2	X				T	Tank Insulation		200 LF	X			
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Boiler # 1	and 2	X			Pipe In	sulation	including Elbo	ws and Joints	200 LF	- X			
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City, State Totowa, New Jersey						06/29	sal Date 9/2019	City, State Morrisville,	PA				
Completed by Adriana Olejarova		Title Pre	siden	t	23.53	5	Signature	1 (0)		Date 06/10/2	019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 16 19 The Hampshire Companies Agencies Notified Type Notification Street Address **⊠** EPA 15 Marple Ave. **⊠** DOLWD ☐ Amended ASSESTOS CONTROL & City, State, Zip Code **⊠** DHSS Amendment #0 LICENSING Morristown, NJ 07960 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Kevin Seise 201-923-7155 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 30 Wesley St. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 30 Wesley St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age S. Hackensack, NJ 07606 175,000 45+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA Alliance Environmental Systems Street Address Street Address 700 Turner Way 550 East Union St. City, State, Zip Code City, State, Zip Code Aston, PA 19014 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Brown 610-558-8902 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 1 / 19 7 / 31 / 19 AET Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-___ ___PM/3:30PM-_ Media, PA 19063 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Enclosure Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Interior X VAT / Mastic 17,000 SF \boxtimes Interior П П M Pipe Insulation 800 LF X Interior \boxtimes **Duct Insulation** 1200 SF \boxtimes Exterior X Transite Panels 110 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AMA Resource, LLC Western Berks Community Landfill 90 City, State Disposal Date City, State Wilm., DE TBD Birdsboro, PA Completed By (Print or Type) Title Signature Date Mark Griffin Estimator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 17 Verizon Agencies Notified Type Notification Street Address ☐ EPA 1 9 2019 JUN 15 East Montgomery Place, Lower Level □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including ASBESTOS CONTROL & Telephone NumberNSING (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Mullica Hill Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 9 Woodland Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mullica Hill County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Gloucester Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __7__ / __1__ / __19__ 7 / 10 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/____PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure >3 sf or >3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure □ Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Removal Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Upper & Lower Roofs \boxtimes **Duct Seam Caulking** 60 LF \boxtimes П 1st Floor-Mechanical Yard X **Duct Seam Caulking** 165 LF X П Upper Roof X Roof Flashing 12 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scafiro Estimator

State of New Jersey

ASB-41 B519051

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 5 14 Verizon Communications 1 19 Agencies Notified Type Notification Street Address ☐ EPA 15 East Montgomery Street □ DOLWD □ Amended ASBESTOS CONTROL City, State, Zip Code **⊠** DOH Amendment #3-6/17/19 LICENSING Pittsburgh, PA 15212 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Anthony Porta 412-633-4021 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Middletown Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1009 State Route 35 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Middletown 12,425 2 +-50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Verizon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Chubb Global Risk Advisors BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 10 Exchange Place 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Jersey City, NJ 07302 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kingsbury 201-356-5166 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 11 / 19 7 / 12 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 6:00AM-1:30PM/____PM-__AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Enclosure Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roof \boxtimes Roof Flashing 700 SF \boxtimes Roof П \boxtimes Coping Stone Caulk 300 LF X П Side of Building X Caulk 88 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator

State of New Jersey

JAN 13 DD19015

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

State of New Jersey

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Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	but 1					
	/19	<u> </u>		Ve	rizon Cor	mmunications	enalli-somewhere		VI 10	2	019		
	tification			Stree	t Address		1 4		1	1_1	VIJ		-
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Za - a - a - a - a - a - a - a - a - a -	naea ndment#	2-6/7/	10	City,	State, Zip (Code	***	ASBES	1050	UN	THE	自山區	
	gency (ir			Pit	tsburgh,	PA 15212			ICEN	SHYC	<u> </u>	ncarus, ri di Ci	الهادعال سيدي
(NJAC 5:23-8) justifi	cation)	ioidaiii	9	Name	e of Contac	t		Telephone N	lumber			V. 1. 1. 1	
☐ Cano	ellation			An	thony Po	rta		412-633-	4021				
N				FA	CILITY IN	FORMATION							
Name of Facility Where Abatement		g Place	e (3)				Type of Facility	(4)					
Verizon Middletown Centra	Office						School (K-1						
Street Address							Subchapter Other (i.e., p			buil	ldina	IS.	
1009 State Route 35							homes, etc.)				, ,	
City (5)							Square Feet	# of Floors		Bldg	g. Ag	ge	
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County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished	1)			
Monmouth							Verizon	-50					
Name of Monitoring Firm Hired by I	Building (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))					
Chubb Global Risk Advisor	S		200				VIRONMENTA						
Street Address						Street Address							
10 Exchange Place						1123 BEAVE	R STREET						
City, State, Zip Code			-			City, State, Zip C		CONTRACTOR OF CASE				= -110	
Jersey City, NJ 07302						BRISTOL, PA							
Project Manager for Monitoring Firm	1		Tel	ephone	No	Telephone No.		License No				-	
Brian Kingsbury			1	01-356		215-788-6040)	00509	•				
Start Date (10)	Sched	luled C		etion Da		Name of OSHA N		00303					
6 / 11 / 19	17			1_ /			VIRONMENTA	L, INC					
Occupancy Status During Abateme	nt (Check	c only	one)		Colland - Sale	Street Address				_			
☐ Facility Closed/Vacated During B	Intire Per	riod of	Abate	ment		1123 BEAVE	R STREET						
Abatement Performed Outside of	f Normal				cribe	City, State, Zip Co				W.	-		_
Time of Abatement: 6:00AM-1:	30PM/_	P	M	AM		BRISTOL, PA							
Scope of Work (Check all that apply)					2000							
☐ >3 sf or >3 lf		N 0		******			tainment with Neg	gative Pressure					
⊠ ≥160 sf or ≥260 if		⊠ Re				☐ Mini-End	closure g Procedure						
				011			mpted (*) and No	n-Friable Proce	edure				
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Location of			Norma	ally ely by		Description of							1
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IN Facility	*	Cus		Staff?	(1.6.	 thermal systems surfacing, VAT 		(Specify SF or LF)		Removal	₹	psu	Enclosure
(13)		· · ·	(12)	Towns Sive	-	other miscellane	ous)		1.			Encapsulate	G,
Roof		Yes	No	N/A	D (F)					_			_
Roof					Roof Fla			700 SF		-			
Side of Building						Stone Caulk		300 LF			Ц		
Side of Building			<u> </u>		Caulk			88 LF	D	الك	Ш	Ц	Ш
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Name of Registered Waste Hauler			100	JDEP V	1 TO 1507	Cubic Yards of	Name of Regis	tered Landfill					
SERVICE TRANSPORT GRO	UP, INC	.	1	lauler II 20990	2001212222	Waste	MINERVA	LANDFILL					
City, State						Disposal Date	City, State						
YARDLEY, PA						TBD	WAYNESB	URG, OH					
Completed By (Print or Type)	Title		-			Signature			Date /				
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ASB-41 00 19015 JAN 13

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

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

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Date of Notification (1)					Name	of Building	g Owner/Operator ((2)	laur.	<	-		retarylayation or mining to		711
	14 /	19					nmunications		General Control		JUN	10	2016		The formation
Agencies Notified	Type Notific	cation			Street	Address	•			111	UUN		77110	-	- f tan
□ EPA					15 E	East Mon	tgomery Street	and the state of t							
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⊠ DOH	Amendn				Pitt	sburgh, I	PA 15212	į	eri ammend		LIC	ENSI	VG_	duma-er-	Water Comp.
☐ DCA (NJAC 5:23-8)	justificat	tion)	ciuding		Name	of Contact	t		Te	elephone	Num	ber			
(**************************************	Cancella				Ant	hony Po	rta			412-63	3-402	1			
		····			FAC	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)				44		
Verizon Middletown	n Central O	ffice						School (K-12							
Street Address								Subchapter					ildina	•	
1009 State Route 3	5							Other (i.e., p		e and c	ommei	Clai Du	nunig	5,	
City (5)								Square Feet		of Floo	rs	Blo	ig. Ag	e	
Middletown								12,425		2			r-50		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if	being d	emolis	shed)	-1-27		
Monmouth								Verizon							
Name of Monitoring Firm	Hired by Bui	Iding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9))						
Chubb Global Risk	Advisors						BRISTOL EN	VIRONMENTA	L, IN	VC.					
Street Address							Street Address								
10 Exchange Place							1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip Co	ode							
Jersey City, NJ 073	02						BRISTOL, PA	19007							
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		TL	icense	No.				
Brian Kingsbury				20	1-356	-5166	215-788-6040)		00509)				
Start Date (10)		Sched	uled Co	omple	tion Dat	te (11)	Name of OSHA M	Monitor							
ON HOLD			/		_ / _		BRISTOL EN	VIRONMENTA	L, IN	AC.					
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address								
☐ Facility Closed/Vacate		_			nent		1123 BEAVE	R STREET							
	Outside of N	lormal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co	ode						-	_
Time of Abatement: 6	:00AM-1:00	PM/_	PI	VI	AM		BRISTOL, PA								
Scope of Work (Check al	I that apply)			-	-			10 000000							
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≥3 sf or ≥3 lf≥160 sf or >260 lf			-	molitic			☐ Mini-End	g Procedure							
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Asbestos-Containing TO BE ABA		IVI)	Ma	intena	nce/		stos Containing Ma ., thermal systems			Amou (Spec		Removal	Repair	cap	clos
IN Facili			Cust	odial (12)	Staff?		surfacing, VAT	, or		SF or I		Val	-	Encapsulate	Enclosure
(13)			Yes	No	N/A	-	other miscellane	ous)						ate	
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Roof							Stone Caulk			300 L					
Side of Building			Ш	Ш		Caulk				88 L	F		П	Ц	Ш
Name of Registered Was	ste Hauler				JDEP \		Cubic Yards of	Name of Regi	stere	d Landf	ill	-			
SERVICE TRANSPO	ORT GROU	P, IN	Э.		20990		Waste	MINERVA	LAN	NDFILL	1.9				
City, State					20000		Disposal Date	City, State		E1, 18, 18, 18, 18, 18					
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Completed By (Print or T	ype)	Title)				Signature	F28 9			Da	ate ,	- 2	1.	
Dillan DeCaro			stima	tor			Della	- De Car	. /	10	124	5/20	1/1	19	
ASB-41							- Joseph Company	- 10 Out	1	M		10.0	/ '	/	
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ASB-41 JAN 13

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

Data of Notice of 100									111111111111111111111111111111111111111	BI	14/	/ F	3 [
Date of Notification (1) 5 /	14 /	1	ο .		1		ing Owner/Operator	(2)	131		Charles Belleville		7
							ommunications	, and a second	The state of the s	10			-
Agencies Notified EPA	Type Noti	fication	1			et Address			W WOIT	J	2019	1	11
N DOLWD 6095	Amend	ded					ontgomery Stree	t /	-				Market
DOH GLO!	Amend		#			State, Zip		and the state of t	ASBESTOS	CON	VTRC	N R	3
☐ DCA	☐ Emerg		ncludii	ng			, PA 15212	1.,	LICE	NSIN	G	- U	
(NJAC 5:23-8)	justification					e of Conta			Telephone Nun			******	and a
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N					FΑ	CILITY	NFORMATION						
Name of Facility Where A				e (3)				Type of Facilit	5				
Verizon Middletowr	n Central (Office		9				School (K-		0.1			
Street Address	-						1	Other (i.e.,	r 8 (Other than K-12 private and comme	2) ercial b	uildin	as.	
1009 State Route 3	5							homes, etc				3-1	
City (5) Middletown								Square Feet	# of Floors	В	Bldg. A	\ge	
								12,425	2		+-50	1	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	The state of the s	Prior if being demoli	shed)			
Monmouth	=						<u> </u>	Verizon					
Name of Monitoring Firm		ilding (Owner	(8)	ASCM	No.	Name of Abatem	0.0000000000000000000000000000000000000					
Chubb Global Risk	Advisors						BRISTOL EN	IVIRONMENTA	AL, INC.				
Street Address							Street Address						
10 Exchange Place							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Jersey City, NJ 0730							BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			1	phone		Telephone No.		License No.				
Brian Kingsbury						-5166	215-788-6040)	00509				
Start Date (10)	40					te (11)	Name of OSHA N						
					_ / .	19	BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During							Street Address						
Facility Closed/Vacated	d During En	tire Pe	riod of	Abater	nent		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 6:	Outside of N	Normal IPM/	Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode					
							BRISTOL, PA	19007					
Scope of Work (Check all	that apply)												
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_ ≥3 sf or ≥3 lf	11-37		⊠ Re	HOACH			☐ Mini-Enc	losure	guaro i roccuro				
_ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				molitio	n		Gloveba	g Procedure					
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≥160 sf or ≥260 lf Location o Asbestos-Containing M	of Naterial (ACI	M)	Is Use	Locati Normal ed Sole	on ly ly by	Asbe	Glovebag Non-Exe	g Procedure mpted (*) and No	on-Friable Procedur	Ab	-		-
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Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	of faterial (ACI	M)	Is Is I Use Ma Cus	Locati Normal ed Sole intenar todial S	on ly ly by nce/Staff?	Roof Fla	Description of stos Containing Man, thermal systems surfacing, VAT, other miscellane	g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF) 700 SF 300 LF	Ab Removal	Repair		Enclosure
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	of faterial (ACI	M)	Is Is Use Ma Cus	Locati Normal d Sole intenar todial S (12)	on ly ly by nce/ Staff?	(i.e	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Roof Roof Ride of Building	of laterial (ACI ED	M)	Is Is I Use Ma Cus	Locati Normal d Sole intenar todial S (12) No	on ly ly by nce/Staff?	Roof Flands	Description of stos Containing Man, thermal systems surfacing, VAT, other miscellane ashing	g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Ab Removal	Repair	Encapsulate	Enclosure
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Roof Roof Ride of Building	of flaterial (ACI ED		Is Is I Use Ma Cus Yes	Locati Normal d Sole intenar todial S (12) No	on ly ly by nce/Staff? N/A DEP Waller ID	Roof Flance Coping Caulk Vaste No.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	A Removal	Repair	Encapsulate	Enclosure
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Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Roof Roof Side of Building ame of Registered Waste SERVICE TRANSPORity, State	of flaterial (ACI ED		Is Is I Use Ma Cus Yes	Locati Normal d Sole intenar todial S (12) No	on ly ly by nce/Staff? N/A DEP Waller ID	Roof Flance Coping Caulk Vaste No.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane ashing Stone Caulk Cubic Yards of Waste Disposal Date	g Procedure mpted (*) and No f terial (ACM) insulation, or ous) Name of Regis MINERVA City, State	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	A Removal	Repair	Encapsulate	Enclosure
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^{*} Do not use this form for asbestos licensure exempted activities.

NOCK				ASB	ESTOS	sey ABATEMENT and 12:120)		EC		\mathbb{V}_{-}		
Date of Notification (1) 6-14-19			Name of Dupont	f Build Nemo	ing Owr	ner/Operator (2) npany and Chemou	rs Company	JUN	19	2019		
Agencies Notified	Notification Type		Street A	ddres								
⊠ EPA	☐ Initial		Rt 130					ASBEST			L 8	il.
☑ DEP ☑ DOL			City, Sta Deepwa	ate, Zip ater, N.	Code J 08023			LIC	CENSIN	lli —	-	
⊠ DOH	☐ Emergency (Includi	ng	Name o					Tolonh	one Nu	mhor		
DCA	Justification) Cancellation		Joe M						305-77			
			FAC	ILITY	NFORM	IATION						
Name of Facility Where A Chamber Works Plant	batement is Taking Plac	e (3)			4		Type of Faci	lity (4)				
Street Address							School (K					
Rt 130 South							Subchapt Other (i.e homes, e	. private & c			ldin	ıgs,
City (5) Deepwater							Square Feet		oors	Blo	g. A	Age
County (6)				10	ounty Co	ode (7) (STATE	Current Hea	/		lia la a d'		
Salem					SE ONL		Current Use	(prior if bein	g demoi	isnea)		
Name of Monitoring Firm			ASCM N	lo.		of Contractor (9)	v V					
Harvard Environmen Street Address	tai					nty Environmen Address	tal					
761 Pulaski Hwy					100000000000000000000000000000000000000	New Churchma	ıns Rd.					
City, State, Zip Code						tate, Zip Code						
Bear, De Project Manager for Monit	orina Firm	Teleph	one No.			Castle, DE 197	/20	License	Numbe	or .		
Wesly Morrison		302-3	26-233		(302)	322-8946		00578			700	
Scheduled Start Date (10) 1-2-19	Scheduled Com 9-30-19	pletion	Date (1	1)	1,525,5	of OSHA Monitor nty Environmen	tal ((1922003)	ri.			
									125.			
Occupancy Status During	Abatement (Check only	one)				Address New Churchma	ns Road					
 ☐ Facility Closed/Vacated ☐ Abatement Performed 	During Entire Period of	Abate	ment			State, Zip Code	no rtoda					
Other - Describe: Uno	ccupied area.	ty i loui				Castle, DE 197	'20					
Scope of Work (Check all	tnat apply)			Ren	ovation		nment with Ne	gative Press	sure			
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$] Dem	olition	☐ Mini-Enclo☑ Glovebag I		20				
						☐ Non-Exem	pted (*) and No	on-Friable P	rocedur	е		
			ls Locatio	n						Ab	ater Typ	ment
		1.10	Normally sed Solely		Acho	Description estos Containing Ma		Amou			T	
Locatio			laintenan	ce/	(i.e	e. thermal systems	insulation,	(Spec	ify	n l	Į.	1 m
Asbestos-Containin TO BE AB	BATED		Custodia Staff?	ıl		surfacing, VAT other miscellane		SF or	LF)	Removal	Sue	Enclosure
IN Facilit	y (13)		(12)				- AT			val	Encansulate	ure
		Yes	No	N/A								
Thermal Systems			х			nal coverings throu		10,000LF		Х		
Thermal Systems Floor Tile /Mastic			X		Floor	nal coverings throu tile and mastic thro	ghout area	3,000SF 2,300SF		X	X	X
Name of Reg. Waste Haul S&J Transport.	er	ID	JDEP Wa No.	ste Ha		Cubic Yards of Waste	Name of Ro Constoga			1-3-1		
City, State		03	217			>30 Disposal Date	City, State					
Woodstown, NJ	Tin					TBD	Morgantow	n, PA	1			
Completed by Evelyn Walsh	Title Office Manager					Signature Zy			Date 6-14	-19		

-NO.CK		NOTIF (P	ICATIO	State of New IN OF ASBES It to NJAC 8:	STOS ABA	ATEMEI 2:120)	NT bush	m E	G	E	V	7 医	M
Date of Notification (1) OG/OS/2019			Name	of Building Ov cester Tws	wner/Oper p. Public	rator (2) c Scho	ols			1			
Agencies Notified Type Notification EPA Juitial				Address rial Road			a constitution	A CONTRACTOR OF THE PROPERTY O	- JUN	19	20	9-	
X DEP Amended Amendment				tate, Zip Code wood, NJ (100 000 000	A	SBEST	OS CO	TMC	ROL 8	A
X DOH X DCA Intergetcy (injustification)	ricidani		Sani					Te 85	lephone (6-227-	Numbe 7688	Γ		
Name of Facility Where Abatement is Taking	Place (31	FAC	ILITY INFOR	RMATION	1 +							
Erial Elementary School	r lace (3)					pe of Facility	0.03000					
Street Address 20 Essex Avenue		*					School (K Subchapte Other (i.e. etc.)	er 8 (Oth	er than K & comme	(-12) ercial b	uildin	gs, hor	nes.
City (5) Erial		08	086			Sq	uare Feet	# 0	f Floors		Bldg	g. Age	
County (6) Gloucester			County (STATE	Code (7) USE ONLY)			rrent Use (P chool	rior if be	ing demo	lished)			************
Name of Monitoring Firm Hired by Building O Pennoni Associates Inc.	wner (8)	3 5 7	M No.	Na VI	me of A	batement Co mpany In	ontractor C.	(9)				
Street Address 515 Grove Street		K	100			reet Add 08 Piag	ress get Ave		i				
City, State, Zip Code Haddon Heights, NJ 08035							Zip Code NJ 07011						
Project Manager for Monitoring Firm Tom Leisse			Telepho 856-5	one No. 47-0505	100000000000000000000000000000000000000	lephone 73-253			License 00704				
66/18/2019	061	281	apletion 2019	Date (11)			SHA Monito						
Occupancy Status During Abatement (Check	Only O	ne)				eet Add							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: occupied	eriod of a Il Facility	Abatem / Hours	ent		City	y, State,	Zip Code						
Scope of Work (Check All That Apply)		-											
≥3 sf or ≥3 If x ≥160 sf or ≥260 If		Renova Demoliti		<i>i</i>			Full Containn Mini-Enclosu Blovebag Pro Mon-Exempte	re ocedure				lure	
	1	Location								T	Ab	atemer	nt
Location of Asbestos-Containing Material (ACM)		Normall d Solel		Ashastas	Descript	tion of				-	1	Туре	T
TO BE ABATED In Facility (13)		intenar todial S (12) No		(i.e. the	Containin ermal syste surfacing, ther misce	ems insu VAT, or	ulation,	(S	mount Specify or LF)	Removal	Kepaii	Encapsulate	Enclosure
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		X			e fitting i					o ×		_	
5 6				boiler inte	eching i	distribution of			50 SF	×	1		
				boller litte		lation(assumed	20	00 SF	×	_		
Name of Registered Waste Hauler		I N.	JDEP W	Vaste C	Cubic Yard	s	Name of	Pegiste	red Land	fill	L		<u></u>
Newark Carting Inc.		Ha	auler ID 409	1000 M 1000 M 1000	f Waste		GROW	NO SECURITION OF	red Land	1111			
City, State Newark, NJ				D	Disposal Da	ate	City, Sta Moriss		A				
Completed by Voytek Roszkowski	Title Presi	dent			Signat	luje .) 5:51600	2/5	6	Date 6)5	20	191

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IN#12 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) 06 17 19 CorePoint Lodging Agencies Notified Type Notification Street Address 9 2019 JUN **⊠** EPA 125 East John Carpenter Freeway, Suite 1650 **⊠** DOLWD Amended City, State, Zip Code □ DHSS Amendment # Irving, Tx 75062 ASBESTOS CONTROL & ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number NG □ Cancellation Jon Lundsten 817-846-6215 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) La Quinta School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 265 Route 3 East homes, etc.) City (5) Square Feet # of Floors Bldg. Age Clifton, NJ 07011 35,000 12 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services LLC JVN Restoration Inc Street Address Street Address 3 Terri Lane, Suite 4 47 Foster Road City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Nuccio 609-386-8800 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 27 / 19 07 / 15 / 19 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8:00AM-4:30PM/ PM- AM LIC NY 11101 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ☐ >160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Enclosure Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous)

1st Floor \boxtimes Floor Tile and Mastic 120 SF \boxtimes X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** Grand Central Sanitary Landfill NJ-566 15 City, State Disposal Date City, State Newark, NJ 06/30/2019 Pen Argyl, PA Completed By (Print or Type) Signature

Yes

No

Project Manager

N/A

ASB-41 MAY 11

Ralph Barnhardt

06-17-19

PATTO

State of NJ Notification of Asbestos Abatement

Tnv # 12008

B & G proj. #:	2019-46	VÛ?	01010				-7 and 12:120-7) 019 @ 2:30 pm	Check	k# 9366		9	
Date of Notification	1 (1)	010					7.0 @ 2.00 pm		10 IF II	$\overline{\mathbb{W}}$	SI	7/1
10 16 1/11 12]/[1]9]		Hudson	n County	ner/Operator (2 Community		ege			U		A THE MAN AND A STATE OF THE PARTY OF THE PA
Agencies Notified EPA	Type Notifica	ition	Street Add					Comments of the Comments of th	JUN 19 2	019	1	1)
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X DOL	X Amend		City, State Jersey	, Zip Code ' City, NJ	07306			ASBI	ESTOS CON LICENSINO		<u>.</u> &	man manufacture and the second
X DOH	☐ Cancel	6 6 TH	Name of Co	ontact				Telepho	ne Number			
☐ DCA		lation	Ilya As	shmyan				(201)	360-4099			
				FAC	ILITY INFORM	MATIO	N					
Name of facility wh	ere abatement	is taking p	lace (3)		2			Type of Facility				
Hudson Coun	ty Communi	ty Colleg	e (NON	Sub-chap	oter 8)				ol (K - 12) hapter 8 (Other	than I	(_12\	
Street Address								X Other	(Private/Comm			
81 Sip Avenu	е							Square Feet	./Homes, etc. # of Floors	TR	ldg. A	Ge.
City (5)		Cou	inty (6)			Co	unty Code (7)	Square reet	# 01 110015	"	iug. A	ge
Jersey City, N	NJ 07306	Hu	ıdson			(St	ate use only)	Current Use (F		molish	ed)	
Name of Monitoring		Bldg. Own	er (8)		ASCM No.		Name of Abatement	vacant build Contractor (9)	ling		-	
AHERA Cons	sultants						B & G Restora	tion. Inc.				
Street Address	_						Street Address					
P.O. Box 385 City, State, Zip Code							105 Ryerson I		-			
Oceanville, N	IJ 08231						City, State, Zip Code Lincoln Park,					
Project Manager for John Smoyer		n	1	hone Numb 309)652-1			Telephone Number (973)696-686	59	License Num 00378			
Scheduled Start Dat	-12-12-1-12-1	100000000000000000000000000000000000000	d. Complet	ion Date (1	1)	_	Name of OSHA Mor B & G Restora					
06/13/2019	*RESUME*	11/	04/2019	*	And Andrews		Street Address	uon, mc.				- 1
Occupancy Status D				· ·		-	105 Ryerson F	load				
☐ Facility closed ☐ Abatement pe						1	City, State, Zip Code					
Describe:						-	Lincoln Park, N	IJ 07035				
Scope of Work (che	11.0										+3.	
☐ Demolition	X	Renovation	on				Full Containment w/ne	gative pressure	Glovebag p	roced	ure	
> 3 sf or > 3 lf	X	≥160 sf or	≥260 If			X	Mini-enclosure		✗ Non-friable	ргосе	dure	
Location of			n normally enance/cus	used solely			20.		R	R	Е	E
asbestos-cont material to be		staff(12)	7	1	Description material (asbestos-containing	Amount (Specify S	SF or m	p	C	n
abated in facil	ity (13)	Yes	No	N/A		,		LF)	V	i	a p	Ĺ
ground floor				X	pipe (wrap	-		200 lf	e X	1		
roof				×	built up roo	ofing	& flashing	8,381 sf	X			
=======================================												
										H		1
Registered Waste Ha			EP Hauler	ID# C	ubic Yards of V	Naste	Name of Registered	Landfill	니		Ш,	
B & G Restorati	on, inc.		19563	Disposal D	100 cy		Grand Ce City, State	ntral Landfill				
Lincoln Park, N					/19 - 11/04/	19	Pen Argy	I, PA			Į.	
Completed by (Print Gordana Luna	or Type)	Title Secreta	rv/Treasi	ırer	Signature	1	Gordana Suna		Date 06/12/20:	10	***	

2019-46 B & G proj. #:

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

1	1				ON	HOL	D		Check	# 9166				_
Date of Notification	n (1)	- 11	Name of Br	iildina Owi	ner/Operator (2)		F						
10 13 1/11 15	1/11 19 1				Community		ene	- Contraction	n) E C			15	1	
Agencies Notified	Type Notificat	tion	Street Addr					11	14/1				-11	113
☐ EPA ☐ DEP	☐ Initial				are, 14th Flo	or		Treeton my	10	119	2019			
X DOL	X Amend		City, State, Jersey	Zip Code City, NJ	07306			o l'onemai p _{e l'} a	-	on Administration of the	- 1001000		The Late	James Comme
X DOH		11	Name of Co	ntact				-	ASBEST Telephon	e Numbe	uzog e	_ 0,	-	+
☐ DCA	Cancell	ation	Ilya As	hmyan				Torrera	Section Sectio	860-409	*******	رين وي	5 es - 1 _{2 - 1} .	
				FAC	ILITY INFORM	IATIO	N							
Name of facility wh	here abatement i	is taking p	lace (3)					Ту	pe of Facility					
Hudson Coun	nty Communit	ty Colleg	je (NON S	Sub-chap	oter 8)					ol (K - 12) apter 8 (0		han k	(-12)	
Street Address								11	Deline Commence of the Commenc	(Private/C				
81 Sip Avenu	ie							S		/Homes, of Floo		В	ldg. A	\ge
City (5)		Cou	inty (6)			1	unty Code (7)					_		
Jersey City, I	NJ 07306	Н	udson			(51	ate use only)		Current Use (Pracant build		ng dem	olish	ed)	
Name of Monitorin AHERA Con	1707 (1874 (1965) 701	Bldg. Owr	ner (8)		ASCM No.		Name of Abateme							
						_	B & G Restor	ation,	Inc.					
Street Address P.O. Box 38	5						Street Address 105 Ryerson	Road	d					
City, State, Zip Cod	le					-	City, State, Zip Coo	de					-	
Oceanville, N							Lincoln Parl		07035					
Project Manager for John Smoye		1		none Numb 09)652-			Telephone Number (973)696-68		+ D	License	Numb 0378	er		
Scheduled Start Da		ICaba	d. Completi			_	Name of OSHA M			1				
	ON HOLD	. 1	a. Completi /30/2019	on Date (1	1)		B & G Restor	ation,	Inc.					·
Occupancy Status I						-	Street Address 105 Ryerson	Road						
<u></u>	d/vacated during	257		ement.			City, State, Zip Coo							
Describe:	erformed outside		5)	rs-			1000							
Other-Descri	be: start 8:00	am (occ	upied)			_	Lincoln Park,	NJ 0	7035 					-
Scope of Work (ch	eck all that apply	y)												
☐ Demolition	X	Renovati	on				Full Containment w/r	negativ	e pressure [Glove	bag pr	oced	ure	
>3 sf or >3 lf	X	≥160 sf o	r ≥260 lf			X	Mini-enclosure			X Non-f	riable p	oroce	dure	
Location of			on normally tenance/cus		У		PA PA		20030-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	#0	R	R	E	E
asbestos-cor material to be		staff(12)			Description material		asbestos-containing		Amount (Specify S	F or	m	p	n	n
abated in fac		Yes	No	N/A	materiar	(AOIVI)			LF)	3 (53)	o v	a i	a p	L
basement entra	ance		1	X	pipe (wrap	0 & c	ut)	\rightarrow	20 lf		e	Г		
roof				×	built up ro	ofing	& flashing		8,381 sf		X		后	
*													同	
					The second secon		DELINION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO							
Registered Waste F B & G Restorat		NJE	EP Hauler 19563	ID# C	Subic Yards of V 100 cy	Vaste			dfill I Landfill					
City, State Lincoln Park, N	NJ			Disposal I	Date 4/19 - 06/30/	/19	City, State Pen Arg	gyl, PA	4					
Completed by (Prin	t or Type)	Title			Signature					Date				<u></u>
Gordana Luna		Secreta	ary/Treasi	urer			Gordana Luna	:		03/1	5/201	9		

TUN# 11 190	OTIFICATION	ON OE ACI	New Jersey	TEMENT	Chaole	2402	,		
OK SUDATO	(Pursua	ant to N.J.	A.C. 8:60 and	1 12:120)	Check	E [) W	F	
Date of Notification (1)			ng Owner / Operat	8	ID E C	<u> </u>	W	1	-
06/07/19		Jim Dunmeye		01 (2)					
Agencies Notified Type Notification		Street Address			- 	113	201	9-	I had
⊠ EPA									-
DEP Initial	Ī	City, State & Zi	Code		ASBEST	00000	MTR	CV	2.
DOL Amended		Hamilton, NJ				ICENS		O = 0	2
□ DOH	14.13	Name of Conta				elepho	ne N	umb	er
☐ DCA ☐ Cancellatio	n 1	lim Dunmeye	r		7	-		_	
			FORMATION	77.11.20					
Name of Facility Where Abatement is	Taking Place (3)	Type of Fac		4)				
Residence			School						3
Street Address				pter 8 (Other th					
			Square Feet		mmercial building	_		tc.)	
City (5) Coun	ty (6) Cou	unty Code (7)	1500			ldg. Ag			
Hamilton Merc		arity Code (1)		(Prior if being of	2		50÷		
laiote			Residentia		demonstred)				
Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM N	THE REAL PROPERTY AND ADDRESS OF THE PERSON	atement Contra	ctor (9)	-	-	-	
	0 (7		The second secon	ironmental L					
Street Address			Street Addre	ess					
0.4 0.4 0.7 0.4			P O Box 82						
City, State & Zip Code			City, State &						
Project Manager for Monitoring Firm	Talant	hone Number	Trenton, N Telephone N		II : NI				
reject manager for mornioring rimi	Telepi	none rumber	609-847-29		License N	umber 0122	2		
Scheduled Start Date (10) Sched	uled Completion	n Date (11)	Name of OS	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		0122	Name of Column (1997)		
06/10/2019 06/10/	2019		EMSL Ana	lytical					
Occupancy Status During Abatement (Check only one)	Street Addre						
Facility Closed/Vacated During			200 Route						
Abatement Performed Outside Describe:	of Normal Hou	rs – /am to 3p	Control of the Contro						
Facility Occupied During Abate	ment		Cinnamins	on, NJ 08077					
Scope of Work (Check all that apply)									
				Full Cor	ntainment with Ne	gative	Pres	sure	
≥3 sf or ≥3 lf	\boxtimes	Renovation		Mini-En					
≥160 sf ≥260 lf		Demolition		Glove E	ag Procedures				
				Non-Ex	empted and Non-	Friable	Proc	cedu	re
Location of		ocation	Descriptio		Amount	Aba	ateme	nt T	уре
Asbestos-Containing Material (ACM)		ally Used lely by	Asbestos-Cor Material (A		(Specify SF or LF)				
TO BE ABATED		enance or	(i.e., thermal s		SI OI LI')	Re	Z)	nca	Enc
in Facility		dial Staff?	insulation, surfa-	cing, VAT		Remova	Repair	Encapsulate	Enclsoure
(13)		(12) No N/A	or other miscell	aneous)	×*	/al	=	ilate	Tie
Den			3407			53			
Dell			VAT		140sf		Ш	Ц	
Name of Registered Waste Hauler		NJDEP Wast Hauler ID No	e Cubic Yards of Waste	Name of Reg	istered Landfill				
ALPHA ENVIRONMENTAL		00033330	2	Grows Land	dfill				
City, State			Disposal Date	City, State					
Trenton, NJ			Various		D.A.				
Completed By (Print or Type)		Title	Various	Morrisville,	PA	D :			
Rod Richardson		Title Project Manager	Signature	12,22,302		Date 06/0	7/20)19	

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

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Date of Notification (1)) June 13, 201!			Name	of Build	ing Own	er / Operator	(2)						
Agencies Notified	Type Notifica				Address		Education		110	FPE	n n	fi i	- I	
□EPA □DEP	, ,	uon			oulevar			N PERSON THE STREET, THE STREE		<u> </u>) 201		0 0	Company of the state of the sta
DOL	☑ Initia			City, S	State & Z	ip Code		1		AUN I	201	9	116	3
⊠ рон	Amei	nded ndment #			worth, N					Anna transition of the state of			100	
DCA		ellation		Name	of Conta	act			A	LICENS 90	lephor 8-276-	1644	mbe	r
				FA	CILITY	INFO	RMATION							
Name of Facility When David Brearley High S	e Abatement i School	s Taking	Place (3)				Type of Fac							
Street Address							1=	apter 8 (Other tha	n K 12)					
401 Monroe Avenue								(i.e., private &		rcial building	s, hon	ne, e	tc.)	
City (5)							Square Feet	# of F	loors	Bld	g. Age	53		
Kenilworth								(Prior if being de	emolishe	d)	72	55		
County (6)		С	ounty Cod	e (7)			School							_
Union		U	SE ONLY											
Name of Monitoring Fir Partner Engineering a	m Hired by Bi	uilding Ov	/ner (8)		ASCM	No.	Name of Ab	atement Contract	tor (9)					
Street Address	and Science,	nic.		-112-112-112			Synatech, In Street Addre			Activities of the factor of				
611 Industrial Way W	est						829 Radio F							
City, State & Zip Code Eatontown, NJ 07724				1-1-1-0			City, State &		200					
Project Manager for Mo	onitorina Firm		Te	elephone N	Jumher		Telephone N	arbor, NJ 0808	7	License Num	hor			
Michelle Gomez			73	2-380-170	00		609-296-691			License Num	0081	7		
Scheduled Start Date (June 24, 20		Schedule	d Completi	ion Date (* / 29, 2019			Name of OS Synatech, Ir					//**		
Occupancy Status Duri Facility Closed	ing Abatemen	t (Check o	only one)				Street Addre	ss			- N			
Abatement Pe							City, State &	Processor				_		
Other - Descr	ibe:							arbor, NJ 08087	7					
Facility Occup	the second contract to													
Scope of Work (Check	all that apply)							1						
>3 sf or > 3 lf				Renovation	n .			Full Containme Mini-Enclosure	nt with N	legative Press	ure			
≥160 sf or ≥260	If			Demolitio			F	Glovebag Proce						
			-		1777		×	Non-Exempted		Von Friable Dr	acadıı			
	tion of		Is Locati	on Norma	Ilv Used	Ι	Descrip		() and i	NOTI-I HADIE FI	_	atem	ent T	vne
Asbestos-Contain		ACM)	Solely b	y Mainten	ance or		Asbestos-C	ontaining		ount (Specify	"	210111		,,,,
	ABATED acility		Custo	dial Staff?	(12)		Material (i.e., therma			SF or LF)	 		_	
	3)					i	nsulation, sur	facing, VAT	1		ایرا		En	т
							or other misc	ellaneous)			(em	Rep	cap	nclo
			Yes	No	N/A						Remova	Repair	Encapsulate	Enclosure
			163	NO	11/0								te	(D
Corridor			-		Х		Floor Tile a	nd Mastic		4,800 SF	X			1 1
									-					
Name of Registered Wa	aste Hauler		NJDEP V		Cubic \	Yards of	Waste	Name of Regis	tered La	andfill				Н
Synatech, Inc.			Hauler ID	0 No. 429	14			Fairless Hills	Londfill					- 1
City, State						al Date		City, State	Lanuilli	<u> </u>				
ittle Egg Harber Mr.	00007													
Little Egg Harbor, NJ Completed By	08087	Title			July 30 Signate	ire		Morrisville, P	A Date					
200 100 100 100					Jigilato	10	: alor.		Date					
Diane Aloia		Exec. Ac	dministrat	or	10	Ulni	- mol	\sim	June 13	3, 2019				- 1

13 2019 04:09PM NJ Asbestos (Control	609	633,066	54	i \	page 1	IF) E C	EI	W	E	ſ
UK 1500 PAI		OTIF	St ICATION	TOF ASBI	W Jeres ESTOS / 8:60 en/	ABATEMENT		JUN		2010	<u> </u>	Photos and a store of
Date of Notification (1) 06/13/2019			Name of	Bullding	Owner/C	perator (2) enal School D	District	DOL.			ø. 15	52
Agencies Notified Type Notification			Street A	ddrass				ASSESTUS	CON	RO	- Čt	1
EI EPA EI (nitial EI DEP EI Amended EI DOL Amendent #			City, Sta	te, Zip Co lay, New	də Jersey	08204		LIVE.	NSING	7	/	
E DOH DOH Description DCA D Cancellation	duding	ŀ	Name of	Contact				 		200		
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RMATH	Type of Fac	ility (A) 19				<u>: : : /</u>	
Teitelman Middle School	•					@School (K						
Street Address 687 Rouls 9						D Subchar	pter 8 (Other the e. private & com	n K-12) merdel building	js, home	es, et	c.)	
City (6) Capa May, New Jersey 08204						Square Feet 15000			Bldg 504	, Ago	9	
County (6) Caps May			County C	Code (7) ISE ONLY)		Elementer	(Prior if being d School	emolished)				
Name of Monitoring Firm Hired by Building C AHERA Consultants, Inc.	wner (8)		ASCN 0005	1 No.		Name of Abs	itement Contractoration	tor (9)				
Bireet Address P.O. Box 385				-		Street Addres						-
City, State, Zip Code Occanville, New Jersey 05231						City, State, Z Totowa, Ne	tp Code w Jersey 0751	12				
Project Manager for Monitoring Firm John Smoyer		T	Telepho 609-65	ne No 2-1833		Telephone N 973-226-84	o. Qû	License No		-		
Start Date (10) DB/17/2019	Schedule 08/24/20	d Co	npietlon l	Date (11)		Name of OS	HA Monitor mental Labora	rtories, LLC				
Occupancy Status During Abatement (Check			10.11.00			Street Addre	se 22 West					_
El Facility Closed/Vacated During Entire Po Abstament Performed Outside of Norma Other - Describe:	ined of Au I Facility I	Hours	ent			City, State, 2 Union, NJ	lip Code 07083					
Scope of Work (Check All That Apply)												_
EI 5120 81 01 53ê0 8 □ 53 81 01 52 1		iomei iomei					tā Containment (ni-Encheure ove Bag Proced n-Exampted (*) (ute / Limited Co	ntalom	ent &	Tent	!
<i>t</i> ,	ls	Loca	tion					Amount (Specify		bater		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Uss Ma	intens todial	ely by ince/ Stell?	Asba the	stos Co	Description of niaming Materi tems insulation VAT, or	ial (ACM) (I.e.	SF of LF)	Ren	TYP		2016
(13)	Yes	(12) No	N/A		oth	cenalicosim 19	ins)		Removal	Rupair	Encapsulate	minanamo
Main Level Boys Restroom	100	X	14/54	Ceremic V	Vall The N	Aortar & Grous		78 SF	X	-	-	H
Main Level Boys Restroom	+	×	+	Ceramic	Floor Tit	e Mortar & Gr	7NO.	221 55		-		+
Main Level Girls Restroom	† –	X	+	Caramic V	vali Tile N	Aortai & Grout		75 58	×	+-	-	H
Main Level Girls Restroom		X		Ceramic	Floor Til	e Mortar & Gr	300	245 SF	· %			1
Name of Designation of Maria			0.55		1 =							T
Name of Registered Wasta Hauler Lilich Corporation			NJDEP V Hauler ID 18724		of Wa 20	Yaids sta	Fairless La	Istered Landfill ndfill				2
City State Tolowa, New Jersey					Dispo 06/24	sal Date 1/2019	City, State Morriaville,	PA				_
Completed by Adriana Otejarova	Title	salde	nii		18	signature Live	101	Ďạ	te 5/13/2()19		
ASS-41 (R-D5-08)							this form for est	estos ligenaure	BAGLUE F	ind a	-siuli	ins

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

Date of Notification (1) 06/13/2019				Name	of Buildin	g Owner	Operator (2).		Proming	F	@ F	D n	D 0		
					otel Grou	ıp Mana	ger LLC			E	(Ch	ck#	1575		F
Agencies Notified □ EPA	Type Notification Initial	1			Address Street R	oad, Sui	te 204		IM						
☑ DEP ☑ DOL		A CONTRACTOR		City, S Bensa	tate, Zip (alem PA	Code 19020		Contain		U	UN	ŷ	2019		land
⊠ DOH	Emergency				of Contac	t		1104	T	elephor	ne Nun	iber,	ייכוידוי		
□ DCA	□ Cancellatio			Pinank	Patel	ODMAT	701	-	2	elephor 15-622	1452	NSIN	G	n e	
Name of Facility Where A	Abatement is Taki	ng Place (3)	FAC	SILIT IN	-ORIVIA I	Type of Fa	acility (4)							
Street Address 19 Route NJ 18			- 18-30		-		☐ School ☐ Subcli ☑ Other	ol (K-12) hapter 8 (Oth (i.e. private	ner tha & com	n K-12) mercial	buildir	igs, h	omes	, etc.)	
City (5) New Brunswick, New	Jersey 08901						Square Fe 30,000	eet	# 1	of Floo	rs		3ldg. <i>A</i> 50+	\ge	
County (6) Middlesex				County (STATE	Code (7)	y)	Current Us	se (Prior if be Hote		emolishe	ed)				
Name of Monitoring Firm Taylor Geo Services	Hired by Building	Owner (8)		ASC	M No.		Name of Al Lilich Corp	batement Co poration	ontracto	or (9)				10.	
Street Address 38 Bishop Hollow Roa	d, Suite 200						Street Addi 246 Union	ress Boulevard	ı						
City, State, Zip Code Newton Square, PA 1	wton Square, PA 19073 ject Manager for Monitoring Firm						City, State, Totowa, N	Zip Code lew Jersey	07512	2					
Project Manager for Mon Andy Sokol							Telephone 973-225-8			Lice 011	nse No 04).			
Start Date (10) 06/15/2019		Schedule 06/30/2		mpletion	Date (11)			SHA Monitor nmental La		ories, L	LC				
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street Addr	ess te 22 West							
☑ Facility Closed/Vacat☐ Abatement Performe☐ Other – Describe:	ted During Entire I ed Outside of Norr	Period of A mal Facility	baten Hour	nent s			City, State, Union, NJ	Zip Code					-		
Scope of Work (Check Al	l That Apply)														
□≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf			Renova Demoli				□ M □ GI	ull Containm lini-Enclosurd lovebag Procon-Exempted	e cedure	/ Limite	ed Con	tainm	ent T	ent	
			Locat			De	scription of						Abate	ement	
Location Asbestos-Containing	Material (ACM)	Use	Norma d Sole intena	ely by			taining Materi systems insu		,	Amount			.,		
TO BE ABA In Facilit (13)				Staff?		surfa	cing, VAT, or niscellaneous	* *		Specify F or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ite	O
Roof				X	Roofing I	Material				600	00 SF				
Name of Registered Wast	to Haules			LIDEDIA		1011									
Lilich Corporation	te naulei			IJDEP W Hauler ID 18724		of Was	ste	Name of Fairless			indfill				
City, State Totowa, New Jersey						Dispos 06/30	al Date /2019	City, State Morrisvi	e ille, P	Α					
Completed by Adriana Olejarova		Title Presi	dent			5	ignature	103		et uoroa	Date 06/		019		

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

Date of Notification (1) 06/05/2019				Name NB Ho	of Building otel Grou	Owner/op Manag	Operator (2) ger LLC)		Che	ck#	1515		
Agencies Notified □ EPA □ DEP	Type Notification Initial Amended			1950	Address Street Ro		te 204						i i	
⊠ DOL	Amended Amendmen Emergency		<u> </u>	Bensa	tate, Zip C ilem PA 1	9020								
⊠ DOH □ DCA	ju: □ Cancellation	stification))	Pinank					Telephone 215-622-					
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT		Facility (4)						
Street Address 19 Route NJ 18		- 32 - 77 000	eg u				☐ Sub	ool (K-12) chapter 8 (Othe er (i.e. private 8	er than K-12) commercial b	ouildin	gs, ho	omes,	etc.)	
City (5) New Brunswick, New	Jersey 08901						Square F 30,000	eet	# of Floors	3		ldg. <i>F</i> 0+	ge	
County (6) Middlesex			(4)		Code (7) USE ONLY)	Current l	Jse (Prior if be Hote		d)				
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.			Abatement Cor propration	ntractor (9)					
Street Address							Street Ad 246 Unio	dress on Boulevard						
City, State, Zip Code						City, State Totowa,	e, Zip Code New Jersey (07512						
Project Manager for Mon	ject Manager for Monitoring Firm						Telephon 973-225		Licen 0110					
Start Date (10) 06/15/2019		Schedul 06/30/2		mpletion	Date (11)			OSHA Monitor conmental Lal	boratories, L	LC				
Occupancy Status During Facility Closed/Vaca				ont			Street Add 2333 Ro	dress ute 22 West						
☐ Abatement Performed Other – Describe: _	ed Outside of Norn	nal Facility	y Hour	S			City, State Union, N	e, Zip Code J 07083						
Scope of Work (Check A	ll That Apply)			1		***								_
□≥3 sf or ≥3 If ⊠≥160 sf or ≥260 If			Renova Demoli					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e edure / <i>Limite</i>	d Con	tainm	ent T	ent	
3.5		1 2 2 2	Locat			De	scription of	VOII Excimpted	and Non-i nat	DICT I		Abate	ement	t
Location Asbestos-Containing TO BE ABA	Material (ACM)	Use	Norma ed Sole intena	ely by	Asbes (i.e	thermal	taining Mate systems in:	sulation,	Amount			.,		
In Facili			todial (12)	Staff?		other n	cing, VAT, on the contract of	or or	(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
D f		Yes	No	N/A							_		ate	G.
Roof				X	Roofing (Material			600	0 SF				
Name of Registered Was	te Hauler			JDEP V	Vacto	Cubio	Varda	No	5 - 11 - 11					
Lilich Corporation	te i laulei			fauler ID 18724		of Was	ste	Fairless	Registered Lar Landfill	ndfill				
City, State Totowa, New Jersey						Dispos 06/30	sal Date /2019	City, State Morrisvi	lle, PA					
Completed by Adriana Olejarova		Title Presi	ident			S	igrature	.10	4	Date 06/		019		

Inv# 12	012												L		
0 V 1-1	DAI		NOT	FICATIO	State of N N OF AS	BESTOS	ABATE	MEN	Т	-					
Date of Notification (1)	TEF T		(t to NJA					EC	F	11	V	BI	57
06-11-2019					of Buildin Bergid		Operator	r (2)				Ü	U 1	=	
Agencies Notified	Type Notification	1			Address	a				1116	1 1				
	× InitiaI			ou ou	ridaress					JUN	1 1	20	19		4
X DEP	Amended			City, St	tate, Zip (Code				Turn on the same of the same o	- 22 12 12 12 12				-
▼ DOL	Amendmen Emergency			Clifto	n NJ 07	7014				ASBEST	OS C	ONTE	POLE		10
DOH DCA	justification)			of Contac	8			The set Strage of Strage	Telepho	TENS Te Nu	mber-	The Company of	nwarden.	
L BCA	Cancellation	n 			Bergida										
Name of Facility Where Ab	atement is Takir	ng Place (3)	FAC	ILITY INI	FORMAT	ION	Typ	e of Facility (4)						
Private Dwelling								,,, _F	School (K-12)						
Street Address								Ħ	Subchapter 8	(Other tha	an K-1	2)			
								×	Other (i.e. privetc.)	ate & con	nmerci	al bui	ldings	, hom	nes,
City (5) Clifton NJ 07014								Squ	are Feet	# of Floo	ors	1	Bldg.	Age	
County (6)								N/A		N/A			N/A		
Passaic				(STATE	Code (7) USE ONL	Y)			ent Use (Prior		emolis	ned)			
Name of Monitoring Firm Hi	ired by Building	Owner (8)			M No.		Namo		vate Dwellin	_					
Stanadard Environme	ental	(~/		1,00	1110.				ntracting LL						
Street Address							Street								
2108 Fulton St Suite	2A						PO E	3OX	734						
City, State, Zip Code Brooklyn NY 11233									Zip Code						
Project Manager for Monitor	ring Eirm			Talanta					d Park NJ 0	7424					
Kayode Adefisoye	mg r mm			Telepho	ne No. 41-7678	3	Teleph 973-6				nse N	٥.			
Start Date (10)		Schedule	ed Cor		Date (11)				HA Monitor	012	200				
06-20-21-019		06-25-	2019		• •				ntracting LL	С					
Occupancy Status During A	batement (Chec	k Only On	e)				Street A					-710-	-		
Facility Closed/Vacated	During Entire F	Period of A	bater	nent			РО В								
Abatement Performed Other – Describe:	Outside of Norm	nal Facility	Hours	S					ip Code						
Scope of Work (Check All Ti	hat Apply)						VVOOC	diano	d Park NJ 0	7424					
≥3 sf or ≥3 lf	11-77	X R	enova	ition			×	E.,	II Cantain						
≥160 sf or ≥260 lf			emolit				×	Mir	II Containment ni-Enclosure		itive P	essu	re		
							Ĥ		ovebag Proced n-Exempted (*		-Friabl	e Pro	cedur	۵	
		Is	Locati	ion						,				ement	
Location of			ormal d Sole		200 000 0	Des	cription of	of					Ту	pe	
Asbestos-Containing Ma <u>TO BE ABATE</u>	terial (ACM) <u>D</u>	Mai	ntenai	nce/		tos Conta thermal:				Amount		וד		En	Е
In Facility (13)		Custo	odial 9 (12)	Staff?	(1.0)	surfac	ing, VAT	, or	20011,	(Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)		-	1992			other m	iscellane	ous)				oval	air	sulat	sure
Deserved		Yes	No	N/A										'n	
Basement		+		X		Pipe	Insulati	on		100 LF		х			
							- 14 1 14 1 14 14 14								
N. CB.										12					
Name of Registered Waste H	lauler		(235)	JDEP Wa		Cubic Y			Name of Reg	istered La	ndfill				
Amax Contracting LLC			N 5000	036184		3 CY			Fairless H	ills					
City, State	0.4					Disposa			City, State						
Woodland Park NJ 074 Completed by	24					06-30-	Transfer and the second		Morrisville	PA					
Tome Maslarkov		Title	ot Ma	nager		Sig	gnature		1,100		Date				
		1 10160	or IVIO	liager		1					06-	11 - 2	2019		

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

6/			State of					heck	# 166	44				
CK 11 ecc4	4 PAII	NOTIFI	CATION OF	ASBEST	OS ABATEMENT and 12:120-7	Jim# 12	014							
Date of Notification	n (1)				owner/Operator		HA E C	: E		7	FF			
6/12/2019		1.1	Anika (U C	/ <u>L</u>					
Agencies Notified	Type Notificat	ion S	treet Addr	ess			111	u 1 ,	1 001	2	111			
[]EPA	[X]Initial			JUN										
[]DEP	Notifica	tion Ci	ity, State	. Zip C	in Code									
(2)	[]Amended	21.12		- 2	e,NJ,0707	79	ASBES	TOS O	ONTE	Ol	8.			
[X]DOL	Notifica	cion						ICENS			<u></u>			
[X] DOH	[]EMERGENCY	1000	ame of Con			Telepho	ne Number				Het Perisona.			
[]DCA	[]Cancellat	111	Anika (i rant		. —								
	t Journey		FACI	LITY IN	FORMATION									
Name of Facility Who	ere Abatement i	s Taking				Type of Facil	lity (4)			212-27				
Anika Grant						[]School	(K-12)							
Street Address							oter 8 (Other							
Dozee Madees							(i.e., privat ouildings, ho			_				
						Square Feet	# of Floor		ldg. 1	lge				
City	ounty		Count	ty Code (7)	-			170	700					
011 0			(STA	TE USE ONLY)	Current Use	(Prior if bei	ng de	molis	hed))				
South Orange	E	ssex												
Name of Monitoring E Owner (8)	Firm hired by B	ilding	ASCM No.			ment Contracto	1.5 (0.5)							
N/A					AZTECH M	ANAGEMENT	, Inc.							
Street Address				Street Address										
					86 Chris	topher St	:.							
City, State, Zip Coo	le				ity, State, S Montclai	Lip Code r, NJ 070	42							
Project Manager for	Monitoring Fire	Teler	phone Numb	er h	Telephone Numb	Personal Committee of the committee of t		cense	Numb	er				
		N/A			(973) 744		1	0037						
Scheduled Start Date	53 (3)		ion Date		Tame of OSHA	Monitor		THE CALL		S.C.				
06 21 1 Month Day Y	9 06			11	A/A									
Month Day You					Street Address	3			-					
[X]Facility Clo		ing Enti	re Period											
of Abatemen []Abatement Pe		of Norm	al Facilit	v l	City, State, 2	in Code								
Hours - Desc	ribe: «OffHours	Descript	<u>»</u>		rty, State, 2	ip code								
[]other - Desc			escript»	1										
Scope of Work (Check	all that apply	r)			[]Full (Containment wi	th Negative	Press	ure					
[X]≥3 sf or		17 1170	Renovation		[X]Mini-	Enclosure								
[]≥160 sf o	or ≥260 lf	[]1	Demolition			oag Procedure riable Procedu	ire							
			Is		[]Mon 1.	110000	Ī —	Aba	atemer	nt I	'ype			
LOCALION OI			ation mally		Description			R		E	E			
Asbestos-Con Material			sed lely		Asbestos-Cont Material (N. W. C. S.	Amount (Specify	E	RE	C	C			
TO BE AB		By 1	Main-	(:	i.e., thermal		SF or	M	PA	A P	O			
In Facil	ity	Cust	ance/		lation, surfa		LF)	VA	I	S	S			
(13)			f (12) No N/A	or	other miscel	.laneous)	0	L	R	L	R			
Basement				Pipe	Insulation	on	65 LF	X						
				-					11					
									\Box					
Name of Registered W	Waste Hauler	NJDE	P Waste	Cubi	c Yards	Name of Regi	stered Landf:	111	1					
AZTECH MANAG	EMENT, INC	· Haul	er ID No.	of W	aste 1.0	Tri - S	tate							
City, State				Disp	osal Date	City, State								
Montclair, NJ	07042			06	5/24/19	The state of the s	NY, 1047	4						
					- la:		, ,							
Completed By (Print Constantine V.	7.7	siden	+		Signature	7-1.1	1060	Date	/2019					
	TATOM ETG	STUCIL			/ Chi	Ich me	MICA	0/12	, 2019	-				
21 Diggs Dlags					1/									

	DA TOTAL		State of	New Je	ersey Tini	# 12010		Check	# 1664	3			
CK 101043	PAID	(Pursua	nt to NJAC	8:60-7	FOS ABATEMENT 7 and 12:120-7		NEC	FI	W is	i ist			
Date of Notification	n (1)				Owner/Operato	r (2)	以广		W E	-11111			
6/12/2019			Miguel		nandez	Consumer Con		1					
Agencies Notified	Type Notifica	ation S	treet Add	ress		14	LI JUN	192	019	11111			
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[]DEP	[]Amended		ity, State			the state of the s	ASBESTO	S CONT	ROL &	Trans.			
[X]DOL	Notific	ation	raters	OII, NU	7,07501	LICENSING							
[X]DOH	[]EMERGENC		ame of Cor		•	Telephone Number							
[]DCA	[]Cancella		Miguel	Herr	nandez	ď							
	1		FAC	ILITY I	NFORMATION								
Name of Facility Whe		is Taking	Place (3)		Type of Faci	lity (4)						
Miguel Hernand	dez					[]School	(K-12)						
Street Address							pter 8 (Othe (i.e., priva						
							buildings, h						
				15.110		Square Feet	# of Floo	rs Bl	dg. Ag	e			
City	1	County			ty Code (7)								
Paterson			_	(SIA	IL USE ONLI)	Current Use (Prior if being demolished)							
Name of Monitoring F.		Passai	ASCM No.	\perp	Name of Abate	ment Contract	on (0)						
Owner (8) N/A			1.00.			IANAGEMENT							
Street Address			1		Street Addres								
					86 Chris	topher St	=.						
City, State, Zip Code	e				City, State, :								
					Montclai	r, NJ 070	142						
Project Manager for 1	Monitoring Fi		phone Numb	er	Telephone Numb		Į.	icense	Number	:			
**************************************		N/A	`		(973)744	4-8800 00371							
Scheduled Start Date 07 16 1			tion Date	8 8 11	Name of OSHA N	Monitor							
	L9 0			. 11	N/A								
Occupancy Status Duri	ing Abatement	(Check o	nly one)		Street Address	3							
[X]Facility Clos of Abatement		ring Enti	re Period										
[]Abatement Per Hours - Descr				ty	City, State, 2	Zip Code							
[]other - Descr													
Scope of Work (Check	all that appl	-y)											
[X]>3 sf or :	>3 lf	[X]	Renovation	1		Containment w: Enclosure	ith Negative	Pressu	ire				
[] <u>></u> 160 sf o			Demolition		[X]Glovel	bag Procedure							
			Is		[]Non-Fi	riable Procedu	ire	Aba	tement	Type			
Location Asbestos-Cont		Nor	ation mally		Description		3	R	E	E			
Material (ACM)	So	sed lely		Asbestos-Cont Material (12 72 1 A TO	Amount (Specify	E	EC	C			
TO BE ABA		ten	Main- ance/		i.e., thermal Lation, surfa		SF or LF)	M O V	AP	0			
(13)		Staf	todial f (12)		other miscel		LLE,	A	RUL	U			
Basement		Yes	No N/A	Dino	Insulation	~~	120 LF	X	 -	E			
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								_		+-			
Name of Registered Wa	aste Hauler	NJDE	IP Waste	Cubi	.c Yards	Name of Regi	stered Landf	111					
AZTECH MANAGE	MENT, INC	Haul	er ID No.		aste 1.5	Tri - S	AND						
City, State		12 / (7.10	Disp	osal Date	City, State							
Montclair, NJ	07042			07	7/19/19		NY, 1047	4					
Completed By (Print o	or Type) Titl	<u>e</u>			Signature	1, ,	10	b					
Constantine Vi	100 100	esiden	t		Signature	tatie/	MARIA	Date 6/12/	2019				
30 19th Ave					-Can:	1 con rul	11/14						

NOTIFICATION OF ASBESTOS ABATEMENT Check #2496 (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 6/10/2019 Manjeed Sandhu Agencies Notified Type Notification Street Address M **EPA** DEP Initial City, State & Zip Code ASBESTOS CONTROL & X DOL Amended Robbinsville, NJ LICENSING \boxtimes DOH Name of Contact Emergency Telephone Number DCA Cancellation Manjeed Sandhu **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 1380 US St 130 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 7500 50+ Robbinsville Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Alpha Environmental, LLC Street Address Street Address PO Box 8297 City, State & Zip Code City, State & Zip Code Trenton, NJ 08650 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-847-2956 01222 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/20/2019 6/30/2019 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Cinnaminson, NJ 08077 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure (i.e., thermal systems Remova TO BE ABATED Maintenance or in Facility Custodial Staff? insulation, surfacing, VAT (12)(13)or other miscellaneous) Yes No N/A Roof X Roofing/Flashing 5500sf X Exterior Window Caulk 11 Units Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards of Hauler ID No. Waste ALPHA ENVIRONMENTAL 00033330 60 Grows Landfill City, State Disposal Date City, State Trenton, NJ various Morrisville, PA Completed By (Print or Type) Title Signature Date Rod Richardson Project 6/10/2019 Manager

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CIL SIZO (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) GOOD SHEPHERD WTHERAN Type Notification Street Address Agency Notified 9 2019 233 S. HIGHWOOD a Initial D EPA City, State, Zip Code ☐ Amended O DEP GEN ROCK 0745 PAFSTOS CONTROL 2 DOL Amendment# ☐ Emergency (including Telephone NumberNSING Name of Contact justification) HOORE 201345-5063 ☐ Cancellation MILE. SEIFEKT DOCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) CHURCH GOOD SHEPHERD LUTHERAN School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address 2 Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 21000. COLEN ROCK Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY CHURCH BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 124/19 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 S. Hackensack , N.J. 07606 NOther-Describe: 8 AM TO 5: 00 PM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation A Mini-Enclosure DE3 sfor≥3 lf □ Demolition El Glovebag Procedure □ ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount -Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Enclosure Remova (Specify Ropair (i.e., thermal systems insulation, TO BE ABATED Custodial SF or LF) surfacing, VAT, or IN Facility Staff? other miscellaneous) (13) (12)No NA 115 LF BASEMBUT KITCHEN THEKHEL SYSTEM IDSULATION Name of Registered Landfill NJDEP Waste Hauler Cubic Yards of Name of Registered Waste Hauler Waste ID No. Best Removal Inc CUMBERLAND COUNTY LANDFICL 21/20 17109 City, State Disposal Date City, State NEW BURGE N.J. 07601 6/25/19 Hackensack ,

Signature

* Do not use this form for asbestos licensure exempted activities

Estimator

J.Maiorano

Completed by

TW年13034 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000. Initial Notification **EPA** City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Telephone Númber STOS CONTROL 732-594-7746 LICENSING Name of Contact DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 53 123,400 2 City (5) County (6) Current Use (Prior if being demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /19 8 / 30 **AMERISCI** /19 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL ENCLOSUR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A **ROOF-NORTHEAST CORNER** X BUILT UP ROOFING 100 SF X

Cubic Yards of Waste

Disposal Date

5/9-8/30/2019

10

Signature

Name of Registered Landfill

MONTGOMERY , PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SE

6-10-19

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

8

		NO	TIFIC	ATION OF A	New Jersey ASBESTOS ABA	ATEMENT		E	(P)	E	\mathbb{W}			
			ruisu		NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2)						U			
Date of Notification (1)				ME	MERCK SHARP & DOHME CORP.									
5 / 8 19					Street Address									
Agencies Notified Type Notif					126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414									
EPA Initia	l Notifica	tion		_	City, State, Zip Code									
DEP Ame	nded Not		on		WAY, NEW JE	1	ASBESTOS CONTRO							
	ellation				LICEN						(G			
X OIII	ioia RGENCY	#1 / NOT	TEICA		ne of Contact	N.	Telephone Nur	mber						
	HOLINO	NOT			RICIA JOHNSO	NC NIC	732-594-7746							
Name of Facility Where Abatement i	s Takino	Place	e (3)	FACILITY	NFORMATION	Type of Facilit	. (4)							
		,	- (-)			School (K								
MERCK SHARP & DOHME CORPOR	ATION				Subchapter 8 (Other than K-12)									
Street Address					X Other (ie. private & commcl. bldgs., ho						etc.)			
126 EAST LINCOLN AVENUE - BUILD	NING ES					Square Feet # of Floors								
				1 0-	nty Code (7)	123,400	2			46				
= -1						Current Use (Pr	ior if being demo	olishe	d)					
Name of Monitoring Firm Hired by B	(017(1)	ASCM No.		ment Contracto	or (Q)			-						
ENVIRONMETAL HEALTH INVESTIG		104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION											
Street Address 655 WEST SHORE TRAIL			Street Address											
City, State, Zip Code			_		313 SPOOK ROCK ROAD									
SPARTA,	NEW JEI	RSEY	0787		City, State, Zip Code SUFFERN, NEW YORK 10901									
Project Manager for Monitoring Firm				e Number		Telephone Num		enea	Numb	or				
WILLIAM S. KERBEL, CIH		973	-729-5	649		Telephone Number License Number 845-369-7500 1101					1			
Expected State Date (10)	Scl	ned. C	ompl	etion Date	(11)	Name of OSHA		J1	-		-			
5 / 9 /19 Month Day Year	١.	fonth	B /	30										
Occupancy Status During Abatement (Day	Year	Street Address		-211-12									
X Facility Closed/Vacated Dur	ing Entire	e Perio	od of A	Abatement		117 EAST 30TH	STREET							
Abatement Performed Outs X Other - Describe: MON	ide of No	rmal F	acility	Hours - De	scribe:						i			
X Other - Describe: MON	DAY - FF	RIDAY	7AM-	3:30 PM		City, State, Zip (/254501					
Scope of Work (Check all that apply)					Full Conta	ainment with Nega	YORK, NEW Y	OHK	10016					
Demolition	X Rer	novatio	on		Mini Enclo	o ,	uive i lessure							
X >3SF OR LF					Glovebag	Procedure								
>160 SF OR			0			le Procedure								
Location of Asbestos-containing	11	s Loca rmally			Description of As		Abatement Type							
Material (ACM)		solely		"	ontaining Materi		Amount	HE.	REPA	ENCA	ENCL			
TO BE ABATED		nt/Cus		in	(ie. Thermal systems (Specify insulation, surfacing, VAT, SF or LF)					CA	5			
in Facility (13)		Staff (12)		or other miscella	neous)	OF OF EFF	REMOVAL	E	PSUL	OSUR			
	Yes	No	N/A					L		1	Ä			
ROOF -NORTHEAST CORNER			X	BUILT UP	ROOFING		100 SF	×						
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Name of Registered Waste Hauler		EP W		Cubic Yard	ls of Waste	Name of Registe	red Landfill	1	1		-			
FREEHOLD CARTAGE, INC.	Hau	ler ID			10	LYCOMING COL	JNTY RESOUR	CE MA	ANAG	EMEN	TSE			
825 HIGHWAY 33 City, State		1593	9	D: 1 5		447 ALEXANDE	R DRIVE/ROUT	E 15						
FREEHOLD, NEW JERSEY	97			Disposal D 5/9-8/30/20		City, State	DA 17750			1				
Completed by (Print or Type)	Title				Signature	MONTGOMERY	, PA 17752 Date		1	-/	/ 4			
	DIRECTO		ODE	DATIONE	- 9	11 \ \	Date	5	16	11	11			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL ASBESTOS CONTROL & Cancellation LICENSING DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 126 EAST LINCOLN AVENUE - BUILDING 53 # of Floors Bldg. Age 123,400 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/ /19 8 / 30 /19 AMERISCI Month Year Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo . >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A ROOF -NORTHEAST CORNER BUILT UP ROOFING 100 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 10 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 5/9-8/30/2019 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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MILL	-		(P	ursua	nt to NJ	AC 8:60 and 5:1	16)) E C		\mathbb{W}	E		
Date of Notification (1)	A. A.					ng Owner/Operator	11				-	71		
	24 / _ 1	9		Ra	ncocas \	Valley Regional] JUN	10	0010		Table of the last		
Agencies Notified	Type Notification	1		Stree	t Address		hal t	71 001/	1 9	<u> </u>		L		
⊠ EPA	Initial ←			520 Jacksonville Road										
☑ DOLWD ☑ DHSS	Amended	44 014	4140	City, State, Zip Code					ASDESTOS CONTROL &					
⊠ DHSS ⊠ DCA	Amendment	STATE YOUNG		Mount Holly, NJ 08060					LICENSING					
(NJAC 5:23-8)	justification)	riciaan	g	Name of Contact					Telephone Number					
	☐ Cancellation			Mrs	s Lisa Gi	609-267-0830								
				FA	CILITY II	NFORMATION				-				
Name of Facility Where A	batement is Takir	g Plac	e (3)				Type of Facilit	tv (4)						
Rancocas Valley Re	gional High So	chool					School (K-	12)						
Street Address				□ Subchapte					Other than K-12)				
520 Jacksonville Ro	ad						priva c.)	ate and commer	rcial bu	ııldıng	JS,			
City (5)							Square Feet		# of Floors	BI	dg. A	ge		
Mt. Holly					80000				2	- 1	85	3-		
County (6)				Cour	County Code (7)(STATE USE ONLY) Current Use			(Prior if being demolished)						
Burlington									3	**************************************				
				ASCM	No.					_				
Horizon Group						BRISTOL ENVIRONMENTAL, INC.								
Street Address						Street Address								
PO Box 316						1123 BEAVE								
City, State, Zip Code					City, State, Zip Code									
Thorofare, NJ 08086					BRISTOL, PA 19007									
Project Manager for Monitor	oring Firm		Tele	phone	hone No. Telephone No.				License No.					
Dave Flanagan			85	6-848	5-848-0800 215-788-6040			00509						
Start Date (10)		duled C		tion Da		Name of OSHA N	onitor							
6 /24 / _		7_/	120	_ / _	19	BRISTOL EN	VIRONMENT	AL, I	NC.					
Occupancy Status During						Street Address								
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abater	ment		1123 BEAVE	R STREET							
Abatement Performed 0 Time of Abatement: 7:0	Outside of Norma	l Facilit	y Hour	s - Des AM	cribe	City, State, Zip Co	ode						_	
No. 100			IVI	AIVI		BRISTOL, PA	19007							
Scope of Work (Check all t	hat apply)			1,000	11.0	M.E.II.O.								
≥3 sf or ≥3 If		⊠ Re	enovati	on		☐ Mini-Enc	tainment with No losure	egati	ve Pressure					
≥160 sf or ≥260 lf		☐ De	emolitic	n		⊠ Glovebag	Procedure							
		l le	Locat	ian		⊠ Non-Exe	mpted (*) and N	lon-F	riable Procedur	-				
Location o	f		Norma			Description of	£				Abatement Type			
Asbestos-Containing Material (ACM) Used Sole				Asbestos Containing M			iterial (ACM)		Amount		Repair	En	Enc	
		TO BE ABATED Maintena			(i.e	., thermal systems			(Specify		pair	aps	Enclosure	
TO BE ABAT	ED	7-3000	todial S	Jian!	1					0.1		Encapsulate	ure	
	ED	7-3000	todial (12)	Jian :		surfacing, VAT, other miscellane			SF or LF)	Removal		O		
TO BE ABAT IN Facility	ED	7-3000		N/A					SF OF LF)	=			-	
TO BE ABAT IN Facility (13) Conference Room, Wo	ork Room,	Cus	(12) No		Plaster	other miscellane			**************************************				1.1	
TO BE ABAT IN Facility (13) Conference Room, Wo	ork Room,	Yes	(12) No	N/A	Plaster	other miscellane			3,600 SF				-	
TO BE ABAT IN Facility (13) Conference Room, Wo Recention, Principals, Main Corridor and Existence	ork Room,	Cus	(12) No	N/A	Plaster	other miscellane			**************************************					
TO BE ABAT IN Facility (13) Conference Room, Wo Recention Principals Main Corridor and Exit Mastibula Office, Work Room, As	ork Room, Office sting Entry	Yes	(12) No	N/A		other miscellane			**************************************					
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TO BE ABAT IN Facility (13) Conference Room, Wo Recention Principals Main Corridor and Exi- Mastibula Office, Work Room, As Office, Work Room, As Office areas Name of Registered Waste Service Transport Gr	ork Room, Office sting Entry set princ and est princ and	Yes	(12) No	N/A	Pipe Ins VAT & I	other miscellane sulation Mastic Cubic Yards of	Name of Reg		3,600 SF 25 LF 1,500 SF ed Landfill					
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State of New Jersey

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

011/#2574

Date of Notification (1)															_
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						s Valley Regio	nal	HS District			(9)	(2	П Г.	<i>J</i>	-
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					ACILITY	INFORMATIO	M			009-	267-0	830			
Name of Facility Where Abatement	t is Takir	ng Pla	ace (3)		71012771	IN ONINATIO	N .	Type of Facil	i4. //						
Rancocas Valley Regional I	High So	choc	ol					School (K)					
Street Address							_	☐ Subchapt	er 8 (Other th	han K-	12)			
520 Jacksonville Road								Utner (i.e.	, priv	ate and	comn	nercia	l build	ings,	,
City (5)						100000	\dashv	nomes, e	(C.)						
Mt. Holly				6				Square Feet 80000		# of Fl	oors		Bldg.		9
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Burlington					, 5000	TO NOT THE OOK ON	-1)	Current Use (Prior	if being	demo	olished	i)		
Name of Monitoring Firm Hired by B	Building (Owne	r (8)	ASC	M No.	Name of Abat	eme	nt Contractor ((0)					0.00	
Horizon Group								/IRONMENT		INIC					
Street Address						Street Addres		MONINENI	AL,	INC.					
PO Box 316						1123 BEA	70	STREET	19						
City, State, Zip Code						City, State, Zip									
Thorofare, NJ 08086		*				BRISTOL,									
roject Manager for Monitoring Firm			Te	ephon	e No.	Telephone No		10001							
Dave Flanagan			1000		8-0800	215-788-60				License			71,-12.		
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Agencies Notified Type Notification			Street A	Address			-X107/25		11)/1			M	E	
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DOH justification)				f Contact				- State	T	elephone N	lumber		-	
DCA Cancellation	1		Paul					Person		- 110	EN 1011		18	1
Name of Facility Where Abatement is Takir	a Place (3/	FACI	ILITY INFO	DRMAT	ION	T	ا مو ۳۰۰۰	. (4)	LIL	ENSIN	Ų.	Gelden ber	20000
Paul Rossback Private Home	ig Flace (.	3)					r=n Iyp	e of Facility	0.070.006					
Street Address							H	School (K		her than K-	12)			
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Manahawkin NJ 08050							100		1	01110015	1.00	35+	ige	
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Ocean			(STATE	USE ONLY)			Sh			J	Ś			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	/ No.		Name	of Ab	atement C	ontracto	or (9)				
N/A						Perr	naco	Inc.						
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Designst Manager for Manifesian Circu			Ŧ 1					rlin NJ 08	8091	T				
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6/21/19	6/30/1		inpiedoni	Date (11)		Sam		SHA MOHILO)I					
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Facility Closed/Vacated During Entire			ment											
Abatement Performed Outside of Norr Other – Describe:				551 38		City, S	tate,	Zip Code		,				
Scope of Work (Check All That Apply)												-		
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TO BE ABATED In Facility	- CONTROL - CONT	todial	Staff?	(i.e.		systems cing, VA		lation,		Specify F or LF)	Removal	Re	Encapsulate	Enclosure
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Exterior Siding on Small Shed			×		exte	rior sid	ing		2	00 SF	х			
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Name of Registered Waste Hauler			NJDEP W	laste	Cubic	Yards		Name o	f Regist	ered Landi	GII			
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Elm NJ					7/1/1	9		Morris	sville F	A 19067	•			
Completed by	Title				S	ignature	/	2 11			Date			
Anthony T Perna	Pres	ident				/	1	-K		(3/12/1	9		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1/12, 1000	O ID A TITLE	(Pu	rsuant 1	to NJA(3 8:60 and 12:	120) 🔼	_ 3116			~~~	-
Date of Notification (1)	OLAMU				ng Owner/Operato		NEGI		// [5	
Agency Notified	Type Notification			t Address	BILL YA	MASHIT				- [1
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□ DCA	☐ Cancellation	90	ME	2 YA	MASHITA	the state of the s	3	, .		8	
			FAC	ILITY IN	FORMATION						
Name of Facility Where	······································		3	•		Type of Facility	(4)				
	YAMASHITA.					School (K-1					
Street Address	1			•	14		8 (Other than K-12 rivate & commercia		5.		
				4	*	homes, etc.	.)				
City (5) .					•	Square Feet		Bldg. A	-		
	BiNG			*		.2200.			75	0	
County (6)			Coun		7) (STATE USE		rior if being demoli				
MORA						` (<	ESIAFNO	\$			
Name of Monitoring Firm (8)	m Hired by Building Own	ner As	SCM No.		Name of Abaten		10000				
						moval In	C			,	
Street Address			10		Street Address		_				
City, State, Zip Code					City, State, Zip C	th River	St				
Oky, State, Zap Code	21						07601				
Project Manager for Mo	onitorina Firm	Tele	phone No.		Telephone No.	ack, N.J	License No.				
. rejectimenager ier ins		1.00	phone no		201-329	-7444 -	00388				
Start Date (10)	Scheduled (Completion	Date (11)	Name of OSHA		1 00000				
6/20/1	19 61	21/1	9		Omega 1	Environm	ental				
Occupancy Status Duri	ng Abatement (Check o	nly one)			Street Address						
☐ Facility Closed/Vacat	ted Durina Entire Period	of Ahaten	nent		280 Ht	ıyler St					1
☐ Abatement Performe	d Outside of Normal Fa	cility Hours	3		City, State, Zip C	Code					
Other - Describe:		: 30 77			S. Had	ckensack	,N.J. 07	606			
Scope of Work (Check	all that apply)		vermon.		Ja Full (Containment with	Negative Pressure	e			
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf				novation molition		Enclosure		2.50			
Ja 2 100 Si 01 2 200 li			u 00	HOHEGH		ebag Procedure Exempted (*) an	d Non-Friable Proc	edure			
		ls Lo	ocation			*			Abat		nt
Locat	tion of		mally		Description (of		-	71)	pe	
Asbestos-Containi	ing Material (ACM)		Solely by tenance/		stos Containing Ma	aterial (ACM)	Amount	t-	_	m	m
TO BE A	ABATED edity		stodial	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	1	Repuir	cap	nclo
(1		4	12)		other miscellane		0, 0, 0,	- North	E E	Encapsulate	Enclosure
		Yes	No N/A	-				1		10	3
1000-01	1=151	1 .65	NO NA	4	VAT	_	400 5	00	<		H
Lower 1	Levec	+	-	121.	VAI		400	5 / /	+	H	H
		+ +		-	-			-	+-		
		+-+	-	+				` +	+	\vdash	\vdash
Name of Registered Wa	aste Hauler	N.D	EP Waste	Harder	Cubic Yards of	Name of Regi	stered I andfill				-
Best Remo		ID No	0.		Waste /	-					
•.			17109		3/207	CUMBERL	AND COUNTY	f LANC	FIC	L	
City, State					Disposal Date /	City, State					
	ck , N.J. 0	/601			6/21/19	NEM BA	RCH, PA.		40		
Completed by	Title				Signature	2-6,00		Date 6/1	1	10	
J. Maiorano) Est	imato	or		1 (20000	3	0//	0//	7	

Tout 11674 PAI			FICATIO		BESTO	sey S ABATE and 12:120		(12		R	77	4)
Date of Notification (1) 6/7/19				of Building Davis R		r/Operator	(2)		M	E	G	= 0	V		5 1
Agencies Notified Type Notification	n			Address	estora	ation			ML						
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EPA X Initial Amended		ł		ate, Zip C	350000	outo ix			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	UN	19	201	9	-
X DOL Amendme				In Park,		07035									- Comment
■ Emergenc justification		9	Name o	of Contact				- 1	Teled	hone	Numb	èrCO	NTR	OL	<u>دم</u>
DCA Cancellation			Travis	s Gregor	ry						4540				
Name of Facility When About 11 Tol	. 51	(0)	FAC	ILITY INF	ORMA	TION									
Name of Facility Where Abatement is Tak	ing Place ((3)						of Facility (4	59)						
Street Address					-			School (K-12 Subchapter 8		than I	Z 12\				
								Other (i.e. pr				uildir	ngs, h	ome	es,
City (5)								etc.) re Feet	# of F	looro		DIA	a A a	_	
Upper Montclair							2000		2	10018		73	g. Ag	е	
County (6)				Code (7)		-	Curre	nt Use (Prior		demo	olished	100			
Essex			(STATE	USE ONLY)		hom			100710787-1107		,			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.				tement Contr							
21						ABS	Envir	onmental	Servic	es, L	.LC				
Street Address						Street				Name of the last o					
City, State, Zip Code								33, 4 E Ga	ite Driv	/e					
								p Code , NJ 0741	8						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	A ANT A CONTRACT			icens	e No	-			
			100000000000000000000000000000000000000				764-2		1 0	703	0 1101				
Start Date (10) 6/19/19			mpletion	Date (11)		Name	of OSH	A Monitor					- 00 m		
Occupancy Status During Abatement (Che	6/29/1					Ctroot	۸ ما ما م. م. <i>.</i>								
Facility Closed/Vacated During Entire	2.53	82				Street	Addres	S							
Abatement Performed Outside of Nor Other – Describe: kitchen & basemer	mal Facilit	y Hours	nent S			City, St	tate, Zi	o Code							
Scope of Work (Check All That Apply)												_			_
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova Demolit				×	Min Glo	Containmen i-Enclosure vebag Proce i-Exempted (dure				dure		
	ls	Locati	ion										patem	ent	
Location of		Normaled Sole				escription							Туре	9	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenai	nce/			ntaining Mal systems			Amo (Spe			n		m	ш
In Facility	Cus	todial S (12)	Staff?	(surf	acing, VA7	r, or		SF o			Demoval .	Repair	caps	Enclosure
(13)	-		_		other	miscellane	eous)				1	<u> </u>	air	Encapsulate	sure
Miles	Yes	No	N/A						90. 55.0	70-07		1		Œ.	
kitchen			X			ling plas	_		144	200	Х	4			
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basement	+		X		-	ing plas			60		Х	-		-	_
basement Name of Registered Waste Hauler		L	X	leate		all plaste	er ,		120		X				
		200	JDEP W lauler ID		Oubic of Wa	c Yards aste		Name of Re							
Newark Carting City, State		04	4509		TBD			Grand Co	entral :	Sanit	ary L	and	fill		
Newark NJ					TBD	osal Date		City, State Pen Argy	I, PA						
Completed by	Title					Signature		1	2777		Date				_
A. Scott Higgins	Pres	ident					,	11			6/7/1	9			

WIEN# 120	PAI		NOTII	FICATIO	State of N ON OF AS It to NJA	BESTOS	ABATE	EMENT	· d	Λ	A	10	0	0-		
Date of Notification (1)		- Weller			of Building			<i>*</i>	<u> </u>	Kee	5 10		7	3	<u>S</u>	Con
6/7/19					Gilfillar				-		EC	E	U	W	E	In
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment Emergency				Address tate, Zip C	Code			A CONTRACTOR OF THE PARTY OF TH	Commence of the second		Trees	9 2	2019	The second secon	W
⊠ DOH	justification)	16	9		of Contact					AS	elephone	Mun	ber	TRO	R	
DCA	Cancellation				Gilfillan					-	*1			er in the same	- CK	
Name of Facility Where A	Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMAT	ION		of Facility							
Street Address 158 West Clinton S	Street							×	Subchapte Other (i.e. etc.)	er 8 (Oth	her than I & comm	K-12 ercia	l bui	ldings	, hom	nes,
City (5) Dover									re Feet	2	of Floors		100	3ldg. <i>1</i> 78	Age	
County (6) Morris				County (STATE	Code (7) USE ONLY)		Curre	ent Use (Pr	rior if be	ing demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.				tement Co onment			LC				
Street Address				-			Street	Addres			100					
City, State, Zip Code							City, S	tate, Zi	p Code		nive		-			
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No		418	License	e No				
Start Date (10) 6/18/19				npletion	Date (11)			764-2 of OSH	276 IA Monitor		703	2.415 - 17.0				
Occupancy Status During	Abatement (Check	6/29/1	(T)				Street	^ ddroo								
Facility Closed/Vaca Abatement Performe Other – Describe: b	ted During Entire P	eriod of a	Abatem	nent					p Code							
Scope of Work (Check All		se				_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпат Арріу)		Renova Demoliti				×	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure					e	
		1	Location	7.00										Abate	men	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normall d Solel intenar todial S (12)	y by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining Ma systems sing, VAT niscelland	aterial insulat r, or	(ACM) tion,	(5	mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									_		ite	· O
basemer				X			insulati			3	0 LF	,	<			
ground floor wa	arenouse			X		pipe	insulati	ion		16	60 LF	2	(
Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic `	Vardo		News	Davi t		-				
Newark Carting	****		Ha	auler ID		of Was			Name of Grand				_an	dfill		
City, State Newark NJ			04	.000			al Date		City, State	9		y		A/HI		
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A. Scott Higgins		Presi	dent						R	\	1	6/7/	19			

Ch 15:	34		NOTI	FICATIO	NOF AS	lew Jerse BESTOS 0 8:60 ar	ABATEME	NT ···	N v		-W -		
Date of Notification (1) 06/14/2019	MU-10	DUR		Name	of Buildin	g Owner/	Operator (2) Public Sch	ools	In Ene	k NG 1	534	V	E
Agencies Notified	Type Notification		-		Address al Road						Ш	U	닉
⊠ EPA ⊠ DEP	☐ Initial ☑ Amended			City, St	ate, Zip (-			N 1 9) 20	119	
⊠ DOL	Amendment Emergency (ew Jerse	y 08012						1
☑ DOH ☑ DCA	justification) Cancellation			John E	of Contac Bilodeau				Telephone Nur 856-227-140	Des Co	TMC	ROL	2
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INI	FORMAT	ON Type of F	acility (4)		PARMS	HVC	and an arrange	CONTRACTOR
Blackwood Element	ary School						The state of the s	ol (K-12)					
Street Address 260 Blenheim Erial F	Road						☐ Subc	hapter 8 (Other to	han K-12) mmercial buildir	ngs, hon	nes, e	etc.)	
City (5) Blackwood, New Jer	sey 08012	3/4					Square Fo	eet	# of Floors	Blo 50	ig. Ag	ge	
County (6) Gloucester				County (STATE	Code (7) USE ONL	Y)	Current U	se (Prior if being Elementary	demolished) School				
Name of Monitoring Fir Pennoni	m Hired by Building	Owner (8)	ASCI 0005		10	Name of A Lilich Cor	batement Contra					
Street Address 515 Grove Street, St	uite 1B						Street Add 246 Union	ress n Boulevard					
City, State, Zip Code Haddon Heights, Ne							City, State Totowa, N	, Zip Code New Jersey 075	512				
Project Manager for Mo Thomas Leisse	nitoring Firm				7-0505		Telephone 973-225-8		License No 01104	Ο.			
Start Date (10) 06/19/2019		07/02/2	019	mpletion	Date (11))		SHA Monitor onmental Labor	ratories, LLC				
Occupancy Status Duri				0000	V		Street Add 2333 Rou	ress te 22 West					
☐ Facility Closed/Vaca☐ Abatement Perform☐ Other – Describe: Scope of Work (Check	ed Outside of Norm Occupied	eriod of At nal Facility	Hours	ent			City, State, Union, NJ	Zip Code					
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	чіі тпас Арріу)	300000 B	Renova Demolit					ull Containment dini-Enclosure Blove Bag Procedon-Exempted (*)	dure / Limited Co	ontainm	ent & lure	Tent	
# J	70.50		Locat	200					Amount (Specify	7	baten Typ		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	d Sole intena todial s (12)	ly by nce/		estos Con ermal syste		rial (ACM) (i.e. on, surfacing,	SF of LF)	Removal		Encapsulate	Enclosure
		Yes	No	N/A		12		000)		val	=	ılate	ure
Boiler R	oom	X				Boiler 1	, Interior In	sulation	6'x4'x5'	X			
Boiler R	oom	Х				Boiler 2	, Interior Ins	sulation	6'x4'x5'	X			
Boiler R	oom	×					Breeching		100 SF	Х			
Boiler Ro	oom	X			F	-lue patch	ning on brick	chimney	4 SF	Х			
Boiler Ro	oom	X			Fittin	g assoc w	/fiberglass p	oipe insulation	25 ea	Χ			
Name of Registered Wa	ste Hauler		1985	JDEP Waren		Cubic Y		Name of Reg	istered Landfill				
Lilich Corporation			100	18724		20		Fairless La	ndfill				
City, State Totowa, New Jersey						Disposa 07/02/2	2019	City, State Morrisville, I	PA	4			
Completed by Adriana Olejarova		Title Pre	siden			Sig	nature		Date 06/	14/20	19		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Check No 1512 Gloucester Township Public Schools 06/05/2019 JHN 1 9 2019 Type Notification Street Address Agencies Notified 17 Erial Road ☑ EPA Initial City, State, Zip Code ASBESTOS CONTROL & X Amended ☑ DEP Blackwood, New Jersey 08012 LICENSING X DOL Amendment #_1 Emergency (including Telephone Number Name of Contact iustification) X DOH 856-227-1400 John Bilodeau Cancellation IXI DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address □ Other (i.e. private & commercial buildings, homes, etc.) 260 Blenheim Erial Road Bldg. Age # of Floors Square Feet 50+ 20,000 Blackwood, New Jersey 08012 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Elementary School Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Lilich Corporation Pennoni 00102 Street Address Street Address 246 Union Boulevard 515 Grove Street, Suite 1B City, State, Zip Code City, State, Zip Code Totowa, New Jersey 07512 Haddon Heights, New Jersey 08035 License No. Telephone No Telephone No. Project Manager for Monitoring Firm 973-225-8400 01104 856-547-0505 Thomas Leisse Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Iris Environmental Laboratories, LLC 06/28/2019 06/18/2019 Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Union, NJ 07083 □ Abatement Performed Outside of Normal Facility Hours Other − Describe: Occupied Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation X □ ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glove Bag Procedure / Limited Containment &Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Type Normally SF of LF) Description of Location of Used Solely by Asbestos Containing Material (ACM) (i.e. Asbestos-Containing Material (ACM) Maintenance/ Enclosure thermal systems insulation, surfacing, Remova TO BE ABATED Custodial Staff? VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 6'x4'x5' X X Boiler 1, Interior Insulation **Boiler Room** 6'x4'x5' X Boiler 2, Interior Insulation X Boiler Room X 100 SF Breeching Boiler Room X X 4 SF Flue patching on brick chimney Boiler Room X Fitting assoc w/fiberglass pipe insulation X X Boiler Room Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Fairless Landfill 18724 20 Lilich Corporation City, State Disposal Date City, State 06/28/2019 Morrisville, PA Totowa, New Jersey Date Signature Completed by 06/05/2019 President Adriana Olejarova

State of New Jersey

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Date of Notification (1)					Name	e of Buildin	g Owner/Operator (2)		11 151	1 0	0040	
06/	14 /	19			Wa	shingtor	n Township Boar	d of Education		JUN	9	2019	
Agencies Notified	Type Notific	cation	-5-5/	3514135000	Stree	t Address				and the state of t	Valerniada	neumann.	
⊠ EPA	☐ Initial				206	E. Holly	Avenue		ASB	ESTOS LICE	CON	TROI	. &
☑ DOH	Amende Amendm	377			City,	State, Zip (Code		-	To the same of	10.3110	Min distriction	naval endiri
□ DCA	☐ Emerger		ludino	1	Ser	well, NJ (08080						
(NJAC 5:23-8)	justificat		,	,	Name	of Contac	at		Telephone N	Number			
	☐ Cancella	ation			De	nnis Stra	ga - Straga Brot	hers	856-881-	7960			
					FA	CILITY IN	FORMATION						
Name of Facility Where A			Place	(3)				Type of Facility (4)	-			
Washington Towns	hip High S	chool						School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			huildir	as	
529 Hurffville-Cross	skeys Road	ŀ						homes, etc.)	vato ana con		Janan	.50,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Sewell								80,000	2		80		
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being den	nolished)		
Gloucester								School					
Name of Monitoring Firm		_	vner	(8)	ASCM	No.	Name of Abateme		<u> </u>				
Epic Environmental	Services,	LLC					Shade Enviro	onmental, LLC			V-100	200	
Street Address							Street Address						
1930 Brown Road							623 Cutler Av						
City, State, Zip Code							City, State, Zip Co						
Newfield, NJ 08344				1			Maple Shade	, NJ 08052	177			4	
Project Manager for Monit Jim Eberts	toring Firm			0.00	phone		Telephone No.		License No).			
Start Date (10)		Cabad.	1-40		56-205		856-755-0099	Contract the second second	00842				
06_ / 24 /		Schedu 07			l /		Name of OSHA M EMSL Analyti						
Occupancy Status During							<u> </u>	icai, iiic.					
☐ Facility Closed/Vacate					ment		Street Address	O No with					
☐ Abatement Performed						cribe	200 Route 13 City, State, Zip Co						
Time of Abatement:							Cinnaminson						
Scope of Work (Check all	that apply)			7			Onnaminson	, 143 00077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat molitic			Mini-Enc Glovebag	ainment with Nega losure g Procedure mpted (*) and Non					
				Loca							bater	nent T	vpe
Location		.		Norma d Sole	,		Description o		12 22	1		_	
Asbestos-Containing N TO BE ABA		//)	Ma	intena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Kellova	Repair	Encapsulate	Enclosure
IN Facilit	у		Cust	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	a va	. =	lusc	sure
(13)		 	Yes	No	N/A	1	other miscellane	ous)				ate	
Rooms E6 and E8						Chalkbo	oard Mastic		150 SF	D			
Room E6	************					Fume H			30 SF	E	-		
Troom Lo						1 dille 1	1000		30 31		-		
				1									
Name of Registered Wast Freehold Cartage	e Hauler			111 224	IJDEP I lauler II 15939	O No.	Cubic Yards of Waste 5	Name of Registe Fairless Lar					
City, State							Disposal Date	City, State					
Freehold, NJ							07/01/2019	Morrisville,	PA				
Completed By (Print or Ty	pe)	Title	mini	strati	ve Ma	nager	Signature	MI100 -		Date	W	-16	7

INV-12048

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

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JUN	1	9	2019	المال

Linuy	(' '	21 JU	iani		/	0.00 all	u 12.120)		JUN	19 20)19	
Date of Notification (1)	2		Nam	e of l	Buildin	g Owner / Opera	tor (2)					(hane
Agencies Notified Type Noti			Ocea	an Co	ounty C	ollege		AS	BESTOS	CONT	ROLE	2
⊠ EPA			1 Co	llege	Drive			-	LICE	NSING	THE STREET, SHIPS	-
☐ DEP ☐ Init	ial iended				e & Zip er, NJ (
□ DOH □ En	ergency				Contac				Tele	phone I	Numb	er
☐ DCA ☐ Ca	ncellation			Bruno						255-0400		01
Name of Facility Where Abate	ment is Taking Pl	ace (3) F	ACIL	JTY IN	FORMATION Type of Fac	silit. (A)				-000	
Ocean County College- Buildir	ıg #29	.,				School	(K-12)					
Street Address 1 College Drive						Subcha	apter 8 (Other tha	n K-12)				
						Square Fee	i.e. private & com	imercial bu	ildings, h Bldg.		etc.)	
City (5)	County (6)	Co	untv	Code	(7)	52,000	1	,,,	Diag.	7500 10000		
Toms River NJ	Ocean		urity	Jour	. (1)		Prior if being de	emolished)		45		
Name of Monitoring Firm Hired	by Building Over	27 (0)		lac	201111	Security Bui	ilding					
Brinkerhoff Environmental Sen	rices	er (8)		AS	SCM No		atement Contraction	tor (9)				
Street Address 1085 Atlantic Avenue			20,000			Street Addre	ess					1.00
City, State & Zip Code						2115 Hamilt City, State 8	on Ave, Suite 202	2				
Manasquan, NJ 08736						Trenton, NJ	08619					
Project Manager for Monitoring Gary Fleming		Telep 732-2			nber	Telephone N 609-914-427		Licens	se Numb			
Scheduled Start Date (10)	Scheduled Com	pletic	n Da		1)	Name of OS	The same of the sa		0	1185		
7-1-2019 Occupancy Status During Abat	ement (Check on	7-14-2	2019				mental Laborator	ries, Inc.				
	During Entire Pe	riod o	of Ab	atem	ent	Street Addre 2333 Route						
Abatement Performed of Describe: 7:30am - 6	during regular ope	eratin	g Ho	urs:		City, State &	Zip Code					
Facility Occupied Durin	g Abatement					Union, NJ 07	7083					
Scope of Work (Check all that a	apply)											
≥3 sf or ≥3 If		\boxtimes	Rer	novati	ion		☐ Full Conta	ainment wit	th Negat	ive Pres	ssure	
≥160 sf ≥260 lf			Der	nolitio	on			g Procedur	es			
Location of		le l	ocat	ion		Descriptio	☐ Non-Exer	npted and				
Asbestos-Containi	ng	Norm	ally	Used		Asbestos-Cor	ntaining	Amoun (Specif		Abateme	ent Ty	/pe
Material (ACM) TO BE ABATED		Sc Maint	lely l			Material (A (i.e., thermal s	(CM)	SF or LI		Z	딸	피
in Facility	TO 100	Custo	dial S			insulation, surfa	cing, VAT			Repair	caps	Enclosure
(13)	-	Yes	(12) No	N/A	-	or other miscel	laneous)			val li	Encapsulat	sure
Electrical Equipment Room			П	\boxtimes	Elboy	ws		25 each	- F			
Electrical Equipment Room			Ĭ	X	_	Insulation		60 LF			H	ዘ
			뷰	H	-] [
			=	H	1				L		#	H
Name of Registered Waste Hau	ler	-	THE RESERVE OF THE			Cubic Yards	Name of Regist	ered Landf	ill			-
Resource Management Group,			uier I 35218	D No. 3	of Waste TBD	Grows Landfill						
City, State Frenton, NJ 08619			10		Disposal Date	City, State .					-	
Completed By (Print or Type)			Titl	0		TBD	Morrisville, PA		12			
Mr. Brian Haney			1	e esider	nt	Signature	/////		Dat	te 4-2019		
85.4						1110	1 / 1/1/4	1	0-1	4-2019		

1NVH 12046 Ch3005 NOTIF

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

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		JUN	1	9	2019	and the state of t	

			U	TO TO	167	20)	ЩЩ J	UN 19 2	2019	1
Date of Notification (1)		Name of	Building	Owner / Opera	tor (2)		hed best			1 STATE
6-14-2019 Agencies Notified Type Notification	on.	Ocean C		ollege	- 100		A O D F	STOS CON	TROI 8	ukcum.
⊠ EPA	UII	Street A					MODE	LICENSIN		
☐ DEP ☐ Initial		City, Sta		Code			POWE THE SECOND PROPERTY OF THE PARTY OF THE	STATE OF THE STATE	No. of Contract of	
DOL Amende		Toms Ri	ver, NJ (08754						
□ DOH □ Emerge		Name of	Contact					Telephone	Numbe	er
☑ DCA ☐ Cancell	ation	Mike Brun	10					732-255-040		
Name of Facility Where Abatement	is Toking Diese	FACI	ILITY IN	FORMATION				J		
Ocean County College- Building #2	. is raking Place ((3)		Type of Fac	ility (4)					
Street Address				☐ Subcha	(N-12)	Other than	K-12)			
1 College Drive				Other (i	i.e. priva	te & comm	nercial buildi	nas, homes	. etc.)	
				Square Fee	t	# of Floors	3	Bldg. Age		
	ounty (6) Co	ounty Cod	le (7)	52,000		1		4.	5	
Toms River NJ	cean		. ,	Current Use	(Prior if	being den	nolished)		,	0.00
Name of Monitoring Firm Hired by E	Quilding O (0)		201111	Security Bui	lding					
Brinkerhoff Environmental Services	ouliding Owner (8)) A	SCM No		atement	Contracto	r (9)			
Street Address				Resource M Street Addre	anagem	ent Group	LLC			-
1085 Atlantic Avenue				2115 Hamilto		Suite 202				
City, State & Zip Code Manasquan, NJ 08736				City, State &	Zip Cod	de				
Project Manager for Monitoring Firm	Tolor	ohone Nu	mbor	Trenton, NJ						
Gary Fleming	The second second	223-2225		Telephone N 609-914-427	lumber 'a		License			
Scheduled Start Date (10) Sch	neduled Completion	on Date (*		Name of OS		itor		01185	***********	-
7-1-2019	7-14-	2019		J&S Environ			s, Inc.			
Occupancy Status During Abatemer Facility Closed/Vacated Dur	nt (Check only on	e) of Aboton		Street Addre						
Abatement Performed during	a regular operatio	o Hours	nent	2333 Route 2 City, State &						
Describe: 7:30am - 6:30pm	1	g riours.		Union, NJ 07	'083	e				
Facility Occupied During Ab	atement									
Scope of Work (Check all that apply	")							50.1 V272 1955		
≥3 sf or ≥3 If	\boxtimes	Renova	tion			-ull Contai //ini-Enclos	nment with I	Negative Pre	ssure	
≥160 sf ≥260 If		Demolit					Procedures			
							oted and No	n-Friable Pr	ocedure	,
Location of Asbestos-Containing		Location		Description	n of		Amount		nent Typ	
Material (ACM)		nally Used olely by	3	Asbestos-Con Material (A			(Specify		T	
TO BE ABATED		tenance o	or	(i.e., thermal s	vstems		SF or LF)	Removal	, 5	E
in Facility	Custo	dial Staff	? i	nsulation, surface	cing, VA	Т		Repair	àp	clos
(13)	Yes	(12) No N/A	_	or other miscell	aneous)			val	Encapsulat	Enclosure
Pool Equipment & Pump Room	165								=	
Pool Equipment & Pump Room							35 each			1
-1-Fe. at amp (Com		+++	Pipe I	nsulation			300 LF		141	4
		HH							1411	4
		一十十	1						1-1-	#
								-	+++	\dashv
Name of Registered Waste Hauler				Cubic Yards	Name	of Register	ed Landfill			-
Resource Management Group, LLC		Hauler 003521		of Waste TBD						
City, State		000021				Landfill				
Trenton, NJ 08619				Disposal Date TBD	City, St Morrisv					
Completed By (Print or Type)		Title	- 1	Signature .		11/		Date		
Mr. Brian Haney		Preside	- 1	477 1 M	Ì	11/1/	i	6-14-2019)	
				1/11/11/11	/	111	/ -_\	0-14-2018		

MD 2607757807	3	NOTII	FICATION	State of New Jers N OF ASBESTO nt to NJAC 8:60 a	S ABATE	MENT 0)		EC	E			
Date of Notification (1) 06/17/2019	24	4	Charles and a contract of	of Building Owne	r/Operato	r (2)		JUN	119	9 20	19	
Agencies Notified Type Notification	V			Address			1 1-1 1-	1 001			10	Language
EPA Initial								ASBEST	OS C	ONIT	201	8.
DEP Amended Amendment	#			tate, Zip Code				L	CENS	ING	101-1	<u> </u>
Emergency		g		erford NJ								Production of Colors
DOH justification) DCA Cancellation				of Contact esa Jozak			Te	lephone N	umber			
Carlosiation	<u> </u>			CILITY INFORMA	TION		4					
Name of Facility Where Abatement is Taking	g Place	(3)	170	SILIT INFORMA	TION	Type of Facility	(4)					
						School (K-						
Street Address						Subchapter	8 (Oth	er than K-	12)			
						Other (i.e. petc.)	orivate	& commer	cial bu	ildings	, hom	ies,
City (5) Rutherford	10	101	0			Square Feet	# 0	f Floors		Bldg.	Age	
County (6) Bergen				Code (7) USE ONLY)		Current Use (Pri	or if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building C	Owner (8	3)	ASC	M No.	Name	of Abatement Cor	tractor	(9)				-
N/A						M. Construction						
Street Address		10-H	A110-E-00-			Address						
City, State, Zip Code					Lancación de la companya de la compa	Lincoln Ave.					50 h	
						tate, Zip Code side Park NJ 07	7010					
Project Manager for Monitoring Firm			Telepho	one No.		one No.	010	License I	Vo.			
Stort Date (10)				44.	A PROPERTY OF	500-9896		02004				
Start Date (10)	Schedu	led Con	noletion	Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (Check	Only O	ne)		· /.	n/a Street	Address						
Facility Closed/Vacated During Entire P	120	50.	ont		Street	Address						
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hours	6		City, St	ate, Zip Code						
Scope of Work (Check All That Apply)												_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			×	Full Containme Mini-Enclosure Glovebag Proc	edure					
	Ι.					Non-Exempted	(*) and	Non-Frial	ole Pro			_
Location of	1	S Location								Abate Ty	ement pe	•
Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbestos Con	scription taining Ma	of aterial (ACM)	Ar	nount				
TO BE ABATED In Facility	1.5	todial S		(i.e. therma	systems cing, VAT	insulation.		pecify	Re	Z.	nce	Enc
(13)		(12)		other	niscellane	eous)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>	-	late	Гe
Basement			х	*	TSI		14	5 LF	x			
					n							
Name of Registered Waste Hauler												
		1133333	JDEP W auler ID		Yards ste	Name of R	egister	ed Landfill				
Newark Carting		141100000	509	TBD	T. (1.00)	TBD						
City, State Newark					sal Date	City, State						
Completed by	Title			TBD	land.	PA						
Edwin Montoya	Own	er		1 (Ignalure 200	Mile	2	Da 06	te 5/17/2	2019		

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

Date of Notification 6/12/19 Name of Building Owner / Operator (2) Type Notification Jefferson Sebastian Parsippany LP Agencies Notified Street Address **EPA Emergency Notification** 1401 Broad Street DEP Initial Notification City, State & Zip Code ASBESTOS CONTROL & X DOL Amended Notification Clifton, NJ 07013 LICENSING X DOH Cancellation Name of Contact Telephone Number DCA Neil Doornheim 973-277-6965 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Building School (K-12) Street Address Subchapter 8 (Other than K-12) 757 Route 15 X Other (i.e., private & commercial buildings, homes, etc. # of Floors Square Feet Blda, Age City (5) County (6) County Code (7 43000 1.5 60+ Jefferson Morris Current Use (Prior if being demolished) Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/22/19 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glove-bag Procedure X Quantity is ≥ 160 SF or ≥ 260 LF ACM X Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair, TO BE ABATED Maintenance or (i.e., thermal systems Linear Feet) Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)(12)or other miscellaneous) Roof N/A Flashing 1,100 SF Removal Roof N/A ME flashing 200 SF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill Freehold Carting 18693 60 Fairless Landfill City, State Disposal Date City, State Trenton, NJ 7/519 Morrisville, Pa Completed By (Print or Type) Title Signature Date Dominick Tringali President Dominick Tringali 6/12/19

ASB-41 JUN 95 G4667

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Ch24108		NOTI)	FICATIO Pursuan	State of I	lew Jerse BESTOS C8 60 an	y ABATE d 12:12	MEN	NT		E C		[\	V [
Date of Notification (1) 6/13/2019	MUL	0	Name ELIZ	of Buildin ABETH	g Owner/ PUBLIC	Operator C SCH	r (2) OOI	LS		JUN	1	9 20)19	
Agencies Notified Type Notification	n ,	4	1	Address	BROAL	STRI	FET		/	SBEST	OS C	ONT	ROL	8.
EPA Initial Amended Amendmer			City, S	tate, Zip (Code				THE DURANGE OF	LI	CEN	SING	THAT HOLE	and residence
■ Mendmer ■ Emergency justification	(includin	g		ABETH, of Contac	, NJ 072	.08			Tele	ohone Nu	ımher			
DCA Cancellatio				COUT						-436-51				
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY IN	FORMAT	ON	Tvr	pe of Facility (4)				-5-7-50	
CHRISTOPHER COLUMBUS SC	HOOL ?	¥15					×	School (K-1						
Street Address 511 3RD AVENUE								Subchapter Other (i.e. p etc.)	8 (Other	than K-1 commerc	2) ial bui	ldings	, hom	es,
City (5) ELIZABETH	11.2.2.2.2.2						Squ	uare Feet	# of F	loors	1	3ldg. A	Age	
County (6) UNION			County (STATE	Code (7) USE ONL	Y)		Cur	rrent Use (Pri	or if being	demolis	hed)			
Name of Monitoring Firm Hired by Building BRINKERHOFF ENVIRONMENTA	Owner (8 AL SER) VICE		M No. 00				batement Cor ROTHERS			IG, IN	IC.		
Street Address 1805 ATLANTIC AVENUE						Street 11 V		ress ELAND AVI	ENUE					
City, State, Zip Code MANASQUAN, NJ 08736						City, S	tate,	Zip Code A, NJ 0751						
Project Manager for Monitoring Firm GARY W. FLEMING			Telepho 732-22	ne No. 23-225	5	Teleph	one		I	icense N	lo.			
Start Date (10) 6/24/2019	Schedu 8/24/2		mpletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Chec						Street		S (9) ABO	VE					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: OCCUPIED	Period of nal Facilit	Abater y Hour	nent s			City, St	tate,	Zip Code	<u> </u>					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Other – Describe: OCCUPIED De of Work (Check All That Apply) ≥3 sf or ≥3 If					×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure					
	100	Locati					1 14	on-Exempled	() and r	NON-FRIAD	le Pro	Ahate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashe	Des stos Conta	cription		al (ACM)	Amo			i y	ре	Н
TO BE ABATED In Facility (13)	T. 200000	intena todial s (12)			thermal: surfac	systems ing, VA7	insu Γ, or	lation,	(Spe	cify	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other m	iscellane	eous)			oval	air	ulate	sure
BASEMENT, 1ST FL, 2ND FL		X			PL	ASTER	3		440	SF	Х			
N														
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	;	Н	JDEP W auler ID 8743		Cubic Y of Wast 20			Name of R			NT G	.R.C).W.S	S
City, State ГОТОWA, NJ			51 40		Dispose 8/24/2			City, State						
Completed by VIVECA RAMOS	Title	JECT	COOF	RDINAT	Sig	gnature	.l ./	/ a K)	Dat	te 13/20	10		

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

Date of Notification (1)

Name of Building Owner/Operator (2)

CIC 5130

(11)	, , ,							FOR	- []	ПΠ	F
Date of Notification (1)	·					g Owner/Operator) D) E 6 E	<u> </u>	\mathbb{V}	
Agency Notified	Type Notification			-	Address				Q 2	010	
□ EPA	A Initial		-	0%.0		0-1-		JUN 1	J 2	UIJ	
D DEP	Amended Amendment#				ate, Zip	N. N.J	070	o a			
	☐ Emergency (includ	ing	-		of Contac		. 070	Telephone Number's	CON	TRO	Lä
DOH DCA	justification) □ Cancellation			Name (DIRAD	0	Telephone Namuel			
				FACIL	JTY INF	ORMATION					
Name of Facility Where	Abatement is Taking Pla	ace (3)			•		Type of Facility	(4)			
MR.	MATTHEW	DI	RA	DO			School (K-1)	2)			
Street Address							☐ Subchapter	8 (Other than K-12)			
							homes, etc.	rivate & commercial buildii)	igs,		
City (5)		0,=				1.02	Square Feet		Age		
. 04	Noi				2.5	- 20	.1800.		90	90	
County (6)	<u>-</u> \			County ONLY)) (STATE USE	Current Use (F	rior if being demolished)			
	10. - 0.00				٠.			5510ENLE		-	
Name of Monitoring Firm (8)	Hired by Building Own	er	ASCM	No.		Name of Abatem					
							noval In	c		-	
Street Address				102		Street Address					
City, State, Zip Code						City, State, Zip C	th River	St			
Cky, State, Zip Code						Hackensa		07601			
Project Manager for Mon	itoring Firm	TTO	lanhar	ne No.		Telephone No.	ick, N.J	License No.			
1 Tojeck manager for mon		110	E PITOI	ic No.		201-329-	-7444 -	00388			
Start Date (10)	Scheduled C	ompleti	on Dat	te (11)		Name of OSHA	(C.)	1 00300		-	
7/1/19	7/		9			Omega H	Environm	ental			
Occupancy Status During	g Abatement (Check on	ly one)		724 T		Street Address					
☐ Facility Closed/Vacate	d During Entire Period	of Abati	ement	0.7		280 Hu	yler St				
☐ Abetement Performed	Outside of Normal Fac	Tity Hou		_		City, State, Zip C					
Da Other - Describe: 7		PPM				S. Hac	kensack	,N.J. 07606			
Scope of Work (Check a	If that apply)					E Full C	Containment with	Negative Pressure			
□ ≥ 3 sf or ≥ 3 lf 20 ≥ 160 sf or ≥ 260 lf				Rend		☐ Mini-	Enclosure				
J2 ≥ 160 ST OF ≥ 260 E	*			□ Dem	ORGOTT		ebag Procedure Exempted (*) an	d Non-Friable Procedure			
		Is	Locati	on					the second	atom	
Locatio		N	lormal	ly		D			-	Type	
Asbestos-Containin	A CONTRACTOR OF THE PROPERTY O		d Sole		Asbes	Description of stos Containing Ma		Amount	-	E	
TO BE AF		Ç	ustodi	al	(i.e.	, thermal systems		(Specify	en	Ra	nol
(13		İ	Staff? (12)		3 13 5 13 13 13 13 13 13 13 13 13 13 13 13 13	other miscellane		SF or LF)	Removal	Repair	Enclosure
		· ·		1					-	ite	6
BASEME	2-	Yes	No	N/A		/ /		· d	1	+	+
DASCILE	0.1			0		AT		1100#	X	+	H
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								<u> </u>	\vdash	+	+
Name of Registered Was	te Hauler	I NI	DED M	Vaste H	auter	Cubic Yards of	Name of Regis	stered Landfill			
Best Remo		0.0000000000000000000000000000000000000	No.		-upoi	Waste,					
			17	109		ACT	CUMBELL	AND COUNTY LAN	JOF	u	-
City, State	l- N T 0=					Disposal Date	City, State	AND COUNTY LAND COUNTY LAND			
	k , N.J. 07	601				13/19	NEW BOW	CH, KH . 1/2	40	2	
Completed by	Title	i m - +				Signature	صرم ا	1	114		9
J.Maiorano		imat		- for act		V 1 9) 0	110	11	

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ilau:	3	Name BRI	of Buildin	g Owner/ TANO	Dperator	(2) ⁴		<u>5 5 4</u>			7
tion		Street /	Address					JN 19	201	9	and the same of
ed		City, St	ate, Zip	Code				SCOUTTURN OR LINE	NOTE OF THE PARTY.	Charles and Annual Annu	1
ment #	<u> </u>	UNIC	DN, NJ	07083						OL &	
tion)	3				N		Telephone	Number	Pro-Containing	-	wee
aking Place	(2)	FAC	ILITY IN	FORMAT					_		
aking i lace	(3)										
						Subchapte Other (i.e.	er 8 (Other than		ldings	s, hon	ne
							# of Floors	3			_
						Current Use (Pr RESIDENC	rior if being dem	nolished)			
ing Owner (8	3)	ASC	M No.	A.	Name o Finish	f Abatement Co ning Touch As	ontractor (9) bestos Abater	ment Cor	p., In	C.	
							STREET				
					City, Sta WES	ate, Zip Code ST LONG BR	ANCH, NJ 0	7764			
		Telepho	ne No.		Telepho 732.2	ne No. 222.8372					
Schedu	led Cor	mpletion	1 - 1)		f OSHA Monitor					-
heck Only O	ne)	(301	19	N/A Street A	ddress					_
ire Period of	Abater	ment s									_
			u								_
and the same of th					×	Mini-Enclosur	е	ve Pressu	re		
T .					×	Non-Exempte	d (*) and Non-F	riable Pro			nt.
	Norma	lly		Des	cription o	f					1
Ma	aintena	nce/	Asbe: (i.e	thermal: surfac	systems iing, VAT,	nsulation, or	Amount (Specify SF or LF)	Remov	Repai	Encapsu	
Yes	No	N/A		11				<u> </u>		late	
		X			VAT	-	815SF	Х			1
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orp., Inc.	Н				N 5-91815 (T-7)						1
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e energy contract of the contr	In the state of th	Action add ment #	NoTIFICATIO (Pursuan Name BRI ation ed ment #	NOTIFICATION OF AS (Pursuant to N) JA Name of Building BRIAN MA Street Address City, State, Zip UNION, NJ Name of Contac GUY ABRA FACILITY IN Taking Place (3) County Code (7) (STATE USE ONL) Telephone No. Scheduled Completion Date (1) Check Only One) Telephone No. Scheduled Completion Date (1) Check Only One) Telephone No. Scheduled Completion Date (1) Check Only One) Telephone No. Scheduled Completion Date (1) Check Only One) Telephone No. Ascentian Normal Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X NJDEP Waste Hauler ID No.	Pursuant to JAC 8:60 and Name of Building Owner/BRIAN MATANO Street Address Edd	NOTIFICATION OF ASBESTOS ABATE (Pursuant tot) JAC 8:60 and 12:12b Name of Building Owner/Operator BRIAN MATANO Street Address City, State, Zip Code UNION, NJ 07083 Name of Contact GUY ABRAHAMSON FACILITY INFORMATION Taking Place (3) County Code (7) (STATE USE ONLY) ASCM No. Name of Finist Street A 17 T City, State VES Telephone No. Telep	NOTIFICATION OF ASBSTOS ABATEMENT (Pursuant to) JAC & 60 and 12:120) Name of Building Owner (Decrease Care Bell	Non-infectation of Assest Tosa Bat Tement Pursuint toi) JAG & Separat 12: [20]	NOTIFICATION OF ASBESTOS AS EXEMENT (Pursuant tol) JAP & 20 and 12: [20] Name of Building Owner/Operator (2) BRIAN MATANO Street Address	NOTIFICATION OF ASSESTOS ABSENTING AS EXECUTED (Pursuant total) AS & Exo and 12: [20] Name of Building Owner/Operator. [27] BRIAN MATANO Street Address JUN 19 201 BRIAN MATANO City, State. Zip Code UNION, NJ 07083 ASSESTOS CONTR LICENSING City, State. Zip Code UNION, NJ 07083 ASSESTOS CONTR LICENSING City, State. Zip Code UNION, NJ 07083 ASSESTOS CONTR LICENSING City, State. Zip Code UNION, NJ 07083 ASSESTOS CONTR LICENSING School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Schedular Completion Date (11) Schedular Subchapter 9 (Other than K-12) Street Address Street Address Street Address Street Address Street Address Street Address Street Address Str	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAS & Ro and 12:12b) Name of Building Owner(Operator2) BRIAN MATANO Street Address UNION, NJ 07083 ASSESTOS CONTROL 8 LICENSING UNION, NJ 07083 ASSESTOS CONTROL 8 LICENSING LICENSING Interpretation Type of Facility (4) School (K-12) School (K-12) Subhapier of Other than K-12) Other (i.e. private & commercial buildings, hore of Patients of Control

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Date of Notification (1) 06 / 1	4 / 1	9				ng Owner/Operator			3/	(-7	(, ₁)	7
Agencies Notified T	ype Notification	n		Stre	et Address			ASBESTO			OL (andon O
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☑ DOH	Amended	u		-	State, Zip	Market Control				_		_
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(NJAC 5:23-8)	justification)	iiiciuuii	ıg	-	ne of Contac			Telephone Num	hor			
] Cancellation			На	al Bernste	ein		732-723-624				
				F/	ACII ITY II	NFORMATION		702-723-024				
Name of Facility Where Aba	tement is Takir	ng Plac	e (3)			II ORIMATION	Type of Facility	(4)				
Schweitzer-Mauduit-F							School (K-12					
Street Address							Subchapter	8 (Other than K-12)			
85 Main Street							Other (i.e., p	rivate and commer	rcial b	uildin	gs,	
City (5)				-			homes, etc.)					
Spotswood							Square Feet	# of Floors	B	idg. A	ge	
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Middlesex				000	inty Code (/	MOTATE USE ONLY)		for if being demolis	hed)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCN	1 No	Nome of Atract	Power Hous	7.7.	7000			
Guardian Contracting		OWITCI	(0)	ASCIV	I NO.	Name of Abateme						
Street Address	,						ntracting, Inc.					
1889 Rte. 9, Unit 61						Street Address						
City, State, Zip Code	•					1889 Route 9						
Toms River, New Jers	ov 09755					City, State, Zip Co						
Project Manager for Monitori			1				New Jersey 08	755				
Nicholas Fernicola	ilg Film		100000	ephone		Telephone No.		License No.				
Start Date (10)	Caha	dula d C			9-9932	732-349-9932		00624				
06 /27 /^					ate (11)	Name of OSHA M						
				8_ /		E.M.S.L. Ana	lytical					
Occupancy Status During Ab						Street Address			OU K			
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Time of Abatement:	AM- P	m/	y nou PM		AM	City, State, Zip Co						
						Piscataway, N	New Jersey 088	854				
Scope of Work (Check all that	it apply)					□ E C+	-1					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enovat emoliti			☐ Mini-Encl	Procedure	n-Friable Procedure				
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(13)			(12)		-	other miscellaned		or or Er)	=		ulat	Гe
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Lower level			\boxtimes		asbesto	s pipe insulation	n	20 If				
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Guardian Contracting,	Inc.			lauler II	O No.	Waste	T.R.R.F.	es Estionil				
City, State				20223)	3 Disposal Date	City, State					
Toms River, New Jerse	У					06/28/19		Pennsylvania				
Completed By (Print or Type)	Title	,					/i					
Nicholas Fernicola	1000000	roject	Man	ager		Signature	1 0	Date 6	e 	The second second	Ç.	
SB-41 AN 13	*	Do not	nea H	nic form	for anhants	a financia		17	(i	11	-	

NOTE A JON OF ASSESTOS ABATEMENT (Pursuanato NJAC 8:60 and 5:16)

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Completed By (Print or Ty	/pe)	Title						Signature					Data				
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City, State					18706	;	Dien	osal Date	FAIRLESS I	LAIN	וחרוו						
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☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novati					ainment with Neg losure g Procedure mpted (*) and Nor				dure				
Scope of Work (Check al							BI	RISTOL, PA	19007		-/						
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Occupancy Status During				-			-	et Address	,	-, 114				_			200
7//) /	15 5	10000		ionitor VIRONMENTAL	IN	C						
Start Date (10)	19	Sched	uled C	100000000000000000000000000000000000000		ate (11)		ne of OSHA N			005	09					
Michael Keehn	itomy rim			- 1336	phone	No. 3-8800	The country	ephone No. 15-788-6040		L		e No.					
Moorestown, NJ 08 Project Manager for Mon				T-1-	nha	No		RISTOL, PA	19007	-1-							
City, State, Zip Code	2057							, State, Zip C									
1253 North Church	Rd							123 BEAVE							-111		
Street Address	D.I							eet Address			-544.US		Ken Inser				
TTI Environmental	Inc						В	RISTOL EN	VIRONMENTAI	L, IN	IC.						
Name of Monitoring Firm		lding C	Owner	(8)	ASCM	No.	The second		ent Contractor (9)		-15						
Mercer									Library					*3			
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	ior if	being	g dem	olishe	1	2.00		
Princeton									- 4	The state of the s	3111	5015		1	ag. A 70	90	
City (5)				-					Square Feet		of FI	oors		BI	dg. A	ge	
Washington Road									Other (i.e., p	rivate	e and	com	merci	al bu	ildin	js,	
Street Address	7								Subchapter 8	3 (Ot	her th	nan K	-12)				
Princeton Universi				e (3)					Type of Facility ☐ School (K-12)								
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☐ DCA	☐ Emerger	ncy (in	cludin	g	_	inceton, l	_	3544		Contraction	-	AS	BES	700	200	NITO	101
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9 10501		(P	ursuant	te NJAC	⊠:69-an	d 12:120	0)		I		ß	P	F	7	
Date of Notification (1) 6/18/2019	100%	33	Name o	f Building		Operator Rice G		LLC		W.	5	<u> </u>	ط	0 (
Agencies Notified Type Notification			Street A	ddress		50.5					1	UN	1 a	20	10
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Emergency (\vdash	Nama a	f Cantant		105(6),	INJ U	7024	1	Α	SBE	STO	SOC	INC	ROL
DOH justification) Cancellation			name o	f Contact Doro	n Rice				leie	ephone (646				IIYG	seguen, e e
Caricenation			FACI	LITY INF					_	0+0)	, 00.	-50			
Name of Facility Where Abatement is Taking	Place (3)			OT CHILD CT		Туре	of Facility (4	.)						
Residential								School (K-12	2)						
Street Address								Subchapter (Other (i.e. pr					linae	home	
								etc.)	ivate o	x COIIIII	lei Cia		85000		:5,
City (5) Hamilton, NJ 08610							Squar 150	re Feet 10	# of	Floors 2		1000	ldg. A 80 +	-	
County (6)				Code (7)	v.		Curre	nt Use (Prio	r if beir	ng dem	olishe	ed)			
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Name of Monitoring Firm Hired by Building C MECS	Owner (8))	ASCN	1 No.				tement Cont nvironmer			es, Ir	1C.			
Street Address							Addres	174							
PO Box 341							30x 32	daniei							
City, State, Zip Code Chesterfield, NJ 08515								p Code NJ 08501	1						
Project Manager for Monitoring Firm			Telepho			524000 V 1415	none No			Licens					
Bill Weisgarber Start Date (10)	Cabadul			8-4070			259-96			0049	<u> </u>				
6/27/2019		7/	5/2019	Date (11)		MEC		IA Monitor							
Occupancy Status During Abatement (Check	Only O	ne)					Addres								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abatem	ent										-		
Other – Describe:	ai r aciiit	y i louis	¥ 					p Code ld, NJ 085	15						
Scope of Work (Check All That Apply)								-,		- 15/6					_
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2160 sf or ≥260 lf		Demolit				×	Min	i-Enclosure		. rogan					
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	Is	Locati	on											ment	
Location of		Normal ed Sole			Des	scription	of					_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		intenar		Asbes	tos Cont thermal	aining M	Material	(ACM)		nount		П		E	ш
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(13)		(12)			other n	niscellan	neous)				- 6	oval	air	Encapsulate	Enclosure
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Name of Registered Waste Hauler		4 4 3345	JDEP Wauler ID		Cubic of Was			Name of R	/	1	dfill				
Stevens Environmental Services			18292			1		Fairless	Land	till)					
City, State Allentown, NJ					Dispos 7/5/2	al Date 2019		City, State	le, PA	/					
Completed by	Title			1111-3		ignature	11	1	-/		Date)			
Mahlon E. Stevens	Proje	ect Ma	nager			1	11	/_/	/_		6	6/18/	201	9	

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06 /	14 /	19			4000	thony De	b Gue	d) Commons	(2)		1.1	. / -	7/	i		
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. *2	☐ Cancella				An	thony De	ellec	ave			· Giopriono	IVUITIE				
					-			RMATION								
Name of Facility Where A	batement is	Taking	Place	e (3)				TUNATION	Type	of Facility (4)					
Residence										hool (K-12)						
Street Address	_								- □ Sul	bchapter 8	(Other than	K-12)				
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Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	1	ame of Abatem					1000			
N/A							(Guardian Co	ntracti	ng, Inc.						
Street Address								reet Address								
City, State, Zip Code							1	1889 Route 9		51						
Oity, State, Zip Code							1	ty, State, Zip C								
Project Manager for Monit	orina Eiro			I Tall			_	Toms River,	New Je	ersey 087	55					
r roject Manager for Month	oning Firm			reie	phone	No.		lephone No.			License N	0.				
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_ 06 / 28 /	19	0.		05 05		19	1	me of OSHA N								
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Scope of Work (Check all	that apply)							iscalaway, i	New Je	rsey 088	54					
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Location of Asbestos-Containing M		n		Norma ed Sole		0-1		Description o					-			
TO BE ABAT	ED	"	Ma	intena	nce/	Asbe (i.e	stos ., the	Containing Ma ermal systems	terial (Al insulatio	CM)	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
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(13)		f	Yes	No	N/A	1	ot	her miscellane	ous)						ate	(0)
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City, State	20.000							posal Date	City, S	State						
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Nicholas Fernicola		Pro	oject	Mana	ager			In		1-1		6	, 11	4/	19	

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Date of Notification (1) JUNE 11, 2019	MI-Ir	1/1/8		Name o	of Building ID STA	g Owner/o NTON	Operator	(2)		K					$\parallel \parallel$
Agencies Notified	Type Notification			Street A	Address						JUN	1 9	201	9	H
EPA DEP DOL	Initial Amended Amendment	:#		City, St ELIZ	ate, Zip C	ode I. NJ 07	208		- Committee		ASBEST	OS CO		OL &	
DOH DCA	Emergency justification) Cancellation	(including		Name o	of Contact	t			į,	l Tel	ephone N	COMMETTE WAS	1 4 5.7	The substitute of the substitu	ATTENTO A POLICIONA
				2 22 23 23	ILITY INF		ION								
Name of Facility Where A DAVID STANTON	batement is Takin PROPERTY	ig Place (3)						Facility (
Street Address								Su	ner (i.e. p	8 (Othe	er than K		ldings	, hom	ies,
City (5) SOMERVILLE			e i	788	576			Square 1,464	Feet	# of 2	Floors		Bldg.		
County (6) SOMERSET			Ì		Code (7) USE ONL	Y)			Use (Prio		ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASCI	M No.		Name Finis	of Abater shing To	ment Cor uch Asb	tractor estos A	(9) Abateme	ent Cor	p., In	c.	
Street Address								Address Thomps	on Stre	et					
City, State, Zip Code			************					tate, Zip o st Long		n, NJ C	7764				
Project Manager for Monit N/A	toring Firm			Telepho	one No.			one No. .222.83	72		License 00040				
Start Date (10) JUNE 24, 2019		Schedul JUNE	ed Co	mpletion 2019	Date (11))	Name (of OSHA	Monitor				-536/11/17/2		
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address							
X Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire I d Outside of Norn	Period of an all Facility	Abater y Hour	ment s			City, St	tate, Zip (Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli	ation tion			×	Mini-E Glove	nclosure bag Proc	edure	Negative			1 0	
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In Facility (13)	у		(12)				cing, VAT niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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ATTIC				X			VAT			62	4 SF	X			
BASEME				X	А	C CEIL		ANELS			4 SF	X			
BASEME	NI			X			TSI			12	0 LF	X	_		
Name of Registered Wast Finishing Touch Asbestos		, Inc.	H	JDEP W lauler ID 12058		Cubic of Was					ed Landf ANDFII				
City, State WEST LONG BRAN	CH, NJ					Dispos 7/1/1	sal Date		MORR		LE, PA				
Completed by JOSEPH P. MILLER		Title PRI	ESIDI	ENT		S	ignature AU		lle			Date 6/11/	19		
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15117	N	OTIFI (P	Ursua	ON O	F/ASB NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	(20)	DE	CK SI		V (0 0 0
Date of Notification (1)	9 111-12	016		Name o	of Buildin	Owner/Operator	(2)		JUN 19	۷۱	J13	-
Agency Notified	Type Notification	7 100	1	Street /	Address			AS	BESTOS CO	TNC	ROL	&
D EPA D DEP	Initial Amended Amendment#		-	City, St	ate, Zip (Code WOOO, N	15 076	31	LICENS	ING	1	-
	☐ Emergency (including	ng	-		of Contac		70	Telephone	e Number			
ZODOH DCA	justification) □ Cancellation			. 5	15. 8	DAVIS		35				
		2.000		FACIL	JTY INFO	ORMATION		_				
Name of Facility Where	Abatement is Taking Pla	ce (3)			•	,	Type of Facility	(4)		0.00-0-0		
Street Address	E. DAYIS			*			School (K-12 Subchapter DrOther (i.e. pr homes, etc.)	8 (Other than ivate & comm	n K-12) mercial buildin	gs,		
City (5) .							Square Feet					
ENG	Goow si				*0		.1800.			90	70	
County (6) BELGE	EN			County ONLY)		(STATE USE	Current Use (P	rior if being d ちしらへ				
Name of Monitoring Firm	n Hired by Building Own	er i	ASCM	No.		Name of Abaten	nent Contractor (9)				
(8)							moval In	c				
Street Address				38		Street Address	th River	St				
City, State, Zip Code						City, State, Zip C	Code		1			
Project Manager for Mo	ning Firm	I To	lephon	o No		Telephone No.	ack, N.J	License N				_
Project Manager for Mo	UROJEG FEITH	100	перноп	e No.		201-329		003			F	
Start Date (10)	Scheduled C			æ (11)		Name of OSHA						
6/21/19	, , .	22/	19				Environm	ental				
Occupancy Status Durir	ng Abatement (Check on	ly one)		15		Street Address						
☐ Facility Closed/Vacat						City, State, Zip (uyler St					-
☐ Abatement Performer ☐ Other – Describe:				•			ckensack	.N.J.	07606			
Scope of Work (Check a												
22 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	500-50			Ren Dem	ovation olition	A Mini-	Containment with Enclosure ebag Procedure Exempted (*) an		37			
			Locati		-		×			A	batem Type	
. Locat Asbestos-Containi TO BE AIN Fa	ng Material (ACM) ABATED notity	Use Ma	d Solel intenar custodi Staff? (12)	ly by nce/ al		Description stos Containing M thermal systems surfacing, VAT other miscellan	aterial (ACM) insulation, I, or	(Sp	ount ecify or LF)	Removal	Repair	Enclosure
		Yes	No	NUA	}					}	1	1
BASEME	4			V	THEL	IL SYSTEH 1	NSJIATION	75	LF.	×)))
		1		1					4.9	1	1	1

Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of ID No. Waste Best Removal Inc CUMBERLAND COUNTY LANDFICL 17109 Disposal Date City, State Hackensack , N.J. 07601 Completed by Title Signature J.Maiorano Estimator

ASB-41 * Do not use this form for asbestos licensure exempted activities.

Jh3393	Inil	179%			FASBEST NJAC 8:60	os ABATE and 12:12		T	0	E C I	<u> 日</u> 19	2019	<u>L</u>	
Date of Notification (1) 6/7/2019	Check # 339	3	91 193		Building Own		(2)	1	Led les	00				
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	Initial		5	0 Sho	rt Hills Ave	enue				LIC	ENSI	!G	occupation is	
DEP	Amended		2.3		e, Zip Code	070 0500								
DOL X	Amendment : Emergency (i		- 1		lills, NJ 07	078-2529			Tol	phone Num	her			-
DOH	justification) Cancellation	-	100	ame of 0						3-379-391			-	
DCA L	Cancellation			C. Sept. Coll 2011	ITY INFORM	IATION								
Name of Facility Where Aba	tement is Taking	Place (3)					Ту	pe of Facility (4)					
St Rose of Lima Churc	ch							School (K-12		- th IC 10				
Street Address							X	Subchapter 8 Other (i.e. pr	ivate 8	er than K-12 L commercia) I buildi	ngs, h	omes	3,
50 Short Hills Avenue							_	etc.) uare Feet	T # of	Floors	Blo	ig. Ag	е	-
City (5) Short Hills							1000000	0,000	1	1 10015	50	1377		
County (6)			To	County C	ode (7)		1	rrent Use (Prio	r if bei	ng demolish	ed)			
Essex					SE ONLY) _		C	hurch						
Name of Monitoring Firm His	red by Building (Owner (8)		ASCM	No.			batement Conf				2		
N/A	**							vices Corpor	ation				-	
Street Address						Stree 426		ress h Street						
City, State, Zip Code						1		, Zip Code	1000					
City, State, Zip Code						100000000000000000000000000000000000000		erg, NJ 070	93					
Project Manager for Monitor	ring Firm		Т	elephon	e No.	Telep				License N	٥.			
•				7.5-				5-1700		01074				
Start Date (10)		Schedule		pletion D	Date (11)			OSHA Monitor as above						
6/7/2019	hatamant (Char	6/16/19				Stree								
Occupancy Status During A								s above						
Facility Closed/Vacate Abatement Performed Other – Describe: Sta	Outside of Norn	nal Facility	Hours	ent		City,	State	e, Zip Code						
Scope of Work (Check All T	hat Apply)													
≥3 sf or ≥3 lf			enovat					Full Containme		n Negative F	ressur	e		
≥160 sf or ≥260 lf			emoliti	on		ĺ	×	Glovebag Prod	edure			a advisa	_	
					-	1	×	Non-Exempted	i (*) ar	id Non-Friat			ement	
		10000	Location Loc			5						Ту	ре	
Location o Asbestos-Containing M		Use	d Sole	ly by	Asbestos	Description Containing	Mate	erial (ACM)		Amount			Ē	ш
TO BE ABAT	ED		intenar odial S		(i.e. the	ermal syster surfacing, V	ms in	sulation, or		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
In Facility (13)			(12)			ther miscell				, i	oval	air	sulat	sure
		Yes	No	N/A									е	
Basemer	nt		Х		Flo	oor tie and	d ma	astic	3,	850 SF	х			
Basemer	nt		X			Pipe Insu	latio	n	2	60 LF	Х			
							===:771=							
Name of Registered Waste	e Hauler			JDEP W		Cubic Yards	3	Name of	Regis	tered Landfi	1			
Tri-State Transfer Ass			1000	lauler ID 9551		of Waste TBD				erprises l	nc			
City, State						Disposal Da	ite	City, Stai Wayne		HO r				
Bronx, NY		Title				TBD Signati	ure	(A)	Jour	-	ate		•	_
Completed by Gina Betances		Title Offic	e Ma	nager		Signati	ui G	Oliel	1	/	/7/19			

State of New Jersey NOTIFICATION ASSESSMENT

(Pursuant TAM, MAN, MINU AUG 12:120)

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Date of Notification (1)	3/30/19				Nam Ride	e of	f Buildi Iniver	ng C	wner / Operat	tor (2	2)		-						Sunga
	pe Notific	ation					ddress					-	*946/cs	ASBE	CTO	2 0	2017	DOL	-
⊠ EPA									ille Road				20.000.000	MODE			ING	HUL	Ct
DEP [] Initia	* 60 KARAS DK					te & Zi					6000			and services	MARKET .	d setting a land	I di manuscani	*********
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□ DOH □ □ DCA □		rgency		- 1			Conta	ct					3-22-63					lumb	er
DCA [_ Cano	ellation		1	Nalt	er l	Eddy								609	-89	6-77	80	
					FA	CIL	LITY II	NFC	RMATION										
Name of Facility Where	Abatem	ent is Taking F	Place	e (3)				Type of Faci						1900				
Rider University – F Street Address	ine Arts								School										
2083 Lawrenceville	Dand								Subcha	pter	8 (Other th	an K	-12)						
2003 Lawrenceville	Road										ivate & cor		rcial	buildi				etc.)	
City (5)		County (6)		Col	ıntı i	Cod	de (7)		Square Feet		# of Flo	ors			Bldg.	-			
Lawrenceville		Mercer		COL	arity .	CUU	ie (1)		30,000		wif hairan	3	11 - 1				40+		
Lawrencevine		Mercer							Current Use	(Pric	or it being c	iemo	lishe	;d)					
Name of Monitoring Fire	m Hired b	v Building Ow	ner	(8)		ΙΔ	SCM	io	Dormitory Name of Aba	atom	ont Contro	-1/	0)				2011000		
Pennoni Associates		, -amanig on		(0)		1	IOOW I	٧٥.	Bristol Env	/iron	mental I	nc (9)						
Street Address	1920 9200								Street Addre			110.							
515 Grove Street, St	uite B								1123 Beave										
City, State & Zip Code Haddon Heights, NJ	00025								City, State &	Zip (Code								
Project Manager for Mo		irm	TTO	loni	2000	NI	ımber		Bristol, PA				1						
Brian Clark	intorning i	11111			56-2				Telephone N (215) 788-6		er			ense 509	Numb	er			
Scheduled Start Date (1	10)	Scheduled Cor	_			110000000000000000000000000000000000000	1000		Name of QSI		Ionitor		00	509	-/	_	-		
6/10/19	,		1000-77	21/		(,		Bristol Env			ıc.							
Occupancy Status Durin	ng Abater	nent (Check o	nly o	one))				Street Addres							7/1			
Facility Closed/									1123 Beave										
Abatement Perf			al F	lou	rs –	7am	n to 3p	m	City, State &	0.0000000000000000000000000000000000000									
Describe: 6:0	d During	2:30 PM							Bristol, PA	190	07								
Scope of Work (Check a	all that an	nlv)																	
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≥3 sf or ≥3 lf			\boxtimes]	Ren	ova	ation			П	Mini-End			******	vogui	100	1100	Juic	
≥160 sf ≥260 lf]	Den	nolit	tion				Glove B	ag Pr	oce	dures					
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Material		,			ely b		u	1	Asbestos-Con Material (A	tainii CM)	ig			ecify r LF)					
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(10	·/		Yes		12) No	N//	A	OI	other miscella	aneo	us)					<u>a</u>	7	9	Гe
Room 223 & 249				1	\boxtimes		7	Sn	ray On Firep	2500	fina	- 1	90/	0.00		7			
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Name of Registered Wa	ste Haule	r			2.4			100	ubic Yards	Nan	ne of Regis	stere	d La	ndfill					-
Service Transport In	r				1 1000 1000		ID No.	20033	Waste										
City, State					209	990			Cu Yd	1	rless Lan	atill							
Yardley, PA									sposal Date 21/19		, State rless Hills	. DA							
Completed By (Print or T	ype)				Title	9			gnature	ı alı	iicəə IIIIS	o, rr	`		10-	-			
Gino Pizzigoni					Pro		et)	~	10	-y 1	•	Da		19		
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THEOUEN BY:

State of New Jersey

HOM UTORHES, NJ NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Name of Building Owner (2) Name of Notification S.30/19 Name of Suiding Owner (3) Name of Suiding Owner (3) Name of Suiding Owner (4) Name of Suiding Owner (5) Name of Facility (4) Name of Suiding Owner (6) Name of Facility (4) Name of Na	DOL, 6/4	119,3:45	Ph (1	urs	sua	FEE	to !	N.J.A	<u>.c.</u> 8:60 and	12:1	1	EC	CEUM	が電	· Pe	56	6
Agencies Notified SPA SPA Initial SPA Address SPA Address SPA	Date of Notification		82							or (2)	K		/ <u> </u>		7		
EPA			ation						Ly			1111	VI 1 0	2010			
DOL	7.77	1:							eville Road			301	4 1 3	2013		1	
DOH													LETTER OF BUILDING				
Sepsition Cancellation Malter Eddy Sepsition	1 1 2 2 2 2 2			19								ASBES"	ros co	NTROL &			
Substitute State Substitute State Substitute State Substitute State Substitute	M DCA				10000					1			ICENSII				per
Name of Facility (A) School (K-12) University Fine Arts	□ DCA	☐ Cano	cellation		W	alt	er E	ddy						609-89	6-77	780	
Rider University – Fine Arts School (K-12) University Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 30,000 3 40+ City (5) County (6) County Code (7) 30,000 3 30,000 3 40+ Current Use (Prior if being demolished) Domittory Name of Monitoring Firm Hired by Building Owner (8) Domittory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Domittory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Street Address Street Address Street Address Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Facility Closed/Vacated During Firm Se6-656-2944 Scheduled Completion Date (11) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of Abatement Periode Of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM Bristol Environmental Inc. Cocupancy Status During Abatement (Check only one) Street Address Full Containment with Negative Pressure Street Address City, State & Zip Code Bristol, PA 19007 Facility Cocupied During Abatement Check only one) Street Address Full Containment with Negative Pressure Street City, State & Zip Code Bristol, PA 19007 Facility Cocupied During Abatement Scope of Work (Check all that apply) State						FA	CILI	TY IN						-			
Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (Le, private & commercial buildings, homes, etc.)				Place	(3)				Type of Faci	lity (4) (K-12)	Unive	rsity					
Clity (5)	Street Address							77.72					12)				
Square Feet # of Floors 30,000 # of Floors 30,000 A0+	2083 Lawrencevi	lle Road												ings, hon	nes,	etc.)	
City (5) County (6) Mercer County Code (7) 30,000 3 40+		35														-	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address Street A	City (5)		County (6)	C	Cour	nty (Code	(7)	30,000)		3					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address Street	Lawrenceville		Mercer						Current Use	(Prior i	f being	demoli	shed)				
Pennoni Associates Bristol Environmental, Inc.																	
Street Address 515 Grove Street, Suite B City, State & Zip Code Haddron Heights, NJ 08035 Project Manager for Monitoring Firm Brian Clark Scheduled Start Date (10) 6/70/19 Scheduled Completion Date (11) 6/70/19 Scheduled Start Date (10) 6/70/19 Scheduled Start Date (10) 6/70/19 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM Facility Coccupied During Abatement Scope of Work (Check all that apply) 3 sf or 23 if			y Building Ow	ner (8)		AS	CM No	. Name of Aba	temen	t Cont	ractor (9)		-		
1123 Beaver Street 1123 Deaver Street 1223 Deaver Street 1223 De		tes															
City, State & Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Brian Clark Scheduled Start Date (10) 6/10/19 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: 7:00 AM to 3:30 PM Facility Occupied During Abatement Scope of Work (Check all that apply) ≥ 3 sf or ≥3 if ≥ 160 sf ≥260 if Abatement Performed Outside of Normal Hours − 7am to 3pm Material (ACM) TO BE ABATED In Facility (13) Room 223 & 249 Room 224 Room 225 Round 226 Round 227 Round 227 Round 228 Room 228 Room 228 Room 229																	
Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Telephone Number Se6-656-2944 Telephone Number Se6-666-2944 Telephone Number Se6-6666-2944 Telephone Number Se6-66666-2944 Telephone Number Se6-66666-2944 Telephone Number Se6-66666-2944								-									
Telephone Number Sef-656-2944 (215) 788-6040 Disposal Date (10) Scheduled Completion Date (11) Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Street Address Street Addre																	
Brian Clark Scheduled Start Date (10)			irm	Tele	enho	nne	Nur	her					1:	Monthea			
Scheduled Start Date (10) 6/10/19 Scheduled Completion Date (11) 6/21/19 Name of OSHA Monitor Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM Scope of Work (Check all that apply) Facility Occupied During Abatement Property Propert	Brian Clark	oormig i												Number			
Gridoria Bristol Environmental Inc.	Scheduled Start Dat	e (10)	Scheduled Co								nitor		00303				
Occupancy Status During Abatement (Check only one)		, ,						• /				Inc.					
Abatement Performed Outside of Normal Hours – 7am to 3pm Describes – 7:00 AM to 3:30 PM Searches – 7:00 PM Searches – 7:00 AM to 3:30 PM Searches – 7:00 PM Searches – 7:00 AM to 3:30 PM Searches – 7:00 PM Searches –	Occupancy Status D	uring Abaten	nent (Check o	nly o	ne)												
Describe: 7:00 AM to 3:30 PM Facility Occupied During Abatement Scope of Work (Check alf that apply) Scope of Work (Check alf that apply)											et						
Service Transport Inc. Scope of Work (Check all that apply) Service Transport Inc. Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Mon-Exempted and Non-Friable Procedure Service Transport Inc. Service Transport Inc. Signature Si				al H	ours	s — 7	7am	to 3pm	City, State & 2	Zip Co	de						
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf ≥260 if □ Demolition □ Demolition □ Description of □ Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) □ Spray On Fireproofing Room 223 & 249 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □									Bristol, PA	19007	7						
≥3 sf or ≥3 lf																	
Service Transport Inc. Service Manager Service M	Scope of Work (Che	ck all that ap	ply)														
≥160 sf ≥260 lf Demolition Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Normally Used Solely by Material (ACM) Material (ACM) Solely by Maintenance or Custodial Staff? (12) Yes No N/A N/A Some 223 & 249 Day Floor Tile 2,100 SF Day Day Completed By (Print or Type) Title Project Manager	☐ >3 sf or >3 lf				_	2 on	ovoti	on						Negative	Pres	sure	1
Location of Asbestos-Containing Material (ACM) Solely by Maintenance or In Facility (13) Solely by Maintenance or (12) Yes No N/A Spray On Fireproofing 1,800 SF Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Asbestos-Containing (Specify Material (ACM) SF or LF) Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, surfacing, VAT or other miscellaneous Room 223 & 249 Description of Or Insulation, su						2400							-				
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Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 Room 224 Room 225 Room 225 Room 225 Room 226 Room 226 Room 227 Room 227 Room 228 Room 228 Room 229 Room 228 Room 229 Room 2	40			Cus			tan?		nsulation, surfac	ing, VA	AT.			Non	pai	n C	Sou
Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 & 249 Room 223 Room 224 Room 225 Room 225 Room 225 Room 225 Room 225 Room 225 Ro		(10)		Yes			N/A	1	or other miscens	neous)			<u>a</u>	7	b	Ге
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Room 223 Sino Pizzigoni Glue Dots 300 SF Color				H			H	-		-			-		뮈	H	H
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. 20990 15 Cu Yd Fairless Landfill Disposal Date 6/21/19 City, State Fairless Hills, PA Completed By (Print or Type) Title Project Manager Manager Name of Registered Landfill Fairless Landfill Disposal Date Fairless Hills, PA Date 6/4/19	Room 223			H			H			c	-				ዘ	片	H
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	Gino Pizzigoni						-	- 4	Winax F	1000	1	04.0	1001	6/4/1	9		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Name of Building Owner / Operator (2) 5/30/19 JUN 1 9 2019 Rider University Agencies Notified Type Notification Street Address X EPA 2083 Lawrenceville Road DEP ASBESTOS CONTROL & LICENSING \boxtimes Initial City, State & Zip Code DOL Amended Lawrenceville, NJ 08648 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Walter Eddy 609-896-7780 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Fine Arts School (K-12) University Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 30,000 40+ Lawrenceville Mercer Current Use (Prior if being demolished) Dormitory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates Bristol Environmental, Inc. Street Address Street Address 515 Grove Street, Suite B 1123 Beaver Street City, State & Zip Code City, State & Zip Code Haddon Heights, NJ 08035 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Brian Clark 856-656-2944 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/17/19 6/28/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM to 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Enclsoure TO BE ABATED Maintenance or Remova (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Room 223 & 249 \boxtimes Spray On Fireproofing 1,800 SF Room 223 & 249 Floor Tile 2,100 SF Room 223 & 249 Mastic 2,100 SF Room 223 Glue Dots 300 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 15 Cu Yd Fairless Landfill City, State Disposal Date City, State Yardley, PA 6/29/19 Fairless Hills, PA Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 5/30/19 Manager

ASSESTOS CONTROL	Ch741	0	î	NOTIF (F	ICATIO	tate of N N OF ASI t to NJAC	BESTOS	ABATE	MENT 20)				Sec. 3014. 5.111		\mathbb{V}	
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School (K-12) Subchapter 5 (Other than K-12) Subchapter 6 (ng Place (3)	FAC	ILII T INF	UKWAI	ION	Туре	of Facility	(4)					
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Name of Monitoring Firm Hired by Building Owner (B) NIA Street Address Street Address Street Address City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Tolephone No. Scheduled Completion Date (11) Name of OSHA Monitor Street Address City, State, Zip Code West Berlin NJ 08091 City, State, Zip Code West Berlin NJ 08091 City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. Street Address City, State, Zip Code Street Address City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address City, State, Zip Code City, State City, State, Zip Code City, State, Zip Code City, State City, State, Zip Code City, State City, State, Zip Code City, State City, S	100000000000000000000000000000000000000			T	County	Code (7)					. 1858	ing demo	lished)	-		
NA Street Address PO Box 329 City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. S56-753-9800 D0727 Start Date (10) S67-731-99 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding on Small Shed X exterior siding Name of Registered Landfill Ababesus Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill Amount (Specify SF or LF) To S60 To S6		a Ulimod had Dailetta	0 (0)				<i></i>									
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Date of Notification (1)		- 3		u	Na	me of Build	ling	Owner/Operator	(2)	1111111 .			010	
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Name of Facility Where A	batement is	s Takir	ng Plac	ce (3)					Type of Facility	(4)				
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Project Manager for Monit	oring Firm			Te	lephon	e No.	+ _T	elephone No.	174 10020	License No.				
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≥160 sf or ≥260 lf			☐ De	emolit	ion			☐ Glovebag	Procedure					
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Commirted by

J. Maiorano

Estimator

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	 Emergency justification) 			Name o	f Contact		1111101	, 140		T				-75	
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Street Address								×	Subchapter (Other (i.e. pr etc.)	8 (Other t			dings	hom	es,
City (5) Pennington	, NJ 08534								are Feet 800	# of FI	oors 2	1000	ldg. <i>A</i> 80 +		
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Street Address PO Box341							Street PO E		T-7-7						-
City, State, Zip Code Chesterfield,	NJ 08515								Zip Code n, NJ 08501	ĺ					
Project Manager for Monitor	The state of the s			Telephoi 609 29	ne No. 98-4070		Teleph 609 2				cense No).			
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Daseillei	it .		^			Bollet	Insula	uon		20 s	ST	X			
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Stevens Environmenta			1000000	auler ID 18292	No.	of Was			Fairless		Landill				
City, State Allentown, NJ			-			- A CONT.	al Date /2019	1	City, State Morrisvill	e, PA					
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager		S	ignatúre	71.		/	Dat	e 6/11/	2019	9	

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Agencies Notified	Type Notification			Street A	Address		4 - (-4.1)						auztusiii n	0001	
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Name of Monitoring Firm	Hared by Building	Owner (8)		ASCM	# No.		Name	of Aba	tement Cor	ntractor	(9)				
									k Industri	es, Inc.					
Street Address							Street	Addres							
City, State, Zip Code							City S	teto 7	PO E	3ox 91	5				
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Project Manager for Mon	itorina Firm		7	Telephor	ne No.		Ann manage	ane No	J 08723		License	No.			
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Brick Industries	s, Inc.			21602		1	5			Service Services	orth Lar	natill		Un Unio	
City, State						Dispos 6/8/	al Date		City, State		riovilla	DΛ			
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President

Eric Plackis

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Ch931	7	i	NOTIF (P	ICATION Pursuant	ate of Ne NOF ASB to NJAC	V Jerse ESTOS 8:60 an	ABATE d 12:12		г		JUN		9	2019)
Date of Notification (1) 06/14/19	IH INOC	17			f Building Constr		Operator	(2)			JUN		<u>J</u>	_010	
Agencies Notified	Type Notification	1		Street A	i Garages-assessie		e Roa	4			ASBEST L	OS (ISI	VTRO	DL &
DEP DOL	Initial Amended			City, Sta	ate, Zip Co	ode				keesitee as amen	ocardnanie patri				
X DOH	Amendment Emergency justification)	(including	-		ood, NJ f Contact	0870	1			Telephor	ne Numbe	er			
DCA	Cancellation				Constru		ION			732-36	7-0693		- 11-		
Name of Facility Where		ng Place (3	3)	FACI	LITINE	URIVIAI	ION	Тур	e of Facility ((4)					
Street Address 187 East 4th Street								×	School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Other that private & com	ın K-12) nmercial b	uildin	ıgs,	nome	s,
City (5) Lakewood								Squ	are Feet	# of Floo	rs	Bldg	g. Ag	ge	
County (6) Ocean					Code (7) USE ONLY)		Curr	170	or if being de	molished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.			of Ab	atement Cor	ntractor (9)					
Street Address							Street	Addre			-		12.5		
City, State, Zip Code							City, S	tate,	Zip Code		*****				
Project Manager for Mon	itoring Firm		Т	Telepho	ne No.		Teleph 732-	none l	No.		nse No.				\dashv
Start Date (10) 06/24/19				mpletion	Date (11)		Name	of OS	SHA Monitor		× 				
Occupancy Status During	g Abatement (Ched	07/01/1 ck Only On	0.000				Street			SSIONAL	5				_
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of A	Abaten				City, S	tate,	DOVE CO Zip Code OOD, NJ 0						
Scope of Work (Check A	II That Apply)								700,1100						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova Jemolii				×	M G	ini-Enclosure lovebag Prod				dure	ro.	
			Locat				Em	3 14	on-Exemple:) and Non	I-I Habie I	-		ment	
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Use Ma	lormal d Sole intena odial ((12)	ely by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellar	fateria s insu T, or		Amoun (Specify SF or LF	y 2	Demov	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	ге
EXTER	IOR					5	SIDING	i 		3000	х				
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Name of Registered Was				J NJDEP W Hauler ID 4509		Cubic of Wa	Yards ste		Name of I	Registered L	andfill				
City, State NEWARK, NJ				07		Dispo: 07/01	sal Date /19		City, State	e EHEM PA	R				
Completed by JOSEPH PERLSTE	IN	Title	IER			5	Signature	2		1.62	Date 06/14	4/19			

2 2019 03:59PM NJ Asbestos	Control	609.6	533,066	54		page 1						
06.2019 06:32 AM A.	Mac É	ent)	racti	ng) ²⁰	1262	0321		G PA	SE.	2 	V <u>, </u> V V19
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ace of Notification (1)	,	Ne	Me of SI	iding Owner Op BAKA S	TAN	2)		اوی د بازال است	3/			
gencies Notification	· ·	80	est Addi	938 .			14/4/	VER APPRI	Z VVE	J.		
DEP Initial Amended Amendment #	, .	CH	was	Zig Cods Lawich	N	7 7	2746	management of the standard of				
DOH Emergency (in justification) Cancellation	nduding .	Na	BAR	ontact Conseq				- I listen	18	-		ユ
ame of Facility Where Abstement is Taking	Pince (3)	-	FACILI	AIHEORNATIO	N.	Type of	Facility (A))		Marine de la		-
S TAUTOU	i					N OI	her (i.e., pri) (Other Man K-12) Vate & commercial t	sulld!	ige, h	omea	
WALDWICK						Square	PMI 450	# of Floors	Elic	9.40 9.40	•	
BERGEN		Ĝ	OUNTY CO	do (1)	_	Qurrent	PS (Prior	If being demoilshed	1			
lame of Monitoring Firm Hired by Building C	Owner (E)		ASCMI	No.			ment Cont tracting					
Rivest Address						Address Vreeier	d Ave.					
City, State, Zip Code					City, & Midla	iau, Zip and Pa	ceas rk, NJ 07	1432				
Project Manager for Monitoring Firm		T	elephone	No.	201-	none No. 262-68	41	Ligense No. 00186				
G (12/19	Schedule 6	Com	19	ete (11)	Name Ome	of OSPA	Mentor /Ironmer	ntel Servicer Inc.				
Occupancy Status During Abatement (Chec			Aud			Address Huyler				H-11.00		
Facility Closed/Vacsted During Entire Abatement Ferformed Outside of Norm Other - Describe:	nai Facility	Hours	em		City, 8	tale, Zip		608				
Scope of Work (Check All That Apply) 23 of pr 23 if 2160 of or 2260 if	R O	ensvel smolti	ilen en			Min	Aban Pro	ent with Negetive Pr b bedute d (*) end Non-Frieble				
		Local				1401	- A THICAL	() SUG MUNICIPAL		Abste		
Location of Asbaetos-Conteining Material (ACM) TO BE ABATED In Facility (13)	· Use	d Bole intener odlei i (12)	ly by	Asbestos Cor (I.e. therm) surf	escripta risining al system acing, V miscolis	Material na ineuka AT, or	(AOM) tlen,	Amount (Epadly EF crLF)	Ratmeval	Repair	Encapsulate	Eaglosus
AAR - F -	Yes	No	N/A	7.	PE			904	X	-	· ·	
BASEMEUT			X	[1]	<u></u>			7,500				
			-							-	-	-
Name of Registered Waste Hauter Newark Carting Inc.		0	UDEP W Tawar ID 14508	No. of W	la Verde /este		Grand	Registered Landfill Cantral Sanitary		ndfill		
Otty, State Newark, NJ 07105					12/1	904		rgyl, PA 08072			_,	
Completed by R. McDonald	Title Pres	ident			Managrati	U10 /	PM	Would De	6	/12	119	
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State of New Jersey Decomposition State of New Jersey Decomposition	
Agencies Notified Type Notification Street Address 160 Crown Point Road ASBESTOS CONTROL 8 City, State, Zip Code Thorofare NJ 08086 DOH DCA DOH Cancellation Name of Building Owner/Operator (2) JUN 1 9 2019 Street Address 160 Crown Point Road ASBESTOS CONTROL 8 City, State, Zip Code Thorofare NJ 08086 Name of Contact Larry Lutz Telephone Number 856-384-0333	
EPA DEP DOL	
DEP Amended Amendment # City, State, Zip Code Thorofare NJ 08086 DOH DCA Cancellation Can	Augusta des
☑ DOH Emergency (Including justification) Name of Contact Telephone Number ☐ DCA Cancellation Larry Lutz 856-384-0333	
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Proposed WAWA Food Market Site Type of Facility (4) School (K-12)	
Street Address 7190 N Park Drive Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hoetc.)	mes,
City (5) Square Feet # of Floors Bldg. Age Pennsauken NJ 08109 1000 † 1 35+	
County (6) County Code (7) Current Use (Prior if being demolished) Camden (STATE USE ONLY) Offices	
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Pernaco Inc.	
Street Address Street Address PO Box 329	ų.
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	
856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
6/8/19 7/31/19 Same Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure	
Non-Exempted (*) and Non-Friable Procedure Is Location Abatem	ent
Location of Used Sojely by Description of	Enclosure
Yes No N/A	-
	4
Window Caulk x Caulk 50 LF x	-
door x Caulk 25 LF X	+
door x Caulk 25 LF X	
Name of Registered Waste Hauler United Roll Off X Caulk 25 LF X 4000 SF X Cubic Yards of Waste Hauler ID No. 22459 Name of Registered Landfill G.R.O.W.S.	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste CARD WASTE CORD WAST	

Inv# 12081 Vheck # 36726) N			lans Appl	t to NJ	BES	OS ABAT 60 and 5:10	6)	ENT	DE	C E		2019	
Date of Notification (1)	22222					- T	ner/Operator (255)	AGA 773		7011	1 3	2013	177
	19			Ha	milton To	owns	hip School	Dist	rict		56	1	22	
Agencies Notified Type Notifica	tion			Stree	t Address	10				ASBI	LICE	CO	THOL	_ &
☑ EPA ☑ Initial				90	Park Ave	enue				Leconomicamonado	Lat C/C	HOTE	mental department	David Colorado
☑ DOLWD☑ Amended☑ DOHAmendme	nt#			City,	State, Zip	Code								
☑ DOH Amendme ☐ DCA ☐ Emergence		udina		Ha	milton, N	J 086	90							
(NJAC 5:23-8) justificatio		aag		Name	of Contac	ct				Telephone Nu	mber			
☐ Cancellati	on			Jo	nn Miran	da				609-631-41	100			
	7.29			FA	CILITY II	NFOR	MATION							
Name of Facility Where Abatement is Ta	aking F	Place	(3)					Тур	e of Facility (4)				
Reynolds Middle School									School (K-12)		40)			
Street Address										(Other than K- ivate and comm		ouildir	ias.	
2145 Yardville Hamilton Square	Road	d							homes, etc.)				3-1	
City (5)					200	0		Squ	are Feet	# of Floors	- 1	3ldg.	Age	
Hamilton					UXU	141)	10	00,000 sf	1		65		
County (6)				Cou	nty Code (7)(STA	TE USE ONLY)	Cur	rent Use (Prid	or if being demo	olished			
Mercer								S	chool					
Name of Monitoring Firm Hired by Build	ing Ov	vner (8	3)	ASCN	No.	Nan	ne of Abateme	ent C	ontractor (9)					
Karl Environmental Group						G	uardian Co	ntra	cting, Inc.					
Street Address						Stre	et Address							
20 Lauck Road						18	889 Route 9	, Un	it 61					
City, State, Zip Code						City	, State, Zip C	ode						
Mohnton, PA 19540						T	oms River,	New	Jersey 087	755				
Project Manager for Monitoring Firm			Tele	ephone	No.	Tele	ephone No.			License No.				
Mike Krisher			8	00-52	7-5581	7	32-349-9932	2		00624				
Start Date (10)	chedu	led Co	omple	etion D	ate (11)	Nan	ne of OSHA N	/lonito	or					
06 /24 /19	07	/	_2	6_ /	19	E	.M.S.L. Ana	lytic	al					
Occupancy Status During Abatement (C	Check	only o	ne)			Stre	et Address	-						
☐ Facility Closed/Vacated During Entire	e Perio	od of A	Abate	ment		1	056 Stelton							
Abatement Performed Outside of No					scribe	City	, State, Zip C	ode						
Time of Abatement:AM	PM/		_PM		_AM	P	iscataway,	New	Jersey 088	354				
Scope of Work (Check all that apply)							00 <u>000</u> 0000 NOVEN	07 200	5.00 WORD 1990	2000				
☐ >3 sf or >3 lf	r	⊠ Rer	2010	ion			☐ Full Con			ative Pressure				
≥ ≥ 160 sf or ≥ 260 lf			moliti				Gloveba	g Pro	ocedure					
							⊠ Non-Exe	empte	ed (*) and No	n-Friable Proce	dure			
		2700	Loca								,	Abate	ment T	ype
Location of Asbestos-Containing Material (ACM	,		lorma d Sol	ely by	Ach	actae I	Description of Containing Ma		I (ACM)	Amount	1 2	2 2	, E	Ē
TO BE ABATED	'	Mai	inten	ance/	(i.	e., the	rmal systems	insul	lation,	(Specify	3	Domoval	cap	Enclosure
IN Facility		Cust	odial (12	Staff?			urfacing, VAT			SF or LF)	1	<u>à</u>	Encapsulate	ure
(13)		Yes	No	The same		oth	ner miscellane	eous)					ate	
			12/5	-			:	1.		2500 15	-	7 [1	\vdash
exterior					aspes	tos w	indow caull	K		2500 If	_ L		1 -	닏
											L			Ш
Name of Registered Waste Hauler					Waste	1005-1007-5	oic Yards of	N	ame of Regis	tered Landfill		_1_		
Guardian Contracting, Inc.				Hauler 2022	ID No.	Wa 5			T.R.R.F.					
City, State				2022			posal Date	С	ity, State					
Toms River, New Jersey						0	7/26/19		Tullytown,	Pennsylvani	а			
Completed By (Print or Type)	Title				<u> </u>		Signature		1		Date/		t	
Nicholas Fernicola	Pre	oject	Mar	nager				\.			4	12	119	

nv# 1172	723		NOI D	IFIC	Pulsu	NC	OF AS	ew Jersey BESTOS ABA C 8:60 and 5:1	TEMENT 6)	DEC	E		\mathbb{V}	E
Date of Notification (1) 06 /	12 /	19						g Owner/Operator & Recycling, In		UL [[N 1	9 8	2019	and the second second
Agencies Notified	Type Notific	ation				100	Address							
⊠ EPA	☐ Initial						Box 188	3		ASBES	TOS	CON	TRO	L &
⊠ DOLWD	Amende				City	y, S	tate, Zip C	Code			ICEA	ISIN	3	dininglished
□ DCA	Amendm Emerger		dudin		0.8			, NJ 07762						
(NJAC 5:23-8)	justificati	ion)	Sidding	J			of Contac			Telephone Num	ber			
*	☐ Cancella	tion			F	Rick	hard Hyd	le		732-762-736				
	,				F	AC	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility (4)				
Building									School (K-12)					
Street Address									Subchapter 8	(Other than K-12 ivate and comme)	uildin	ac	
4 Northend Boardw	alk								homes, etc.)	ivate and comme	Ciai Di	JIIOITI	ys,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Ocean Grove									N/A					
County (6)					Co	oun	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
Monmouth									Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASC	M:	No.	Name of Abatem	ent Contractor (9)					
N/A								Guardian Co	ntracting, Inc.					
Street Address				D15				Street Address						
								1889 Route 9), Unit 61					
City, State, Zip Code								City, State, Zip C						
D :									New Jersey 087	755				
Project Manager for Moni	toring Firm			Te	lephor	ne N	No.	Telephone No.		License No.				
Start Data (40)	1,							732-349-9932		00624				
Start Date (10)06 /13 /		Schedi 0			21		e (11) 19	Name of OSHA N E.M.S.L. Ana	22 1922 192					
Occupancy Status During								Street Address						_
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abat	tement			1056 Stelton						
☐ Abatement Performed Time of Abatement:	Outside of No AM	ormal PN		y Ho PN				City, State, Zip Co	ode					
					VI	—′	AM	Piscataway,	New Jersey 088	54				
Scope of Work (Check all	that apply)							Π						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			□ Re 図 De		ation tion			☐ Mini-End	tainment with Nega closure g Procedure mpted (*) and Non		re			
	:02		9.5		ation						Ab	atem	ent T	уре
Location Asbestos-Containing N		1)		Norm	lally olely by	,	Ashes	Description of stos Containing Ma	of	Amount	Re	Re	四四	ш
TO BE ABA	TED	,			nance/		(i.e.	, thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cus	(12		,		surfacing, VAT other miscellane	, or	SF or LF)	la la		sula	ure
(1.7)			Yes	No) N/	Α		other misochane	ous)				te	33900
exterior				\boxtimes			pile of c	lebris		unknown				
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			П	П							+=			
			_		-						ᆜ			
Name of Registered Wast	o Haulas					D 14	/	01: 7						Ц
Guardian Contractir					NJDEI Haulei 202	r ID		Cubic Yards of Waste 3	Name of Registr	ered Landfill				
City, State								Disposal Date	City, State					
Toms River, New Je								06/21/19	Tullytown, I	Pennsylvania				
Completed By (Print or Ty	pe)	Title	206					Signature		A Da	te /	i		
Nicholas Fernicola		Pr	oject	Mai	nager			1	1/1		6/1	1	14	

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<u>Cr</u>	IRCIC# S	3894	U A	NOTI	ICATIO	N DE AS	BESTOS	ABATE		Т	m	E	C	E			EII
Date o 06/11	f Notification (1)	-				of Building		Operato	r (2)		K		and the second				The second secon
L Service P. D.	es Notified	Type Notification	1			Address	IIai		THE		1 1 1	1	JUN	1	20	119	
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I D	EP	Amended		İ		tate, Zip C					1	ASE	EST	os c	ONT	ROL	. &
Result	OL	Amendmen Emergency		_		n, NJ 07					L	optiving has been		CEN	SING		agest travels
-	OH CA	justification Cancellatio)			of Contact n Kamel					Te	lephon	e Nun	her		6 - 9	
Name	of Facility Where	Abatement is Taki	na Place /	2)	FAC	ILITY INF	ORMAT	ION	-						- 52.5		
rvaine (or racility vyriere /	Abatement is Taki	ng Place ((3)					Тур	e of Facility (65						
Street	Address								×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than & comr	K-12 mercia) Il build	dings,	hom	es,
City (5)						\bigcirc			Squ	etc.) are Feet	# 0	f Floors	S	В	ldg. A	ge	
County	(6)				County	Ode (7)	1		Cun	ent Use (Pric	or if hei	ing den	nolieh	ed)			
Passa	- 10 m/s					USE ONLY	0		Но		or in oci	ing den	nonsn	EU)			
Name o	of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.				atement Con			6				
Street A	Address							Street 6 WH		ess DOVE CO	URT	8					
City, St	ate, Zip Code							City, S	State,	Zip Code		-22	014/15		-		
Project	Manager for Mon	itoring Firm			Telepho	one No.		Teleph		OD, NJ 08	3701	Licen	se No).			
Start Da	ate (10)		Schodul	lod Cor	malation	Data (11)		732-6				1200		c ========			
06/21	/19		06/24/	19	npietion	Date (11)		12.00 (19.50)		HA Monitor D PROFE	SSIO	NALS	ò				
-		Abatement (Che						Street		DOVE CC	UIDT						
Ab	cility Closed/Vaca atement Performa her – Describe: _	ated During Entire and Outside of Norr	Period of mal Facility	Abaten y Hours	nent			City, S	tate, 2	Zip Code OOD, NJ 08							
Scope o	of Work (Check Al	l That Apply)						LAIN		/OD, N3 00	3701						
-	sf or ≥3 If 60 sf or ≥260 If			Renova Demolit				×	M Gi	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure						
			Is	Locati	ion				- (4)	SI Exempled	() and	2 14011-1	Habit		Abate	CHICAL	
	Location			Normal	ly		De	scription	of					_	Тур	е	
Asb	estos-Containing TO BE ABA		Ma	ed Sole iintenai	nce/	Asbes	tos Cont	taining M systems	lateria	II (ACM)		mount specify		ת		回	ш
	In Facilit (13)	ty	Cus	todial 9 (12)	Staff?	(surfa	cing, VA	T, or			or LF)		Remova	Repair	caps	Enclosure
	(10)		Yes	No	N/A		othern	niscellan	ieous)					val	ai-	Encapsulate	sure
	EXTERIO	OR				WINDO	DW AN	D DOC	OR C	AULKIN	20	OOLF		x		_	
Name o	f Registered Wast	to Hauler		l N	JDEP W	lasta	Cubic	Vasda		None of F	N 1 - 1 -		1511				
	RK CARTING	e riddici		Н	auler ID 4509	VEX.5	of Was			Name of R	cegiste	red Lar	пати				
City, Sta NEWA	ite RK, NJ	11		-			Dispos 06/24	sal Date /19		City, State BETHLE		I PA					
Complet	ed by PH PERLSTEIN	N	Title	IER			S	ignature					Date 06/	11/1	9		

11.06.2019 07:39 AM A. Mac Contract:

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of New Jerse ASSESTOS	PAI		CHA 125	79	77.52
VJAC 8:50 en	d 12:120)	10.000	HATE (CE	

my#11727	NOTI	ICATION Ursuant	OF ASSESTOS A LO NJAC 8:50 and	100 EI		10	F	7		J [EIVE
Date of Notification (1) OS/11/2019		Name of Joan V	Building Owner/O Vebb	perator	(2) DOL	- 10 DAY		3			
Agencies Notified EPA DEP DOL DOL DOA DOA Type Notification Initial Amendment # Emergency (Inc.) Justification Cancellation	n ding	Fair La	te, Zip Code twn, NJ 07410 Centect			7 Television MA			ept	STO LIG	1 9 2019 s control & ensing
DCA Cancellation		Joan V	vedd Lity informati	CIN	6411141		-		-		
Name of Facility Where Abatement is Taking P	lace (3)	1 4	- THE HAT WHEN !		Type of Facility (27					
Street Address					School (K-1 Subchapter Other (i.e. p	2) 8 (Other than K-12 rivate & commercia) Il bulta	lings,	home	16,	
City (5) Fair Lawn					Square Feet 2000	# of Places 2	50	ido. A	ge		
County (8) Bergen		County C	ode (7) USE ONLY)	_	Current Use (Prio	or II being demalish	8ď)				
Name of Montoling Firm Hired by Building Ow	mar (8)	ASCN	No.	Name A. Mi	of Abstement Cor ac Contracting	fractor (9) Inc.					
Street Address			77		Address /reeland Ave		1000		•	•	
City, State, Zip Code			**************************************		tate, Zip Code and Park, NJ 0	7432		0.02(11)			
Project Manager for Monitoring Firm		Telepho	ne Ne.	Talaph	one No. 262-5841	License No 00155	3.	-			
06/11/19	chaduled Co 8/25/19	mplation (Deta (11)		of OSHA Monitor ga Environme:	ntel Services Inc	Ċ.	-			
Cocupancy Status During Abstement (Check C Facility Closed/Vacated During Entire Per Abstement Performed Dutelde of Normal Other – Describe:	od of Abete	ment		280	Address Juyler Street						
	1 mailty : IAM	-		100000000000000000000000000000000000000	teta. Zip Gode dnagok, NJ 07	606	energy at the				*
Scope of Work (Check All That Apply) 23 at or 23 if 2160 at or 2260 if	Renov	ation			Full Containme	ent with Negative P	744411				
≥ 160 sfor ≥260 ff	☐ Demo	ition		17070	Mini-Enclosure Glovebap Proc	i					
Location of	la Loos Norm	My						Abate	ement pe		
Asbestos-Centeining Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12	ence/ Statt?	Asbestas Cont (i.e. thermal	acription aining M eysteme sing. VA niscellan	leterial (ACM) sinsulation, T. or	Amount (Specify BF or LF)	Removai	Repair	Encapsulate	Emojosawa	
Basement	Yes No	X		Pipe		70 LF			rp.	_	
		+^		Liba		70 LF	X			_	
Name of Registered Weste Hauser	,	N. IONEC 14	and I a co	NA							
Newark Carting Inc.		NJDEP W Hauler ID 14509				Registered Landfill Central Sanitary	Lan	dfill			
City, State Newark, NJ 07105		97	06/11	/19 on		yl, PA 08072					
R. McDonald	Title Presiden		6	lane full	MXL	/ Dat 06	/11/1	9	A11 100 1		



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

Inv# 12021	ŀ			OF ASBI					(LK-	H :	26	4	9	
Date of Notification (1)		T	Name of	Building	Owner/C	perator	(2)		ΤĬ	1,00	E (2	G	I	// 11
6/10/19			Legow	/ Manag	ement							9			9 19
Agencies Notified Type Notification			Street A							ns					
EPA X Initial			160 S.	. Livings	ton Av	e					8.0	M	10	20	119
DEP Amended			City, Sta	te, Zip Co	de					al lead	- Ul	214	+ 5	- 24	113
DOL Amendment #			Living	ston, NJ	J				-						
Emergency (in justification)	iciuaing		Name of	Contact					Tele	phone	Numb	erro	SCO	TMC	ROL
DOH justification) Cancellation												LIC	ENS	ING	
			FACI	LITY INFO	DRMATI	ON						ED-MONTO -			
Name of Facility Where Abatement is Taking	Place (3	3)					Type o	f Facility (4)			7420			
Royal Court Apartments							I S	chool (K-12	2)						
Street Address								ubchapter 8							
72 Resevoir Ave							X O	ther (i.e. pr c.)	ivate 8	comma	ercial l	ouild	ings, i	nome	:S,
City (5)							Square		# of	Floors		Bl	dg. Ag	je	
River Edge		(271	ole 1			10,00	00	2			5	0+	50	
County (6)			County (Current	t Use (Prio	r if beir	ng demo	olished	1			
Bergen				ISE ONLY				tment Co		114		**			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.		Name		ment Cont		Minerara e					
n/a	(3)		n/a	1.500.50				Contractir							
Street Address			1				Address		9						
n/a							Palisa								
City, State, Zip Code							State, Zip				-				
n/a								J 07026							
Project Manager for Monitoring Firm			Talephor	ne No			hone No.			Licens	e No				
n/a			n/a	10.110.		350	460.60			0125					
	Schedul	ed Con		Date (11)				A Monitor		0120					
6/19/19	6/23/1		ipioueit i	Jeto (11)				Contractin	a Inc						
Occupancy Status During Abatement (Check		Ē					Address		9 1110		-				
		est	2002			73300	Palisa								
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	ence of A	Abatem Hours	ent				State, Zip				-				
Other - Describe:								J 07026							
Scope of Work (Check All That Apply)						Gai	noid, iv	0 01020				-			
	Daniel III					Page 1	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 if	ufficient PFE	Renova Demolit				1		Containme -Enclosure		Negativ	ve Pre	ssur	8		
						and Sun	Glov	ebag Proc	edure						
						5	Non-	-Exempted	(*) and	i Non-F	riable	-		-	
20		Locati										- 7	Abate Typ		ğ j
Location of		Normal				scription						-	1		
Asbestos-Containing Material (ACM) TO BE ABATED		intena					Material (is insulat			mount Ipecify		7		E	m
In Facility	Cus	todial S	Staff?	(1.5.		cing, VA		ion,		or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other r	niscella	neous)	1				ova	bair	sula	JUSC
	Yes	No	N/A					1				-	l	6	9
Stairwell 1	<u> </u>		×			VAT			20	00 SF	-				
Stairwell 2			X			VAT			30	00 SF					
0.00.110.12	 		+-~-									-			
	-	ļ	ļ												
							y. 10								
Name of Registered Waste Hauler		10000	JDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	red Lan	dfill				
Harmony Contracting INc		1000	lauler ID 33085		of Wa	i e		GROW		ndfill					
City, State Garfield, NJ					Dispo	sal Date	9	City, State Morrisv		A					
Completed by	Title					Signatur	e			1	Date				
E. Cirovic	Sec	retary					min				6/1		3		

nv#12088 [) /L	1		D.	James							F	Print F
hory#3130"	L	Nort (FIGATION Pursuant	NOF ASBE	Jersey STOS ABATE :60 and 12:12	EMEN (0)	T		NE	C			\mathbb{V}
Date of Notification (1)			Name	of Building C	wner/Operato	r (2)		- 11	W.				
5/8/19				vnship of				To be designed to the second		23.03	1 4	n '	2010
Agencies Notified Type Notification	1			Address	-					JUN	4	9_7	1013
☐ EPA ☐ Initial			270	0 Allaire	Road			ì					
DEP Amended			City, St.	ate, Zip Cod	e				AS	BEST	TOS (CON	TRO
DOL Amendmer Emergency	Performance and Colonia		Wa	all, NJ 07	719				70	L	ICEN	SIN	G
DOH justification)	3	Name o	of Contact				Tele	phone N	umber			
☐ DCA ☐ Cancellatio	n		E	ric Plackis		Ze 24 I Zarra e T			732-899	-7499)		
Name of Facility Where Abatement is Taki	na Place (21	FAC	ILITY INFO	RMATION	1 -		7-1					
Well House #1	ng riace (3)				Тур	e of Facility ((4)					
Street Address						H	School (K-1 Subchapter		ethan V	125			
2301 Tilton's Corner F	Rd	1	7716	o si	*	X	Other (i.e. p				ldings	. hon	nes,
C4.(E)		0	7719				etc.)						
Wall							are Feet 80SF	# 01	Floors	- [Bldg. A	65533	
County (6)		-	Country	Code (7)				1 1			70		7,
Monmouth		İ		USE ONLY)		Curr	ent Use (Pric		ig demoiis	shed)			
Name of Monitoring Firm Hired by Building	Owner /R	-1	ASCN	4 Nin	Nama	of Ab	Well Hou	V303-44	· · ·				
reality of Montoling 1 mil 1 mod by Balloning	OWNER (O	,	ASUN	a ivo.	ivame		atement Con		9)				
Street Address					Street	-	ck Industrie	es, Inc.					
					Street	Addis		045					
City, State, Zip Code					City S	State	Zip Code	ox 915					
Project Manager for Monitoring Firm		1	Telephor	ne No.	Teleph		NJ 08723	1	License 1	Vo			
rende a Million Definició Cousson (1 🚾 estables), para de Ambier (1 marc de la C 🚾) y cardo calebr) fall to be					99-7499			1196			
Start Date (10)	Schedui	ed Co	mpletion i	Date (11)			HA Monitor		0	1130			
5/9/19	5/2	3/19											
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street	Addre	\$S		·				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nort Other – Describe:					City, S	tate, 2	tip Code						
Scope of Work (Check All That Apply)													
		200				7	23						
≥3 sfor≥3 lf ≥160 sfor≥260 lf	programmes.	Renova Demoli					II Containme ni-Enclosure		Vegative	Pressu	re		
	25					Gi	ovebag Proc	edure					
	7					J No	n-Exempted	(*) and	Non-Frial	ole Pro			
		Locat					1				Abate	emen pe	1
Location of Asbestos-Containing Material (ACM)	Norma od Sole	10.00	2 -b - store	Description Containing M					-	Ι,		I	
TO BE ABATED	intena		(i.e. th	ermai systems	iatena : insul	ation.		ount ecify	D	-	Enc	E	
In Facility	Cus	todial ((12)			surfacing, VA	T, or			or LÉ)	Removal	Repair	Encapsulate	Enclosure
(13)	-	-	-	C	ther miscellan	eous)				<u>a</u>	air I	ulat	sure
	Yes	No	N/A							į		æ	
			X	Asbest	tos siding			300SF		X			
							1			1			
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	+	-	1 1										-
Number of Designation CVI			1 1		The same of the sa								
Name of Registered Waste Hauler		4.000	IJDEP Wa lauler ID l		Cubic Yards of Waste		Name of R	legistere	d Landfill				
Brick Industries, Inc.			21602		2		Gro	ws No	rth Lan	dfill			
City, State			_1002	1 0	Disposal Date		City, State				_		
Brick, NJ					5/23/19				sville, F	PA			
Completed by	Title				Signature	_	l		Da				
Eric Plackis		Pre	esident			2			1	5/8/19	9		

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MV# 1177		F'\ _	NOTIFI	CATION OF ASI	BESTOS ABATE	MENT	Calendaria	n) E	C	El	V	EIN
MO# 2549	5416	015	u L	Pursuant to N.J	A.C. 7:26-2.12)			N				
Date of Notification (1) 6/12/19					Name of Build Paulsboro Re				JUN	19	2019	
Agencies Notified		Notification	Type		Street Addres	S	1	1				
(X) EPA		(X) Initial N			800 Billingspo		1	AS	BEST	OS COI	NTROL	. &
() DEP (X) DOL		() Amended () Cancelle		on	City, State, Zi Paulsboro, N.		Low	nouve expens	LIC	DENSIA	ICI	
(X) DOH () DCA		() Emerger						T =				
() BOX					Name of Cont Ravi Jarecha	act			<u>umber</u> 24-4444			
Name of Facility Where Ab	atament is 7	Faking Place (3)	FACILITY IN	FORMATION							
Paulsboro Refining Compa		aking Place (<u>3)</u>		Type of Facility () School (K-	12)						
Street Address					() Subchapte (X) Other (i.e			das hor	nes etc			
800 Billingsport Rd			081	Vola	Sq. Feet N/A					200		
City (5)	County (6)		County				# 01 F100	rs <u>N//</u>	Α	-		
Paulsboro	Gloucester		(State Us	se Only)	Bldg. Age_N Current Use (demolished)	Oil Re	efinery			
Name of Monitoring Firm H	lired by Bldg	. Owner (8)	ASCM N	<u>0.</u>	1		Name of Co	ntractor	(9)			_
Street Address					Street Addres	<u>s</u>	Mansfield In	ndustrial	inc.	410 3000	2000	
					26 Colonial Av City State, Zip							
					Woodbury NJ	08096						
Project Manager for Monito	oring Firm	Telephone I	Number		<u>Telephone Nu</u> 856-224-4392			<u>Licens</u> 00857	e Numb	oer		
Scheduled Start Date (10) 6/19/19		Scheduled (6/27/19	Completion	Date (11)	Name of OSH Mansfield Indu							
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed C	During Enti	Check only on re Period of A	batement		Street Address 26 Colonial Av	<u>S</u>						
(X) Other – Describe – Ren		0.70		area in outside	City, State, Zip Woodbury NJ							
Source of Work (Check all	that apply)	-										
() Demolition (X) Renova () Large Proj. (160 SF or >	260 LF ACN					linor Proj. (<25 SF or <10) LF ACI	VI)			
() Full Containment with No Location of Asbestos-		ation Normally	ini-Enclosu Used	Description of	ebag Procedure ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM) Facility (13)	in Solely Staff?	by Maint./Cus	todial	thermal system surfacing, VAT		,						
rusing (10)	YES	NO	NA	misc.)	, or other				Rem.	Rep.	Encap	Enclose
Pipe Insul. NW corner CHD	1	Х		TSI – Pipe		Approx 1	5 LF		Х			T
Pipe N of WS CU7		X		TSI - Pipe		Approx 12	2 LF		X			-
Pipe East of CU6 CR		X		TSI - Pipe		Approx 5	LF		Χ			
Pipe NW corner Maint Bldg Name of Reg. Waste Haule		X NJDEP Was	te Hauler I	TSI - Pipe	Cubic Yards of	Approx 15	LF	Name	X of Reg	Landfill		
Waste Management, Inc.	<u></u>	17273	ste Hauter 1	<u>υ</u>	<3 CY	VVaste			ester Co	unty La		
City, State South Harrison, NJ							Disp. Date Various			City, Sta South Ha		NJ
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			<u>Signature</u>			<u>Date</u>				
ANDREW GREEN		MANAGER :	– Mansfield	d Industrial, Inc	- Ande Site Ø	perations S	<u>gon</u> upervisor	6-12-1	9			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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1 hock # 0//	M		ICATION	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE				儿		S) FE	= п	7.7
Date of Notification (1)			Name o	of Building	Owner/	Operator	r (2)		Nepton	(D) _r	E (0 [\mathbb{W}
6/13/2019					BOARI	OFE	DU	CATION						
Agencies Notified Type No			Street A	Address UMMIT	AVEN	UE					Jl	JN :	9	2019
DEP Am	ended endment#			ate, Zip C		163					ASBE	STOS	CON	ITRO
Fm	ergency (including ification)			of Contact		+03			Tele	phone 1			NSIN	
	ncellation		15 2000 - 20	GAMP	720.20				20	1-445-3	3340			
Name of Facility Where Abatemen	t is Taking Place (3)	FACI	ILITY INF	ORMAT	ION	Ту	pe of Facility (4)					
TRAPHAGEN OLD BUILDI	NG 11	8727					×	School (K-12	500					
Street Address 153 SUMMIT AVENUE		(77	403)			Subchapter 8 Other (i.e. pr etc.)				ilding	s, hom	ies,
City (5) WALDWICK							Sq	uare Feet	# of	Floors		Bldg.	Age	
County (6) BERGEN				Code (7) USE ONLY)		Cu	rrent Use (Prio	r if beir	ng demo	lished)			
Name of Monitoring Firm Hired by HEALTH AND SAFETY SE			ASCN	И No.				batement Cont			NG, I	NC.		
Street Address PO BOX 365	70					Street 11 V		ress ELAND AVE	NUF					
City, State, Zip Code						City, S	State	Zip Code						
BERLIN, NJ 08009 Project Manager for Monitoring Firm	n		Telepho	ne No.		Teleph		A, NJ 07512	2	License	No			
JIM PROCTOR			856-45	52-1311		973-	956	5-8700		00494				
Start Date (10) 6/24/2019	6/28/2		npletion I	Date (11)				SHA Monitor AS (9) ABOV	/E					
Occupancy Status During Abateme	nt (Check Only Or	ne)				Street	Add	ress						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: EXTERIOR	of Normal Facility	Abaten Hours	nent s			City, S	tate,	Zip Code						
Scope of Work (Check All That App	oly)										-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	F	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure				ro	
	Is	Locati	ion			-		ton Exempted	() and	14011-111	abic i i	Aba	temen	t
Location of	11	Normal d Sole				scription					-	T T	уре	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Ma Ma	intena todial S (12)	nce/		thermal surfa	aining N systems cing, VA niscellan	s insi T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
EVERIOR	Yes	No	N/A										ate	œ.
EXTERIOR		X		GLU		ER AL		IINUM	2,3	00 SF	X	+	-	
				-		MEMB		NE	50) SF	X	-	-	
Name of Registered Waste Hauler			JDEP W		Cubic of Was			Name of R						
TWO BROTHERS CONTRA	CTING	1 848	8743		20			WASTE	MAN	AGEM	ENT	G.R.	O.W.	S.
City, State FOTOWA, NJ						al Date 2019		City, State MORRIS	SVILL	E, PA				
Completed by VIVECA RAMOS	Title	IFCT	COOF	POINAT		ignature	1/2	I P	./9	1	Date	010		

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(horr#	2003		P	rsua	ant t	o M	.J.A.	C. 8	:60 and	12:12	MEN 1 20)			G.			<u> </u>	
Date of Notificati	on (1) 6-14-2019						uilding Healtl		er / Operate	or (2)				JUN	1	9 2	019	- Inc
Agencies Notifie				The second division in	treet			11				- tool	brank!					-
⊠ EPA				18	8 E. L	aurel	Road					-	Λ.	SEEST	os c	ONT	ROL	. 8:
☐ DEP ☐ DOL	☐ Initia	al ended					& Zip						100	L	CEN	SINC	1	-
⊠ DOH		ergency					NJ 08					Lomon	O SECTION AND ADDRESS OF THE PARTY OF THE PA					
DCA		cellation		100,000	Ir. Jefi										lepho 6-21		Numb 764	er
					FAC	ILIT	YINF	ORN	MATION									
Name of Facility Jefferson Healt	Where Abatem	ent is Taking I	Place	e (3)				Ty	ype of Faci									
Street Address	11-2 1001	moor ilouinz	-						School		O41 41	12.4	0)					
18 E. Laurel Road											Other that ate & com			ildingo	hon	200	oto)	
								_	quare Feet		# of Floo		iai bu		g. Ag		3(0.)	
City (5)		County (6)		Cou	nty C	ode	(7)		250,00		011100	2		Did	9. 7.8	52		
Stratford, NJ 0808-	4	Camden			050		•	C	urrent Use		f being de	emoli	shed)			02		
									ospital				,					
Name of Monitori			vner	(8)		ASC	CM No	100	ame of Aba									
Criterion Labo	oratories, Inc	•							esource N		ement G	roup,	LLC					
Street Address	D: 0:	T							reet Addre		-	_0.40				50-01-01		
3370 Progress		J							115 Hamil			02						
City, State & Zip									ty, State &									
Bensalem, Pa. Project Manager			1-						enton, NJ		9							
Mr. Mike Pane		-irm			one N				elephone N 09-977-61				Licen	se Nur				
Scheduled Start I		Cobodulad Ca			44-1		0.0								0118	35		
6-17-2		Scheduled Co		etion -8-20		(11))		ame of OSI			storio	a lna					
Occupancy Statu	The state of the s	ment (Check o							&S Enviror reet Addres		al Labora	HOLLE	s, inc)			-	
Facility C	losed/Vacated	During Entire I	Perio	od of	Abat	eme	nt		33 Route		est							
	nt Performed O								ty, State &			-				-		
Describe:	Weekdays	& weekends	8an	n – 5	5pm			Ur	nion, NJ 0	7083								
Scope of Work (C	ccupied During	Abatement						\perp										
Coope of Work (c	nicok ali tilat aj	opiy)								M	Full Conf	tainm	ent wi	th Neo	ativo	Dro	cura	
≥3 sf or ≥			\triangleright		Reno	vatio	n				Mini-Enc			uriveg	alivo	110	Suic	1
≥160 sf ≥2	260 If				Demo	olition	า				Glove Ba							
	Location of		_	In I -					5		Non-Exe							
	estos-Containin	a			catio				Description bestos-Con				Amour Speci		Aba	atem	ent T	ype
M	aterial (ACM)	9			ely by			101	Material (A	CM)			F or L				ш	_
<u>TC</u>	BE ABATED				nance			(i.e.	, thermal s	ystems					Ren	Re	ncal	incl
	in Facility (13)		Cu		ial St 12)	ап?			tion, surfact her miscell						Remova	Repair	Encapsulate	Enclosure
	()		Ye			N/A	9	OI OU	nei miscen	ancous	''	22			<u>a</u>		ate	<u></u> 6
Floor			T		X	П			Mastic		-	1	250 8	SF.				
Beam						d			ACM				00 S			H	님	H
Drop down soffit	s of casework	(12 colum	ns			40 S		Ħ	一	Ħ	計
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			F] [4													
Name of Register	ed Wasta Havi	or			INID		Vast-	Cut	- Vo-di	IAI-	- (D			CII				
rame of Negisteri	cu vvasie naul	CI					Vaste No.	of Wa	c Yards aste	Name	of Regis	tered	Land	till				
Robinson Waste	Disposal Ser	vice, Inc.			1730		. 10.	TBD		Grow	s Landfi	11						
City, State Voorhees, NJ		10.000							osal Date	City, S	State						-31121.50	
Completed By (Pri	int or Tuno)				T:4' -					INIOTTI	sville, PA	4						
Mr. Brian Haney					Title Pres		nt	Signa	TURE ///	1/	X////			1	0ate 06/14	/201	9	

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Date of Notification (1) 6/13/19					liding Own				AS	BE	STOS	CONT
Agencies Notified Type Notifies	llan	-		anialius	s Snea	ou.mh#i#i	01(2)	VIII 3	17.19	7		
EPA DEP Initial Amende	RION		81	rest Addre	A-S.P.	,	1-		17	4		
(A 1/41/7)	ment de		CE	y, State,	Zip Code		MA	WER APP	TOY			
I NOT LOS INCHES	ncy (inch	ding	Na	me of Col	od, NJ 07	450						
Candelle			Ar	lone	000000071			Telepho	ne Nun	nber		
Name of Pacility Where Abatement is To Shea	aking Plac	ce (3)		AOILITY	MFORM	TION	Type of Fa		****		• 14 ·· p 1.0	
Street Address			-	PAQ.			Schoo	1K-121				
City (6)							II Subch	apter 8 (Other tha (I.e. private & com	n K-12) 1 Inv. 10 /		
Ridgewood							Bousia Fee	# of Floor				
County (8) Bergen			Cou	nty Code	(7)		2150	2	·	i RA	olg. Ag	ď
Name of Monitoring Firm Hired by Buildin	ng Owner	(Q)	_	BCM No.	MTA)		LIDO	(Prior if being de	molishe	d)		
Street Address				> 0 to 140!		A. M	of Abstement ac Contract	Contractor (8)				
City, State, Zip Code	X4.1=00F33				-	Street	Address					
	- Pilemani Para					City, St	regiand At					
Project Manager for Monitoring Firm			Telso	hone No.		Midla	nd Park, N.	J 07432				
Start Date (10) 6/13/19	Eshall	ulaci a				201-2	na No. 62-5841	Licen 0015	se No.	-		
G/I3/I9			20/19	n Date (1	11)	Name o	OSHA Moni	Br.	-	-		
Che court of a contract of the court of the	ick Only C	Sne)				5176at A	ddress	nental Service	t Inc.			
Facility Closed/yeasted During Entire Absternant Parformed Outside of Nor Other - Describe:	mai Pacili	r Abet ity Hol	entent urs		-	280 H	uyler Stree	t				
cope of Work (Check All That Apply)						Hacke	nsack, NJ	07806			-	
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	e.j	Damo	ria on				Glovenez B					
12THE S	Ir	E Loca	rion	T			Non-Exemp	ed (*) and Non-Fr	lable P	rocad	Ura	
Location of Asbestos-Containing Meterial (ACM) TO BE ARATED	Use	Norma ad Gol	ely by	Asha	Desc	ciption of				Abs	ieme: Type	nt
In Facility (13)	Cus		Statt?	(1.8	P HABITLE S.	VETOING IN	erial (ACM) sutation.	Amount (Specify	7	T		(7)
114)	Yes	(12)		1	olhar mi	rg. VAT.	ne)	SF or LF)	Removal	Repair	Encapsulate	Endossin
Bassment	1 0%	No	NIA						2	1	litarie.	487
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ne of Repistered Waste Haular				na someone								
wark Carling Inc.		1 H	JDEP W	aste No.	Cubic Ye	rds	Name of	Registered Lendfi	11			_
Wark Carling Inc.		1 H	JDEP WI lauler ID I	astę No.	of Waste		Grand (Central Sanita	ly Lan	dill		-
ime of Repistered Weste Hauler IWark Carling Inc. y. State Wark, NJ 07105 mpleted by McDonald	Title	1 H	auler 10	este No.	Of Waste 1		Grand (Central Sanita	ry Lan	dilli		

^{*} Do not use this form for sebestos itoensure exempted sotivities.

I WALL!	Q 1				State of	Nous Jamess	The same of the sa	n) E C E	5	\mathbb{V}	E	1
OK 1130	PA	ATT		FICAT	ION ASE	New Jersey BESTOS ABATE C 8:60 and 12:12	IVIEN I	KI IIIN			15	China and an analysis
Date of Notification (1) 6/10/1	9	Marie Comment		-	ne of Build	ling Owner/Operate	or (2)		9 2	019		hones
Agencies Notified	Type Notifi	cation		-	et Addres	S		ACCEPTAGE	0000		-	_
EPA					Bartlett S		-	ASBESTOS LICEI	VSING	ihoi B	~ &	
DEP X DOL	Amende Amendr				, State, Zip			The state of the s		-		
DOH		ncy (includ	ling	1		wick, NJ						
DCA	Cancella		0001	10000000	ne of Co is Pudim			7323569505	mber			
				FA	ACILITY II	FORMATION						
Name of Facility Where A	Abatement is	Taking Pla	ace (3)				Type of Faci					
Street Address								er 8 (Other than K-				
							Other (i.e. homes, e	., private 8 commerc	cial bui	ldings	S,	
City (s) New Brunswick, NJ	100000						Square Feet	# of Floors	E	Bldg.	Age	
County (6)				1.0-		(7) (07.475	2000 SF	_ 2		25 yr	S	
Middlesex, NJ 08846				US	E ONLY)	(7) (STATE	Residential	(Prior if being demo	lished)			
Name of Monitoring Firm (8)	Hired by Buil	ding Owne	er	ASCN	l No.	Name of Abater AEi2, LLC	ment Contractor	(9)				
Street Address				-		Street Address				-		_
						361 E. Flemin						
City, State, Zip Code						City, State, Zi Hammonton,						
Project Manager for M	onitoring Fir	m	Te	ephone	No.	Telephone No.	110 00057	License No.				
			-			609-481-212	2000	00689				
Start Date (10) 6/22/19	- 1	Scheduled 5/29/19	Compl	etion Da	ate (11)	Name of OSHA AEi2, LLC	Monitor					
Occupancy Status During						Street Address						_
Facility Closed/Vacate Abatement Performed					t	361 E. Flem						
Other - Describe:	Outside of N	ormai raci	iity mot	IIS		City, State, Zip C Hammonton		1				
Scope of Work (Check all	that apply)					Full Co	ntainment with	Negative Pressure				-
≥3 sf or ≥3 If			Renova Demoliti	tion		Mini-En						
≥160 sf or ≥260 If		\boxtimes_{Γ}	Demoliti	on		Gloveba Non-Ev	ag Procedure	Non-Friable Proced	lura			
			Locati			14011-27	compted / / dild	Trable Floced		Abate	ment	
Location o	f		Normall d Sole			Description of	f			Тур	е	
Asbestos-Containing Ma TO BE ABATE		Ma	intenar Custodi	nce/	Asbes	tos Containing Mat	erial (ACM)	Amount	R	R	n	E n
IN Facility	<u>.u</u>	'	Staff?		(i.e.	 thermal systems i surfacing, VAT, 	or	(Specify SF or LF)	m	e P	c a p	1 0
(13)			(12)	,		other miscellaned	ous)		0	a	s u	s
		Yes	No	N/A					1	r	1 a	e e
1st floor			1	X	Vinyl F	looring		60 SF	X		c	
Kitchen			1	X	Vinvl I	Flooring		160 SF	121			
Basement				X	TSI			2 SF	1			
House				X	Sinks			2	1			
Name of Registered Wast	e Hauler			JDEP I		Cubic Yards	Name of Reg	gistered Landfill				-
AEi2, LLC			10.00	lauler II 1376	. טאו ע	of Waste 3	TBD					
City, State						Disposal Date	City, State	27				
Hammonton, NJ Completed By		Tru.				TBD	TBD					
Wm Minnick		Title	n Ma	r		Signature /	Than	Date 6/10/19)			

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(Kaylog PA	TID	OTIF	ICATIO	State of No N OF ASI It to NJAC	BESTOS	ABATE	MEN 0)	T Branches	0)-[EC	E	7		
Date of Notification (1) 6/13/2019			Name ELIZ	of Building	Owner/	Operator	r (2) OOI	S		JUN	1 1) 2(119	
Agencies Notified X EPA DEP Amended Amendment Emergency justification DCA Agencies Notified Type Notification Initial Amended Amendment Emergency justification) Cancellation	#_ (including	-	Street 500 N City, St ELIZA	Address NORTH I tate, Zip C ABETH, of Contact COUTO	BROAI ode NJ 072) STRI		and the state of t	Tel	SBES1 L	OS CICENS	ONT	ROL	Lange F
Name of Facility Where Abatement is Takin				ILITY INF		ION				8-436-	-5180			
MADISON MONROE SCHOOL #1 Street Address 1091 NORTH AVENUE City (5)	6 (3)		-				×	school (K-Subchapter Other (i.e.) etc.)	12) r 8 (Oth orivate 8	er than I & comm	K-12) ercial t		gs, ho	mes,
ELIZABETH County (6)			Country	C-d- (7)			50					22354	, nge	
UNION			(STATE	Code (7) USE ONLY)		Curi	rent Use (Pri	or if bei	ng demo	olished)		
Name of Monitoring Firm Hired by Building O BRINKERHOFF ENVIRONMENTA	Owner (8) L SERVI	CES	ASCI 0010	M No. 00				atement Cor OTHERS			ING,	INC		
Street Address 1805 ATLANTIC AVENUE						Street 11 VI		ess LAND AV	ENUE	0	- 20			
City, State, Zip Code MANASQUAN, NJ 08736						City, S	tate,	Zip Code						
Project Manager for Monitoring Firm GARY W. FLEMING			Telepho	ne No. 23-2225		Teleph	one N			Licens				
Start Date (10) 6/24/2019	Scheduled 8/24/201	Com				Name	of OS	HA Monitor		0049	4			
Occupancy Status During Abatement (Check						Street		S (9) ABO	VE					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: OCCUPIED	eriod of Ab al Facility F	atem lours	ent			City, St	ate, 2	Zip Code			-			
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novat				×	Mi	III Containme ni-Enclosure ovebag Prod	edure					
	ls I	ocatio	nn.				No	n-Exempted	(*) and	Non-Fr	iable P		ure ateme	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Maint Custoo	rmally Solely enan	y y by ce/	Asbest (i.e.	os Conta thermal surfac	cription aining Ma systems ing, VAT iscellane	ateria insul , or	ation,	(SI	nount pecify or LF)	Kelnova	T	Type Encapsulate	Enclosure
	Yes	No	N/A								=		ate	Ğ.
BASEMENT, 1ST FL, 2ND FL		X			PL	ASTEF	?		17	4 SF	Х			
												+	+	+
News of Device 1999													+	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		На	DEP Waller ID	70.705.70	Cubic Yof Was			Name of F				G.R	.O.W	.S.
City, State TOTOWA, NJ		10	1 -10		Dispos: 8/24/2	-		City, State						
Completed by VIVECA RAMOS	Title	CT	COOR	RDINATO	Si	gnature	r	MORRI	SVILL	1	Date 6/13/2	0040		

										Land	F	<u></u>		Vancaciono	-	Print F
Date of Notification (1)	1500	AT	NO	(Pursua	State of N ON OF AS nt to NJA	BESTO: C 8:60 a	S ABATI nd 12:12	20)	A Districtory		<u>E</u>	G		$\underline{\mathbb{V}}$		The second secon
6/10/19 \\\	1-10/	799	1	Name	of Buildin Keller F	g Owner Private	/Operato	or (2)			9	JUN	19	2019	the same of	뾔
Agencies Notified T	ype Notification	<u> </u>	J		Address	iivale	nome				- Detroise					
⊠ EPA ⊠	Initial									-	ASBE	STOS	S CON	TROL	&	Traine
DEP DOL	Amended Amendmen	.+ ++			State, Zip (- Constitution	LIU:	NSIN	<u></u>		
	Emergency	(includir	ng		Bottom of Contac		308									
☑ DOH	justification Cancellation			Tom		t					Tele	phone	Numbe	er		
Nome of Facility Miles At				FA	CILITY IN	FORMAT	TION								-	
Name of Facility Where Aba Tom Keller Private Ho	itement is Takir im	ng Place	(3)					Ту	pe of Fac	ility (4)						
Street Address									School	(K-12)	/O#		IC 40)			
								岗	Subcha Other (i.e. priv	(Othe /ate &	r than comm	K-12) ercial b	uilding	s, hor	nes,
City (5)								Sa	etc.) uare Fee			Floors			Age	- I
Ship Bottom NJ 08008	3							1000000	000 +		1	. 10013		35+	-	
County (6) Ocean				County (STATE	Code (7)	n			rrent Use	(Prior i	if bein	g dem	olished)	1		
Name of Monitoring Firm Hir	ed by Building	Owner (8	R)		M No.			30,000	ouse							
N/A	. , _ aaig	(0	-,	730	AVI INU.				batement	Contra	actor (9)				
Street Address					C+ 2531742-30016-4	-	Street						-			
City State 7:- 0-1							POI									
City, State, Zip Code									Zip Code							
Project Manager for Monitori	na Firm			Teleph	one No.				erlin NJ	08091						
				rotopin	one no.		Teleph 856-		-9800		- 1	Licens 0072				
Start Date (10) 6/20/19				ompletion	Date (11)				SHA Mon	itor		0012				
Occupancy Status During Ab		6/28/1	100				Sam	е								
							Street	Addr	ess							
Facility Closed/Vacated Abatement Performed C Other – Describe:	Outside of Norm	eriod of al Facilit	Abat ty Hou	ement urs			City, St	tate,	Zip Code							
Scope of Work (Check All The	at Apply)													-		_
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Reno Demo	vation dition			×	M G	ull Contai lini-Enclos lovebag f on-Exem	sure Procedu	ıre				.	
			s Loca							T					emen	t
Location of Ashestos-Containing Mate	arial (ACM)		Normed So	ally lely by		Des	cription	of					-	T	уре	
TO BE ABATED	TO BE ABATED				Asbest (i.e.	tos Conta thermal	aining Ma systems	ateria insul	al (ACM) lation,		Amo (Spe	3712157	l z	_	E	
In Facility (13)	Jus	(12	l Staff?		surfac	ing, VAT	, or			SF o		Remova	Repair	caps	Enclosure	
SS - 27		Yes	No	N/A				, ous					Val	#	Encapsulate	ure
Exterior Siding	g			×		Exteri	ior Sidi	na		+	2000	QE.		-	-	
								9		+	2000	01	X	-		
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Name of Registered Waste Ha	auler			NJDEP W		Cubic Y			Name	of Reai	stere	Landi	fill			
United Roll Off				Hauler ID 22459	No.	of Wast	te		1	O.W.S			27.5			
City, State						Disposa	al Date		City, S	tate				-unice		
Elm NJ						6/28/1	9		Morri	sville	PA 1	9067				
Completed by Anthony T Perna		Title Pres	iden	t		Sig	gnature	7	2			1 1	Date	200		
		Fies	iuen					_				(3/10/1	9		

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	Date of Notification (1)	8-19			Na	A CONTRACTOR OF THE PARTY OF TH	ing Owner/O			υιτρε			1 O	1	and the same
2	Agencies Notified PA DP DD	Type Notifical Initial Amended Amendmen	nt #	lina	_	eet Addres	661,1	Pom	ONA	AUE U.T	LICENS OB 0	NG NG		***************************************	MITON A
	☑ DOH	justificatio	n)	ni ng	Na	me of Conta					phone Num				
H				-			FORMATIO	N							=
	Name of Facility Where A	batement is Ta							Type of Fac						
-	Street Address	00000							Subchar Other (i.e. homes,	oter 8 (Others, private 8	er than K-1 & commerc	2) ial bui	ldings	i,	
	City (5)	VALON	1		C	F82	00		Square Fee	1 # 01	Floors		SIdg. A	7.	_
	County (6) CAP(- WIAY			US	unty Code (E ONLY)	7) (STATE	_		CAN	aing demoli T	shed)			
	Name of Monitoring Firm I	fired by Building	g Owne	ſ	ASC	d No.	Name of A		ent Contracto						
	Street Address						Street Add		SPRI	JCE 0	AUE				
1	City, State, Zip Code						City, State,		ode	_	- 1860 -	280	25	2	_
1	Project Manager for Monit	oring Firm		Te	ephone	No.	Telephone	20100000	7-047		onse No.	71	•		_
-	Start Date (10) 6 - 1819		eduled D - 7			ate (11)	Name of O	SHA M	Ionitor N/A						
	Occupancy Status During Facility Closed/Vacated	Abatement (Ch	eck onl	one)			Street Add	ress		#8					
	Abatement Performed C Other - Describe:	Outside of Norm	al Facil	ity Hou	ırs		City, State,	Zip Co	xde	8					
	Scope of Work (Check all t	that apply)					Пы	Il Cont	ainment with I	Vegative P	ressure				
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf			enovat emolitic			☐ Min	ni-Encl		154		е		t es	
			N	Location	/							Α	bater Typ		
	Location of Asbestos-Containing Mat TO BE ABATED IN Facility (13)		Mai C	d Solel ntenan ustodia Staff? (12)	œ/	(i.e., t	Description Containing thermal system surfacing, to their miscel	Mater ems ins VAT, o	sulation, '	(Sp	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
		4	Yes	No	N/A		RAN	015	<u> </u>	125	- 50	\/	\dashv	+	-
=	SIDING				X		KAN	3111		الكا	080	X	1	\exists	
															_
_	(5 :: 11/	Unidad		TN	JDEP V	Vade	Cubic Yards		Name of Re	gistered La	andfill				\dashv
V	ame of Registered Waste	INC			auter ID	No.	of Waste		C.N	i. c.	MU	A			
Ci	ty. State	IADE	Ν.:	Γ			Disposal Dat	e	City, State	OD BI	NE				
	ompleted By dicHAEL KLC	Title	Su	ρ.			Signatur	e-li	076	: :	Date	8-	19		

	2												24:170	P	rint F
Date of Notification (1)	Ad	NOTI	FICATIO Pursuai	State of Ne DN OF ASE nt to NJAC	8:60 a	S ABATE and 12:12	(0)	IIUr	E C	; [E		and the same of th
6/13/19	ら		Name Jame	of Building es Barba	Owne ccia F	r/Operator Private H	r (2) Hom	ne	Jl	JN 1	9 20	19	In the second		L. Carlonnesson
Agencies Notified Type Notification	1		Street	Address				Lal 6921		programme agreement of the contract of the con					Table of the last
EPA	t #			state, Zip Co		107			ASPES	LICEN	CONT	RU	L &	,-,	1
☐ Emergency justification	(includin	g	Name	of Contact		101		L.,	Te	lephone	e Numb	er			
DCA Cancellation	1		Jim	CILITY INFO	ODRAA	TION									
Name of Facility Where Abatement is Takin James Barbaccia Private Home	ng Place	(3)	IAC	NETT I INC	UKWA	HON	Тур	pe of Facility	(4)						-
Street Address	-						NO CONTRACTOR	School (K- Subchapte Other (i.e.	er 8 (Oth	er than & comn	K-12) nercial	buil	dings	, hom	es,
City (5) Parkertown NJ 08087							-	etc.) uare Feet	# 0	f Floors	5	В	ldg. /	Age	
County (6)	± -		County	Code (7)				000 ÷	2			1	35+		
Ocean			(STATE	USE ONLY				rrent Use (Pr	nor if be	ing dem	nolished	1)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		40		batement Co	ntractor	(9)					
Street Address						Street								*	
City, State, Zip Code		-				PO E		329 Zip Code							
The Production Developed						7.0		erlin NJ 08	091						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 856-		No. -9800		Licens					
Start Date (10) 6/22/19	Schedul 7/6/19		mpletion	Date (11)				SHA Monitor							
Occupancy Status During Abatement (Chec						Sam		ess							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abaten	nent s	(4)				Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolii				X	M G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure	_				۵	
	100	Locati	0.7000000					-					Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Uss Ma	Normal ed Sole intena todial S (12)	ly by nce/		os Con therma surfa	escription taining M I systems icing, VAT miscelland	ateria insu T, or		(S	mount pecify or LF)		Remova	Ty Repair	Encapsulate	Enclosure
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	-										-				
											-	+			
Name of Registered Waste Hauler		1.0000	JDEP W	PARTICIPATION IN THE PROPERTY OF THE PROPERTY		Yards		Name of	Register	red Lan	dfill				
United Roll Off		1922	auler ID 2459	No.	of Wa	ste		G.R.O.	W.S.						
City, State Elm NJ					Dispo: 7/6/1	sal Date 9		City, State		1906	7				
Completed by Anthony T Perna	Title Pres	ident			S	ignature	1				Date -6/1.3/	110			
											-1-101				

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

No cho	CY		1	Pursua	nt to N	IJAC 8:	60	and 1	2:120)	u?ttion	Ch	eck.#.2	012		4
Date of Notification (1)	June 14, 20 May 17, 2019	19				ng Owner					NEG	TH I		/ [E	D
Agencies Notified	Type Notification	on			Address	gional M	eai	cai Cen	ter	11	3	WORKS AND THE PERSON NAMED IN	Marine III	125	
□EPA □DEP	ON HOLD			1925 F	Pacific A	venue				The second secon	JUI	1 1 9	201	9	
DOL	Initial			City, S	tate & Zi	p Code					-	M. Patta Anderson	one, which	A toblegue	
⊠рон	Amend	led lment # 2		Atlant	ic City, N	IJ 08401					ASBEST LI	OS CO CENSII	NTRO VG	DL 8	3
DCA	Cancel	7		Name	of Conta	ct				KONOKONENIO	TO THE RESIDENCE OF THE PARTY O	Telephor		nbe	r
	_			Williar	n Malazi	ta					6	09-345-	4000		
	L	77		FA	CILITY	INFORI	M/	ATION							
Name of Facility When			lace (3)			T	уре	e of Faci							
AtlantiCare Regional	Medical Cente	r				[School							
Street Address 1925 Pacific Avenue							爿		apter 8 (Other than (i.e., private & co		oial buildin	as hor	20.00	to)	
1323 Facility Avelide						1.0	San	are Feet				ldg. Age		.0.)	
City (5)							80					-	0 Yea	ırs	
Atlantic City, NJ								ent Use pital	(Prior if being den	nolishe	d)				
County (6) Atlantic		US	unty Code	€ (7)											
Name of Monitoring Fit Hillmann Consulting,		lding Owr	ner (8)		ASCM			ne of Aba atech, Ir	atement Contracto	r (9)					
Street Address 1600 Route 22 East, S	Cto 407					-		et Addre							
City, State & Zip Code								Radio R State &	Zip Code						
Union, NJ 07083			1=		L	L	ittl	e Egg H	arbor, NJ 08087						
Project Manager for M Stephen Cherepany	onitoring Firm			lephone N 8-688-780				phone N 296-691			License Nu	mber 0081	7		
Scheduled Start Date (On Hold	(10) S	cheduled	Completi	on Date (1 ber 19, 20		100			HA Monitor						
Occupancy Status Dur			nly one)			S	tre	atech, Ir et Addre	ss						
	d/Vacated Durir erformed Outsid	170 mars			nt	L-		Radio R	Zip Code					_	
Other – Descri		C OI IVOIII	nai riouis	,					arbor, NJ 08087						
	oied During Aba	tement													
Scope of Work (Check	all that apply)							\boxtimes	Full Containmen	t with N	lenative Pre	esure			
≥3 sf or ≥ 50 lf			\boxtimes	Renovatio	on			Ë	Mini-Enclosure		logulivo i io	00010			
≥160 sf or ≥260	If			Demolitio	n				Glovebag Proce	dure					
									Non-Exempted(*) and I	Non-Friable				
Loca Asbestos-Contair	ition of ning Material (A)	CM)		on Norma y Mainten			Asl	Descript bestos-C	tion of Containing	Amo	ount (Specifi		ateme	ent i	ype
TO BE	ABATED	\$		dial Staff			-	Material	(ACM)	1	SF or LF)				
	acility 13)								al systems facing, VAT	1		R	_	ᄪ	Ψ̈
									cellaneous)	1		Removal	Repair	cap	Enclosure
			Yes	No	N/A							oval	air	Encapsulat	sure
1st Floor Offices					Х	F	loc	or Tile a	nd Mastic		2,800 SF	X			
1st Floor Offices	st Floor Offices						I	Plaster (Ceiling		850 SF	X			
											_				
												+			
Name of Registered W	/aste Hauler		NJDEP \		Cubic '	Yards of V	Vas	ste	Name of Regist	ered La	andfill				
Synatech, Inc.			Hauler II	429	80				Atlantic Count	y Utiliti	es Authorit	у			
City, State					Dispos	al Date			City, State						
Little Egg Harbor, NJ	08087				Decem	ber 2, 20	19		Egg Harbor To	wnshi	o, NJ				
Completed By		Title	91100000		Signate			110		Date		40			
Diane Aloia		Executiv	e Admini	strator	11	Mane	,	allo	24		June 14, 20 . 2019——	119			

No Choc	(VOT	IEIC	` A TIC	State of	New Je	rsey			*				
Check#3366		,	401	(P	ursu	ant to Nu	SBES	OS ABA	TEMENT		CANC			ON	77 [
Date of Notification (1)					Nan	ne of Buildi	ing Owne	er/Operator	(2)			<u>l</u>	[5]] [] [
	12 /	19							(-)						
Agencies Notified	Type Notific		-1100	_		y McLau et Address						UN	19	-20	119
☐ EPA	☐ Initial				0,0	0071001000	,	Ī				911		Come Co	
☑ DOLWD ☑ DHSS	Amende				City	State, Zip	Code			-	weekstures epizzwiputsia	rpithan -	ala mark to		
□ DCA	Amendm Emerger		udina			lewood, 1		0			ASEE	STO)S C()ENS	TMC	AOL
(NJAC 5:23-8)	justificat	ion)	uumg			e of Conta				17	l Telephone Num	enomination of	Alex 1 '4 No.	surptiment	nest Marie
		ition			Kell	y McLaug	ghlin			-					
						ACILITY		TATION					-5011-50		
Name of Facility Where A	batement is	Taking F	Place	(3)					Type of Facil	itv (4)		5-7-10			_
Private house									School (K	-12)					
Street Address									Subchapte	er 8 (C	ther than K-1 2)			
									homes, et	, priva c.)	ate and commer	cial b	uildin	gs,	
City (5)									Square Feet		# of Floors	E	Bldg. A	\ge	
Maplewood, NJ 07040															
County (6)					Cou	nty Code (7)	(STATE	USE ONLY)	Current Use (Prior i	if being demolis	hed)		7.50	o me
Essex Name of Monitoring Firm I	Hirad by Duil	dina O	/5	· I											
round of Monitoring (min)	med by build	uing Ow	ner (a	9)	ASCM	No.			ent Contractor	(9)			137-1		
Street Address								ch LLC							
							1	Address	V						
City, State, Zip Code					-			alley Rd # State, Zip C							
							Accesses to	e, NJ 0747							
Project Manager for Monitor	oring Firm			Tele	phone	No.		one No.	70	Т	License No.				
							973-63	38-1777			1127				
Start Date (10)		Schedule						of OSHA N	fonitor		11121	70.00			
					_ /		Enviro	vision Co	nsultants,Inc						
Occupancy Status During	Abatement (C	Check or	nly on	e)				Address	noureditto; die	-					
☐ Abatement Performed (During Entir	e Perio	d of A	bate	ment		20-21	Wagaraw	Road, Bldg .#	# 35E					
Time of Abatement:	AM-	PM/	Cility	PM_	s - Des	AM	City, S	tate, Zip Co	ode						
Scope of Work (Check all t	hat apply)						Fair La	iwn, NJ 0							
and the second s	nat apply)						Н	Clean up	and decontam ainment with N	inatio	n with negative	pres	sure		-
>3 sf or >3 If > 160 sf or >260 If		\boxtimes	Rend					Mini-Encl	osure						
		_	Dem	UIILIU	4.1			Non-Exe	<pre>Procedure L mpted (*) and N</pre>	on-Fr	with Negative I	Press	sure		
				ocati						T		-	ateme	ent T	vne
Location o Asbestos-Containing Ma			Used	rmal Sole		0.000		scription o			400000000000000000000000000000000000000	-	1		
TO BE ABAT	ED	# L	Main	tenai	nce/			taining Mat il systems i	erial (ACM) nsulation.		Amount (Specify	em	Repair	nca	nclo
IN Facility (13)		,	Custo	วเลเ 5 (12)	starr?		surfa	cing, VAT,	or		SIF or LF)	Removal	air	Encapsulate	Enclosure
		Y	es	No	N/A	1	otner	miscellaneo	ous)		8	_		ate	(0
Basement		Ī	1 [7	\boxtimes	Ding inc.	.latia				_	K 7		_	
			1	=-		Pipe insu	nation			11 L	.F		Ш	Ц	Ш
		_ _	J L							1					
		_													
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Name of Registered Waste	Hauler	er e a realitaire de		NJDI	EP Waste	Hauler ID No.	Cubic Ya	irds of Waste	Name of Regi	stered	d Landfill				_
Gr Tech LLC				0	03378	5	TBI	D	T.R.R.F. Inc						
City, State							Disposa	al Date	City, State			-			
Wayne, NJ 07470							TBI)	Tullytown, P	Α					
Completed By (Print or Type	e)	Title					Sig	gnature /			Date				

Owner

N.Jevtic

MAY 11

Date

06/12/19

1MU-1 hor#29	1855	Ô	Not	State of I	New Jersey spessos Abatement - 8:60-7 and 12:120-7)			E C	E		E
Date of Notification (1) 06/14/1	9 ck. #29	100		The state of the s	Name of Building Owner/O	Operator (2)		Sec. of the sec.	N 19	201	a
Agencies Notified	9 CR. #29	Notification			Board of Trustees Street Address 2600 Woodbridge Ave		The state of the s	40	1 1 3	201	3
☑ EPA □ DCA ☑ DOL		☐ Initial N ☐ Amend ☒ Emerg	ed#	n fication (including	City, State, Zip Code Edison, NJ 08817 Name of Contact				JOENS		OL &
☐ DEP 図DOH		justificatio	n)	, ,	Dorothy K Power		732-54	one Nun 8-6000	<u>iber</u>		
				FACILITY INF	FORMATION			- 2		STORE	
Name of Facility Where A Middlesex County ((3)		Type of Facility (4) ☐ School (K-12)						
Street Address 2600 Woodbridge A	Ave			-	■ Subchapter 8 (other the x Other (i.e. private & come Sq. Feet: over 100k sf	nan K-12) nmercial buil # of Floo		omes, et Bldg. Ag		Multipl	e
City (5) Edison	County (6) Mid	dlesex		ty Code (7) Use Only)	additions Current Use (prior if being	demolished)): Middle	sex Cou	inty Col	lege	
Name of Monitoring Firm Environmental Connect		lg. Owner (8)	ASCN	1 No.	Name of Contractor (9)						
					Panoramic Window & Do	or Systems	, Inc.				
Street Address 120 North Warren Street					Street Address 712 Sergeantsville Road						
City, State, Zip Code Trenton, NJ 08608 Project Manager for Monit		T=			City State, Zip Code Stockton, NJ 08559			17.2			
Roli Jones	oring Firm	Telephone 609-392-4			<u>Telephone Number</u> P (732)926-0900		License 01237	Numbe	[
Scheduled Start Date (10) 06/17/19		Scheduled 7/17/19	Comple	tion Date (11)	Name of OSHA Monitor IAQ GURU LLC						
Occupancy Status During Facility Closed/Vacated Abatement Performed Composition Describe	d During En	ire Period of	Abateme	nt	Street Address 87 Main Street						
Describe					City, State, Zip Code						
□Other – Describe:					Lincoln Park, NJ 07035						
Source of Work (Check all		*		7/00/2004/7 - 10/20							
≥ 3 sf or ≥ 3 lf	or ≥ 260			⊠ Renovation □ Demo		nclosure IGlovebag I on-Friable Pr		е			
Location of Asbestos- Containing Material (ACM) Facility (13)) in Use				bestos Containing Material nal systems insulation, or other misc.)	Amoun (Specif LF)	it fy SF or		ment Ty ve Rep se		ncap
Library Exterior Window			XX	Asbesto	os Window Caulking	2170 L	F	- 基礎			
Name of Reg. Waste Haul	er	NJDEP Wa	ste Haul	er ID#	Cubic Yards of Waste		Name of	f Registe	ared Lar	odfill	-
Panoramic Window & Dr		0036057	0.0011001	0.10 11			Chrin Br	others Sa	nitary L	andfill	
					1,	Disposal Da	<u>ite</u>		y, State ston, PA		
Completed by (Print or Typ Mark M Jovic	oe)	Title Project Ma	inager		Signature ////	1/	<u>Date</u> 6/13/19				
					1/						

Date of Notification (1) 06/13/19 Agencies Notified Type Notification EPA DEP Amended Amended Amendment	#	NOTII	Name Resignation Street 3525	Address	est 8:60 Owr	os ABATE and 12:12 ner/Operato oad, NE-	o) r (2)	f ding 7, Suit	Letterania de la company de la	7		UN	I I I I I I I I I I I I I I I I I I I	₩ 201	eint Form
□ Emergency ((including]		of Contact						ephone 4-554					
Name of Facility Where Abatement is Taking Street Address	g Place (3)	FAC	ILITY INFO	RM	ATION	Туре	of Facility (4 School (K-12 Subchapter	-)						
City (5)			n-1	250			×	Other (i.e. pr etc.) are Feet	ivate 8	comr	nercia	al buil	Idings Bldg. A		es,
County (6) Essex	-			Code (7) USE ONLY)			Curr	ent Use (Prio	r if beir	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8))	ASC	M No.		Name AAA	of Aba	atement Cont D PROFES	ractor ((9) NALS	 S				
Street Address City, State, Zip Code							HITE	DOVE CO	URT						
Project Manager for Monitoring Firm			Talaaba			LAKE	EWO	ip Code OD, NJ 08	701						
10 e300 © 0 ccccc	01.11		Telepho			732-6	68-9	078		Licen 1200),			
06/23/19	06/26/	19	npletion	Date (11)				HA Monitor O PROFES	SION	IALS		29			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of	Abaten	nent				IITE	ss DOVE CO ip Code	URT						
Scope of Work (Check All That Apply)					-	LAKE	WO	OD, NJ 08	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit					Mir	I Containmer ni-Enclosure ovebag Proce n-Exempted (dure					9	
Location of		Locati Normal							7		71001			ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	(i.e. th	s Co nerm sur	Description ontaining Manal systems facing, VAT r miscelland	aterial insula , or	(ACM)	(Sp	ount ecify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A	DI	DE	INOU II A	TION					_		ate	ró .
INTERIOR				PI	_	OOR TIL			-	OLF OSF		x			
										-					
Name of Registered Waste Hauler		1 4.	IDES.:		2 :										
NEWARK CARTING		Н	JDEP W auler ID 1509	No.	of W	ic Yards /aste		Name of Re	gistere	ed Lan	dfill				
City, State NEWARK, NJ						osal Date 26/19		City, State BETHLE	HEM	PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature					Date		9		

Print Form	Form
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Chock#3027		NOTIF (P	ICATION	OF ASE	ESTOS 8:60 am	ABATE	MENT		ME	C	E	7	y E
Date of Notification (1) June 6, 2019	50.			of Building esex Bo					捌				
Agencies Notified Type Notification EPA Initial			Street A	Address ohn F. K	(enned)	y Drive)		6	JUN	15) 2()19
DEP Amended Amendment				ate, Zip Co		3			ASE	BEST	OS O	ONT	ROL
Emergency (justification) Cancellation	including			f Contact Luaces	S			178 03,09,00	ephone Nur 3-414-92	nber	J Last N C	JII VCI	afrat armittap
			FACI	ILITY INF	ORMATI	ON							
Name of Facility Where Abatement is Taking Middlesex High School, Home Eco			m 305				Type of Facilit School (F	(-12)					
Street Address 300 John F. Kennedy Drive									er than K-12 & commerci		dings,	home	es,
City (5) Middlesex							Square Feet	# 0	f Floors	E	ldg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)		Current Use (F	Prior if bei	ing demolish	ned)			
Name of Monitoring Firm Hired by Building C Briggs Associates	wner (8))	ASCN	Л No.		Name	of Abatement C o Inc	ontractor	(9)				
Street Address 3 Crosswicks Street							Address Main Street,	#261	*				
City, State, Zip Code Bordentown, NJ 08505							tate, Zip Code eysville, PA 1	9438					
Project Manager for Monitoring Firm Michael Hoodak			Telepho 609-29	ne No. 98-5520			ione No. 400-8711		License N 01373	0.			
	Schedul 07/03/		npletion	Date (11)			of OSHA Monito		Global Inc				
Occupancy Status During Abatement (Check	Only O	ne)					Address						
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent				West Cary S	Street			15056		
Abatement Performed Outside of Norm Other – Describe: Occupied Building	al Facility	y Hours	5				tate, Zip Code mond, VA 23	220					
Scope of Work (Check All That Apply)	2022.35					77 <u>444</u>		7.100 Else-10111					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure ocedure					
	Is	Locati	ion								Abate	ment	
Location of		Normal			Des	cription	of			-	Ту	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/		thermal surfac			(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		ocerson co	Liveri - 6						O	2350
Room 305		Х					g Plaster		887	Х			
Room 305		X		Vir	nyl Floo	r Tile v	w/Mastic		887	Х			
Room 305		X		(Cerami	c Tile I	Mortar		160	Х			
	1	1	1 1		Cubic `	V1-	Name	f Danista					
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		n Rediste	red Landfill				
Name of Registered Waste Hauler Century Waste Services LLC		Н	IJDEP W lauler ID W2753	No.	of Was			ss Land	red Landfill Ifill				
()		Н	lauler ID	No.	of Was		Fairle:	ss Land	lfill				

1111-120	a					State of A	ew Jersey	1	Maria Caracteria Carac	processor of the contract of t	n c		STORM, SE (SENSE
Mack # K	7012		ПОИ	TIFIC	ATIO	N OF AS	BESTOS ABA	TEMENT	MEG		\mathbb{V}	E	7
MULTO.	MU		-110	1.									
Date of Notification (1) 06 /	12 /	19					ng Owner/Operator Regional Board o		JU JU	N 19	201	9	100
Agencies Notified	Type Notific	cation			Stree	et Address							1
⊠ EPA		, ation					Bridge Road		ASBES'	TOS CO	NTF	OL 8	omije summer V
□ DOLWD	☐ Amende	d			_	State, Zip			10000	ICENS	NG		
☑ DOH	Amendm		100	-			n, NJ 08050			000000000000000000000000000000000000000			
☐ DCA (NJAC 5:23-8)	☐ Emerger		cludin	g		e of Conta			T-I	- bas			
(NJAC 5.25-0)	justificat Cancella				10.150000000000	ry Allega	200		Telephone N				
					1				609-597-9	9481 X 4	1209		
Name of Equility Where A	L _ L L	T-1::-	Di	(0)	FA	CILITY II	NFORMATION						
Name of Facility Where A				e (3)				Type of Facility					
Southern Regional 9 Street Address	9-10 High S	scno	01					School (K-1	2) 8 (Other than K	12\			
600 North Main Stre	et							Other (i.e., homes, etc	private and com	mercial b	uildin	gs,	
City (5)				CALLES !!	-/31			Square Feet	# of Floors	E	ldg. A	ge	
Manahawkin								50,000	2		70		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)			
Ocean								School	3				
Name of Monitoring Firm I	lired by Buil	ding C	wner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9))				
PARS Environmenta	al, Inc.						The summaries of the second second	onmental, LLC	98				
Street Address		2000					Street Address						
500 Horizon Drive, S	uite 540						623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C			-		-,	
Robbinsville, NJ 085	15						Maple Shade						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Julian Fernandez-Ol				1	09-890		856-755-0099	9	00842				
Start Date (10)		Sched	uled C			ate (11)	Name of OSHA N		00042		SON J		
06/25/	19	_0	6_ /	_2	6_ /		EMSL Analyt	11.7501.46 464 01.					
Occupancy Status During							Street Address						
☐ Abstance Defended							200 Route 13	0 North					
Abatement Performed (Time of Abatement:							City, State, Zip Co	ode					
							Cinnaminsor	n, NJ 08077					
Scope of Work (Check all t	that apply)						□ Eull Con	tainment with Ne	antiva Denneves				
≥3 sf or ≥3 If			⊠ Re	novat	ion		Mini-Enc	losure	gative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		Gloveba	g Procedure		· V			
			lo	Loca	tion	Т	⊠ Non-Exe	mpted (*) and No	n-Friable Proce				
Location o	f			Vorma			Description of			Al	atem		1
Asbestos-Containing M		1)			ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABAT				intena todial	Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	air	aps	losi
IN Facility (13)			Out	(12)			surfacing, VAT other miscellane	, or	SF or LF)	<u>n</u>		ula	ure
()			Yes	No	N/A		other miscellane	ous)				e	
Boys Locker Room Ha	llway			\boxtimes		Transit	e Panels		140 SF				
			П							П	П	П	П
			_	_	-	 				- -			
												Ш	Ш
Name of Registered Waste Freehold Cartage	Hauler			11.00	IJDEP I lauler II	D No.	Cubic Yards of Waste	Name of Regis					
City, State					15939	d	1 Disposal Date	City, State					
Freehold, NJ							06/26/2019	Morrisville	ΡΔ				
Completed By (Print or Typ	ne)	Title		Many				Morrisville		Data			
Christina Lynch	· · /		na Dr	ocid.	ant of	Operation	Signature	\mathcal{L}		Date			
cana Lynon		A 10	00 111	Siut	THE OIL	-peration	- I WAXXA	9		10/12	10		

Date of Notification (1) 6/7/	the	10000	lame o	GELLS	ATION suantito	OF NU	ASBESTOS AE AC 860-7 and 12	BATEMEN 120-7)	IT			heck		<u></u> 56	Design the second secon
Agencies Notified	Type of Notific			ddress							JUN 1	9 2	019		Description of the last
[] EPA	[X] Initial									Seed Devi-			and administration	er en ca	- Contract
[] DEP	Notificati	10	itv. Sta	ate, Zip	Code					-	SBESTOS	SON	(BC	1 8	
[X] DOL	[] Emergency				NJ 07	64	7				LICE	121NC	S) Variation	unperio	
[X] DOH	Notificati	on		f Conta			water		Tale			Fi.		12	
[] DCA	[] Cancellat			Hern	77.				Telet	hone Num	ibei				
	P.53		7	110111		ITV	INFORMATION								
Name of Facility Where	Abatement is	Taking Pla	ce (3)		FACILI	111	INFORMATION	Type of I	acility (4)					_	
Residence			,					1 11	School (K-1 Subchapter	2) 8 (Other t	han K-12)				
Street Address	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10								Other (i.e. p	private and	commercial	buildir	igs,		
											1				
City (5)		County	(6)		C	oun	ty Code (7)	Square F 2000	eet	# of Floor:	s Blo	g. Ag	9		
Northvale		Berge					TE USE ONLY)	Current l	Jse (Prior if						
Name of Monitoring Fir	m Hired by Buil	lding Owne	er A	SCM N	lo.		Name of Abatem	residence				_			
N/A		J	676	000					Commence of the Commence of th	ental Se	ervices, In	C.			
Street Address							Street Address								
-01-01-7-0									ngebridg	e Road	, Suite 10	0			
City, State, Zip Code							City, State, Zip C		ok, NJ (7050					
Project Manager for Mo	nitoring Firm	Tele	phone	Numbe	r		Telephone Numb		OK, NJ C	7030	License N	umbe		-	
	•							973-575	-8700		2.001.001		085	52	
Scheduled Start Date (hed. Comp			1)		Name of OSHA N								
6/18/19 Occupancy Status Duri			4/19				Street Address	ris Envi	ronment	al Laboi	ratories, L	LU			
[] Facility Closed	/Vacated Durin	g Entire P	eriod o	f Abate	ment			333 Roi	ute 22 W	/est					
[] Abatement Per Descri		of Norma	l Facili	ty Hour	s –		City, State, Zip Co								
	ibe: partially va	cated					Į	Jnion, N	IJ 07083	3					
Scope of Work (Check	all that apply)					ш							THE STATE OF THE S		
[] Demolition				[]	Renov	/atio	nn.	[] [x		tainment v inclosure	vith Negative	Press	ure		
[x] ≥3 sf or ≥3 lf				, 11	T.C.IIOV	can	711	[]	Gloveba	g Procedu	re				
[] ≥160 sf or ≥26	0 If				,			[x]	Non – F	riable Prod	edure				
			Locat				Descri	iption of			27	1000000	ater pe	nen	t
Location			Solely I	by			Asbestos -	- Containin	g		Amount	R	R		E
Asbestos – Co Material (A			tenand al Stafi	e/Cus f (12)				al (ACM) nal system:	S		(Specify SF or LF)	E M	E	NC	N
TO BE ABA			T	T			insulation, su	urfacing, V	AT,			0	Α	A	L
In Facili (13)	ty	Yes	No	N/A			or other mis	scellaneou	s)			V	R	PS	O S
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	011						150.05	L		U	U
Garage		-		X	Shing	gle	siding				150 SF	X		-	_
-												1			_
Name of Registered Wa		100000	IDEP V				ic Yards		f Registere						
Jupiter Environm	ental Servi	CCS	04782			JI V	Vaste 2	Allian	ce Land	fill					
City, State							osal Date	City, Sta			1000000				
Pine Brook, NJ	Tomas	-			16	6/2	8/19	Taylo	r, PA		15:				_
Completed By (Print or Pane Repic	ı ype)	Title	eral	Mana	ner		Signature		100000		Date 6/7/19	2			
TO DEPOSIT THE PROPERTY OF THE		Gel	ciai	ivialia	gei		1 ft-	Barrens			0///18	,			
ASB-411															

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Check # 8295		NOTH (I)) s FICATIO Pursuan	State of N N OF AS TONJA	ew Jers BESTOS C 8:60 ar	ey SABATE nd 12:12	MEN 0)	Т),[E (D [V	E
Date of Notification (1) 06/11/19	2074	0	Name Ashle	of Buildir ey Mana	ng Owner/ agemen	Operator	r (2)				J	JN	19	201	9
Agencies Notified Type Notificatio EPA Initial	n			Address Ashley A	Ave				111	LI		noneigh A	ngsgrame/s	264-146-2220	pindomana
DEP Amended Amendmen				tate, Zip wood, N	Code NJ 0870	1			Lacration	A	CDE		S CO ENSI		OL 8
X DOH DCA Emergency justification Cancellation	1)			of Contact y Mana	t agemen	t			4.70		ne Nur 9-63				
Name of Facility Where Abatement is Taki	ing Place (31	FAC	ILITY IN	FORMAT	ION	-				- 19				
Name of Facility Where Abatement is Take	ing Place (3)					Тур	e of Facility (4							
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe	er than	n K-12 mercia	2) al bui	ldings	, hom	es,
City (5) Lakewood							Squ	are Feet	# of	Floor	rs	-	Bldg. /	Age	
County (6) Ocean				Code (7) USE ONL			Curr	rent Use (Prior me	r if beir	ng dei	molish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				atement Cont D PROFES			S				
Street Address						Street 6 Wh		ess DOVE CO	URT						
City, State, Zip Code								Zip Code OD, NJ 08	701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	one N	No.		Licer 1200	nse No).			
Start Date (10) 06/21/19	Schedule 06/25/1		mpletion	Date (11)	Name	of OS	HA Monitor D PROFES	MOISS						
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City, State NEWARK, NJ					Disposi			City, State BETHLER	HEM	PA					

Completed by

JOSEPH PERLSTEIN

Title

OWNER

Date

06/11/19

BETHLEHEM PA

Signature

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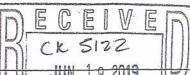
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Date of Notification (1) 06/14/2019	Inl			of Building	Owner	/Operato	r (2)			******			1
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DOH justification DCA Cancellat	n)	9		of Contact Meloi				Tele	ephone I	Number		7	
				CILITY INF	OPMAT	LION		i			-		
Name of Facility Where Abatement is Ta	king Place	(3)		OILIT IN	OTTO	IION	Type of Facility	y (4)					
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							Subchapt Other (i.e etc.)	er 8 (Othe . private 8	r than K comme	(-12) ercial bu	ildings	s, hom	ies,
City (5) Nutley							Square Feet	# of	Floors		Bldg.	Age	
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Essex				USE ONLY	<i></i>		Current Use (P	nor ii beir	ig aemo	iisnea)			
Name of Monitoring Firm Hired by Buildir	g Owner (8	3)	ASC	M No.			of Abatement Co	ontractor (9)				
Street Address							v LLC						
Oli Cot Addiess							Address Gaston Ave						
City, State, Zip Code						City, S	tate, Zip Code eld NJ 07026						
Project Manager for Monitoring Firm			Telepho	one No.			one No.		License	No			
							262-8006		01369				
Start Date (10) 06/25/2019	Schedu 07/03			Date (11)			of OSHA Monito	r					
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Facility Closed/Vacated During Entir		576	ment				Baston Ave.						
Abatement Performed Outside of No Other – Describe:	rmal Facilit	y Hour	S				ate, Zip Code						
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≥160 sf or ≥260 lf	- December -	Renova Demoli				Ê	Full Containn Mini-Enclosu	nent with N e	Vegative	Pressu	ire		
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Kitchen		х			F	Plaster		388	SF	x			
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Name of Registered Waste Hauler			JDEP Wauler ID		Cubic '		Name of	Registere	d Landfi	11			
Rizov LLC		504 3500	037825	The second secon	of Was	ie	Fairles	s Hills L	andfill				
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Completed by	Title					gnature		-,	D	ate			-
Aleksandra Rizova	Own	er				ZAN			0	6/14/2	2019		

* Do not use this form for exhaute !!-----

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Street Address 120 NORTH WARRE	N STREET						Street	Addre								
City, State, Zip Code TRENTON, NJ 08608	}						City, S	tate, Z	ip Code , NJ 0751:			-10-				
Project Manager for Monito JORDAN REED	ring Firm			Telepho	ne No. 92-4200		Teleph		0.		Licens 0049	se No.				
Start Date (10) 6/26/2019		Schedul 7/3/20		2500 00	Date (11)		Name	of OSI	HA Monitor S (9) ABO\	 /F						
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



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Date of Notification (1)	1,9 m)-10)5	7	Name /	of Buildin	owner/Operator	(2) YJE	H JUN 1	9 20	וט –		lead
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□ DCA	☐ Cancellation		\perp	F	15.	YUCHT						
Manager - Tailor	AL			FAC	ILITY INF	FORMATION						
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Name of Monitoring Firm	Hired by Building Owner	A	SCM	No.		Name of Abatem						-
(8)						Best Re	noval In	ıc				
Street Address						Street Address					-	-
						450 Sou	th River	St				
City, State, Zip Code		***				City, State, Zip C		20				
						Hackensa	ack, N.J	. 07601				
Project Manager for Mon	doring Farm	Tek	ephon	e No.		Telephone No.		License No.			VIII S	
3						201-329-		00388				
Start Date (10)	Scheduled Co			e (11)	VIII S	Name of OSHA						
6/25/19	6/2		9				Environm	ental				
Occupancy Status During	Abatement (Check only	one)				Street Address		#1				
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City, State		1				Disposal Date	City, State					_
Hackensacl	k , N.J. 076	01				6/26/19	MEM BUR	ROH, PA.	172.	40)	
Completed by	Title					Signature /			Date	1		
J.Maiorano	Esti	mato	or			Volo	Sugar :		6/1.	3/1	9	
ASB-41				for as	bestos lic	ensure exempted			14	1	-	

CH5125

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

DEGE V

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Mr. ERIC VALENCIA Type Notification Street Address Agency Notified ASBESTOS CONTROL & LICENSING a Initial City, Stafe, Zip Code DEP ☐ Amended WALLINGTON. NJ. DOL. Amendment# 07057 ☐ Emergency (including Name of Contact Z DOH iustification) MR. E. VALENCIA ☐ Cancellation D DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JAVENCIA € nic C School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address DOther (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1935 WALLINGTON 2 2200. County Code (7) (STATE USE Current Use (Prior if being demolished) County (6) ONLY) ICESIDEN CO 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 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/27/19 Omega Environmental 6/26/19 Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
 Other – Describe: 8: 20 AM TO 5:00 PM City, State, Zip Code S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation #23sfor≥3ff Mini-Enclosure □ Demolition - B' Glovebag Procedure 1 ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally . Location of Description of Used Solely by Enclosure Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Remova (i.e., thermal systems insulation, (Specify TO BE ABATED Custodia! SF or LF) surfacing, VAT, or ... IN Facility Staff? (13)other miscellaneous) (12)No 140 LF BASEMENT THERMU STOTEM INSULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Wasta ID No. Best Removal Inc CUMBERLAND COUNTY LANDFICL 17109 City, State Disposal Date City, State 6/27/19 NEW BURGH, PA. 17240 Hackensack , N.J. 07601 Completed by Title Signature J. Maiorano Estimator

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

ASB-41

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Date of Notification (1) 06/07/19	Check #3392			Name of South	of Building Bergen	Owner/	Operator ire Cor	r (2) nmi	ssion/St. Fr	ancis	De S		JUN	10	20	19
Agencies Notified	Type Notification	ľ		Street A	Address Inion St.						1		ESTO	S C	ITNO	ROL
DEP DOL	Initial Amended Amendmen	+ #		City, Sta	ate, Zip Co	ode			7,7,7				LIC	ENS	ING	
DOH DCA	Emergency justification	(including	-		of Contact					690000	lephone					
					ILITY INF	ORMAT	ION			01	0 240					
Name of Facility Where A South Bergen Joint	Abatement is Takii ure Commissio	ng Place (on	3)					Ty	pe of Facility (marka Maria						
Street Address 123 Union St.									Subchapter Other (i.e. p	8 (Oth	er than & comr	K-12 nercia	!) al buik	dings,	home	es,
City (5) Lodi									uare Feet ,000+	# 0	f Floors	5	332	ldg. A	ge	
County (6) Bergen					Code (7) USE ONLY)			rrent Use (Pric	or if be	ing den	nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASCN N/A	M No.		Name EA S		batement Con ices	tractor	(9)					
Street Address N/A							Street 444a									
City, State, Zip Code N/A									Zip Code erg, NJ, 070	122	- Vo					
Project Manager for Mon	itoring Firm		- 1	Telepho N/A	ne No.		Teleph	none			Licen	se No).			
Start Date (10) 06/17/19		Schedul 06/19/	ed Con		Date (11)		Total Control	Alexander Co.	SHA Monitor		0101				77.5	
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City, State Bronx, NY						Dispos TBD	sal Date	10.000	City, State Waynes		ОН					
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Emergency justification Cancellation) `	,	Name o	of Contact Suess					Tele	ephone	e Nun	nber			
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Name of Facility Where Abatement is Takin Terri Seuss's Private Residential	ng Place (3)	170	ACT I HAI C	JIMMIN	J14	Тур	e of Facility ((4)		17000000				
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-				Licen 0133).			
Start Date (10) 06/23/2019	Schedul 07/10/		npletion	Date (11)		Name	of OS	HA Monitor							
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14 2019 03:50PM NJ Asbestos Control 609.633.0664 06/14/2019 08:32AM 9736381778 Check#3371 Check#3371 Date of Notification (1) Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) Richard Ponik DOL - 10 DAY											
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		_	Coun	y Code (7)	STATE USE ONLY)	Current Use (Pr	ior if being demolis	(hed)			_
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Thou of policing c	MATERIA ("	ASCM	No.	The state of the s	eni Contractor (9)					
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					576 Valley Rd A	283					_
Horing: Firm		Tele	enong	No.	Telephona No.				1110000		-
						fanitor	01127		7		-
			B/_	19	Envirovision Co	onsultants,Inc					
ad During Entire Pe	rlod of	Abate	ment		I was a state of the state of the	Deed this if				200 (0)18	
Outside of Normai AM- P					City. State, Zip C	cde	335		_	_	-
	-	_		Zun.	Fair Lawn, NJ (7410					_
in the apply)					Full Cor Mini-En	talament with Ne	gative Pressure	·			
	Is	Loca	tion		☐ Non-Ex	empted (*) and No	on-Friable Procedu	18	T.		
i of Material (ACM)				Anna					-	_	7
	Ma	inten odial	staff?	(i.e	., thermal systems	insulation.	(Specify	Nome	Hedr	Caps	
ATED	LU81		i	1	piher misewilan	lauoe	(317 61 67)	<u>P</u>		ulate	
ATED	-	_	7	7		,			1		
ATED	-	_	7	Ceiling	and wall plaster		400 SF	×			T
ATED	-	No	N/A	Ceiling			400 SF	Ø			
ATED	Yes	No	N/A	Ceiling			400 SF	_		-	
ATED IN	Yes	No	N/A		and wall plaster			_			
ATED	Yes	20 0 0	N/A	B Hauler 10 No	and wall plaster	ie Name of Regi	stered Landfill				
ATED IN	Yes	20 0 0	N/A	B Hauler 10 No	and wall plaster		stered Landfill				
ATED IN	Yes	20 0 0	N/A	B Hauler 10 No	and wall plaster Cubic Yards of Was	ie Name of Regi	stered Landfill				
	Asbestos Co 32AM 973638 14 / 19 Type Notification Initial Amended Ame	J Asbestos Control 32AM 9736381778 14 , 19 Type Notification Initial Amended	J Asbestos Control 609 32AM 9736381778 SNOTTFIC Part	Asbestos Control 609.633.0 32AM 9736381778 Shoftification Street Pursuant	Asbestos Control 609.633,0664 32AM 9736381778 State of Nortification OF AS (Purewent to NJA It / 19 Type Notification Street Address Initial Amended Amendment # Bayonne, NJ 0' Name of Control Richard Ponik FACILITY IN Abatement is Taking Piece (3) County Code (7) Third by Building Owner (8) ASCM No. County Code (7) Telephone No. Scheduled Completion Date (51) 19 GAB During Entire Pariod of Abatement d Outside of Normal Pacifity Hours - Despribe AM- PM/ PM AM Il that apply) Renovation Demolition	State of New Jersey NOTIFICATION OF ASSESTOS ABA (Purawant to NJAC 8:80 and 5:1 14	State of New Jersey Nontification OF ASSESTOS ABATEMENT (Pureuent to NJAC 8:60 and 5:18) Name of Building Owner/Operator (2) Itype Notification Infial Amended Amendment # Emergency (including justification) Cencelleton Richard Ponik FACILITY INFORMATION Abatement is Taking Place (3) Type of Facility School (K-1) Subchapter Other (i.e. County Code (7) (STATE USE ONLY) Current Use (Print of Abatement of Other (i.e. AM PM FM AM PM FM AM Fair Despribe AM Fair Lawn, NJ 07410 Clean up and decontain fair fair apply) Renoversion Renoversion Demolition Is Location Street Address City, State, Zip Code Wayne, NJ 07470 Telephona No. 973-638-1777 Norma of OSHA Monitor Environision Constitutants, Inc. Street Address 20-21 Wagaraw Road, Bidg # City, State, Zip Code Fair Lawn, NJ 07410 Clean up and decontain fair Containment with Ne Minte-Enclosure Glovebag Procedure	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Purewant to NJAC 8:80 and 5:16) 14	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 6:16) Id	JUN 1pg State of New Jersey State of New Jersey State of New Jersey ARAPTEMENT (Pursuant to NJAC 8:80 and 5:16) It 19	JUN 1PAGE 1 State of New Jersey State of New Jersey Pursuant to NJAC 8:60 and 5:49) Inhal Abatement is Taking Place (8) County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal County Dode (7) (\$1a1E USE ONLY) Current Lise (Prior if being demolished) Inhal Current Lise (Prior if being demol

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

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	,	JUN	1	9	2019	

5.00	1		(1	Pursuant to N.J.A	A.C. 8:60 AND 12	2:120)	11	1 11	JUN	19%	2019	116/
Date of Notification (1)	6/1	1/2019	0.1	10050	Name of Bui	lding Owne	er/Operator (2)) freezens
		1/2013	111-	1141100	Freehold I	Regional	High Scho	of Dist	rict	22.001		
Agencies Notified		Notification	Туре		Street Addre	SS		A.S.		DENSIN		&
		Initial			11 Pine St	:	a Northern			Designation of the second	of Charles and	
DEP			ed #	_	City, State, Z	ip Code						
☑ DOL		Emerge	ency (inclu	ıding	Englishtov		7726					
▼ DOH		justifica	(1000 miles)		Name of Cor		120	1 Tol	Number			
□ DCA		Cancell	ation		Mr. Pat La				7927			
Name of Facility Where Aba	tement is	Taking Place /	2/	FACILITY II	NFORMATION							
Marlboro High School	terrierit is	raking riace (<u>)</u>		Type of Facil	ty (4)						
Street Address					School	(K-12)						
		. (77	MA	Subchar	oter 8 (Oth	er than K-12)					
95 North Main St	S		111	1719		45	- 5					
	County (6)			Code (7) Jse Only)	homes,	etc.)	& commercia	building	s,			
	/lonmou	200				100 - 2-1-1 5						
Name of Monitoring Firm Hir		g. Owner (8)	ASCM	No.	Name of Cont	ractor (9)						
Health & Safety Service	ces Inc.		117		MTM Metro	Corpora	ation					
Street Address					Street Addres	S						
318 12th St					135-137 M	Bride A	ve					
City, State, Zip Code					City State, Zip	Code						
Hammonton, NJ 08037					Paterson, N	 NJ 07501	1					
Project Manager for Monitori	ng Firm	Telephone N	Number		Telephone Nu			Licen	se Numb	ner		
James Proctor		856.452.1	311		973-742-50	030		0080				
Scheduled Start Date (10)		Scheduled (Completion	n Date (11)	Name of OSH	A Monitor		10000				
06/25/2019		07/13/19			MTM Metro		ation					
Occupancy Status During Ab	atement (Check only one			Street Address							
	,		<u></u>		135-137 M		Venue					
Facility Closed/Vacated	During E	ntire Period of A	Abatement	t	-		venue					
Abatement Performed (City, State, Zip	Code						
		ther trades	riours		Paterson, N	J 07501						
	704	uner trades										
Source of Work (Check all th		7 n		<u></u>		1		7				
> 3 sf or > 3 lf	[2	Renovation		X Full	Containment wit	h Negative	Pressure	M	ini-Enclo	sure		
× > 160 sf or > 260 lf		Demolition		Non	-Exempted(*) &	Non-Friabl	e Procedure	GI	ovebag f	Procedur	е	
Location of Asbestos-	Is Loc	ation Normally	Used	Description of	ACM (i.e.	Amount	(Specify SF or	·LF)	T Abate	ment Typ	oe.	
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cust	odial	thermal system				(C. T. C.)			_	-
· domity (10)	YES	NO NO	N/A	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap I	Enclose
Boiler Room	×			Breeching Insulation	ı	90 sf			×			
Boiler Room	X			Boiler Refractory&Bu		606sf			×		×	
Boiler Room	+^			Boiler Rope Insulation	n	1200 If			X		X	
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		Name	of Reg.	Landfill		
MTM Metro Corporation		26552			30			Tullytov	vn,PA			
City, State							Disp. Date		T	City, State	e	
Paterson, NJ 07501							07/13/19		1	ullytown,		
Completed by (Print or Type)		Title			Signature			Date				
						c.		2010				
Mike Damevski		Business Adm	inistrator		Mike Dan	nevski		6/11/20	19			

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UC 252 IN#	11	10	Pursuar)	nt to NJA	C 8:60 ar	nd 12:12	0)		EC		\mathbb{V}		M
Date of Notification (1) 6/11/19			Name COU	of Building	g Owner/ CLASS	Operato	r (2) MONTGO	MER		1		Thuman	
Agencies Notified Type Notification PA Initial				Address OWER	LANE				 	19	2019	on any or and	4
DEP Initial Amended Amendment	#		City, S	tate, Zip C SBORC	Code OUGH.	NJ 088	44	and distance from	ASBESTOS LICE	CON	TRO	_&	
DOH justification) Cancellation	includin	g	Name	of Contac	1/1				Telephone No. 908-359-8	ımber	3 ************	PROPERTY OF STREET	
			2800-00	CILITY INF	ORMAT	ION			300-339-0	000			
Name of Facility Where Abatement is Takin 2216-WESTFIELD AVE.	g Place	(3)					Type of Fac						
Street Address 2216-WESTFIELD AVE.							School Subcha Other (etc.)	pter 8 (Other than K-1 ate & commerc	12) cial bui	dings	, hom	nes,
City (5) SCOTCH PLAINS				770 44 40			Square Feet 1200		# of Floors 2		3ldg. / +50	Age	
County (6) UNION			County (STATE	Code (7) USE ONL	n		Current Use RESIDEN	(Prior if	f being demolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.		Name DIN	of Abatement AGO CORF	Contra	ctor (9)				
Street Address							Address LAFAYETT	E STE	REET				
City, State, Zip Code						City, S NEV	tate, Zip Code VARK, NJ 0	7105					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 491-0877		License N	10.			
Start Date (10) 6/24/19	Schedul 6/28/1	led Cor	npletion	Date (11)		Name	of OSHA Mon	itor					
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address					- 1/2	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of a al Facility	Abaten y Hours	nent			City, St	tate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				<i>y</i>	Mini-Enclos Glovebag F	sure Procedu	with Negative F				
	Is	Locati	on				i Moli-Exelli	Jied ()	and Non-Friat			e ement	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaa		scription			121		Ту	ре	\vdash
TO BE ABATED In Facility (13)	100	intenar todial S (12)	1000000		thermal surface				Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ite	n l
EXTERIOR WALLS		X			111-1-1-1-1-1	ANSIT	355	2	2400SQF.	X			
BASEMENT		X			PIPE IN	VSULA	TION		30LF.	Х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic `	Varde	Name	of Posi	istered Landfill				
NEWARK CARTING INC.		Н	auler ID 4509		of Was				lehem Land				
City, State Po. Box 5670, Newark, NJ 07105					Dispos	al Date	City, S 2335		ebutter Roa	d,Bet	hleh	em,F	PA
Completed by Carlos Gomes	Title Presi	ident			Si	gnature	1	/	Da 6/	te 11/19)		

State of New Jersey

0420	DA		NOTI	FICATION Pursua	State of No ON OF ASI nt to NJAC	BESTO 8:60 a	S ABAT and 12:1:	20)	IT	กิบ	+ (21	12	9		
Date of Notification (1) 6/12/19	从从从	متسكنال لمنا		Name	of Building JNTRY C	Owne CLASS	r/Operato	or (2) F MC	ONTGON	IERYL	16.E) E		W	E
Agencies Notified EPA	Type Notification Initial	1		36-E	t Address BOWER I	321101101010				La Control Constitution			N 1	9	2019	The substitution
DEP DOL	Amended Amendmen Emergency		20	City, S HILL	State, Zip C _SBORO	ode UGH	, NJ 08	844		lad	to-c					and the second
DOH DCA	justification Cancellation)	ig		of Contact F COE					Te 9	elephôr 08-35	ie Nu 9-80	mber 260	VSIN	G G)L &.
Name of Facility Where A 2222-WESTFIELD	batement is Takir	ng Place	(3)	FA	CILITY INF	ORMA	TION	Тур	e of Facility	y (4)						
Street Address 2222-WESTFIELD	HANNING THE PARTY OF THE PARTY					Tara -			School (K Subchapt Other (i.e	er 8 (Oti	ner than & com	n K-1 merc	2) al bui	ldings	, hom	nes,
City (5) SCOTCH PLAINS				170				Squ 12	etc.) are Feet 00	# 0	of Floor	s		3ldg. /	Age	
County (6) UNION					Code (7) USE ONLY)		Cur	rent Use (P SIDENT	rior if be	ing der	nolisi	ned)			8
Name of Monitoring Firm I	lired by Building	Owner (8	8)	ASC	M No.		Name	of Ab	atement Co CORP.	ontracto	r (9)					
Street Address							Street 339		ess AYETTE	STRE	ET					
City, State, Zip Code									Zip Code K, NJ 07	105						
Project Manager for Monito	oring Firm			Telepho	one No.		Telepi 973-	none N -491-	No. 0877		Licer 012		0.			
Start Date (10) 6/24/19		Schedu 6/28/	iled Cor	mpletion	Date (11)		Name	of OS	HA Monito	r						
Occupancy Status During Facility Closed/Vacate Abatement Performed	ed During Entire F	Period of	Abaten	nent			Street		ess Zip Code							
Other - Describe: Scope of Work (Check All	That Apply)					_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист, фріу)		Renova Demolit				~	- Mi - Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					9	
Location o	£	10	s Locati Normal							, , ,	4 11011	nasi		Abate	ement pe	
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Use Ma	ed Sole aintenar stodial S (12)	ly by nce/		os Con therma surfa	escription taining M I systems acing, VA miscellan	lateria insula T, or		(S	mount specify or LF)	2	Removal	Repair	Encapsulate	Enclosure
BASEMEN	IT	Yes	No X	N/A	F	PIPE I	NSULA	TION	J	3	OLF.		X		te	
											OLI.	_				
Name of Registered Waste			H	JDEP W auler ID 4509	3000000	Cubic of Was	Yards ste		Name of ISES L			ndfill				
City, State PO.BOX 5670, NEWA	RK, NJ 07105	5				Dispos	sal Date		City, Stat	e				12-13-1-1		
Completed by CARLOS GOMES		Title PRE	SIDE	VT		S	ignature	1			_	Date 6/1	2/19)		

							CIRCL	1	14		
11		NOT	EIC ATI	State of New Jers	еу		#	107	΄ κ	_ 1	ARCO
TW #1917	2	NO II	Pursua	ON OF ASBESTOS nt to NJAC 8:60 a	S ABATI nd 12:12	EMENT 20)	F. F.	3CK	IOC T	1 N	7 6
Date of Notification (1)	4-19		Name	of Building Owner	/Operato	or (2)				1	
Agencies Notified Type Notifica	ation [Street	Address	30	6		JUN	10	-20	40
□ EPA 🕱 Initial	i e ya seri		Olicel	Address 8	760	Cen	tenmal	9011 4	19	CU	IJ
DEP Amende	AND THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN		City, S	State, Zip Code			interestinate about the contraction of	ESCOTO	D OT	NATE:	201 0
	ncy (includin	g	Name	of Contact	150	atama			35	Na	IOL C
□ DCA □ Cancella			LS	COH K	eil	lly	7 Telephone N			55	O
Name of Facility Where Abatement is T			1		FUN	Type of Facility	(4)				
Street Address	·C \	Nar	ehou	rse		☐ School (K	(-12)				
876 (kr	nteni	nic	al	AUE		Subchapt Other (i.e etc.)	er & (Other than K private & comme	-12) rcial bu	ildings	, hom	ies,
City (5) Piscatarya	N	IT	0	9954		Square Feet	# of Floors		Bldg.		,
County (6)	7		County	Code (7)		Current Use (P	rior if being demol	ished)	5	01	
Name of Monitoring Firm Hired by Build	igg Owner (8	5)		M No.	Name	of Abatement Co	ontractes (0)	((0)			
EPE Techno Street Address	R n			NA	E	PC Te	chaple	eie	5	Li	92
P.O. Box	337					Address O. Box	900 ED 4000	U			
City, State, Zip Code	NI	7	08	5.33	City, S	tate, Zip Code	F 4 4 4	A	06	2	2
Project Manager for Movif ril g Firm	/ / /		Telepho		Teleph	one No.	License	No.	Ch.	10	3
Start Date (10)		led Cor	609	758-3365 Date (11)		758~330 of OSHA Monitor	- Card	0,	24	7	
6-24-19	6	- 28	3-19				hnologies	SI	nc		
Occupancy Status During Abatement (C				z nd shi ft	Street	Address	~				
Facility Closed/Vacated During Enti	ire Period of a ormal Facility	Abaten y Hours	nent 🤛	2 July		tate, Zip Code	33+				10
Other - Describe:						w Equat	417	na	53	3	
Scope of Work (Check All That Apply)						Jypi	/00	00.	ردد	2	\dashv
X ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demolit				Full Containm Mini-Enclosur	ent with Negative	Pressu	ire		
39						Glovebag Pro		ble Pro	cedur		
	1	Locati						F	Abaté	ment	
Location of Asbestos-Containing Material (ACM)	1	Normal d Sole	T		cription			-	Ту	pe	\vdash
TO BE ABATED	Ma	intenar todial S		Asbestos Conta (i.e. thermal	systems	insulation,	Amount (Specify	R	77	Enc	m
In Facility (13)	040	(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ing, VAT iscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					/al	-	ılate	ure
Warehouse Aleas		X		Proe fittin	cs In	sulction	90 LF	X			
Dock, Commidon + Fac	Shion				J						
Name of Decision of Mary 11											
Name of Registered Waste Hauler			JDEP W auler ID			1 1000 00	Registered Landfil				.]
City, State	es		1700		_6	Wast	e Manage	neni	406	. 9	A
New Egypt	NJ	Α,		Disposa	Date 28	City, Stat	e	PA			
Steve Schenker	Title	sid	. +	Sig	gnature	550	Da	-	ni /	10	
O C WC (C)	1111	SICE	111		NEE	ce in the	s Pan	0/1	7/	17	

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

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Date of Notificati		30/19					/ Operator (2)		TILLYT	The second secon			
Aganaias Natifis		otification				ervic	e Northeast R	egion		*****			
Agencies Notifie X EPA		Emerge	nov Notifica		Address		1511 44			JUN	11	2019)
DEP	X		ency Notifica otification				ard Bldg 1-1						
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X DOL		Cancella		2001	on, MA 0212	29			I A	SBESTO	S CO	DNTRO	1 2
DCA		Caricell	auon		of Contact				production of the second of the			e Numb	er)er
DOA					thy Wind					617-	242	-5110	
Name of Facility	100		. =		CILITY INFO		00000000000000000000000000000000000000						
Name of Facility Gatew				ace (3) ea Water F	Plant	Typ	se of Facility (4) School (K-12)						
Street Address	-)	011011100	TOURION TH	ou water r	Idile	-	Subchapter 8 (Other than	K 12\				
		341 Ranc	dolph Driv	Δ.		\ v	Other (i.e., priv			Idinas h	omo	s oto	
		o i i italic	TOIDII DIIA	-			uare Feet	# of Floors		Bldg.		5, 610.	
City (5)		C	ounty (6)	County C	ode (7)	1091				Diag.	1778	70.	
Highl	ande		lonmouth	County	,ode (7)	C	3,000		.5			70÷	
riigili	unus	IVI	omnouth	077	30		rent Use (Prior international)		iolisned)				
Name of Monitor	ing Firm	Hired by D	Ruilding Own	000 (0)	IACCMAI-	_			(0)		-		
Environmenta	Ing Filli	niied by E	building Owr	ier (8)	ASCM No.		me of Abatement						
Street Address	i i actic	33, 1116					bal Abatemer eet Address	it Service	s, LLC				_
64 Broad Stree	at ta					-0.00	Schoolhouse	Dood					
City, State & Zip						_	, State & Zip Co						
Matawan, NJ 0							nroe Townshi		24				
Project Manager		torina Firm	1	Telephone	Number		ephone Number	p, 145 000		e Numb	or		
Tom Geiger	1.77			732-290-2			2-605-9062		LICEIIS		0714	L	
Scheduled Start	Date (10) Sch	neduled Cor	npletion Date	200.00.00	_	ne of OSHA Mor	nitor		- 0	0, 1-		
6/17/		,		6/21/19	(11)	A 75-500	bal Abatemer		s. LLC				
Occupancy Statu	s During	Abatemer	nt (Check or	nly one)			et Address		-,				
X Facility C	losed/Va	acated Dur	ing Entire P	eriod of Aba	tement	443	Schoolhouse	Road					
Abateme	nt Perfor	med Outsi	ide of Norma	al Facility Ho	urs -	City	, State & Zip Co	de					
Describe	ē .					Mo	nroe Townshi	p, NJ 088	31				
Other - D	escribe:												
Scope of Work (0	Check all	that apply	·)				***************************************						
Demolitic		Х	Renovat	ion			Full Cont	tainment wi	th Negativ	re Press	ure		
Large Pro							Mini-Enc		-				
Quantity	is ≥ 3 SF	or≥ 3 LF	ACM				X Glove-ba	g Procedu	e				
X Quantity	is ≥ 160	SF or ≥ 26	60 LF ACM				X Other: \	Wrap/cut					
00E0 - 00	Locatio			Is Location			escription of		Amount	A	bate	ment T	ype
	estos-Co			Normally U			estos-Containing		(Specify		pecif	y: Rem	oval
	laterial (Solely b			aterial (ACM)		quare Fee			epair,	
10	O BE AB in Faci			Maintenand Custodial S	e or	(i.e.,	thermal systems	,_ [inear Fee	et) E		sulatio	
	(13)			(12)			on, surfacing, VA er miscellaneous				En	closure)
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Throu	ghout N	/lain Floo	r	N/A	W	ire ir	sulation in pi	ре	300 LF		Re	mova	<u> </u>
Name of Register	red Wast	e Hauler		N.IDEP W/20	te Hauler ID	#	Cu. Yds. of Wa	ste No	me of Re	ristered	Land	ıfill	
Freehold C					18693		8		irless La		Laii	41111	
City, State	9			Steel Service (See		-	Disposal Date		y, State	anum			
Trenton, NJ							6/21/19		irless Hi	lls. PA			
Completed By (P		pe)	Title		eralia hospina		Signature	J. G		,		Date	
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Date of Notification (1) Agencies Notified Type Notification	on	1119	Dr	of Buildi	TON	Operato	or (2)	14	Le(45855)	OS (C		9,6	\ <u>'C</u>	
EPA Initial Amended			City.	0 7 State, Zip	Am)	20 Y	A	(S)	t. 12					
DOL Amendme	cy (includia	ng		tuc		All	, \	rse	10884	0				
DOH justificatio			Name	of Conta			_	1	Telephon	e Numb	er 457	12-5	_	
Name of Facility Where Abatement is Tal	ina Dinas	(0)	FA		FORMAT	TON			(100)	210		עני		
Prioreton Rech	ung Pizce . 10 v	(3) 7,29	J. 1				Туря	of Facili						
Street Address	4 1	1	4				H	School (I Subchap	ter 8 (Other than	K-12)				
civ(5) - 2) HUMber			Other (i.e etc.)	e. private & comr	nercial	ouildin	gs, ho	mes,						
Dr: (0-100						-	Squa	ere Feet	# of Floors	;		. Age		
County (6)			County	Code (7)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building	a Owner (8)		M No.	-1)	- 1 Mass								
	g	~,	1 430	AVI 1915.		Name of Abatement Contractor (9) Ace Insulation Co., Inc								
Street Address	***************************************	Street Address 95 Montrose Rd												
City, State, Zip Code											000000000000000000000000000000000000000			
						City, State, Zip Code Colfs Neck, New Jersey 07722								
Project Manager for Monitoring Firm		# T9//Jen sons	Telepho	Telephone No. Telepho				one No. License No.						
Start Date (10)	Schedu	led Co	moletion	Date (11)	(732) 294 1757 00029 Name of OSHA Monitor								
6/26/19	12/2	119		(,	or our manage								
Occupancy Status During Abatement (Che						Street Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facilit	Abater ty Hour	ment 's		The same of the sa	City, St	ate, Zi	p Code		1				
Scope of Work (Check All That Apply)	/	VIII VALLESSA			1		,							
23 sf or ≥3 lf 2160 sf or ≥260 lf		Renova Demoli				N N	Mini Glo	i-Enclosu vebag Pro				IFO.	all years and the second and the sec	
2 787 18	Is Location										Abatement			
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ormally I Solely by Asbestos			Description of s Containing Material (ACM)			Amount (Specify SF or LF)			уре		
TO BE ABATED In Facility (13)		Maintenance/ Custodial Staff? (12)			(i.e. thermal systems surfacing, VAT other miscallane			tion.		Kemoval	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			2	ieous)				Ŧ	ulate	ure	
Kitchen			W	Cili	e ad	nosa	16		10017	TX	-	-		
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Jame of Registered W- + 11				17						1	1	1		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		H	JDEP W. auler ID 2086		Cubic Y of Wast		Trans.	Name of	Registered Land	fill		-		
City, State														
Colts Neck, New Jersey					Dispose	uate		City, Stat	V),_				
Completed by	ompleted by Title								1.30.116.5	Nata:				

/		NOT	ΓΙFΙC	ATION (OF AS	ew Jersey BESTOS ABA	ATEMENT	Les annount fries paragraph		w day o waxaa waa		-		
Date of Notification (1)		(Pursu	ant to N	Name	6:60-7 and 12: of Building	:120-7) Owner/Operator	(2)		2 [3	\mathbb{V}		
• •						TALMADGE	ROAD LLC	linsi						
	/ 4 /19 fied Type Notification					Street Address 2 TOWER CENTER BLDV., 20TH FLOOR								
								014	1 9 2	2019				
							City, State, Zip Code EAST BRUNSWICK, NEW JERSEY 08816							
	ncellation						I, ILIV OLITOLI	00010	ASBE	STOS	CON	TROL		
	Hold IERGENCY	NOT	IEICA			of Contact		Telephone-Ne		LIUI	PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O			
EN	IENGENCI	NOT				IE STERN		732-509-8931						
Name of Facility Where Abatemen	t is Taking	Place	e (3)	FACILI	I Y INF	ORMATION	Type of Facili	ts: (4)						
			. (-/				School (H							
							Subchap	ter 8 (Other than	1 K-12))				
Street Address					-		X Other (ie	private & comm	ncl. blo	lgs., h	omes,	etc.)		
145 TALMADGE ROAD							Square Feet 645,000	# of Floors		Blo	dg. Age 52	9		
	unty (6)			1 0	County	Code (7)	10.000 mar. 0.000 m.	rior if being dem	nolishe	d) Ph		ah		
	DDLESEX			(S1	TATE	USE ONLY)	COMMERCIAL			(d) 1 11	aim. C	AU.		
Name of Monitoring Firm Hired by GZA	Building ()wner	(8)			ASCM No.	Name of Abat	ement Contract	or (9)					
Street Address						17	Street Address	MENTAL COR	ORA.	TION				
55 LANE ROAD				Martin	No Copy Contact Contact		313 SPOOK R							
City, State, Zip Code	D 115111 15			237			City, State, Zip	Code						
Project Manager for Monitoring Firm	D, NEW JE			e Numb	or			W YORK 10901						
BEN SALLEMI		1,511,000	-774-3		le1		Telephone Nur 845-369-7500		cense	Numb	er			
Expected State Date (10)	Sch			etion D	ate (1	1)	Name of OSHA		101			Jan Barrer		
6 / /14 19		9	9 /		30	/19	QUALITY ENV							
Month Day Year Occupancy Status During Abatemen	t (Check on	onth	1)	Day	У	Year	Street Address							
Facility Closed/Vacated D	uring Entire	Perio	od of A	Abateme	ent		1376 ROUTE 9							
Abatement Performed Ou X Other - Describe: MO	tside of No	mal F	acility	Hours	- Desc	ribe:								
Other - Describe: MO	NDAY - FR	IDAY	/AM	- 3:30 F	² M		City, State, Zip	Code GERS FALLS, N	JEM N	(ODI)	10500			
Scope of Work (Check all that apply)						Criticals v	vith Negative Pre	GENS FALLS, P SSURE	4⊏AA A	UHK	12590			
Demolition 285 OD L5	X Ren	ovatio	n			Mini-Enclo	Ο,							
>3SF OR LF X >160 SF OR 260 LF					Y	Glovebag	Procedure ble Procedure							
Location of	Is	Loca	tion	Г	Des	scription of As			T /	Abaten	+ Ť			
Asbestos-containing		mally			Con	taining Materia	al (ACM)	Amount		_	7			
Material (ACM)		solely			(ie	e. Thermal sy	stems	(Specify	REMO	REPA	ENCAPSUL	ENCL		
TO BE ABATED in Facility (13)		nt/Cus Staff (1			insu	lation, surfacio	ng, VAT,	SF or LF)	OVAL	A A	AP.	00		
			N/A	1	OI (other miscella	ineous)		P		I SE	OSUR		
1ST FLOOR SUITE 107			X	FLOOR	R TIL F	& MASTIC		700 SF	×	+-	+	H		
				. 200.		Q 1417 (O 1 1 O		700 3F	1^	+	+			
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Name of Registered Waste Hauler	INJD	EP W	aste	Cubic \	Yards	of Waste	Name of Regist	ered Landfill				\vdash		
NEWARK CARTING		er ID				0	GRAND CENTE	RAL SANITARY	LANDI	FILL		-		
City, State		913		Dien	al D-						1000000			
NEWARK, NJ 07105				Dispos: 6/13-9/		9 /	City, State/ PLANFIELD TO	WNISHID DA						
Completed by (Print or Type)	Title				Si	gnature /	XX	Dat	te_/	///	1.1	7		
BENJAMIN SANCHEZ	DIRECTO	R OF	OPE	RATION	IS	10	12)		6/	41	1/9	/		

MOCK	1	NOTIFICA	ATION C	e of New Jersey OF ASBESTOS ABA	ATEMENT	Frank	F	(D)	e i	1 17/1		
Data of Natification (4)		(Puisi	- 1	JAC 8:60-7 and 12 Name of Building	E	(°	E					
Date of Notification (1) 6 / 14 /19		_	NJIND TALMADGE	ROAD LLC								
6 / 14 /19 Agencies Notified Type Not	ification		Street Address 2 TOWER CENTE	HELOOB III		JUN	19	2019				
DEP Am	al Notification ended Notific	Ī	City, State, Zip Cod EAST BRUNSWICE	ASB	ESTO	is cc	NTRO					
X DOH x On	ncellation Hold		Name of Contact	Telephone No	LICENSING phone Number							
DCA EMI	ERGENCY N			MOSHE STERN		732-509-8931						
Name of Facility Where Abatement	is Taking Pl	lace (3)	FACILIT	Y INFORMATION	Type of Fac	lity (4)						
					School	(K-12)						
					X Other (pter 8 (Other than	K-12)	ine h	omas	etc.)		
Street Address 145 TALMADGE ROAD						# of Floors Bldg. Age						
	nty (6) DLESEX		ounty Code (7)	(Prior if being dem	nolishe	d) Ph	52 arm. La	ab.				
Name of Monitoring Firm Hired by		ner (8)	(51	ATE USE ONLY) ASCM No.								
GZA Street Address				17	PAR ENVIRONMENTAL CORPORATION							
55 LANE ROAD					Street Addres	SS ROCK ROAD						
City, State, Zip Code), NEW JERS	2EV 070/	0.4	51	City, State, Z	ip Code						
Project Manager for Monitoring Firm		Telephon		SUFFERN, NEW YORK 10901 ber Telephone Number License Number								
BEN SALLEMI		973-774-3			845-369-7500 1101							
Expected State Date (10) 6 / /14 19 Month Day Year	Sched	9 /	pletion Date (11) Name of OSHA Monitor 30 /19 QUALITY ENVIRONMENTAL									
Occupancy Status During Abatement	(Check only	one)	Day		Street Addres	SS						
Facility Closed/Vacated Du Abatement Performed Out	Hours -	Describe:	1376 ROUTE	9								
X Other - Describe: MON	IDAY - FRID	AY 7AM	- 3:30 P	М	City, State, Zi	p Code NGERS FALLS, N	JEW V	OPK	10500			
Scope of Work (Check all that apply) Demolition	X Renov	ation		Criticals v	vith Negative P	ressure	Λ⊏ ΛΛ Ι	OHK	12590			
>3SF OR LF X >160 SF OR 260 LF				Glovebag	Procedure ole Procedure							
Location of		ocation	T	Description of As	bestos-	1	TA	Abaten	nent Ty	vpe		
Asbestos-containing Material (ACM)		ally used ely by		Containing Materi	al (ACM)	Amount		T _E	m _Z			
TO BE ABATED		ery by Custodial		(ie. Thermal sy insulation, surfaci	(Specify SF or LF)	REMO	REPAIR	CAF	ENCLC			
in Facility (13)	Sta	ff (12)		or other miscella	0. 0. 2.	VAL.	B	ENCAPSUL	DSUR			
IST FLOOR SUITE 107	Yes N	lo N/A	FLOOR	TILE & MASTIC		700.05	1,4	+		D		
	\dashv	-	LOOK	TILE & WASTIC		700 SF	X	+	-	\vdash		
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Name of Registered Waste Hauler	INVIDE		lo i v									
IEWARK CARTING	Hauler		Cubic Y	ards of Waste 20	Name of Regis GRAND CENT	stered Landfill RAL SANITARY	LAND	FILL				
City, State	9	13	Disposa	Il Date	City, State			-				
NEWARK, NJ 07105 Completed by (Print or Type)	Title		6/13-9/3	30/2019		OWNSHIP, PA		1	/			
BENJAMIN SANCHEZ	Title DIRECTOR	OF OPE	RATIONS	Signature	MX	Dat	te of	14	1,0	100		

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NOCK	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)															
Date of Notification (1)			,	Name of Building	Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH											
6 / 14 /19			Street Address	1	201											
Agencies Notified Type Notifi	cation			Street Address 30 PROSPECT AVENUE												
EPA Initial	City, State, Zip Cod															
	ded Not	ificati	on	HACKENSACK, NE	ASE	ASBESTOS CONTROL & LICENSING										
	old #4			Name of Contact		Telephone Nu	Telephone Number									
X DCA EMER	RGENCY	NO1	TIFICA						732-751-3384							
Name of Facility Where Abatement is	Table	DI	(0)	FACILITY INFORMATION												
value of Facility Where Abatement is	raking	Plac	e (3)		Type of Facilit	y (4)										
JERSEY SHORE UNIVERSITY MEDIC		School (K Subchapt	er 8 (Other than	K-12)											
Street Address		X Other (ie. private & commcl. b					etc.)									
1945 STATE HWY. 33		1 000 000				dg. Ag 87	e									
City (5) Count NEPTUNE OCEA	N			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Bu	ilding (wne	r (8)	ASCM No.	Name of Abate	ment Contract	or (9)									
ENVIRONMENTAL TACTICS INC. Street Address				99	PAR ENVIRONMENTAL CORPORATION											
64 BROAD STREET					Street Address											
City, State, Zip Code					313 SPOOK ROCK ROAD City, State, Zip Code											
MA ⁻	TAWAN,				SUFFERN, NEW YORK 10901											
Project Manager for Monitoring Firm THOMAS GEIGER	e Number	Telephone Number License Number														
Expected State Date (10)								845-369-7500 1101								
6 / 6 /19	10011		2 /	30 /19	Name of OSHA Monitor QUALITY ENVIRONMENTAL											
Month Day Year		TOMMENTAL														
Occupancy Status During Abatement (C	hatament	Street Address														
Abatement Performed Outside	Hours - Describe:	1376 ROUTE 9														
X Other - Describe: Monda	pm	City, State, Zip (
Scope of Work (Check all that apply)				V 75.41 04-	WAF	PINGER FALL	S, NY	12590)							
Demolition	Ren	ovatio	on	Mini-Enclo	ainment with Nega	tive Pressure										
>3SF OR LF				Glovebag	Procedure											
X >160 SF OR 260 LF					le Procedure											
Location of Asbestos-containing		Loca	tion used	Description of As Containing Materia	bestos-		A	Abaten		уре						
Material (ACM)	1000000	olely		(ie. Thermal sys		Amount		REPAI	ENCAPSUL	ENCLO						
TO BE ABATED	Mair	nt/Cus	stodial			(Specify SF or LF)	REMO	Σĕ	ξ.	15						
in Facility (13)		taff (or other miscella			NA.	B	JSC	SUR						
6TH FLOOR 1 B	res	No	N/A X	VAT & MASTIC		2,820 SF	X	+	F	B						
6TH FLOOR 2A			X					+		H						
6TH FLOOR 2B	1		X	VAT & MASTIC CON VAT & MASTIC		3,050 SF 1,620 SF	X	+	-	H						
6TH FLOOR 3A			Х	VAT & MASTIC				+	-	\vdash						
6TH FLOOR 3B	1		X			888 SF	X	-	-	\vdash						
2711 51 005 0				VAT & MASTIC 458 SF X												
OTTT LOOK 3	+		X	VAT & MASTIC		340 SF	X	-								
N. C.							1	1		-						
Name of Registered Waste Hauler NEWARK CARTING	NJD		STOCKED COLUMN	Cubic Yards of Waste	Name of Register	red Landfill		-								
369 RAYMOND BLVD.	Haul	913	140.	40	GRAND CENTRA	AL SANITARY L	AND	FILL								
City, State		- 10		Disposal Date	City, State											
NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Tri	·lo			05/13-12/30/19	PLAINFIELD TO		_/	_//								
DELLI LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE		ROF	OPE	SATIONS Signature		Date	1/2	41	19							

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			(ruis	N Suant to NJ	AC 8:60-7 and ame of Buildi	112:1	20-7)					
Date of Notification (1)				Н	ACKENSACK	MER	IDIAN HEA	ator (2)	21.11	. 1	0 0/	O1O
6 / 5 /1					treet Address				JU	4 .	9 20	JIS
	otification				PROSPECT	AVE	NUE					
EPA Ini	tial Notifica	ation		Ci	ity, State, Zip (Code		1 hou	5853	TOS	COM	TROL
	nended No incellation	otificati	ion #3	3 H	ACKENSACK,	, NEV	JERSEY (07601		ICE	ASING	<u> </u>
X DOH Or	Hold			Na	ame of Contac	+		1-				
X DCA EN	MERGENC	Y NO	TIFIC	ATION BE	RIAN O'NEIL	,1		Telephone N 732-751-338	umber 4			
Name of Facility Where Abatemen	4:- T.11			FACILITY	INFORMATIO	NC		1752.707.000	-			
where Abatemen	is rakin	g Plac	e (3)				Type of Fa	cility (4)				
JERSEY SHORE UNIVERSITY MEI	DICAL CE	NTER				- 1		ol (K-12)				
Street Address						1	X Other	napter 8 (Other tha	n K-12)		
1945 STATE HWY. 33							Square F		rici. Di	ags., I	nomes ldg. Ag	, etc.
City (5)	unty (6)			T C=-			1,000,00	// II			87	, ,
NEPTUNE	FAN			(STA	unty Code (7) TE USE ONLY		Current Use COMMERC	(Prior if being der	nolishe	ed)		
Name of Monitoring Firm Hired by ENVIRONMENTAL TACTICS INC.	Building	Owne	r (8)	<u> </u>	ASCM N			patement Contrac	tor (0)			
Street Address	-				99	- 1	PAR ENVIR	ONMENTAL COR	PORA	TION		
64 BROAD STREET							Street Addre	ess ROCK ROAD				
City, State, Zip Code	44.						City, State,	Zip Code	-			
Project Manager for Monitoring Firm	MATAWAN		anhar	ne Number		15	SUFFERN,	NEW YORK 1090	1			
THOMAS GEIGER			-290-				Telephone N		cense	Numl	oer	
Expected State Date (10)	Sci	hed. C	omp	letion Date	(11)		345-369-750	HA Monitor	101			
6 / 6 /19 Month Day Year	1	12	2 /	30	0 /19	10	QUALITY E	NVIRONMENTAL				
Occupancy Status During Abatement	(Check or	Nonth	2)	Day	Yea	er						
Facility Closed/Vacated Di	uring Entire	a Perio	nd of	Abatement		1	Street Addre 376 ROUTE	SS = o				
Abatement Performed Out X Other - Describe: Mon	side of No day -Frida	rmal F	acility	/ Hours - D	escribe:	- 1						
	uay 4 Hua	y rain	-3.30	pm		C	ity, State, Z	ip Code				
Scope of Work (Check all that apply) Demolition	[V] =				X Full Co	ntain	v ment with N	VAPPINGER FALL egative Pressure	S, NY	1259	0	
>3SF OR LF	X Rer	novatio	n		Mini-En	nclo,		-3-11005016				
X >160 SF OR 260 LF					Non-Fri	ag Pr iable	ocedure Procedure					
Location of Asbestos-containing		Local			Description of	Asbe	stos-		1	hoton	T	
Material (ACM)		mally solely l		C	ontaining Mate	erial (ACM)	Amount		bater		
TO BE ABATED		nt/Cus		l in	ie. Thermal: sulation, surfa	syste	ms	(Specify	REMO	REP/	ENC,	ENC
in Facility (13)	5	Staff (1		1 22	or other misce	ellane	VAI, ous)	SF or LF)	IOVAL	AIR	APSUL	00
TI	Yes	No	N/A						1		Ĕ	LOSUR
TH FLOOR 1 B			Х	VAT & MA	STIC			2,820 SF	X			
TH FLOOR 2A ~			Х	VAT & MA	STIC			3,050 SF		-	-	-
TH FLOOR 2B			Х	VAT & MA					X	-	-	-
TH FLOOR 3A			X	VAT & MA				1,620 SF	X	-		
TH FLOOR 3B			X					888 SF	X	-	_	
TH FLOOR 3			X	VAT & MA	and the later and the			458 SF	X			
			^	VAT & MA	STIC			340 SF	X			
			-	2 177 20 31 k								
ame of Registered Waste Hauler	NJDE	EP Wa	aste	Cubic Yard	s of Waste	INI-	mo of D					
EWARK CARTING -		er ID N		Cable Talu	40	GF	me of Regis	stered Landfill RAL SANITARY L	ANDE	11.1		
69 RAYMOND BLVD. ity, State		913		Diaz 15	-1-			CONTIANT L	AINUF	ILL		
EWARK, NEW JERSEY 07105 ompleted by (Print or Type)				Disposal Da 05/13-12/30	ate 0/10	Cit	y, State	OWNSHIP, PA				\neg
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH JUN 1 9 2019 /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE **EPA** Initial Notification City, State, Zip Code ASSESTOS CONTROL & DEP Amended Notification HACKENSACK, NEW JERSEY 07601 LICENSING DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA X EMERGENCY NOTIFICATION BRIAN O'NEIL 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY. 33 1,000,000 6 87 City (5) County (6) County Code (7) Current Use (Prior if being demolished) NEPTUNE **OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 99 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / 13 12 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCAPSUL ENCLOSUR REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR 1 B X VAT & MASTIC 2,820 SF X 6TH FLOOR 2A X VAT & MASTIC 3,050 SF X 6TH FLOOR 2B X VAT & MASTIC 1,620 SF X 6TH FLOOR 3A X VAT & MASTIC 888 SF X 6TH FLOOR 3B X VAT & MASTIC 458 SF X 6TH FLOOR 3 Х VAT & MASTIC 340 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. 913 City, State Disposal Date NEWARK, NEW JERSEY 07105 05/13-12/30/19 TOWNSHIP, PA Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 ASSESTOS CONTROL DOL Cancellation LICENSING DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** BRIAN O'NEIL 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY, 33 1,000,000 6 87 City (5) County (6) County Code (7) Current Use (Prior if being demolished) NEPTUNE **OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 99 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / 13 /19 QUALITY ENVIRONMENTAL /19 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR **ENCLOS** REMOVAL ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) H Yes No N/A 6TH FLOOR 1 B VAT & MASTIC 2,820 SF X 6TH FLOOR 2A X VAT & MASTIC 3,050 SF X 6TH FLOOR 2B X VAT & MASTIC 1,620 SF Χ 6TH FLOOR 3A Χ VAT & MASTIC 888 SF X 6TH FLOOR 3B X VAT & MASTIC 458 SF X 6TH FLOOR 3 X VAT & MASTIC 340 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 05/13-12/30/19 PLAINFIELD tow KHIP. PA Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

IN # 1071 B&G proj. #: 2019-123

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

		· PR	ALLL)	EMER	GE	NCY	-	Checl	# 9352) -		THE STREET	
Date of Notification	1 (1)	11	Name of	Building Ow	ner/Operator (2	2)			ME	G		W	E	m
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Agencies Notified	Type Notifica	ation	Street Ac					4 1						-
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X DOH		11	Name of	Contact					Telepho	ne Numbe	NSIN er	u .		
☐ DCA	☐ Cancel	lation	Jose	ph VanKir	k					83-7392				
				FAC	CILITY INFORM	/ATIO	N							
Name of facility wh	ere abatement	is taking p	lace (3)					Туре	of Facility	(4)				
Halsted Stree	t School (No	ON Sub	8)						School	ol (K - 12 napter 8 (han K.	12\	
Street Address						97. 15				(Private/0			12)	
59 Halsted St	reet							Sana	Bldgs.	/Homes, # of Floo	etc.		lg. A	ge
City (5)		Cou	unty (6)				unty Code (7)			011100				
Newton		St	ussex			(St	ate use only)		ent Use (Fool (non		ng den	nolishe	d)	
Name of Monitoring	g Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatemen							
				20	n/a		B & G Restora	ation, Inc) .					
Street Address							Street Address 105 Ryerson	Road		-			6-2	
City, State, Zip Code	2					_	City, State, Zip Code			-				
							Lincoln Park,		35					
Project Manager for	Monitoring Firm	n		Phone Numb	per	_	Telephone Number (973)696-686			License	Numb	er		
Scheduled Start Dat	o (10)	ICobo	d Campl	etion Date (1	7	_	Name of OSHA Mon			1	3370			
06/11/2019	e (10)		d. Compi /11/2019		1)		B & G Restora).					
Occupancy Status D	Jurina Abatama						Street Address				(
	/vacated during		10.00				105 Ryerson F	and the same of th						
Abatement pe	rformed outside	of normal	facility h	ours-		1	City, State, Zip Code	9						
Describe:	e: start work	4:00 pm	1			-1	Lincoln Park, I	NJ 0703	5					
Scope of Work (che	eck all that apply	y)												
☐ Demolition	X	Renovati	on				Full Containment w/ne	egative pre	essure	Glove	bag pr	ocedu	е	
>3 sf or >3 lf		≥160 sf or				X	Mini-enclosure		[Non-f	riable p	roced	ure	
Location of			on normal enance/c	ly used solely	y		9.0				R	R	Е	E
asbestos-cont material to be		staff(12)			Description material (asbestos-containing	1	Amount (Specify S	F or	m	p	n	n
abated in facil	ity (13)	Yes	No	N/A	Thatenar (/ (ON)			LF)		V V	a i	a p	L
lurses office				×	pipe insula	ation		8	lf		e			
Registered Waste Ha	auler	INUD	EP Haule	VEID# 10	ubic Yards of V	Vacto	INIoma of Deviet	11 150						
B & G Restorati			19563		1/2	vasie	Name of Registered Grand Ce	ntral La	ndfill					
City, State Lincoln Park, N	J		7	Disposal D	ate 6/12/2019		City, State Pen Argyle	COLUMN TO SERVICE						
Completed by (Print Gordana Luna	or Type)	Title Secreta	rv/Trea	surer	Signature		Gordana Luna			Date 06/10	7/204	0	E	
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PPNC RECEIVED 06/10/2019 33: Jun 10 2019 03:32PM NJ Asbestos Control 609,633,0664 page 2 JUN 1 9 2019 State of NJ Notification of Asbestos Abatement 2019-123 8 & G proj. #: (Pursuant to NJAC 8:60-7 and 12:120-7) ACHERY 9352 ONTROL & EMERGENCY Date of Notification (1) HUUH Name of Building Owner/Operator (2) 0 16 1/1 10 1/11 19 1 Newton Public School Agencies Notified Type Notification Street Address 9 ☐ EPA 57 Trinity Street Initial TI DEP City, State, Zip Code DOL DOL Amendment Newton, NJ 07860 WAIVER APPROVED FOO E Nama of Contact Tale Chome Number Cancellation D DCA Joseph VanKirk 973-383-7392 FACILITY INFORMATION Name of facility where ebatement is taking place (3) Type of Facility (4) School (K - 12) Halsted Street School (NON Sub 8) Subchapter & (Other than K-12) Street Address Other (PrivaterCommercial 59 Halsted Street Bidgs./Homes, etc. Square Fast | # of Floors Bidg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Newton Sussex school (non sub 8) Name of Montaing Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatament Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telechone Numbel License Numbe (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) S & G Restoration, Inc. 06/11/2019 06/11/2019 Street Address Occupancy Stalus During Abstament (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City. State, Zip Gods Abatement performed outside of normal facility hours-Describe: Other-Describe: Start Work & DU pm Lincoln Park, NJ 07035 Scope of Work (check all that soply) Demotition Renovation Full Containment wirtegative pressure Gloyebag procedure Mini-enciosure 2150 sf or ≥250 if Non-friable procedure is location normally used solaly Location of E by maintenance/custodial E asbestos-containing Π Description of appearos-containing Amount staff(12) material to be m C (Specify SF or LF) material (ACM) 0 C shated in facility (13) A No N/A Nurses office pipe insulation 8 If H 19563 B & G Restoration, Inc. Grand Central Landfill Lincoln Park, NJ 06/12/2019 Pen Argyle, PA Completed by (Print or Type) Gordana Luna

Signature

Secretary/Treasurer

Godona Lana

06/10/2019

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Date of Notification (1) 06/13/2019	HILL		Name Rich:	of Building ard Ryde	o Owner/G	Operato	r (2)			1		0 0	010	
Agencies Notified X EPA X DEP X DOL X DOL X Emergency	nt #	ıq.	City, S Sumi	Address state, Zip C mit, NJ 0	7901				100 mm		STOS		ROL	E E
DCA justification Cancellation)	5		of Contact ard Ryde					Te	lephone	Number			
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INF	ORMATI	ION	Tyr	e of Facility	(4)					
House		, ,						School (K-						
Street Address City (5)							×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) nercial bu	ildings	s, hom	ies,
Summit						3	N/A		N/A			Bldg. N/A	Age	
County (6) Union				Code (7) USE ONLY)			rent Use (Pr USE	ior if bei	ing dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.				atement Co atement, Ir		(9)				
Street Address						Street 11 R		ess ngren Ave	nue					
City, State, Zip Code						City, S	tate,	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-3	one i	No.		Licens 0131				
Start Date (10) 06/25/2019	Schedu 06/26/		mpletion	Date (11)				SHA Monitor tement, In		0.0.				
Occupancy Status During Abatement (Chec	k Only O	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of nal Facilit	Abaten y Hours	nent s			City, S	tate, 2	igren Avei Zip Code	nue					_
Scope of Work (Check All That Apply)						lotov	va, ſ	NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	FL Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	e cedure					
Location of		Locati Normal ed Sole	ly		Desc	cription	of		z () and	14011-11	Table Fit	Abat	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbest (i.e.	os Conta thermal s surfaci other mi	systems ing, VA	insul , or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								a		late	ıre
Basement		X			Pipe I	nsulat	ion		13	0 LF	X			
Name of Registered Waste Hauler Atlantic Carting			JDEP W auler ID		Cubic Y			Name of F	. 122		Ifill			
City, State			8085		TBD			Grand C						
Wayne, NJ Completed by	1				TBD	1	., ,	Pen Arg		M				
Oliver Hegedis	Title Proje	ct Ma	nager		Sig	nature	1) sec. 1	an K #		Date 06/13/2	2019		

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Date of Notification (1) 06/13/2019					of Building Owner/ y Gross	Operato	г (2)	TIM		1	0 21	310	E- Carpenter
	e Notification Initial	¥)		Street	Address			(m) (m)	1 000		3 - 21	113-	100
EPA X DEP DOL	Amended Amendment Emergency ([tate, Zip Code Ridge, NJ 0702	28			ASBESTO LIC		ONT		. &
X DOH DCA	justification) Cancellation	iriciaairi	g		of Contact Kulik			Tel	lephone Nur	nber			Mar Walley
Name of Facility Where Abates House	ment is Taking	g Place	(3)	FAC	ILITY INFORMAT	ION	Type of Facility	r (4)					
Street Address							School (K Subchapte Other (i.e. etc.)	er 8 (Oth	er than K-12 & commerci	2) al buil	ldings	, hom	ies,
City (5) Glen Ridge							Square Feet N/A	# o	f Floors A	1.00	Bldg. A	Age	
County (6) Bergen					Code (7) USE ONLY)		Current Use (P House	rior if bei	ng demolish	ned)			
Name of Monitoring Firm Hired N/A	by Building C	Owner (8	3)	ASC	M No.		of Abatement Co Abatement, I		(9)				
Street Address							Address osengren Ave	enue					
City, State, Zip Code							state, Zip Code wa, NJ 07512						
Project Manager for Monitoring	Firm			Telepho	ne No.		none No. 345-8685		License No 01311	o.			
Start Date (10) 06/24/2019		06/25/	2019	npletion	Date (11)		of OSHA Monitor Abatement, I						
Occupancy Status During Abat Facility Closed/Vacated D	uring Entire P	eriod of	Abatem	nent			Address osengren Ave	enue					
Abatement Performed Ou X Other – Describe: Occupi	tside of Norma	al Facilit	y Hours				tate, Zip Code wa, NJ 07512						
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)	- Commenced	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				e	
Location of			s Locati Normali	ly	Des	scription					Abate	ment pe	į.
Asbestos-Containing Materi TO BE ABATED In Facility (13)	ial (ACM)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Cont (i.e. thermal surfac	aining M	laterial (ACM) insulation, T, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement		Yes	No X	N/A	Pine	Insula	tion	10	80 LF	x		te	e
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TO BE ABATED In Facility (13)	1 0 0 0 0	todial S (12)		(i.e. thermal systems insu surfacing, VAT, or other miscellaneous	1/3	(Specify SF or LF)	Removal	Repair	ncapsulate	Enclosu
	Yes	No	N/A				1 =		ate	ē
Basement		Х		Pipe Insulation		180 LF	X			
Name of Registered Waste Hauler		100	JDEP Was		Name of	Registered Landfill	_			
Atlantic Carting		100	auler ID No 3085	o. of Waste TBD	Grand (
City, State Wayne, NJ				Disposal Date TBD	City, State					
				5.11		The state of the s				

Signature /

Title

Project Manager

Completed by Oliver Hegedis

Date 06/13/2019

Print Form

In #1200	\sim												Р	rint F
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Date of Notification (1) 6/10/19				of Building	Owne	r/Operato	r (2)		m	PET	G E		\mathbb{V}	
Agencies Notified Type Notification				Waters Address					114					-
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DEP Amended X DOL Amendment	. #	Ī		tate, Zip Co		070705			1	1				1
Emergency	(including	-		asunna,	NJ	078765			- T-	المحقة	STOS	CON	TRO	<u> </u>
DOH justification) DCA Cancellation			The state of the s	Waters					10			SIN	<u> </u>	omegation, 140-s
Name of Facility Where Abatement is Takir	a Place /	21	FAC	ILITY INF	ORMA	TION	T =	7= "				-		
home	ig Flace (.	3)					1 y	pe of Facility (185					
Street Address							H	School (K-1 Subchapter	8 (Oth					
01. (5)							×	Other (i.e. p etc.)	orivate	& comme	rcial bu	ildings	, hom	ies,
City (5) Succasunna								uare Feet 000	# 0	f Floors	000	Bldg. 7	Age	
County (6)		- 1		Code (7)				rrent Use (Pri	- 22	ing demo		70		
Morris				USE ONLY			ho	me						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				batement Cor vironmenta		**				
Street Address						Street			061	rices, Li				
								483, 4 E G	ate D	rive				
City, State, Zip Code						- POSSESSES		Zip Code od, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		A 1998 P. L. HIRDS PASS TO PROPERTY OF	10	License	No.			-
21-12-140						973-	764	-2276		703				
Start Date (10) 6/19/19	Schedule 6/29/19		npletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abatement (Chec						Street	Addr	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: attic over garage	Period of Anal Facility	Abatem Hours	ent	×		City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Pemoliti				×	N G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure					
	ls	Location	on					on Exempted	7 / 411	4 14011-11	able i re	Abate	emen	1
Location of Asbestos-Containing Material (ACM)		lormall d Solel			De	escription	of				-		pe	-
TO BE ABATED In Facility	1000	intenar odial S		(i.e.	therma	itaining M Il systems	insu	al (ACM) llation,	(5	mount Specify	Re	R	Enca	En
(13)		(12)				acing, VA ⁻ miscellan)	SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>n</u>		ate	Ге
attic			х		VE	ermiculit	e		50	00 SF	×			
No. of D. in the second														-
Name of Registered Waste Hauler Newark Carting		Ha	JDEP W auler ID 1509	USE PER PER U	of Wa	: Yards iste		Name of F	2			ndfill		
City, State Newark NJ						sal Date		City, State						
Completed by	Title			-	TBD	Signature		Pen Arg	ıyl, PA) oto			
A. Scott Higgins	Presi	dent				-igriature		11/		1010	Date 6/10/19	9		

State of New Jersey

JMH17008

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Date of Notification (1) 6/14/19		0.00757		ing Owner/Operator (2)			111	EGE		W	E	3
Agencies Notified Type Notification			ntclair et Address	Township Board o	of Educ	cation	المصال					7
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□ DEP □ Amended		_	State, Zip					H JUN I	9 /	2010	7	-
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☐ Emergency (in			e of Conta				Talanhana Num	I have seen and th		The second second	Marine de la constante de la c	+
☑ DOH justification)☑ DCA ☐ Cancelation		1	dio D'A				973-509-400	ASBESTOS (LICEN	SING	TRO)L &	
			ı	ACILITY INFORM	ATION							
Name of Facility Where Abatement is Taking Place	e (3)				Ту	pe of Facility (4)						
Montclair High School					D	School (K-1	2)					
Street Address] Subchapter	8 (Other than	K-12)				
100 Chestnut Street						Other (i.e. p	rivate & Comm	nercial buildings, h	omes	, etc	.)	
City (5)					Squ	Jare Feet	# of Floors	Bldg. Age			-	
Montclair, NJ 07042						0,000 SF	4	55+				
County (6)			Count	y Code (7)		rent Use (Prior if be	ing demolished)	100				
Essex			(STATE	USE ONLY)	Ele	ementary School	ol					
Name of Monitoring Firm Hired by Building Owner	(8)			ASCM No.	Nar	me of Abatement Co	entractor (9)			_		
Detail Associates, Inc.				0012	1	icorn Contract						
Street Address						et Address						
300 Grand Ave					32	Willow Way						
City, State, Zip Code						, State, Zip Code			3.0.9	-7		
Englewood, NJ 07631					Wo	odland Park, N	NJ 07424					
Project Manager for Monitoring Firm			Teleph	one No.		phone No.		License No.				
Stephen Jaraczewski			(201	569-6708	973	3-333-9176		01331				
Start Date (10)		Schedu	iled Comp	letion Date (11)	Nam	ne of OSHA Monitor						
7/04/19		7/24	/19		Env	virovision Cons	ultants, Inc.					
Occupancy Status During Abatement (Check Only C	ine)				Stre	et Address						
☐ Facility Closed/Vacated During Ent	ire Period of A	bateme	nt		20-	21 Wagaraw R	d., Bldg. 35-E					
☐ Abatement Performed Outside of	Normal Facility	Hours			City,	State, Zip Code						
Other - Describe: Occupied Other → Occupied Other → Oc					Fair	Lawn, NJ 074	10					
Scope of Work (Check All That Apply)			177									
≥3 sf or ≥3 If		X	Renov	ation	X	Full Containm	nent with Nega	tive Pressure				
≥160 sf or ≥260 lf			Demol	ition		Mini-Enclosus	re					
						Glovebag Pro	cedure					
						Non-Exempte	d (*) and Non-	Friable Procedure				
		Is Locatio									temen ype	L
Location of Asbestos-Containing Material (ACM)	U	Normally sed Solely		Achae		scription of aining Material (ACI	141	Amount	-	T ·	T	
TO BE ABATED	14 000	Iaintenan				systems insulation,		(Specity			m	
In Facility	Cu	stodial St	aff?			cing, VAT, or		SF or LF)	R		ncap	Enc
(13)	·	(12)	T		other r	niscellaneous)			Removal	Repair	Encapsulate	Enclosure
Ctainuau 11	Yes	No	N/A		-	Mastar		4 500 55		₩.	te	re .
Stairway 11		X	-			Plaster		4,500 SF	X	-	\vdash	-
Stairway 8		X	-		F	Plaster		4,500 SF	X	-	\vdash	-
								-	-	-		0
Jame of Registered Waste Hauler		NIDEDIA	aste Haul	er ID No	Cubic	Yards of Waste		Name of Regustered	landfil			-
Newark Carting		04509	uste Haul	CITIO NO.	60+	ididə ol waşte		Grand Central S			andf	ill
TOTAL OUT ONLY		24303			1001			Joiana Central 3	MILLE	A T	uiiui	111

Disposal Date

Signature

TBD

City, State

Pen Argyl, PA

Date

6/14/19

City, State

Completed by

Zhivko Nikolov

Newark, New Jersey

Title

President

1 ,		~~~	1 -	X	-			\bigcirc	11-	11	2		F	Р	rint F
*	Emerc	PAC	ioru	S	state of N	lew Jers	еу	Ü	K 7	78	75	Tout	4	11 <	·~
\wedge	PA		NOTIF	Pursuan	N OF AS	C 8:60 ai	3 ABATE nd 12:12	MEN (0)	T	[7]	EC	E	1 17		22
Date of Notification (1)	2000			Name	of Buildin	g Owner	/Operato	r (2)					I W		-
6/14/19				Geor	ge Dud	dy Priva	ate Ho	me	New Persons	IMI					
Agencies Notified	Type Notification	1		Street	Address				Carried		JU	W 19	2019)	L
EPA DEP	Initial Amended			City, St	tate, Zip (Code	×2								-
☑ DOL	Amendmen				awr NJ					A	SBEST	OS CO	NTRO	DL &	3
⊠ DOH	justification)	İ		of Contac	t				Te	lephone	Number Number	<u>(-)</u>		andre training and
☐ DCA	Cancellatio	n		Jenni	ter	EOD01A7	1001			6		77			
Name of Facility Where A	batement is Taki	ng Place (3	3)	FAC	ILIIT IN	FURIMAI	ION	Тур	e of Facility	(4)					
George Duddy Priva	ate Home								School (K-	12)					
Street Address									Subchapte Other (i.e. etc.)				ldings	, hom	ies,
City (5) Bellmawr NJ 08031								20	are Feet		f Floors	T	Bldg.	Age	
County (6)				County	Code (7)				00 +	2			35+		
Camden				(STATE	USE ONL	n		hou	ent Use (Pr use	ior if be	ing dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name		atement Co	ntractor	(9)				
N/A		_					Perr	naco	Inc.						
Street Address							Street PO I							0.0	
City, State, Zip Code									Zip Code				-		
									lin NJ 08	091					
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph 856-		lo. 9800		Licens 0072				
Start Date (10) 6/15/19		Schedule		npletion	Date (11))			HA Monitor				-	-	
Occupancy Status During	Abatement (Cher	6/16/19					Sam								
Facility Closed/Vacat							Street	Addre	SS						
Abatement Performe	d Outside of Norn	nal Facility	Hours	ient S			City, S	tate, Z	ip Code					NO.	_
Scope of Work (Check All	That Apply)						_	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Fu Mi	II Containm ni-Enclosur	ent with	Negativ	e Pressu	re		
							X	Gl	ovebag Pro n-Exempte	cedure	i Non E-	dabla Da		-	
		Isl	Locati	on			biasi	1 140	II-Exemple	u () and	I NOH-FI	lable Pic	120000 100	ement	
Location of			ormall Sole				scription					-	Ту	ре	
Asbestos-Containing N TO BE ABAT	<u>red</u>	Mair	ntenar	nce/	Asbes (i.e.	stos Cont . thermal	aining M systems	ateria insula	I (ACM)		nount pecify	Z	_	Enc	m
In Facility (13)	/	Custo	(12)	otatif		surfac	cing, VAT	Γ, or	850		or LF)	Remova	Repair	Encapsulate	Enclosure
20 (20)		Yes	No	N/A		0410111	no och arr	oous			8	val	=	ılate	ure
Exterior Sic	ling			х		Exter	ior Sid	ing		190	00 SF	х			
												x			
Name of Registered Waste	Hauler		03.00	JDEP W	All and an arrangements	Cubic '	770		Name of	Register	red Land	Ifill			-
United Roll Off			1	auler ID 2459	140.	of Was	ste		G.R.O.	W.S.					
City, State							al Date		City, State	9					
Elm NJ Completed by		Title				6.17.1		-,	Morrisv	ille PA	19067	7			
Anthony T Perna		Presid	dent			Si	gnature				1	Date 6/14/19	a		

- 110/	2															
In #120	165				5	State of N	lev	v Jersev								
(N 5805	, Pa	AII	NOT		ATIO	N OF AS	BB	ESTOS ABAT 8:60 and 5:1			EC	E	7 1	V [E (7
Date of Notification (1)										11 11	56	<u></u>		y l	느	Ш
	13 /	19			1			Owner/Operator (vnship Public		Iñ		. 1			THE COLUMN TWO IS NOT THE PERSON	Chartaigness Chartasaga Watersagalasa
Agencies Notified	Type Notific	ation		_	Stree	t Address					JUN	1	9 20	119	- 11	9
⊠ EPA					25	65 Prince	eto	n Pike								
☑ DOLWD	☐ Amende Amendm	1.100			City,	State, Zip	Cod	de			ASBEST	OSC	ONT	ROL	8	
☑ DOH	☐ Emerger		luding	1	La	wrencevi	ille	, NJ 08648			L	CEN	SING		**********	De relação dos como por como p
(NJAC 5:23-8)	justificat			2	Name	e of Contac	ct			T	Telephone	Numi	per			
	Cancella	tion			Th	omas Eld	dric	dge			609-671	1-542	0			
					FA	CILITY II	NF	ORMATION								
Name of Facility Where A		Taking	Place	(3)					Type of Fac	ility (4)					
Lawrence Middle So	chool								School (
Street Address									Subchar					uilding	IS.	
2455 Princeton Pike)								homes,					-	, ,	
City (5)		-							Square Fee	t	# of Floor	s	BI	dg. A	ge	
Lawrenceville									80,000		2			70		
County (6) Mercer					Cou	nty Code (7)(S	TATE USE ONLY)	Current Use	(Prior	if being de	emolis	ned)			
Name of Monitoring Firm	Hired by Build	ding O	wnor /	0)	ASCM	No	I	lama of Obstant	School	(0)						
TTI Environmental,		unig Ov	wilei (0)	0000	0000	IN	lame of Abateme Shade Enviro		0.000						
Street Address						-	S	Street Address	mineritai, L	LC						
1253 North Church	Street							623 Cutler Av	enue							
City, State, Zip Code	V						C	ity, State, Zip Co	ode							
Moorestown, NJ 080)57							Maple Shade,								
Project Manager for Monit	oring Firm			Tele	ephone	No.	T	elephone No.			License N	lo.				
Michael R. Keehn				8	56-840	-8800		856-755-0099)	00842					
Start Date (10)					etion Da	(2)	N	lame of OSHA M	onitor					77		
					2/	19		EMSL Analyti	cal, Inc.							
Occupancy Status During							S	treet Address				02011/2-020-	(Casille o			
 □ Facility Closed/Vacated □ Abatement Performed □ Abatement Performed 						a elle a		200 Route 130					·			
Time of Abatement:			acility /		rs - Des -		1	ity, State, Zip Co								
Scope of Work (Check all					7.	-		Cinnaminson	, NJ 08077							
	шасарріу)			4	(ainment with	Negat	ive Pressu	re				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rei					☐ Mini-Encl								
M = 100 St 01 = 200 II		L	_ Del	ПОШ	JII			☐ Glovebag ☐ Non-Exer	npted (*) and	Non-l	Friable Pro	cedure	Э			
				Loca									T	ateme	ent T	уре
Location of Asbestos-Containing M		n		lorma d Sole	illy ely by	Asha	ata	Description of					R	Z.	Ш	T
TO BE ABAT		''	Mai	ntena	ince/			s Containing Mat nermal systems in			Amoun (Specify		Removal	Repair	ncap	nclo
IN Facility (13)	1		Cust	odial (12)	Staff?		33.50	surfacing, VAT,			SF or LF	=)	val		Encapsula	Enclosure
(13)			Yes	No	N/A	1		other miscellaned	ous)						ate	
Basement		[\boxtimes		Pipe an	d F	Pipe Fitting Ins	sulation		20 LF					
JC100A, RR100B, CR3	00, Corrido	or [\boxtimes		Skin Co	at	Wall and Ceili	ng Plaster		1,050 S	F				
CR 300, Storage 300S,	Toilet 300	Т [Floor T	ile	and Mastic			230 SF	:				
JC 100A, Restroom 10	0B, Corrid	or [\boxtimes		Pipe an	d F	Pipe Fitting Ins	sulation		50 LF					
Name of Registered Waste	Hauler			100	JDEP V		888	ubic Yards of	Name of Re	egister	ed Landfill			1000000		
Freehold Cartage				H	15939			aste 30	Fairless	Land	dfill					
City, State					10000			sposal Date	City, State							
Freehold, NJ								07/12/2019	Morrisv	ille, P	PA .					
Completed By (Print or Typ	oe)	Title						Signature				Date	е			
Christina Lynch		Vic	e Pro	ship	ent of	neration	10	March	1			1	, ,	, ,,	>	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility			Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
What follows to the face for the province of t	Yes	No	N/A	material (Henry	Or or Ery	
Restroom 200 and Corridor		Х		Skin Coat Wall Plaster	200 SF	Х
				("annual annual		

