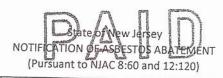
Proj. #: 19-124  Date of Notification (1)    0   6   /   1   8   /   1   9    Agencies Notified   Type Notific   Initial   Amended   Amendment   Emergence (including justification   DCA   Cancellation	#:	Leslie-Add Street Add City, State Westfie	(Purs) Building Ow Ann Ribar Iress , Zip Code	vner/Operator (2	bes 8:	NJ tos Abatement dd and 12 20)	Fer discommons recognised when	JUN 24 BESTOS CO	2019 NTRO	-	
Caricellation	)II	Desire		CILITY INFORM	AATIO		1 - 2000		-		
Name of facility where abatement  Residential  Street Address	t is taking pl	ace (3)	FAC	SILITY INPORT	MATIC		Subcl	(4) ol (K - 12) napter 8 (Othe (Private/Come /Homes, etc.			
City (5) Westfield, NJ 07090	Coul	nty (6)		12		unty Code (7) ate use only)	Current Use (F	# of Floors 02 Prior if being de	_ 70		Age
Name of Monitoring Firm Hired by  N/A  Street Address				ASCM No.		Name of Abatement  KLOMAX, LLC  Street Address  309 W. End Ave					
City, State, Zip Code  Project Manager for Monitoring Firm	n	Pt	none Numb	per		City, State, Zip Code  Hopatcong, NJ ( Telephone Number 833-455-6629	07843	License Nur 0200			
Start Date (10)  07/01/19  Occupancy Status During Abateme  Facility closed/vacated during Abatement performed outside Describe:  Other-Describe: NORMAL F	07/12 nt (Check or e entire period of normal f	/2019 nly one)	on Date (1 <sup>2</sup> ement. rs-	1)		Name of OSHA Moni KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code Hopatcong, NJ 0					
Scope of Work (check all that apply 2 sf or >3 if         ≥160 sf or ≥260 if	Renovation Demolition						Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*) :	e		edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by mainter staff(12) Yes		used solely todial	Descriptio material (A	ACM)	sbestos-containing	Amount (Specify SI LF)	v e	Repair	E n c a p	EncL
Basement Basement		X		Pipe Insulati Pipe to be re		ned	215 LF 30 LF				
Registered Waste Hauler KLOMAX, LLC City, State Hopatcong, NJ 07843	NJDEI 0382			ibic Yards of W yds ate	aste	Name of Registered L TULLYTOWN, R City, State	RESOURCE RE	COVERY			
Completed by (Print or Type) Paige Boylan	Title Owner		100	Signature	1	TULLYTOWN, I	PA	Date 06/18/19			

01/20.1010		NOT	IEICATI	State of	Vers	sey			) 40	02			Print Forn
Childon		NOI		DN OF A				7	TIPE	EC	<u>E</u>		/ E/I
Date of Notification (1)	1777			of Buildin t Laurel		r/Operato	r (2)		Im		75		
Agencies Notified Type Notified	cation		-	Address	DOL					JUN	24	20	19    L
X EPA X Initial			330	Mt . Lau	ırel Rd.	1	. •						
I DEL AMENO			City, S	State, Zip	Code				Ι Δ	SBEST	08.00	ארדה	201.8
Emerci	dment # ency (includir	10	Mon	t Laurel	, NJ 08	054					CENS		OL &
DOH justific	ation)	'g		of Contac					Telepho	ne Numb	er S	HONOTHING	MONITORINA DE LA PORTO DEL LA PORTO DE LA PORTO DEL LA PORTO DE LA
DCA Cance	llation			ne Nevi					856-76	67-7667			
Name of Facility Where Abatement is	Taking Place	(3)	FA	CILITY IN	FORMA'	TION	T.	CE 20 (1					
Harrington Middle School	raining r idoc	(0)					-	oe of Facility (4					
Street Address							×	School (K-12 Subchapter 8	(Other the	- K 10)			
514 Mt. Laurel Rd.							H	Other (i.e. pr	ivate & com	in K-12) imercial b	uilding	s, hon	nes.
City (5)							Sai	etc.) Jare Feet					
Mont Laurel								known	# of Floo	rs	50+	Age	
County (6)			County	Code (7)				rent Use (Prior		malichad	10000000		
Burlington			(STATE	USE ONL	Y)			hool	ii being de	monsneu	,		
Name of Monitoring Firm Hired by Buil ER&M	ding Owner (8	3)	ASC	M No.		Name	of Al	patement Contractions	ractor (9)				
Street Address						Street							
20-21 Wagaraw Rd.								le Ave.					
City, State, Zip Code						1		Zip Code					
Fair Lawn, NJ 07410								on, NJ 0705	7				
Project Manager for Monitoring Firm			Telepho		2 mm	Teleph			Lice	nse No.			
Cathy DiNardo Start Date (10)				949-35		OPPOSITES IN		9092	011	07			
06/24/19	07/05		mpletion	Date (11	)	I I Compare to the second		SHA Monitor					
Occupancy Status During Abatement (	(4.5)	7.1						lalodka					
The state of the s						Street A							
Facility Closed/Vacated During Er Abatement Performed Outside of	tire Period of Normal Facilit	Abater v Hour	nent s					le Ave. Zip Code					
Other – Describe:		,						on, NJ 07057	7				
Scope of Work (Check All That Apply)						v v callin	igito	11, 143 07 037	<u> </u>				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	F	Renova Demoli				×	Mi Gl	ull Containment ini-Enclosure ovebag Proced	lure				
	le le	Locat	on.			Encid	INC	on-Exempted (*	) and Non-	Friable Pr	17.00	emen	
Location of		Normal	ly		Dec	scription o						/pe	
Asbestos-Containing Material (ACM		ed Sole		Asbes	tos Cont	aining Ma	iteria	(ACM)	Amount			m	
TO BE ABATED In Facility		todial S		(i.e.	thermal surface	systems cing, VAT	insul	ation,	(Specify	Ren	R	Encapsulate	Enclosure
(13)		(12)				niscellane			SF or LF)	Remova	Repair	psu	losu
	Yes	No	N/A							<u> </u>	'	ate	6
room A-11	room A-11 *								175 sf.	*			
room A-09	room A-09 *								175 sf.	*			
room D-11	*				tak	ole tabs			175 sf.	*			
roomD-09	*				tab	ole taps			175 sf.	*			
Name of Registered Waste Hauler			JDEP W		Cubic '	Yards		Name of Reg					
Newark Carting Inc.		- N. W. 197	auler ID 5409	No.	of Was 40	te		GCSL					
City, State Newark, NJ					Dispos 07/08/			City, State Pen Argyl,	PΔ				
Completed by		gnatúre		_ Tan Aigyi,	/	Date							
Leslaw Nalodka	Presi		1/	_	- Wal	1	06/10/	19					

Ch 1389



(D)		C	E		$\mathbb{V}$	E	n
	417	JUN	2	4	2019	and an owner of the second second	

vko Nikolov	Preside	nt		/		1	Date	10/1	0		
podland Park, New Jersey	Title			1.	Signature	/ /	Morrisville, PA				_
ricorn Contracting Corp.		00358	44		1 Disposal Date		Fairless Hills La				_
me of Registered Waste Hauler		NJDEP W	aste Haule	r ID No.	Cubic Yards of Waste		Name of Regustered	Landfi	1		
								-	-	-	+
											I
Basement		Х			Pipe Insulation		10 LF	X		0	1
In Facility (13)	Yes	(12)	N/A	c	surfacing, VAT, or other miscellaneous)		SF or LF)	Removal	Repair	Encapsulate	- The Contract of
Asbestos-Containing Material (ACM)  TO BE ABATED	M	sed Solely Iaintenan stodial St	ce/		s Containing Material (ACI ermal systems insulation,		Amount (Specity			_	
Location of Ashestos-Containing Material (ACM)		Normall sed Solely	y	79.00	Description of			_		уре	
	T	Is Location	on		□ Non-Exempte	ed (*) and Non-F	riable Procedure	1	Aha	teme	ant
					☑ Glovebag Pro						
⊇ ≥160 sf or ≥260 lf			Demoli				nve riessuie				
≥3 sf or ≥3 If		X	Renova	ation	☐ Full Contains	nent with Negat	tive Pressure				
ope of Work (Check All That Apply)					Fair Lawn, NJ 074	110					
<ul><li>Abatement Performed Outside of Norm</li><li>Other - Describe:</li></ul>	al Facility	Hours			City, State, Zip Code						
Facility Closed/Vacated During Entire P	eriod of A	bateme	ent		20-21 Wagaraw F	Rd., Bldg. 35-E					
ccupancy Status During Abatement (Check Only One)					Street Address	Juntanto, IIIC.			LET VILE		_
6/28/18			1/19	renou pare (TT)	Name of OSHA Monito						
tart Date (10)		School	uled Comp	letion Date (11)	973-333-9176		01331				
roject Manager fo Monitoring Firm			Teleph	one No.	Telephone No.	*	License No.				
Project Manager Control of the Contr					Woodland Park,	NJ 07424					
City, State, Zip Code					City, State, Zip Code	<del></del>					_
					32 Willow Way						
Street Address					Unicorn Contrac	ting Corp.					_
oviner (b)				ASCM No.	Name of Abatement (						
Bergen Name of Monitoring Firm Hired by Building Owner (8)			No.		Home						
County (6)				y Code (7) E USE ONLY)	Current Use (Prior if b		1			-	
Allendale, NJ 07401					1,232	2	Bldg. Age				
City (5)					Square Feet	# of Floors			,		_
							nercial buildings,	home	s et	rc l	
Street Address						r 8 (Other than	K_12)				
Residence					Type of Facility (4)  School (K-	12)					
Name of Facility Where Abatement is Taking Place (3)				FACILITY INFORMA							
□ DCA □ Cancelation											
☑ DOH justification)	B	1000	me of Cont	<sub>act</sub> npanaro		Telephone Num	nher				
■ DOL	ing			NJ 07401	53 						
□ DEP □ Amended			y, State, Zij								-
□ EPA ⊠ Initial						Attendence	LIUC	NSI	Vici	September 1	perm
Agencies Notified Type Notification	1 4		racy Car	mpanaro			ASBESTOS	CO	NTF	OL	. 8
Date of Notification (1) 06/19/19	110			ding Owner/Operator (2)		19	04)15 83 1				

01.000				State of	New Jers	e Amazonia					[	F	Prin
Date of Notification (1)		NOT	Pursua	nt to NJ	SBESTOS AC 8 60 ar	ABATE d 12:12	0)	NT (	local		00	28	1
6/20/19 1 - / - / - / - / - / - / - / - / - / -	Ĺ			of Buildi Cy Wolf	ng Owner/	Operato	r (2)				5 6		$\mathbb{V}$
Agencies Notified Type Notification  EPA X Initial	ı'		Street	Address						Jl	IN 2	4	201
DEP Amended Amendmen Emergency				itate, Zip tfield, N	Code NJ 0709	0					-	7 (	_01
DOH justification Cancellation	)	ig	Name Nand	of Conta	ct				Telephone	SUMBE	TOS ICEN	CON	TRI G
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY IN	NFORMAT	ION	Tvr	pe of Facility (4	)				
Nome Street Address			· · · · · · · · · · · · · · · · · · ·				×	School (K-12 Subchapter 8 Other (i.e. pr	A00	-12) rcial bi	ıilding:	s, hon	nes,
City (5) Westfield							Squ 20	etc.) Jare Feet 00	# of Floors		Bldg.	Age	
County (6) Union			County (STATE	Code (7	) LY)			rent Use (Prior	if being demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	31			patement Control	actor (9) Services, LL	С			
Street Address							Addr						
City, State, Zip Code	tate, Zip Code						tate,	Zip Code d, NJ 0741					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-7	one l	Vo.	License 703	No.			
Start Date (10) 6/29/19	Schedu 7/12/1		mpletion	Date (11	)			SHA Monitor	703				
Occupancy Status During Abatement (Chec						Street A	Addre	ess					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: furance room & craw	al Facilit	Abater y Hour	ment s			City, St	ate, 2	Zip Code			-		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Renova Demolit				×	Mi	ni-Enclosure ovebag Proced	with Negative				
Location of	1	Locati Normal	ly					on-Exempted (	) and Non-Fria	ble Pro	Abat	e ement pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?	Asbe (i.e	stos Conta thermal s surfaci	cription of ining Ma systems ng, VAT iscellane	iteria insul , or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
furance room & crawl space	Yes	No	N/A X		nino!	noulat:	or		5015			ite	Ö
- S. S. G. G. W. Opubo			^		pipe I	nsulati	on		50 LF	X			
Name of Registered Waste Hauler Newark Carting	NJDEP Waste C Hauler ID No. 0 04509 T								gistered Landfill ntral Sanitar		dfill		

TBD

Title

President

Disposal Date

Signature

City, State

Newark NJ

Completed by

A. Scott Higgins

Date

6/20/19

City, State

Pen Argyl, PA

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Check # 2081

Date of Notification (1)		- January			Mome of F	)			hall	UUN	64	2010	) []
6/21/2019	INIT	47					wner/Operator (2						
Agencies Notified	Type Notific	cation			PMG CO	NSTRU	CTION, LLC (O	WNER'S	REP) AS	SBEST	OS CO	MITH	11 2,
□ EPA	Initial	Jation			STREET A		-	1	TO THE WATER OF THE PARTY OF TH	[]	CENSI	YG.	
□ DEP		مامما ۸۔			209 INVE							Eff with Life Language	VIVIDE HERCASAN
□ DOL			nendm	1	City, State						1765N 1865E		
□ DOH	Emerg		includi	ng	SWEDES		NJ 08085						
□ DCA	justific				Name of C	ontact				T	Telepho	ne Nur	mber
BZ DCA	☐ Cance	llation			Phil Guint					1	509-890	-7110	
Name of Facility When Al					FACILITY I	NFORM	ATION						
Name of Facility Where Ab	atement is 1	aking	Place	(3)				Type of	Facility (4)	)			
PRIVATE RESIDENCE								☐ Sch	ool (K-12)	)			
Street Address									chapter 8		than K-	12)	
107.75									er (i.e., pri				uildinas
City (5)				mO	バスス	4		Square F				rs Bld	
HADDONFIELD, NJ			/	12	(ノフリ								550
County				or Section	County Coo	de (7) (S	TATE USE ONLY	) Current l	Use (Prior	if being	r demol	ished)	
CAMDEN										501119	, admidi	onca	
Name of Monitoring Firm Hi	red by Build	ing Ov	vner (8	)	ASCM No.	Name	of Abatement Co	ntractor (9)					
			*				M RIDGE ENV		NTAL IN	C			
Street Address							Address	MONTE	VIALIN	С.			
						100000000000000000000000000000000000000	ACK FOREST	ROAD					
City, State, Zip Code				7001-11-51			tate, Zip Code	KOAD					
						1	ton, NJ 08691						
Project Manager for Monitor	ing Firm	Tele	phone i	No.			one No.			To a			
						200000000000000000000000000000000000000	0-7110				cense N	10.	
Start Date (10)		Sche	duled (	Comple	tion Date (11)		of OSHA Monitor			00	0676		
6/24/2019		10000000000	2019		24.0 (11)	MECS							
Occupancy Status During Al	batement (C			e)			Address						
☐ Facility Closed/Vacated	During Ent	ire Per	iod of	Abatem	ent	100 more 100							
Abatement Performed	Outside of N	ormal	Facility	Hours			OX 341						
EXTERIOR WORK			· domity	110015			ate, Zip Code	2020-201					
Scope of Work (Check all th	at apply)	-				CROS	SWICKS, NJ 08						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$					√√ Popour	Alam			ontainme		Negativ	e Pres	ssure
x ≥ 160 sf or ≥ 260 lf					Renova				Enclosure				
					L Demont	ion			bag Proce				
		1 1	s Locat	ion				☐ Non-E	Exempted	(*) & N	on-Frial	ole Pro	cedure
Location of Asbestos-Co			rmally		Description	n of Ashe	stos Containing			Ab	atemen	t Type	
Material (ACM) TO BE AE	ntaining		Solely I		Material (A	CM) (i.e.	thermal systems	Amount (S	Spacify SE	- or   T	,	E	ш
Facility (13)	ATEU III			e/Custo	insulation,	surfacing	g, VAT, or other		LF)	čem	Rej	cap	nclo
(10)			Staff?			miscellan			/	Removal	Repair	Encapsulate	Enclosure
EXTERIOR WORK		Yes	No	N/A						<u> </u>		ate	гe
EATERIOR WORK			X		ASBESTOS	SIDING		1100 S.F.		X			
											$\top$		
Vama of Delivery										_			
Name of Registered Waste H	lauler			1	NJDEP Waste		Cubic Yards of	Name of R	egistered	Landfil			
JACK ROBINSON WAST	E DISPOS	A T			Hauler ID No.		Waste		2003				
City, State	L DISTUS	1L					12 YDS	GROWS					
							Disposal Date	City, State					
VOORHEES, nj							6/27/2019	MORRIS	VILLE, P	A.			
Completed By Title						Signatur		21	A).	, Dat	e		-
DAVID D'ANDREA		PRES	IDEN'	Г		1	lavia	1. 11	Stall	1 56/2	1/2019		
SR-41								7 /		1000			

Ch 1538		NOT	IT IS AND	State of New Jers ION OF ASBESTO	SARATEMENT	m	ECE	IV	7 E	F	7
Date of Notification (1) 06/15/2019	1		Name	ant to NJAC 8:50 a e of Building Owner illton Township So	/Operator (2) chool District BOE		The state of the s	Ch	-		
Agencies Notified Type Notification			Stree	t Address ark Avenue			JUN 2	4 201	eck N	101	399
☑ EPA ☑ Initial ☐ Amended ☐ Amendment #			City,	State, Zip Code ilton, New Jerse	v 08330	A	SBESTOS C	ONTR	OL 8	1	material subsequent
☐ Emergency (in justification) ☐ Cancellation	ncluding	1	Name	e of Contact erine Attwood	,		Telephone N	umber	ere Transport		<u>l</u>
Name of Facility Where Abatement is Takin	o Place	(3)		CILITY INFORMAT			609-631-410	0 x 3060	)		
Nottingnam High School	9 / 1400	. (0)		) <del>1</del>	Type of Facility (4	50					
Street Address 1055 Klockner Road City (5)				£.	School (K-12) Subchapter 8 Other (i.e. priv	(Other tha	an K-12) nmercial build	lings, ho	mes	etc.	)
Hamilton, New Jersey 08619					Square Feet 20,000	1	# of Floors	B	ldg. A	Age	
County (6) Mercer			County (STATE	y Code (7) E USE ONL Y)	Current Use (Prior	r if being onentary S	lemolished)		0+	-	
Name of Monitoring Firm Hired by Building ( Westchester Environmental LLC	Owner (	8)	ASC	CM No.	Name of Abatemer Lilich Corporation	nt Contrac	tor (9)				
Street Address 1248 Wrights Lane					Street Address 246 Union Boulet	vard					
City, State, Zip Code West Chester, PA 19380					City, State, Zip Cod Totowa, New Jers	le sey 0751	2	·			
Project Manager for Monitoring Firm Philip Conteh				one No 31-7545	Telephone No. 973-225-8400		License N 01104	lo.			
	07/132	2019	mpletion	Date (11)	Name of OSHA Mor Iris Environmenta	nitor I Laborat	tories II C				
Occupancy Status During Abatement (Check					Street Address						
<ul> <li>✓ Facility Closed/Vacated During Entire Per</li> <li>☐ Abatement Performed Outside of Normal</li> <li>☐ Other – Describe:</li> </ul>	riod of A Facility	bateme Hours	ent		2333 Route 22 W		M-17				
Scope of Work (Check All That Apply)					Union, NJ 07083						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit			☐ Mini-Enclo	sure Procedu	th Negative P	ontainn	nent 8	&Ten	t
	Is	s Locati	on		☐ Non-Exemp	oted (*) ar	Amount	1 2	dure	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashastas Cart	Description of		(Specify SF of LF)		Тур	e	_
TO BE ABATED In Facility (13)	0.0000411117	todial S (12)		thermal syste	raining Material (ACM ems insulation, surfac VAT, or miscellaneous)	ing,		Remova	Repair	Encapsulate	Enclosure
First Floor Main Off	Yes	No	N/A					'al		late	ıre
First Floor Main Office Wing		Х		Pipe I	nsulation/Fitting		480 LF	Χ			
Women' Faculty		Х		Pi	oe Insulation		10 LF	Х			
	First Floor Book Room Wing X				nsulation/Fitting		169 LF	X			
ntrance to Boys/Girls Locker Rooms/Offices Store Room	Х		Pipe Ir	nsulation/Fitting		101 LF	X			Н	
Art Room	As a				nsulation/Fitting		62 LF	Х			
Woodshop X				Pipe Ir	sulation/Fitting		39 LF	Х			
Art Room		х		Pipe Fitting Ir	nsulation (Wrap & Cu	it)	4 LF	X		-	
Wood Shop		Pipe Fi	tting Insulation		24 LF	Х	+		$\dashv$		
Girls Locker Room		Pipe Insula	ation (Wrap & Cut)		3 LF	Х	-	+			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Fairless Landfill	d Landfill
City, State Totowa, New Jersey	*	A STATE OF THE STA	Disposal Date 07/13/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova	Title Presi	dent	Signature,	100	Date 06/15/2019

ASB-41 (R-06-08)

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

AHSBAN				State øf <sub>t</sub> N	lew Jerse	y P			NE	C	E			rinti	
Date of Notification (1)	·¬¬	NOTI	Name	State of N DN OF AS nt to NJA of Building	g Owner/	Operato	/ r (2)		M	JUN	24	20	19		
Agencies Notified Type Notification	<u>)</u>			Jersey (	Commu	nity Ca	apita	al				-			
EPA X Initial DEP Amended			108	Church S		Brd Flo	or		ASE	BESTO LIC		ONT	ROL	&	
X DOL Amendme		na	New	State, Zip C Brunswi	ick, NJ (	08901									
DCA justificatio	n)	9	- 14 CONTROL OF 18 CONTROL OF	of Contact Jersey (	7.0	nity Ca	apita	l		one Nur 41-26			34		
Name of Facility Where Abatement is Tal	ing Place	(3)		CILITY INF				e of Facility (4							
Street Address								School (K-1)	2)						
	٠						×	Subchapter Other (i.e. pretc.)	8 (Other th rivate & cor	an K-12 mmercia	2) al bui	ildings	, hom	ies,	
City (5) Totowa	07	51	2		25		Squ 130	are Feet	# of Floo	ors		Bldg.	Age		
County (6) Passaic				Code (7)	n		Curi	rent Use (Prio	r if being d	emolish	ed)				
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Ab	atement Cont	ractor (9)						
Street Address						Street	Addre	515.50		_S					
City, State, Zip Code								DOVE CO Zip Code	URT						
Project Manager for Monitoring Firm			Telepho	ana Na		LAKE	EWO	OD, NJ 08							
						Teleph 732-6			120	ense No 00	).				
Start Date (10) 06/30/19	07/02/	19	mpletion	Date (11)				HA Monitor D PROFES	SSIONAL	S				1111	
Occupancy Status During Abatement (Che						Street /	Addre	ON THE PROPERTY OF LANCOR	3000 m 600 m 600 m						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abaten y Hours	nent s			City, St	ate, Z	Zip Code							
Scope of Work (Check All That Apply)						LAKE	WO	OD, NJ 08	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	provinces.	Renova Demolit				×	Mi	II Containmer ni-Enclosure ovebag Proce n-Exempted (	dure				0		
Location of		Locati Normal						- Znomptou (	y una rivor	I-I Habit		Abate	ement pe		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/		tos Conta thermal s	ystems ng, VAT	aterial insula , or		Amoun (Specify SF or LF	y	Remova	Repair	Encapsulate	Enclosure	
11/7777127	Yes										/al	=	ılate	ıre	
INTERIOR				F	PIPE IN	SULA	TION	1	90LF	2	х				
					-			-		-					
Name of Registered Waste Hauler		1 4.	IDEE												
IEWARK CARTING		H	JDEP W auler ID 1509	100000000000000000000000000000000000000	Cubic Ya of Waste 5			Name of Re	gistered La	andfill					
City, State NEWARK, NJ					Disposa 07/02/1			City, State BETHLEH	HFM PA		18-10-75				
Completed by IOSEPH PERLSTEIN	Title OWN	IER				nature		,,,,,		Date 06/1	8/1	9		$\dashv$	

The second secon			,,,,,,,,,	.0004		page	1	Factor		_		- D	
Chiaus	Ma. Ma	NOT	PUTEN	State of New Jan DN OF ABBESTO In to NJAC 8:00 a	B ABAT	20)		Constant of the Constant of th	_	MA		2/ 2/ 2/3	-
Date of Notification (2)			Name	of Building Owner	r/Operati	or (2)		DOF-4-10	DA	LIC	JS CO JENS	NG	DL & 1
Agencies Notified Type Notification	m			dyAlexander P	rinling	Co.					earnetto w	CALLES AND STREET	Take to desire any house
EPA Initial Amended			200	Entin Road		1		1111	19				
Amendme	nt #			on, NJ 07014				1	17				
DOH Justification	1)	ng.	Name	of Contact			MAI	Telephone	Neuroba				
C GALLOWING			Ashl					201-835	8176				
Name of Facility Where Absternant is Tak SandyAlexander Printing	ing Place	(3)	T MI	HLITY INFORMA	TION	Туре в	f Facility	(4)		***	-		
Street Address			-			B 8	hool (K-	12)	W 628				
200 Entin Road City (6)						Z od	Der (le.	r 6 (Other than private & comm	K-12) ercial b	uliains	s, hon	188,	
Cliffon						6quere 4000		# of Floors		Bldg	Age		
County (6) Passaic			County	Code (7)			Use (Pr	2 for if baing demi	alishedi	61			,
Name of Monitoring Firm Hired by Suitching	Dwnst (	A)	1	M No.	7.1/-	Office				Mil.			
			100	AI NU.	A. M	or Abale lac Con	ment Co tracting	ntractor (9)					
Street Address					Street	Address		•					
City, State, Zip Code			-		City, 5	tate. Zip	Côde				_	_	
Project Manager for Monitoring Firm			Telepho	Ann No	Midle	and Par	k, NJ Q	0.00					
Start Date (10) /			10.100		201-	1010 No. 262-584	11	DO156					
6/15/19	Schedu	الرواد و الرواد و	Inpletion	Date (11)		of OSHA					-		
Occupancy Status During Abatement (Cher	ck Only C	ne)				Address	ronmai	ntal Services	inc.		-		
Facility Closed/Vacated During Entire Absternant Performed Outside of Norr	Period of	Abate tv Hou	ment ra			duyler 8							
Cottet - Describe:			-		Hack	ensack	Code . NJ 07	60B					
Scope of Wark (Check All That Apply)	וכו	_								************	Description of the last	-	
23 af or 23 if 2160 af or 250 if		Ranov Damei			X	Clove	nolosura bas Pros	nt with Negative educe (*) and Non-Pr					
Loostion of		e Loca Norma						T ) dito 140/1-[1]	anim L	Abat	emen	$\dashv$	
Asbestos-Containing Material (ACM)	Ue	ed Sok Rinions	Bly by	Asbastos Conf	ecription taining M	stariat / A	CM)	Amount	-	T	ypė —	$\Box$	
In Facility (13)		todial (12)	Staff?	(i.e. (herma)	Systems cho. VAT	insulation	n.	(Specify SF or LF)	Den	A)	Елкарынам	End	
	Yes	No	N/A	, pinern	risosiiso	ecus)	1		Removal	Repair	Suita	Enclosuse	
1st Floor	1	-	X		Tile		-	Jem -	610	-	6		
				912			-	1685	rx	+	-		
	1								+	+	-		
Name of Registered Waste Hauser			LIDWOV						-	-		-	
Newark Carling, Inc.		-	NDEP W Inular ID 4500	No. of Was				agistered Landi			<b></b>	$\dashv$	
City, State	7	10	- mul	Dispos	al Dala	0	e Brate	entral Sanita	ry Lar	ndfill			
Newark, NJ 07105 Completed by	1 741			61	15/19	0.0 P	en Argy	A, PA 08072		Const.			
R. McDonald	Presi	dent		81	gnature	ME	11/	1 10	5/14	1			
					1	10/ 3	wald	/ 1	5/14	119	8	1	

page 1

1 100100000				ON OF AS					IN					
Date of Notification (1) 06/15/2019	17			of Buildin a Spirer		/Operato	or (2)			JU	N 2	1 2(	119	
Agencies Notified Type Notification	n		Street	Address						ASBES	TOS C	ONT	ROL	8.
X DEP Amended Amendmen				tate, Zip ( dale, NJ					Linearymanicanus	(ercheroetanen (www.	Paragraphy Editor (1999)	( New Tennishment	Personal Party Control Personal Persona	and the second second
□ Emergency justification     □ DCA     □ Cancellation	)	g		of Contac Spirer	t				Tele	ephone N	umber			
Name of Facility Where Abatement is Taki	na Place	(2)	FAC	CILITY IN	FORMAT	ION	T=-							
House Street Address City (5)	ng riace	(5)					So So So et	ther (i.e. ; c.)	12) r 8 (Othe private 8	er than K- & commer	12) cial bui	ldings	, hom	es,
Hillsdale							Square N/A	Feet	# of N/A	Floors	100	Bldg. / N/A	Age	
County (6) Bergen				Code (7)			Current		or if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.				ment Cor nent, Ir		(9)				
Street Address					PE RESIDEN	Street	Address	en Ave						
City, State, Zip Code		- S 1 2-52 37	-			City, S	State, Zip wa, NJ	Code	nue					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none No. 345-868			License 01311	No.			
Start Date (10) 06/26/2019	Schedu 06/27/		mpletion	Date (11)		Name	of OSHA							
Occupancy Status During Abatement (Che				-			Address	nent, m						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of nal Facilit	Abaten y Hours	nent s				osengre tate, Zip	en Aver	nue					
Other – Describe: Occupied							wa, NJ							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit		<b>T</b>		×	Mini-E Glove	Enclosure bag Proc	edure	Negative Non-Fria			e	
Location of		s Locati Normal			5								ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar stodial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial (A insulatio T, or	CM) n,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Rasement Yes								120	0.05	77	_	Ф	
		X				VAT			120	0 SF	X			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic '	Yards	l N	lame of F	Registere	ed Landfill				
Atlantic Carting		H	auler ID 8085		of Was			Grand C						
City, State Wayne, NJ	20				Dispos TBD	al Date		ity, State en Arg						
Completed by Oliver Hegedis	ect Ma	nager		Si	gnature	1		2 23.24-	Da 06	ite 5/15/2	2019			

AFRA.T	/10-18 	#1		TIFIC	CATI	ON OF	ASBI	w Jersey ESTOS ABA	TEMENT	ME	C E I	$\mathbb{V}$		In
11401				(1	ursu	ant to N	PAC	8 60 and 5:	16)					7// /
Date of Notification (1)					Na	me of Buil	ding (	Owner/Operator	(2)		131 0 1	0011		$\  f \ $
	17 /	19	)		1	nne Ho	rton			H H J	JN 24	2018	)	السا
Agencies Notified	Type Notific	cation			Str	eet Addres	SS			on the same of the				
⊠ EPA									Owner, to	ASBES	TOS CO	NTRO	L &	
⊠ DOLWD	Amende				City	, State, Z	ір Со	de			LICENSII	IG.	Gabrucan	Manager and a second
☑ DOH ☐ DCA	Amendn			-	F	liverton,	NJ 0	08077						
(NJAC 5:23-8)	justificat		iciuuli	iy	-	me of Con				Telephone	e Number			-
PROMOGRAPHIC TOPPOSTORIAN AND PR	☐ Cancella	ation			A	nne Hor	ton							
					F	ACILITY	INF	ORMATION				11		
Name of Facility Where A	Abatement is	Taking	g Plac	e (3)					Type of Facili	itv (4)	X=234 - 2-5	-	-	-
Residence									School (K					
Street Address									→ □ Subchapte	er 8 (Other than	n K-12)			
									homes, et	, private and co	ommerciai	Dullali	igs,	
City (5)				K	NO!	7/16			Square Feet	# of Floo	rs	Bldg.	Age	
Palmyra				(	100	Æ.	1		2,091	2		72		
County (6)					Co	unty Code	e (7)(S	TATE USE ONLY)	Current Use (	Prior if being d	emolished	)		
Burlington									Residence	е				
Name of Monitoring Firm					ASC	M No.	N	Name of Abatem	ent Contractor	(9)				
Management & Env	iro. Consu	Iting	Servi	ces				Shade Envir	onmental, LL	.C				
Street Address					N		S	Street Address						
PO Box 341								623 Cutler A	venue					
City, State, Zip Code							C	City, State, Zip C						
Chesterfield, NJ 088								Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			100	lephon		T	elephone No.		License N				
Bill Weisgarber Start Date (10)		0-11	1.16			8-4070		856-755-0099	War and the second	00842				
06/29/	19	_ 0	7_ /			Date (11) 19	N	lame of OSHA N EMSL Analyt						7
Occupancy Status During								treet Address						
<ul><li>☑ Facility Closed/Vacate</li><li>☑ Abatement Performed</li></ul>								200 Route 13						
Time of Abatement:	AM-	PN	raciii N	y Hot	irs - Di 1-	AM		ity, State, Zip Co						)
								Cinnaminsor	i, NJ 08077					
Scope of Work (Check all	that apply)							⊠ Full Con	tainment with N	enative Pressu	ire			
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure	egative i ressu	10			
☐ ≥160 sf or ≥260 lf			☐ De	molit	ion			☐ Gloveba	g Procedure mpted (*) and N	lon-Friable Pro	cedure			
		T	Is	Loca	tion	T			inploa ( ) and i	I		baten	ent T	vne
Location		.		Norm	ally lely by			Description of					T	T
Asbestos-Containing N TO BE ABA		A)			ance/			s Containing Ma nermal systems		Amoun (Specifi	(c)	Repair	nca	nclo
IN Facility			Cus		Staff?	,		surfacing, VAT,	or	SF or LF	)   Val	=	Encapsulate	Enclosure
(13)		ŀ	Yes	(12 No	N/A		0	other miscellane	ous)				late	0
Crawlspace													-	-
Crawispace			Pipe I	nsula	ation 		15 LF	N N						
				П	Tn			1000					$\Box$	$\Box$
Name of Registered Waste	e Hauler					Waste	Cu	ubic Yards of	Name of Reg	istered Landfill		1		
Freehold Cartage				11.00	Hauler	ID No.	1000000	aste	Fairless L					
City, State					1593	9	Dis	1 sposal Date	City, State					
Freehold, NJ							11	07/02/2019	Morrisvill	e. PA				
Completed By (Print or Ty	ne)	Title					1	Signature		-, 1 13	Data			
Christina Lynch	/		ce Pr	esid	ent of	Operation	ons	M. M.	1		Date	٦ ،	70	
SR-41								MINIE			61	+11	7	

							in er		-		-	-
1.06.2019 10:16 AM ACA	DEMY (	CONS	TRUE	PON/AN	797	3882	4243		PAG	C	5/	la\
19976	гои	(Purs	TION OF	Years Versey AZEESTOS A AZEESTOS A AZEESTOS A	12:120)		D(	)L - 10 D	AY	HIN	74	1 20 -,
ete of histification (1)		Na	me of Bu	iding Ownerlo Township P	perator (	chools	100000000000000000000000000000000000000		ASB	ESTO	OS C	ONT
08/05/19 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			est Addr			Manual division in the last of	<del></del>	illi i ii	10,	nda lalle	100	HIG
				well Rd.				-1	/_	-	+	
DEP Amended				Zip Oodo It, NJ 08873		.	141411	ED VOOD	<u></u>	J		
DOL Amendment #	cluding		me of Co				- VYA:Y	Telephone Num	ber -	-	J-	
DOH (ustilication) DCA (Cancellation		1	os Čan	retta				732-555-289	9.6			_
	(Sluna 12)		FACILIT	THEORMAT	OH _	Wype Ol	Paclity (4)					-
lame of Facility Where Abstement is Taking Franklin BOE Administrative Campi	18 5 (2)				1	074	haal (K-12)					1
Street Address						ATA O	hehanlet & /	Other than K-12, sig & commercia	) if hulldir	nas, ho	mea.	ì
2301 State Highway 27		1				ete	5.)	# of Floors		g. Age		
city (8)					1	Square	Lest	# 01 FN013	540	שי ייטי	575 10000	
Somerset		To	ounly Co	de (7)		Curren	Une (Prior I	baing demolish	90)			
County (6) Somerset		(5	TATE USE	EOMIN								
Name of Monitoring Firm Hired by Building O	Wher (B)		ASCMN	lo	Mamo	of Abata	meni Contre Constructio	iclar (9)				
AHERA Consultants Inc.			0057		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address		ni ijiu	*****			
Birset Address P.O. Box 388							46 Suite 1	4				
City, State, Zip Code					City, E	tate. Zip	Code			980		
Oceanville, NJ 08231			-	د دستر ويود نيا ني جوهد	3.00		07512	License N	h			$\dashv$
Project Manager for Monitoring Firm			elephone 309-852		100000000000000000000000000000000000000	832 42		01379				
Eric Clarkson Stan Date (10)	Schedulac	1					A Mender			-		
06/10/19	06/24/1		North Paris		4	10 85 8				-		
Occupancy Status During Absternent (Chec	k Only One	)			Strao	Addres				.5		
Facility Closed/Vessied During Entire I Abalament Performed Outside of Norm Other - Describe:	Period of A	Hours	ent		Člty,	Stato, Zi	p Code					
Scope of Work (Check All That Apply)					1	Full		and Namedon	Doncer			
≥3 ef or ≥3 lf ≥160 ef or ≥260 lf		emotili	lon on		1	Min	l-Enclosure	nt with Negative Edute (*) and Nan-Frid			3	
	1"	Locati	on T			-				Abela	ment po	1
Location of	1	larmel a liois	ly		Doscriptio		(4.54.5)	Amoun!	-			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	Intensi	nce/	Asbestos C	nol systan	ms insul	ation,	(Spacify	20	20	Encapsulati	Enclosure
in Facility	Cns.	(12)	stenr	eu othe	racing. V	AT, or phrous)		SF or LF)	Removal	Repair	Stude	OS:US
(13)	Yes	No	TNA		::::::::::::::::::::::::::::::::::::::				-		牵	19
Davis harbrana	1 110	- 10	X	Linolet	um (doi	ible lay	rar)	182sf	1.4		х	
Boy's bathroom Girl's bathroom	-		X		um (doi			1628	×		У	
GITS DAINFOOM	+		+									
					<del></del>		Nac at	Registered Land	611	<u></u>		l
Name of Registered Waste Hauter		1	JOEP W Haular ID	No. of	blo Yerdi Wasto	5	The second second	regisieres cand s Landill!	191			
Academy Construction Inc			034422		sposāl Di	ils	City, Biat					
City, Siete Tolowa NJ					BD		Morries	AIR, PA				
Completed by	Tille		3		Signa	ب_0 الآ	Le Da	21	Date	110		
Filip Geleski	Sup	SIVIE	or			00	4 010	a des	08/05	1/1/4		

INV-19170		NOTIF	ursuant	NOF ASSEST	TOS ABATE 0 and 12:12		CI	(井	26	48	}	
Date of Notification (1)				of Building Ow	ner/Operator	(2)	<u></u>	999-manual and a second		number Ventra	-	
6/10/19				us Spotto			10	-6-	CE		$\mathbb{W}_{-}$	
Agencies Notified Type Notification	1		Street A	Address			IIU)				17	<u> =   </u>
EPA I Initial							110	1				
DEP Amended Amendmen				ate, Zip Code				1	JN 2	4 2	110	A COLUMN
X DOL Amendmen			West	Milford, NJ			4 4	1	ש אוע	4 [	JIJ	
DOH justification Cancellatio			Name o	f Contact			Tele	phone N	lumber			Same of the last
DCA Cancellatio	n				120			ASBE	STOS	CONT	ROL	2
No	D: /	01	FAC	ILITY INFOR	MATION				LICEN			
Name of Facility Where Abatement is Takin Residential House	ng Place (	3)				Type of Facility (	4)					
Street Address						School (K-1						
Street Address						Subchapter Other (i.e. p				ldinas.	home	es.
		1				etc.)						
City (5)	1101	/ }				Square Feet	1	Floors	1	Bldg. A	ıge	
West Milford	40	1_				2000	2			50+		
County (6)				Code (7) USE ONLY)	,	Current Use (Price		ng demo	lished)			
Passaic						Residential H						
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	A No.	1	of Abatement Con		0.000	201011111111111111111111111111111111111			
n/a			n/a			nony Contracti	ng Inc					
Street Address						Address						
n/a						Palisade Ave						
City, State, Zip Code n/a					10 miles 10	tate, Zip Code						
100,50						ield, NJ 07026						
Project Manager for Monitoring Firm		l	Telepho n/a	ne No.		ione No. 160.6026		License				
Start Date (10)	Cabada	1000		50-440			l	01255	)	)		
6/19/19	6/23/1		npietion	Date (11)		of OSHA Monitor	!					
Occupancy Status During Abatement (Che-						nony Contraction	ng inc					
						Address Palisade Ave						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor												
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	na rading	rituura	,			tate, Zip Code ield, NJ 07026						
Scope of Work (Check All That Apply)				,	Gan	1810, 140 07020						
puzed	ECS .				ţ~	1						1
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Traff-energy	Renova Demolit			No.	Full Containme Mini-Enclosure	nt with	Negative	Pressu	ire		- 1
Breed	<del>-</del>					Glovebag Proc	edure					
	1					Non-Exempted	(*) and	Non-Fri	able Pre	-		
		Locati								33277	ement pe	
Location of		Vormal d Sole			Description				-	Τ-,		-
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	ncel		Containing M rmal systems	laterial (ACM)		nount pecify	70		En	TI:
In Facility	Cus	todial S	Staff?	S	urfacing, VA	T, or		or LF)	em	Repair	сар	nelo
(13)		(12)		oth	er miscellan	eous)			Remova	air	Encapsulate	Enclosure
	Yes	No	N/A								te	0
Ground Floor			Х		VAT		80	0 SF	<	1		
			-						+	+	-	
										-		
2												
							* S	10 1100				
Name of Registered Waste Hauler		1000000	JOEP W		ubic Yards	Name of F	Register	ed Land	fill	-		
		L	auler ID	No. of	Waste	CDOW	2322					
Harmony Contracting INc		1		-	ממ	(217(1)/0:	Slan	dfill				8.6
Harmony Contracting INc		1	33085		BD	GROW		dfill				
City, State		1		Di	sposal Date	City, State						
	Title	1		Di		City, State Morrisv		4	Date			

CH157		NOT	FICATIO	State of NON OF AS	BESTOS	ABATE	MENT				C			$\mathbb{V}$	
Date of Notification (1) 06-13-2019 \\ \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	-0			of Bulldin				and of the same of			JUN	2	Λ .	2019	on the state of th
11 10 10 10				nilton To	wnship	Schoo	l Disti	rict			JUN	6	4 (	2013	100
				Address ark Ave					*aorqua	COLUMN DE DESCRIP	CHEMINA	المالية	hipe opposite	uhiavnik	
EPA Initial Amended			200-000	State, Zip					-	AS			CON <del>ISIN</del>	ITRO G	L &
X DOL Amendment				ilton NJ					Louise		Las Despressións	SANIMEN.	THE RESIDEN	AND DESCRIPTION	LEARLISAMENT
DOH Emergency justification)		g		of Contac					Te	lephone	Num	her	-		
DCA Cancellation			Johr	Mirand	а				170333	9-631					
Name of Facility Where Abatement is Takin	~ Dia	(2)	FA	CILITY IN	FORMAT	ION			1						-26
Sayen Elementary School	g Place	(3)						of Facility (4	)						
Street Address							×	School (K-12	)	or th	17.40				
3333 Nothingham Way							H	Subchapter 8 Other (i.e. pri	vate	er than & comn	(K-12 nercial	build	dings	, hom	es,
City (5)								etc.) re Feet	T # 0	f Floors		Тр	ldg. A	\00	
Trenton NJ 08690							N/A		N/		¥.	990	I/A	ige	
County (6)				Code (7)			Curre	nt Use (Prior	if bei	ng dem	olishe	d)		5-1	
Mercer				USE ONL	Y)		Sch	707							
Name of Monitoring Firm Hired by Building ( Karl & Associates Inc	Owner (8	5)	ASC	M No.				tement Contr ntracting Ll		(9)					
Street Address PO BOX 645							Addres		*						
City, State, Zip Code						100000000000000000000000000000000000000	30X 7								
Shillington, PA 19607								p Code Park NJ 0	742	4					
Project Manager for Monitoring Firm Mike Krisher				one No.	2	1 022 TABLE	one No			Licens		,			
Start Date (10)	Schedu	lad Co		356-7700 Date (11)			692-6			0126	6				
06-24-21-019	07-15			Date (11)		1000 FBV 1000-00		A Monitor tracting LL	0						
Occupancy Status During Abatement (Check							Addres		.0	_			1000000		
Facility Closed/Vacated During Entire P	eriod of	Abater	nent				30X 7								
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hour	S			City, St	tate, Zij	Code							
					_	Woo	dland	Park NJ 0	7424	1					
Scope of Work (Check All That Apply)						_	,								
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Renova Demoli					Mini	Containment -Enclosure rebag Proced		Negativ	e Pre	ssur	е		
B						×	Non	-Exempted (	) and	Non-F	riable	Proc	edur	e	
		Locat										1		ment	
Location of Asbestos-Containing Material (ACM)		Normal d Sole		A - I	Des	cription	of						Ту	pe	
TO BE ABATED	100000	intena todial S		(i.e.	tos Conta	aining Ma systems	aterial ( insulat	ACM) ion.		nount pecify		ת		Enc	ш
In Facility (13)	Cus	(12)	ola II !		surfac	ing, VAT	, or			or LF)		Remova	Repair	aps	Enclosure
	Yes	No	N/A		other m	isociia) ie	eous)					val	÷	Encapsulate	ure
Partial First Floor			X		glu	ie dots			485	0 SF	Х				
Partial First Floor			x		glu	ie dots			123	5 SF	X			V.	
2nd Floor			x		glu	ie dots				0 SF	X	-			$\neg$
Kitchen & Bathrooms			x			ie dots			Salvaya a se	0 SF	X	-	-	-	
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic \			Name of Reg			100				-
Amax Contracting LLC		10000	auler ID 036184		of Wasi 25 CY			Fairless H			n.530#1				
City, State Woodland Park NJ 07424					Disposa 07-24			City, State Morrisville	PA						
Completed by Forne Maslarkov	Title Proje	ct Ma	nager		Sig	gnaturé	大	graduation to a section of the second section of the section of	****		Date 06-1	3-2	019		

1111			S	tate of	New dersey	la.						
Tom voorhy	12,00L	NOTIF	ICATIO	LOF A	SBESTOS A	BATE	MENT					
	200				C 8:60 and			O la	MI	- 3	58	4
Inv-11°	N. Jo	,		.8			15	NEC	El	M		-
Date of Notification					g Owner / Operat		- 11	111	5	W		M
Agencies Notified	6/14/19 Type Notific	otion		of New Address	Jersey Departn	nent of	f Humar	Services			- 11	Ш
EPA	Type Notific	alion	100		222 South Wa	rran St	root	III JIIN	242	010	Makeline Presipue	IJ
☐ DEP		Ī		State & Zip		iteli St	ieet	1 21 0011	4 4	010	- 1	
□ DOL	Ame	nded	7,50,000	on, NJ 0			-	- Committee and the second	inana hjiliki e dalejapasa	hana salawan		ALC: DISCOVERY
□ DOH		rgency		of Contac	t		NC COLOR	ASBEST	Teleph	49Ad	lễmb	er
☐ DCA	☐ Cano	cellation	Pam	Harlan			Incom	ASDESTI LIC	609-29	2-18	56-	Ole Auril
			FAG	CILITY IN	FORMATION							9
Name of Facility W	here Abatem	ent is Taking Pla	ce (3)		Type of Fac							
Green Brook Reg	gional Cent	er			School		<b></b>					
275 Greenbrook	Road						Other tha	ın K-12) ımercial buildi	inga han	200 /	oto )	
2.0 C.COMBICOR	rtoau				Square Feet		# of Floo		Bldg. Ag		:(0.)	
City (5)		County (6)	County C	ode (7)	2800		77 01 1 100	3	Diag. As	50+		
Green Brook Somerset Current Use (Prior if being demolished) Hospital Bldg												
25.5.333												
Name of Monitoring	Firm Hired b	y Building Owner	r (8)	ASCM N			Contrac	tor (9)				
Name of Monitoring Firm Hired by Building Owner (8)  Environmental Connection  ASCM No. Name of Abatement Contractor (9)  Bristol Environmental, Inc.												
Street Address 120 North Warre	n Ctunat				Street Addre							
City, State & Zip Co				11000	City, State &					-		
Trenton, New Je					Bristol, PA							
Project Manager for	Monitoring F	irm T	elephone	Number	Telephone N			License	Number			-
Steve Mania		1000	09-392-4		(215) 788-6			00509				
Scheduled Start Da		Scheduled Comp		e (11)	Name of OS							
6/14/19		103	5/16/19		Bristol Env		ental In	c.				
Occupancy Status I	sed/Vacated [	nent (Check only During Entire Per	one) iod of Aba	tement	Street Addre		of					
		utside of Normal										
Describe:	4:00PM to				Bristol, PA	1.5						
	upied During											
Scope of Work (Che	eck all that ap	pply)					F # 6 .					
≥3 sf or ≥3 l	f	1	⊠ Ren	ovation			Full Cont Mini-Enc	ainment with	Negative	Pres	sure	į.
2 ≥160 sf ≥26	5	ľ		olition				iosure ig Procedures	ST			
		L		Ontion				mpted and No		e Pro	cedu	ıre
	ocation of		Is Location		Descriptio			Amount		atem		_
	os-Containing	g   N	Normally U		Asbestos-Cor			(Specify				Ť.
	erial (ACM) BE ABATED	l <sub>N</sub>	Solely b		Material (A (i.e., thermal s			SF or LF)	Z.	71	Enc	En
	n Facility	30.5	ustodial S		insulation, surface				Removal	Repair	aps	Enclsoure
	(13)	V	(12)	N// 1	or other miscell	laneous	)		val	¥.	Encapsulate	ure
D 000		Y		N/A							(D	
Room 320 Room 320				H	Pipe Insula			4 LF				H
ROOM 320				뭐	Mastic	;		80 SF		H	님	H
		L	=	H -					$\dashv \vdash$	ዙ	ዙ	H
			<del>                                     </del>	H						ዙ	H	H
			<u> </u>	Ħ					H	H	片	H
Name of Registered	Waste Haule	er			Cubic Yards	Name	of Regis	tered Landfill				
Comilion Turn			20000000	ler ID No.	of Waste			T				
Service Transpor	t inc.		209	90	1 Cu Yds		rva Land	dfill				
New Castle, DE					Disposal Date 6/16/19	City, S		OH				
Completed By (Print	or Type)		Title		Signature	wayn	esburg	, ОП	Det.			
Gino Pizzigon				ject		0:	200	11 me	Date 6/14	140		
3711	79			nager	Dino	LUMP	nofon	1 / YIL	0/14	113		

G-I19130-A

NOCK					SBE	Jersey STOS ABA 3-7 and 12:1			E (			VE
Date of Notification (1)							wner/Operator OHME CORP.	(2)				
6 / 17 19	9			Stre	et Ad	dress			Ji	W 2	4 2	019
Agencies Notified Type Noti	fication			126	E. LII	NCOLN AV	ENUE, P.O. BO	X 2000 RY28-41		33/0		
DEP X Ame	al Notificat ended Noti cellation	0.000	n #3			e, Zip Code /, NEW JEF	RSEY 07065	A			CON	TROL&
	Hold					Contact		Telephone Nur	nber			100
DCA EME	ERGENCY	NOTI				A JOHNSO	N	732-594-7746				
Name of Facility Where Abatement	ie Takina	Diago	(2)	ACILITY II	NFOF	RMATION	Type of Facili	4(4)				
MERCK SHARP & DOHME CORPOR	-	riace	(3)				School (I		K-12)	a he	mas	oto \
Street Address							Square Feet		CI. DIQ		g. Age	
126 EAST LINCOLN AVENUE - BUIL	DING 53						123,400	2			46	
	nty (6)					ode (7)		rior if being dem	olished	i)		
Name of Monitoring Firm Hired by		Junor	(0)	(STATE		SCM No.	COMMERCIAL	ement Contracto	(0)			
ENVIRONMETAL HEALTH INVESTIG			(0)		^	104		NMENTAL CORP		ION		
Street Address					-		Street Address					$\overline{}$
655 WEST SHORE TRAIL							313 SPOOK R					
City, State, Zip Code SPARTA,	NEW JER	RSEY	07871				City, State, Zip	W YORK 10901				
Project Manager for Monitoring Firm				Number	0.00		Telephone Nur		ense l	Numbe	er	-
WILLIAM S. KERBEL, CIH		973-	729-5	649			845-369-7500	11	01			
Expected State Date (10)	Sch			tion Date		7222	Name of OSH	A Monitor				
6 / 12 /19 Month Day Year	l N	6 Ionth	1	17 Day		/19 Year	AMERISCI					
Occupancy Status During Abatement	(Check or	ly one				rour	Street Address	1				$\neg$
X Facility Closed/Vacated Du							117 EAST 30T	H STREET				
Abatement Performed Out  X Other - Describe: MON	SIDE OF NO NDAY - FF				scrib	e:	City, State, Zip	Code W YORK, NEW	/OBK	10016		
Scope of Work (Check all that apply)	- A					Full Conta	inment with Neg	- TO	01111	10010		
Demolition	X Rer	ovatio	n			Mini Enclo						
X >3SF OR LF >160 SF OR 260 LF					X		Procedure le Procedure					
Location of	1 1	Locat	tion	Г	-	iption of As		1	ΙΔ	haten	nent T	vne
Asbestos-containing		mally				ning Materia		Amount				
Material (ACM)	100000	solely	15 10 10 10			Thermal sys		(Specify	N N	REPA	I CA	ا ا م
TO BE ABATED in Facility (13)	0.000000	nt/Cus Staff (1	And the second			on, surfacir er miscella		SF or LF)	REMOVAL	E	ENCAPSUL	ENCLOSUR
		No			01 0111	ici illiscella	neous)		-		=	딞
ROOF -NORTHEAST CORNER			х	BUILT UP	ROC	FING		100 SF	Х			
3												
									$\top$			
		1	$\vdash$						1	+	1	$\vdash$
3 <del></del>		+	$\vdash$					<del> </del>	+	-	+	$\vdash$
Name of Registered Waste Hauler	N. Ir	EP W	aste	Cubic Yard	ds of	Waste	Name of Regis	tered Landfill				
FREEHOLD CARTAGE, INC.		ler ID	38 (189) (200)	Cabio raic	10			DUNTY RESOUR	CE M	ANAG	EME	IT SE
825 HIGHWAY 33		15939	9	D: 15	\1			ER DRIVE/ROUT	E 15			
City, State FREEHOLD, NEW JERSEY				Disposal D 5/9-8/30/20			City, State MONTGOMER	Y PA 17752				
Completed by (Print or Type)	Title					ature /	1/1	Dat	je /	17	110	1
BENJAMIN SANCHEZ	DIRECTO	OR OF	OPER	RATIONS		1/	$\mathcal{N}$		011	1/1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 10 19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone NumbetsBESTOS CONT BJO1 DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-7746 LICENSING 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 46 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. PAR ENVIRONMENTAL CORPORATION 104 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 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6/ 12 /19 8 / 30 /19 AMERISCI 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 X 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 X 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 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State City State MONTGOMERY , PA 17752 Disposal Date

5/9-8/30/2019

Signature

Date -10-19

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

<i></i>			NO	TIFIC	ATION O	FASI	ew Jersey BESTOS A	ARA	TEMENT		1	E	G E	] [	WE
/		-		(Purs	uant to NJ	JAC 8	:60-7 and	12:	120-7)		III )I	5			WE
Date of Notification (1)					I.	lame	of Buildir	ng (	Owner/Operato	r (2)	1100				7
3707					I.	<i>N</i> ERC	K SHARP	& [	DOHME CORP.				,	١	
5 / 8	19				S	Street	Address					- 1	UNI /	1 6	HIQ I
Agencies Notified Type N	Notification	on						AV	ENUE, P.O. BO	X 2000 BV2	8-414				913
EPA	nitial Not	ificat	ion		-		tate, Zip C			27. 2000, 1112	.0-414				
	Amended			on					RSEY 07065	į		153F	STOS	CON	TROLE
X DOL	Cancellat				1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U L 1	11321 07065		15		LICE	VSINO	3
	On Hold		#1		N	ame	of Contact	_		Telephone	Microba	*1-4-20-20		***********	-
DCA	MERGE	NCY	NO1	TIFIC	ATION P.	ATRI	CIA JOHN	SO	N	732-594-77		g S			1
							ORMATIC			102 334-11	40				
Name of Facility Where Abateme	ent is Ta	king	Plac	e (3)	TAOILIT	IINI	OHMATIC	/IV	Type of Facili	h. (4)					
				- \-/					School (	(4)					1
MERCK SHARP & DOHME CORP	PORATIC	N									SWC CONSISSION OF SWITZER				
Particular and the second seco									X Other (ie	ter 8 (Other th	nan K-12	2)	2	92 80	
Street Address									Square Feet	private & co	mmcl. b				4
126 EAST LINCOLN AVENUE - BI	UILDING	53							123,400	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ors	В	ldg. Ag	je	1
City (5)	ounty (6	5)	_		Co	unty	Code (7)			2			46		_
RAHWAY	NION				(STA	ATF II	SE ONLY	1	Current Use (F	rior it being d	emolish	ed)			
Name of Monitoring Firm Hired b	y Buildi	ng C	wne	r (8)	1 (017	1	ASCM No	)							1
ENVIRONMETAL HEALTH INVES	TIGATIC	NS.	INC.	(-)			104	٠.	Name of Abat	ement Contra	actor (9	)			
Street Address							104		PAR ENVIROR		HPORA	NOIL			4
655 WEST SHORE TRAIL									313 SPOOK R						
City, State, Zip Code	oute some out							-	City, State, Zip			-			-
SPART	A, NEW	JER	SEY	0787	1				SUFFERN, NE	W VORK 100	101				
Project Manager for Monitoring Firm	n	- 77	Tele	ephon	e Number	-			Telephone Nur	nher	License	Aluma	hor		-
WILLIAM S. KERBEL, CIH			973	-729-	5649				845-369-7500	ilbei		Num	ber		1
Expected State Date (10)		Sch			letion Dat	e (11	)		Name of OSHA	Manita	1101				1
5 / 9 /1	9			3 /		30	/19	19	AMERISCI	vionitor					1
Month Day Year		Mo	onth		Day		Year		AMENIOU						
Occupancy Status During Abateme	nt (Chec	k onl	y one	9)					Street Address						-
X Facility Closed/Vacated	During E	ntire	Perio	od of	Abatemen	t			117 EAST 30TI	H STREET					
Abatement Performed O	outside of	Nor	mal F	acility	/ Hours - [	Descri	ibe:	- 1							
X Other - Describe: Mo	ONDAY -	- FRI	DAY	7AM-	3:30 PM				City, State, Zip	Code	100				
Scope of Work (Check all that apply	Λ								NEV	V YORK, NE	N YORK	1001	6		
Demolition Demolition		Dane	ovatio				Full Co	ntai	nment with Nea	ative Pressure	9				
X >3SF OR LF	^	nen	ovalic	)[]		-	Mini En	clo							
>160 SF OR 260 LF						V	Gloveba	ag F	Procedure						
Location of	T	1-			Т	İX			Procedure						
Asbestos-containing			Loca	tion used		Desc	cription of	Asb	estos-				ment T		
Material (ACM)			olely		,	Conta	ining Mate	erial	(ACM)	Amount					
TO BE ABATED				by todial		(ie.	Thermal s	syst	ems	(Specify		REPAI	ENCA	ENCL	
in Facility (13)			taff (1			insula	tion, surfa	cing	g, VAT,	SF or LF	)   9	I A	1	5	
		Yes		N/A	1	01 01	her misce	llan	eous)		1	1-	PSUL	OSUR	
DOOF NORTHE	-	103	140	INA	-								-	B	
ROOF -NORTHEAST CORNER				X	BUILT U	P RO	OFING			100 SF	X	18			
						4					- 1	+-	+	+	
	-		-												
						Naus su						1			
							-					-	-		
		_													
						-					-	+	+		
Name of Registered Waste Hauler	- IN	VIDE	P W	acto	Cubic Yar	rda - f	14/	1.							
FREEHOLD CARTAGE, INC.			rIDI		Cubic Yai			I,	Vame of Registe	red Landfill		100000000			
825 HIGHWAY 33	1		15939			10		1	YCOMING COL	JNTY RESOL	JRCE M	ANAG	SEMEN	IT SE	
City, State	- 1	-	. 0008		Disposal I	Dato		14	47 ALEXANDE	H DRIVE/ROI	JTE 15		183		
FREEHOLD, NEW JERSEY					5/9-8/30/2			10	ity, State / IONTGOMERY	DA 17750		t		<i>i</i>	
Completed by (Print or Type)	Title		-		3,00/2		nature	- 110	-X\		loto =		_ /	10	
BENJAMIN SANCHEZ	DIREC	CTOF	OF	OPER	RATIONS	1 - 9'	21	- /	71 5 5	1	ate 5	/ (	11	171	

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

			(F	oursu	ant to Nu	JA	8:60-7 and 12:	120-7)			27	(6)	PI	S I	W
Date of Notification (1)					N	Nar ME	ne of Building RCK SHARP &	Owner DOHM	/Operator	(2)		La.	<u> </u>	5 U	W
4 / 29	19				E.		et Address			1	11-1				
Agencies Notified Type No		n			1	126	E. LINCOLN A	VENUE	E. P.O. BO	X 2000	BY28-	414	UM	2 4	2019
DEP An X DOL Ca	tial Noti nended incellation	Notific		n	F	City	, State, Zip Cod HWAY, NEW JE	е		A 2000	20	Warmen and the	Linear see	turner comme	VIRO
	Hold						ne of Contact			Teleph	one.N	umber	110	HOR	9
DCA EN	MERGEN	VCY N	IOTI				RICIA JOHNSC	N		732-59					
Name of Facility Where Abatemen	t is Tak	ing P	lace	(3)	FACILIT	ΥI	NFORMATION	17.	, e						
MERCK SHARP & DOHME CORPC				(0)				Туре	of Facilit School (K Subchapt	(-12)	er tha	n K-12	)		
Street Address								X	Other (ie.	private 8	& comr	mcl. ble	dgs., h	omes,	etc.)
126 EAST LINCOLN AVENUE - BUI	LDING	53						Sq.	uare Feet 23,400	# of	Floors	3	Blo	dg. Ag 46	е
	unty (6)	)			Co	our	nty Code (7)	Curre	ent Use (P	rior if bei	ng der	nolishe	ed)	40	
Name of Monitoring Firm Hired by	Buildir	na Ow	ner	(8)	(51)	AII	ASCM No.		MERCIAL			1 - (0)	-000		
ENVIRONMETAL HEALTH INVEST	IGATIO	NS, IN	IC.	(-)			104	PAR	e of Abate ENVIRON	IMENTAL	Ontrac COR	tor (9)	TION		
Street Address 655 WEST SHORE TRAIL								Stree	t Address			. 0117	11011		
City, State, Zip Code			_						SPOOK RO		AD				
SPARTA	, NEW	JERS	EY 0	7871				SUFF	State, Zip ERN, NE	Code	1000	1			
Project Manager for Monitoring Firm					Numbe	r		Telep	hone Num	ber		icense	Numh	er	-
WILLIAM S. KERBEL, CIH	2			729-5					369-7500		- 1	101	1101112	01	
Expected State Date (10) 5 / 9 /19		Sche			etion Da			Name	of OSHA	Monitor					
5 / 9 /19 Month Day Year		Mor	270	/	Dav	30	/19 Year	AME	RISCI						
2	uring Er tside of NDAY -	ntire P Norm	eriod al Fa	d of A	Abatemer Hours - 3:30 PM	nt De	scribe:	117 E	t Address AST 30TH State, Zip ( NEV			YORK	1001		
Scope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF		Renov	ation	n			Full Conta Mini Enclo Glovebag X Non-Friab	), Proced	t with Nega dure	ative Pre	ssure	TOTIN	1001		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		norma sol Maint/ Sta	ely b Cust iff (12	used by todial 2)		ins	escription of As ontaining Materia (ie. Thermal sys sulation, surfacir or other miscellar	al (ACN stems ng, VAT	И) Г.	(Sp	ount ecify or LF)	REMOVAL	Abaten	ent T ENCAPSU	e ENCLOSU
ROOF -NORTHEAST CORNER		res N		N/A	DIWIT								+	_	B
HOOF HORTHEAST CORNER	$\rightarrow$	+	-	Х	BUIL1 U	JP	ROOFING	_		100 SF		X	-	-	
	-	+	-	-								_	1	_	
	-+	+	$\dashv$	-								_	_	_	
		-	-	-									-	_	
	$\rightarrow$	+	-	-								_	-		$\sqcup$
	-+	+	+									+	-		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		JDEF lauler		iste lo.	Cubic Ya	ard	s of Waste	Name LYCO	of Registe MING COL	red Land	Ifill SOUF	RCE M	ANAG	EMEN	T SE
B25 HIGHWAY 33 City, State		15	939		Disposal	10		447 AL	EXANDE	R DRIVE	/ROUT	TE 15			
FREEHOLD, NEW JERSEY	.# 				5/9-8/30/			City, S MONT,	GOMERY	. PA 177	752		1	9	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR	OF (		RATIONS	1	Signature	X	X		Da	tec/	291	119	$\neg$

	Colle	) OO	.633.0664		page 1					
019-06-17 14:29	$\cap$ I	Shade	Enviro	nmental 1 >	_	0666		G	E	1.
	/ -1					11111	-			5/
OK GOOPAI	NO	TIFIC/	TION OF	f New Jersey ASBESTOS AB LIAC 8:60 and 5	ATEMENT D	OL - 10 n	AY	HH	27	4 2
Date of Notification (1)		(, ,		, ,	1			7/		7 4
06 / 17 /	19		Cornalius	ding Owner/Operate Rightley	od(2)	Un 12 4 7	)SB5	1	=	100013
Agencies Notified Type Notifica	tion		Street Address		14	1	1	LIC	定!!	SING
DOLWD Amended					MANA	7	7		T	
☑ DOH Amendme ☐ DCA ☑ Emergence	nt #	_	City, State, Zi Villas, NJ		44711	RANPRO	YE	)	+	
(NJAC 5:23-8) Justification	h)	ng	Name of Cont							
Concellation	n		Cornellus			Telephone No 267-968-7			7:	
Name of Facility Where Abalament is Ta	king Pine	2 (4)	FACILITY	INFORMATION		1	100	-	_	
Rightley Residence	walk f. M.C.	2 (3)			Type of Facility	7 (4)		K-000		_
Street Address			1000	****	Subchapter	2) 8 (Other than K. private and corner	12)			
City (5)		-			bomes, etc	private and corner	nercipi .	phildi	nga,	
Villas					Square Feet	# of Floors	7	Bidg.	Age	
County (6)			County Code	(7)(STATE USE ONLY)	1,023 Current Use (F	for if being derno	Ilaham	67		
Name of MonRoring Firm Hired by Buildin	a Owner	(8) A	SCM No.	I Name of the last	Residence		III STEEL STEEL			
Management & Enviro. Consulting	g Service	den /	- Widi (40.	Shado Envir	ent Contractor (9) Ohmental, LLC					-
Street Address PO Box 341				Stroot Address	-					
City, State, Zip Code				623 Cutler A						
Chestorfield, NJ 08515	_20,0=0			Gity, State, Zip C Maple Shade						
Project Manager for Monitoring Firm Bill Welagarbor			one No.	Telephone No.		License No.				
	eduled Go	609	298-4070 1 Date (11)	856-755-0099		00842				
08 / 22 / 19	08 /	25	/_18_	Name of OSHA N EMSL Analyt						
Occupancy Status During Abstament (Che E Facility Closed/Vacated During Entire P	ck only o	ne)		Street Address		-	-			
LI ALGINIDELI PERDIMET DUMINE AF NAME	ni Casillia.	Linus	- 1	200 Route 13	North		9			
Time of Abetemont:AM	- NV	_PIVI	AM		CO				W Family	
Corne of Whate The age of the	1	-		Cinnaminson						
				Cinnaminson	NJ 08077	Western Company		-		
	⊠ Ren	ovation tolition		Full Cont	NJ 08077	tivo Pressure				
	Destr	notition		Full Control	NJ 08077 Minmant with Nega		70			
2 ≥3 of or ≥3 (f 2 ≥160 of or ≥260 (f Location of	té L	ocation	v	Full Contu	NJ 08077 striment with Nega seurs Procedure 1pted (*) and Non		Aba	atoms	ent Ty	pe
Si ≥3 of or ≥3 (f Si ≥160 of or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED	lis L No Used Main	ocation ormally Solety b	Pagge	Full Control Mini-Engle Glovebag  Non-Exer  Description of the Containing Mate, themselves the containing the containing Mate, the containing Mate, the containing Mate, the containing Material Residence Containing Ma	NJ 08077 simment with Negative Procedure Ipted (*) and Non Prial (ACM)	-Friable Procedur	Aba			Version
N ≥3 of or ≥3 (f N ≥160 of or ≥260 if Location of Asbostos-Containing Material (ACM)	lis L No Used Main Custo	ocation ormally Solely b tenunced dial Staff (12)	y (i.e.	Full Contu	NJ 08077  Inment with Negative Procedure 1pted (*) and Non  Infect (ACM) Sulation.	-Friable Procedu				Version
Si ≥3 af or ≥3 (f Si ≥160 af or ≥260 (f Di ≥160 af or ≥260 (f Location of Asbestos-Containing Material (ACM) TO 86 ABATED IN Facility (13)	is L No Used Main Custo	ocation ormally Solely b tenunce dial Staff (12)	y (Le.	Full Contuining Manual Plant Containing Manual Containing Manual Containing	NJ 08077  Inment with Negative Procedure 1pted (*) and Non  Infect (ACM) Sulation.	-Friable Procedur	Aba		Encapsylate	e Enchouse
Si ≥3 af or ≥3 (f Si ≥160 af or ≥260 (f Di ≥160 af or ≥260 (f Location of Asbestos-Containing Material (ACM) TO 86 ABATED IN Facility (13)	is L No Used Main Custo	ocation ocation ocation ormally Sololy b tenance dial Staff (12) No No	y (Le.	Full Contuining Manual Plant Containing Manual Containing Manual Containing	NJ 08077  Inment with Negative Procedure 1pted (*) and Non  Infect (ACM) Sulation.	-Friable Procedur	A Remeyal	Repair	Encapsulate	Version
Si ≥3 af or ≥3 (f Si ≥160 af or ≥260 (f Di ≥160 af or ≥260 (f Location of Asbestos-Containing Material (ACM) TO 86 ABATED IN Facility (13)	le L No Used Main Custo	ocation ocatio	y (Le.	Full Contuining Manual Paragraph of the Containing Manual Paragraph of the Containing Manual Paragraph of the Miscellaneo	NJ 08077  Inment with Negative Procedure 1pted (*) and Non  Infect (ACM) Sulation.	Amount (Specify SF or LF)	A Remayal X	Repair 🔲	Encapsylate	Endiboure
S ≥3 af or ≥3 if S ≥160 af or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Iving Room, Hallway, 3 Bedrooms	is L No Used Main Custo Yes	ocation ormally Soloty a tenerce, diel Staff (12) No N.	y (Le.	Full Contuining Manual Paragraph of the Containing Manual Paragraph of the Containing Manual Paragraph of the Miscellaneo	NJ 08077  Inment with Negative Procedure 1pted (*) and Non  Infect (ACM) Sulation.	Amount (Specify SF or LF)	A Remeral	Repair 🗆 🗆	Escapsvible 🔲 🖺 🗍	Enralosure 000
E ≥3 of or ≥3 if E ≥160 of or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Iving Room, Hallway, 3 Bedrooms	le L No Used Main Custo	ocation ocation ormally before the standard stan	Floor Til	Pull Contuin Mini-Engle Glovebag Glovebag Non-Exam  Description of the Containing Mate, thermal systems in Burfacing, VAT, on other miscellance	NJ 08077  Inment with Negative Procedure Inted (*) and Non  Infed (ACM) Invitation.  Incompleted   Amount (Specify SF or LF)	A Remarkal M 🗆	Repair 🗆 🗆	Escapsylate 🔲 🔲	Enralosure 000	
E 23 of or 23 if E 2160 of or 2260 if  Location of Asbostos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Living Room, Hallway, 3 Bedrooms  ame of Registered Waste Hauler Shade Environmental, LLC	is L No Used Main Custo Yes	ocation ocation ormally before the standard stan	Floor Til	Pull Contuin Mini-Engle Glovebag Glovebag Non-Exam  Description of the Containing Mate, thermal systems in Burfacing, VAT, on other miscellance	NJ 08077  Inment with Negative Procedure Inted (*) and Non Intel (ACM) Intel (	Amount (Specify SF or LF)  552 SF	A Remarkal M 🗆	Repair 🗆 🗆	Escapsvible 🔲 🖺 🗍	Enralosure 000
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)  Living Room, Hallway, 3 Bodrooms  ame of Registered Waste Hauter Shade Environmental, LLC iy, State	is L No Used Main Custo Yes	ocation ocation ormally between the standard sta	Floor Til	Full Contuining Mahaman Patentian of Stovenses Non-Exert	NJ 08077  Infilment with Negations  Proceeding  Proceeding  Intel (*) and Non  Intel (ACM)  Inte	Amount (Specify SF or LF)  552 SF	A Remarkal M 🗆	Repair 🗆 🗆	Escapsvible 🔲 🖺 🗍	Enralosure 000
Asbastos-Containing Material (ACM) TO BE ABATED IN Facility	te L No Used Main Gusto	ocation ocation ormally between the standard sta	Floor Til	Full Contuin Mini-Engling Glovebag  Description of the Containing Mate, thermal systems in surfacing, VAT, other miscellanee	NJ 08077  Infilment with Negative Proceeding (*) and Non- Infilment	Amount (Specify SF or LF)  552 SF	A Remayal	Repair 🗆 🗆	Escapsvible 🔲 🖺 🗍	Enralosure 000

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 18 County of Union JUN 2 4 2019 Agencies Notified Type Notification Street Address ☐ Initial Administration Building-Elizabethtown Plaza **⊠** DOLWD ASSESTOS CONTROL & City, State, Zip Code Amendment #2 LICENSING **⊠** DHSS Elizabeth, NJ 07207 ☐ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Owers Agent - Ryan Jones, C.M. 609-276-7382 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Union County Courthouse School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2 Broad Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth 55,000 5 80 + yrs. County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Office Building Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. T and M Associates 00145 East Coast Haz Mat Removal, Inc. Street Address Street Address 1455 Broad St., Suite 250 494 East 41st Street City, State, Zip Code City, State, Zip Code Bloomfield, NJ 07003 Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Burns 908-347-4396 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_08\_\_ / \_ 27 / 18 10 / 30 / 19 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time City, State, Zip Code of Abatement: \_\_\_AM-<u>2:30</u>PM/11:pmPM-\_\_ Scope of Work (Check all that apply) ≥3 sf or >3 If ☐ 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 Encapsulate Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A Throughout Ground, 1st, 2nd, 3rd and X Wall/ceiling plaster 9,700 SF  $\boxtimes$ 4<sup>th</sup> Floors Throughout Ground, 1st, 2nd, 3rd and  $\boxtimes$ Pipe Insulation 500 LF  $\boxtimes$ П 4th Floors П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Waste East Coast Haz Mat Removal, Inc. G.R.O.W.S., North W/M of PA 419 150 City, State Disposal Date City. State Paterson, NJ Various Morrisville, PA Completed By (Print or Type) Title Signature James Unger Sr. Estimator/Project Mgr. 6-18-19 ASB-41

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

**MAY 11** 

State of New Jersey

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

9	232		(F	ursu	ant to NJ	AC 8:60 and 5:1	16)	MEGI	3	$\mathbb{W}$	Ē	In
Date of Notification (1)	23 / 1	8			ne of Buildi ounty of	ng Owner/Operator Union	(2)		1			The state of the s
Agencies Notified  Agencies Notified  DOLWD	Type Notification ☐ Initial ☑ Amended	n			et Address dministra	ition Building-Eli	zabethtown F		- Commence	Out pyring.		
☑ DHSS ☐ DCA	Amendment  Emergency (		ng	200	State, Zip izabeth, I		On a	ASBESTO LICE	ensin		L &	(J.S. Shapper)
(NJAC 5:23-8)	justification)				e of Conta			Telephone Nur	nber			
	☐ Cancellation			-		nt - Ryan Jones,	C.M.	609-276-73	82			
Name of Equility Where	A between the True			FA	ACILITY	NFORMATION					250	
Name of Facility Where A		ng Plac	ce (3)				Type of Facilit					
Street Address	rtnouse						School (K-	12)	0)			
2 Broad Street							Other (i.e.,	r 8 (Other than K-1 private and comm	2) ercial h	ouildir	as.	
City (5)				-			homes, etc	.)			30,	
Elizabeth							Square Feet	# of Floors	E	Bldg. A		
County (6)				Cor	inty Code /	7)(STATE USE ONLY)	55,000	5			yrs	
Union				000	anty Code (	I JISTATE USE UNLY)		Prior if being demol	shed)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No	Name of Abateme	Office Buil					
T and M Associates	5			001			az Mat Remo					
Street Address					-	Street Address	az Wat Kellio	vai, iiic.				
1455 Broad St., Sui	te 250					494 East 41s	t Street	87				
City, State, Zip Code				3-7,4III B 90-9-9-		City, State, Zip Co						-
Bloomfield, NJ 0700						Paterson, NJ						
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.				
Kevin Burns			9	08-34	7-4396	973-345-0022		00507				
Start Date (10)					ate (11)	Name of OSHA M	onitor			3.11-11-11-1		
08 /27 /		98,530		2 /	19	Same as above	ve					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment								
Abatement Performed	Outside of Norma	Facilit	ty Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:		11.pn	nPW	A	ιM							
Scope of Work (Check all	that apply)					_						
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	¥.		enovat emolitio			☐ Mini-Encl ☐ Glovebag	Procedure > M	gative Pressure リンハア & という on-Friable Procedu	r <i>P;</i>	10 C e	elv	hes
1 11	· ·		Loca						-	patem	ent T	vpe
Location of Asbestos-Containing N		21/10/04/20	Norma ed Sole	*	Asha	Description of				1	1	T
TO BE ABA	TED		intena todial		(i.e	stos Containing Mat ., thermal systems in	erial (ACIVI)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	у	Ous	(12)	otali !		surfacing, VAT, other miscellaneo	or	SF or LF)	<u>val</u>	-	Sula	sure
		Yes	No	N/A		other miscellaneo	us)				ate	
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>r</sup>	d & 4th Floors				Wall/cei	ling plaster		9,700 SF		1		
Throughout 1st, 2nd,	3rd, 4th Floors				Pipe Ins			500 LF		H		H
										H		
									12	닏		닏
Name of Registered Waste	e Hauler			JDEP V	N/asto T	Cubio Vorde -f	Non 15				Ш	
East Coast Haz Mat				auler IE		Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill ., North W/M of	PA			
City, State				713		150 Disposal Date	City, State					
Paterson, NJ						Various 2018	Morrisville	ΡΔ				
Completed By (Print or Typ	oe) Title					Signatujie	B 117		10			
James Unger	Si	. Esti	mato	r/Proje	ect Mgr.		6 14	Dal		73	ŝ	c)
SB-41		-				foliale	46 1/1st	But O	- 0	23	-	0

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

Date of Notification (1)	10 / 1	8		12	e of Buildir ounty of l	ng Owner/Operator Jnion	(2)	DECI	51	$\mathbb{V}$		
Agencies Notified  EPA  DOLWD	Type Notificatio	n		10	et Address Iministra	tion Building-Eli	zabethtown	JUN JUN	2 4 2	2019	The same of the sa	
☐ DHSS	Amended Amendment	#	24	City,	State, Zip	Code		ASBESTOS	2 (2/)31	TOO		
DCA (NUA O 5:03.0)	☐ Emergency (	includin	g			NJ 07207	1		EMSIN		- CL	
(NJAC 5:23-8)	justification)  Cancellation				e of Contac			Telephone Nu		-	-	
	Gancellation					nt - Ryan Jones,	C.M.	609-276-73	382			
Name of Facility Where A	Abatament in Taki	na Di-	. (0)	FA	CILITY II	NFORMATION		\$11 septembros and septembros and se				
Union County Cou		ng Place	e (3)				Type of Facility					
Street Address							School (K-1)	2) 8 (Othersthers I/ 4	0)			
2 Broad Street							☐ Other (i.e., p	8 (Other than K-1 private and comm	2) ercial b	uildin	as.	
City (5)							homes, etc.	)				
Elizabeth							Square Feet	# of Floors		ldg. A		N.S.
County (6)				Cou	nty Code /	7)(STATE USE ONLY)	55,000	5		<del>*</del> 08	yrs	•
Union				"	my oode (	INSTATE OSE ONLY)		rior if being demol	lished)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	Office Build					
T and M Associates	5		1.1	001			laz Mat Remov					
Street Address						Street Address	TWE THAT TOTAL	rai, iiio.				
1455 Broad St., Sui	te 250					494 East 41s	t Street					
City, State, Zip Code		3.7211743	K-100			City, State, Zip Co						
Bloomfield, NJ 070						Paterson, NJ						
Project Manager for Moni	itoring Firm			ephone		Telephone No.		License No.		-		
Kevin Burns		-		08-347		973-345-0022		00507				
Start Date (10) / 23 /				etion Da		Name of OSHA M	1onitor					
				2 /	19	Same as abo	ve					
Occupancy Status During	Abatement (Che	ck only o	one)			Street Address	4001					
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Norma	eriod of	Abate	ement	. 11							
of Abatement:	AM-2:30PM/I1:p	mem.	nou	AM	cribe Time	City, State, Zip Co	ode					
Scope of Work (Check all				•							-0.0015117	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedu	ıre			
W 00 12 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Loca						-	atem	ent T	vne
Location Asbestos-Containing N	of Material (ACM)		d Sol	ally ely by	Asha	Description of	f			T		T
TO BE ABA	TED			ance/ Staff?	(i.e	stos Containing Mat ., thermal systems i	nsulation.	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	У	Cust	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	\sigma	-	Sula	sure
		Yes	No	N/A		other miscellanet	nus)				ate	
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3	rd & 4 <sup>th</sup> Floors			$\boxtimes$	Wall/ce	iling plaster		9,700 SF				
		10	П	10		V   1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		0,700 31	-	1		
				1	<u> </u>							닏
		1										
Name of Registered Wast	e Hauler		Ц.		<u>L</u>							
East Coast Haz Mat				JDEP V		Cubic Yards of Waste	Name of Regist					-
City, State	. comovar, mc.		L	419		150		, North W/M of	PA			
Paterson, NJ						Disposal Date	City, State				-	
Completed By (Print or Ty	20)					Various 2018	Morrisville,	PA				
James Unger	10 N		m ===	w/F3	- N 1 Am	Signature	/ 111	Da	ate		-	
SB-41			····	n/Proje	ect Mgr.	Tures	4 Vier	MATERIAL PA	7-1	1 1	18	

MAY 11

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

Jun 17 2019 04:06PM NJ Asbestos Control 609.633.0664 page 1 06/17/2019 09:12AM 9736381778 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) PAGE#1 Date of Notification (1) Name of Building Owner/Operator (2) MYS CONTROL & AFDED 17 06 19 1 Agencies Notified Type Notification Silest Address EPA Initial DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # D DCA Emergency (including Summit, NJ 07901 (NJAC 5:23-8) (ustification) Name of Contact MV M debutte yearder Cancellation Leonard G. Leider FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Fecility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2)

Other (i.e., private and commercial buildings, Subchapter & (Other than K-1 2) nomes, etc ) City (5) Square Feet # of Flagts Bidg. Age Summit, NJ 07901 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayna, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No 973-638-1777 01127 Scheduled Completion Date (11) Start Dale (10) Name of OSHA Monitor 06 / 18 / 06 / 21 / 19 Envirovision Consultants, Inc. Occupancy Status Euring Abelement (Check only one) Street Address Taollity Closed/Vecated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg # 35E Abstement Performed Outside of Normal Facility Hours - Describe
Time of Abstement: AM- PM/ PM AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Chack all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure 20 >3 mf or >3 lf 2 2 100 af or 200 if × Renovation
Demolition Mini-Enclosure Glovebag Procedure Trant with Nagative Pressura Non-Exampted (\*) and Non-Frieble Procedure la Location Abstement Type Normally Location of Description of Aspectos-Containing Material (ACM) Used Solely by Removal Repair Exclosure Asbestos Containing Meterial (ACM) Encapsulake Amount Maintanance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Fedlity surfacing, VAT, or SIF or LF) (12) (13)other miscellaneous) Yee No N/A 2nd floor X X Pipe-wrap&cut 40 LF 1st floor X Pipe-wrap&cut X 120 LF Basement X X Pipa-wrap&cut 200 LF Basement X Duct-wrap&cut X 50 LF Name of Registered Waste Hauler NIDEP Waste Hauler ID No. | Cubic Yarda of Waste | Name of Registered Landfill Or Tech LLC 0033785 T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed by (Print or Type) Title Signature Date N.Jevtic Owner ے کی Wanast 06/17/19 ASEI

RECEIVED 06/17/2019 04:00PM 9736381778

MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exampted activities.

Ch-1195	3	N	'OT	יבור	ATIO	State of	Ne	w Jersey									
OK(0282e	PA	ID'	101	(F	ursua	ant to N	JAC	ESTOS ABA C 8:60 and 5:	TEMENT 16)		\ [i]	3 (f	9	G ()	\\\\	   -	
Date of Notification (1)  06 /	14 /	19			1,000	ne of Build Ibert Par		Owner/Operator	(2)			- 1	<u> </u>	<u> </u>	701		Jes version of the con-
	Type Notifi	ication			Stre	et Address	s					.//	11)	2	MIS		
F7	☐ Initial									H		U.	110		1-414		Luxum
☑ DOH [	☐ Amende Amendr	217/l			City,	State, Zip	Co	ode				and age is a first of these		و در			3
MARKET IN	⊠ Emerge		ıdina		Ca	amden N	J 0	8102			A			S COI ENSIN		儿&	
(NJAC 5:23-8)	justifica	tion)			Nam	e of Conta	act			-	Tele	phone					45.20.00.5
	Cancell	ation ————			Al	bert Parl	ker	0									
Name of Early 188				-	FA	CILITY	INF	ORMATION									
Name of Facility Where Ab	atement is	Taking F	lace	(3)					Type of Facil	lity (4	)						
Street Address					-				School (K		(O+b-	- 44	. 1/ /	10)			
Same									Subchapt  Other (i.e.	., pri	ate a	ind co	mm	ercial b	uildin	gs,	
City (5)									homes, e	tc.)							
01.9 (0)									Square Feet			Floor	rs	E	lldg. A	\ge	Sallers
County (6)					Cou	nty Code	/7\/S	STATE USE ONLY)	3986	/D-:	3				129		
Camden					000	my oode	(1)(0	TATE OSE ONET)	Current Use		ir be	ing de	emol	lished)			
Name of Monitoring Firm Hi	ired by Bui	lding Ow	ner (8	3)	ASCN	I No.	TN	Name of Abatem									
A.E.S.L					002	1	1	CPR Environ									
Street Address							S	Street Address									
2200 Patterson Plank	Rd. Unit	7						8421 Hegerm	an St								
City, State, Zip Code							C	City, State, Zip Co	ode		-						
North bergen NJ 0704								Philadelphia	NJ 19136								
Project Manager for Monitor	ing Firm				phone		T	elephone No.			Lice	nse N	10.				
Carmelo Altamonte					01 864			215 333-5117			01	328					
Start Date (10) 6 / 15 /	The second secon	Schedule	d Co				N	lame of OSHA M	lonitor								
	19	6	_ ′ .		5_/	19		A.E.S.L									
Occupancy Status During Al  Facility Closed/Vacated [							100	treet Address									
Abatement Performed Ou	utside of N	ormal Fa	of Al	bate: Hour	ment rs - Des	cribe	-	SAME									
Time of Abatement:	AM	PM/_		PM-		AM		ity, State, Zip Co SAME	ode								
Scope of Work (Check all that	at apply)							SAIVIE									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Rend					☐ Mini-Encl	ainment with N osure Procedure mpted (*) and N					ıre			
				ocat						T		7.60 (1275)	1011111111		atem	ent T	vpe
Location of Asbestos-Containing Mat	terial (ACM	n   t		rma Sole	ily ely by	Asha	otos	Description of						Z.	Z	ш	Ш
TO BE ABATE		"	Main	tena			e., th	s Containing Mat nermal systems in	nsulation.			nount pecify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)				(12)	stan?			surfacing, VAT,	or			or LF		Va.	7	sula	sure
V = 7.		Ye	es	No	N/A	1	0	mei miscellane	ous)							ate	
DINING ROOM				<b>X</b>		168	-			+		SF		$\boxtimes$	П	П	П
KITCHEN				X)		114						SF					
7							-			-							
			-		-					-					Ш	Ш	Ш
Name of Registered Waste H	loulos		IL			ļ	T										
CENTURY WASTE SER				Ha	JDEP V auler ID 02787	No.		bic Yards of aste	Name of Reg WASTE N				Т				
City, State							Dis	sposal Date	City, State								
ELIZABETH NJ							. N. S. W.		TULLYTO	WN	PA						
Completed By (Print or Type) ANTHONY JONES		Title PRO	JEC1	T MA	ANAG	ER		Signature	y Tens	-			Da	te	ų, <i>į</i>	9	

1/11/	10	$\bigcirc$				,	State of I	New Jersey	1			N E O		П	77	P	L
NV 24071	TDA	_ \	NO	TIF	ICAT	ΓIO	N OF AS	SBESTOS AC 8:60 an	ABA	TEMENT		) <u>, E (</u>			$\mathbb{V}$		
Data of Natification (4)	I HE	BH	<u>U</u>								In	-					
Date of Notification (1)  06 /	19 /	1	9		1			ng Owner/Op Constructi		(2) olutions, Inc	1	il JU	N 2	4 6	2019	,	U
Agencies Notified	Type Notifi	ication	1		- 5		et Address		-:11-5:55		-		<u>)</u>	4	1 /	/	
⊠ EPA	☐ Initial					21	675 Gate	way Road		Table Ch.		ASSES				L&	
⊠ DOLWD	☐ Amende	7.77			0	_	State, Zip			- 1		!	LICEN	SIN			
☑ DOH □ DCA	Amendr Emerge							WI 53045									
(NJAC 5:23-8)	justifica	tion)	riciuali	ıg	N		e of Contac				-1-	Tolophone	Mumala				
	☐ Cancell					Pa						Telephone 262-227					
						FA	CILITY II	NFORMATIO	ON								
Name of Facility Where A	batement is	Takin	g Plac	e (3	)					Type of Facili	ity (4)	)	-				
Former Toys R Us										School (K	-12)						
Street Address										Subchapte	er 8 (	Other than	K-12)				
1224 Hooper Avenu	ie									Other (i.e. homes, et	, privi	ate and co	mmerc	ial b	uildin	gs,	
City (5)		: vi=12/2=0								Square Feet		# of Floor	S	В	dg. A	ae	
Toms River										25,000		1		1	40	5	
County (6)		- 22			1	Cou	nty Code (7	)(STATE USE (	ONLY)	Current Use (	Prior	if being de	emolish	ed)			
Ocean										Former To							
Name of Monitoring Firm	Hired by Bui	lding (	Owner	(8)	AS	CM	No.	Name of At	pateme	ent Contractor (							
N/A										ntracting, Inc							
Street Address								Street Addr		<u> </u>							
								1889 Ro	ute 9	, Unit 61							
City, State, Zip Code								City, State,	Zip Co	ode							
								Toms R	iver, I	New Jersey (	0875	5					
Project Manager for Monit	oring Firm			T	eleph	one	No.	Telephone				License N	0.				
								732-349	-9932			00624					
Start Date (10)							te (11)	Name of OS	SHA M	lonitor			-				
				_		1	19	E.M.S.L.	Anal	lytical							
Occupancy Status During								Street Addre	ess								
☐ Facility Closed/Vacated	d During Enti	ire Pe	riod of	Aba	teme	nt		1056 Ste	elton								
Abatement Performed Time of Abatement:	Outside of N	ormal						City, State,	Zip Co	ode							
		—F	Λ/	_P	M		AM	Piscatav	vay, N	lew Jersey 0	8854	4					
Scope of Work (Check all	that apply)																
$\boxtimes \ge 3$ sf or $\ge 3$ if $\square \ge 160$ sf or $\ge 260$ if			⊠ Re					☐ Mir	ni-Encl		egativ	ve Pressur	e				
			☐ De	mon	ltion			∐ Glo	vebag n-Exer	Procedure npted (*) and N	lon F	riable Bree	oduro.				
			Is	Loc	ation					nprod ( / dild i)	T	nable F100	edule	Λh	otom	ont T	.mo
Location o					nally			Descrip	tion of	F			}	200		ent T	T
Asbestos-Containing M TO BE ABAT		1)			olely t nance		Asbes	stos Containir	ig Mat	erial (ACM)		Amount	- 1	Removal	Repair	inc	Enclosure
IN Facility			Cus		al Staf	ff?	(1.6.	, thermal syst	VAT.	nsulation, or		(Specify SF or LF		3701	a:	apsı	uso
(13)				(12	1			other misce	ellaneo	ous)		SI UILF	'	≖		Encapsulate	lie
exterior		-	Yes	No		I/A										Œ	
exterior							asbesto	s caulk-9 w	rindo	WS		250 If					
			Ц		_ [												
						]											
N						-											
Name of Registered Waste							Vaste	Cubic Yards	of	Name of Regi	istere	d Landfill					
Guardian Contracting	g, Inc.				Haule 202	223		Waste 2		T.R.R.F.							
City, State								Disposal Dat	е	City, State					-		-
Toms River, New Jer								6/21/19		Tullytown	, Pei	nnsylvan	ia				
Completed By (Print or Typ	e)	Title				-		Signatu	re			1	Date	f	- 1		
Nicholas Fernicola		Pr	oject	Mai	nage	r					1		/.	1 3	1	1 4	

18 2019 03:47PM NJ Asbestos	Cont	rol 60	09,633,	0664		pag	e 1	In	IE	C	E		W
8.06.2019 07:10 AM A	8.06.2019 07:10 AM A. Mac Contracting										PA	GE.	0
111V-12Upl	emplems,			State of New DN OF Asset	Jersey		1	ШЦ		-	Water and the last of the last	4 2	_
CKIQUEPAT	D	HOT!	Pursua	on of Asset In NJAC 5:	1708 AB 60 and 1	Atemer 21120}	(7		DOL	Ch	0	DAY	6
Date of Nodification (1) 6/18/19			Nama	of Building O	Mhar/Opa	relor (2)	5/		111.	1 16		SINC	-
Agencies Natified Type Natification	1	-	Street	Addresa		7776			JUi:		ī	19	7
EPA Initial Initial Amended		mAfrican	City, a	INTO COO	IALE	10:	- 4	769	Z INER	A	יין יין	10V	FĪ
E DOH	) .	ġ	Name	of Contact	7/6/2	7-26			one Nu			4	=
Name of Facility Where Abatement is Takin	on Place	(9)	_	אסיואו ידועוני	MATION		- Land	- 277			W		latenta
PATEL		(0)				Typ	of Fadily						
Street Address City (u)			-			8	School (K- Subchapter Other (i.e. ; etc.)	12) r \$ (Other t) private & co	ten K-12 mmerdi	t) milipul	iding	a, hon	nee
NURTHUALE					,	1	Lara Fest	POFFIG	2	- 1	elde.	Age	
County (6) BERGEN			County (STATE	Code (7)		Cur	RES	or If being o	amoltah	ed)	-	Non-section 1	
Name of Monitoring Firm Hired by Building	Owner (	5)	ASO	M No.	No.	Men C	etement Cor contracting	WEEGE (S)		-26	_	toronto.	Chiefad)
Birest Address			<del></del>		Str	set Addr	135	ing.				-	-
City, State, Zip Code					Cit	y, State.	Hand Ave.						
Project Manager for Monkering Firm			Telepho	ne No.	M	ophone i	Park, NJ O						
Start Date (18)	Dalasak			0.740.07.70	20	1-262-	5841		anaa No 156	<b>)</b> ,			
G/1 V/19 Occupancy Status During Abatement (Chec		2/2	9/19	Date (11)	Or	me of De Naga E	HA Menter hylronmer	ital Servic	cer inc				***
Facility Glosed/Vacated During Entire F Abstament Performed Outside of Norm			hant		Stn	at Addin		***************************************		_			e de la constante de la consta
Other - Describe:	el Fecili	y Houn	•		CIG	State,	Zip Code					-	and the same of
Ecope of Work (Check As That Apply)					Ha	ckene	ick, NJ 07	608					
23 of or 23 if 2100 of or 2200 if		Renove Demoiti				M OI	ili Containma ni-Endosure 6vebag Froc on-Exempted	adura .			-		
Lesation of		Locati Normal	V		D			7. 1.3 1.4 (AB)	7 1180		Abah	emeri /pe	ı
Asbestos-Centsining Material (ACM) TO BE ABATED In Facility (19)	MI	id Sole intenui iodial S (12)	ice/		Descripti Containing Mai systo Urfacing, \ Ler miscel	Materia me inaul AT, or	ation,	Ampun (Specif SF or Li	it y	Revious	Region	Encapadain	CINCINCULT
BASEMENT	Yes	No	N/A		0.45					2	4	die	Mic.
KITCHEU			×	-	MPE	NG		130	-	X			
OUTSIDE			×	The second second	1014	-		3000	-	X		-	_
Varine of Registered Weste Hauler		T AT	ISPA I		7-4			1		7			_
Newark Carting Inc.		H	IDEP W tuler ID I 500	No. of	Neele 4		Name of Re			-			
Alle Annual Control of the Control o		Au	A di				Grand Co	<b>さいたまり 交響</b> と	HITELY L	-enc	FUL		PRINCIPAL PRINCI
City, State Newark, NJ 07105 Completed by				1	1181	r 49	Da- A-		-				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NIAC 9:50 and 13:430)

PAT				ON OF AS				(		de	- Contraction of the Contraction	8	90	25	
Date of Notification (1) 6/19/19	7)			of Building Mattis	g Owner	/Operato	r (2)	Vis.		<u> </u>	-			W	I E
Agencies Notified Type Notification			Street	Address					100	洲	- C	L.			harm, when wall to
EPA Initial Amended Amendment Emergency				state, Zip C son NJ					Section of the sectio		JU	N	2 4	201	9
▼ DOH		g		of Contact Die Cairn	***				Те	lephone	Num	oer.	- OC	NTE	ROL
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY INF	ORMAT	TION	Tuna	of Facility	11	***************************************				7.00	
house Street Address City (5)							×	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Oth private	& comm	nercial				es,
Rumson							180		2	f Floors		1 20	ldg. A	\ge	
County (6) Monmouth				Code (7)	n		Curre	ent Use (Pri Se	or if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.				itement Coi ronmenta			LLC				
Street Address						Street	Addre	SS				211	5111111	<del>Marian</del>	
City, State, Zip Code						City, S	tate, Z	83, 4 E G		rive					
Project Manager for Monitoring Firm			Telepho	one No.		Glen	27.37.27.27.2	I, NJ 074	18	Licens	se No				
Start Date (10)			500320000000000000000000000000000000000			973-	764-2	276		703	JC 140.				
6/20/19	7/1/19		mpletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Chec						Street	Addres	SS					-		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: kitchen	eriod of al Facilit	Abaten y Hours	nent s			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	l Containme ii-Enclosure vebag Prod n-Exempted	edure						
Loopling of		Locati Normal										-		ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/		tos Cont thermal surfac	scription taining Massystems cing, VAT niscelland	aterial insula Γ, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
kitchen	100	140	X		fl	oor tile			18	0 SF	×	-			
									8						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Lan	dfill				
ABS Environmental Services, LLC	auler ID 04248		of Was			Chrin B	22			_an	dfill				
City, State Newark, NJ					Dispos TBD	al Date		City, State Easton,							
Completed by A. Scott Higgins		S	ignature	11	1			Date 6/17	/19						

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

	PAI	D			N OF ASE t to NJAC				r dl	00	W 18	396	7		
Date of Notification (1)	11)130	7			of Building ammed N			(2)		<u>I</u>	n E		E	1 1	
1110	ype Notification	)		- and a section	Address	vui cika	IIIai			-	1)	, 6	<u>L</u>	[] [	
□ EPA □					1001000					A COMPANY OF THE PARTY OF THE P	M				
DEP	Amended		Ī		ate, Zip Ci							JUN	2 1	20	19
X DOL	Amendment		_	Ediso	n, NJ 0	8817				-	Trey !				
X DOH	Emergency (i justification)	nciuaing		Name o	of Contact					Tje	lephohel	Number		C) 8 17"	201
DCA [	Cancellation			Moha	mmed N	lureka	mal			,			OS U CENS	ONT	HUL
No				FAC	ILITY INF	ORMAT	ION			- L			122145	2014	
Name of Facility Where Aba house	atement is Taking	Place (	3)					Тур	e of Facility (	(4)					
Street Address									School (K-1						
Street Address								×	Subchapter Other (i.e. p etc.)				ildings	, hom	es,
City (5)									are Feet	# 0	f Floors	T	Bldg.	Age	
Woodbridge								100	00	2			70		
County (6) Middlesex					Code (7) USE ONLY	)		Curr	ent Use (Pri ISE	or if be	ing demo	lished)			
Name of Monitoring Firm Hi	red by Building O	wner (8)	)	ASC	M No.				atement Cor ironmenta			1.0			
Street Address							Street	2000000000		ii OCI (	1003, L				
							June September 1997		83, 4 E G	ate D	rive				
City, State, Zip Code									Zip Code			_			
							200000		d, NJ 074	18					
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 973-				License	No.			
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		_ 02000E	SETTING	HA Monitor		100				
6/28/19		7/8/19													
Occupancy Status During A	batement (Check	Only Or	ne)				Street	Addre	ss						
Facility Closed/Vacated Abatement Performed	d During Entire Pe	eriod of	Abaten	nent			City S	tate 7	Zip Code						
X Other – Describe: bas	ement		7 110010				City, S	iaie, z	ip Code						
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mi	II Containme ni-Enclosure ovebag Prod	•	Negative	e Press	ure		
					T			l No	n-Exempted	d (*) an	d Non-Fri	able Pr			
		100	Locati	1000										ement /pe	
Location of Asbestos-Containing Ma			Normal ed Sole		A = h = = =		scription						Τ.	I	
TO BE ABATE		11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	intena		Asbes (i.e.	thermal	taining M systems	atena insul	ation,		mount Specify	D.	_	En	Ē
In Facility (13)		Cus	todial 9 (12)	stair?		surfa	cing, VA	T, or			or LF)	Removal	Repair	aps	Enclosure
(13)		Yes	No	N/A		other r	niscellan	eous)				va	air	Encapsulate	sure
basement				х		pipe	insulat	ion		3	5 LF	x			
						7-0				- U-15-20-					
												+			
Name of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic	Yarde		Name of F	Renieto	red Land	fill			
Newark Carting			Н	lauler ID 4509		of Was			Grand (	56 300			ndfill		
City, State				ayas saari <del>ya</del> k		1840,000,000	sal Date		City, State	9					
Newark, NJ						TBD			Pen Arg		A				
Completed by		Title				S	ignature		//			Date			
A. Scott Higgins		Pres	ident						1/2	\		6/18/1	9		

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

Date (Mark 19	PAID	NOTIF	Pursuan	N OF ASI	8:60 aı	nd 12:12	0)	Me	all	18	39	7	5	
Date of Notification (1) 6/19/19	13			of Building baters	g Owner	Operato	r (2)	If	n E				W	E
	otification			Address Sox 643					以广					
DEP A	itial nended		or management	tate, Zip C	ode			Grates agost		.1111	1 2	1	201	3
	nendment # nergency (including	_		lesex, N	200 - 2	46			الما	00:			-01	
DOH jus	stification)			of Contact ael Rod				Te	elephone	Numb	er_	CO	NTR	01.8
				ILITY INF	_	ION		19	08-36€	-0885	ICE	NSI	JG.	
Name of Facility Where Abatement house	nt is Taking Place (	3)					Type of Fac	ility (4)						
Street Address								(K-12) apter 8 (Oti	or then	IZ 10\				
							X Other (	i.e. private	& comm	ercial	bliuc	ings,	home	es,
City (5)							etc.) Square Fee	: # 0	of Floors		Ble	dg. A	ge	
Piscataway							2200	2			75	5		
County (6) Middlesex			County (STATE	Code (7) USE ONLY	0		Current Use house	(Prior if be	ing demo	olished	1)	4	8	
Name of Monitoring Firm Hired by	Building Owner (8	)	ASCI	M No.			of Abatement			LC				
Street Address						Street	Address							
City, State, Zip Code							3ox 483, 4		)rive					
Ony, Otato, Zip Code							tate, Zip Code wood, NJ							
Project Manager for Monitoring Fir	m		Telepho	ne No.			one No.		Licens	e No.				
Start Date (10)	Cohodal		703											
6/28/19	7/8/19		npietion	Date (11)		Name	of OSHA Mor	itor						
Occupancy Status During Abatem	ent (Check Only Or	ne)				Street	Address				-			
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: exterior	ng Entire Period of a le of Normal Facility	Abatem / Hours	nent		_	City, S	tate, Zip Code	).					WH 107 T	-
Scope of Work (Check All That Ap	ply)													_
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		Renova Demolit	77.73.55			×	Mini-Enclo Glovebag	Procedure						
	Is	Locati	on				NON-EXCIT	pieu ( ) an	u Non-i	lable r		bater		
Location of	The second secon	Normalled Sole				scription				-	_	Тур	е	_
Asbestos-Containing Material ( <u>TO BE ABATED</u> In Facility (13)	Ma Ma	intenar todial S (12)	nce/		thermal surface			(5	mount Specify or LF)	, contoxed	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	
exterior			Х			siding		1,2	00 SF	Х	-	_		
				122 123 2				-			+			
Name of Registered Waste Hauler		5000	JDEP W auler ID		Cubic of Was		0.87	of Registe						
Newark Carting		14 - 2000	1509		TBD			nd Centra	al Sanit	ary L	and	fill		
City, State Newark, NJ					Dispos TBD	al Date	City, S Pen	State Argyl, PA	4					
Completed by A. Scott Higgins	Title	dent				ignature	100	97.1.1		Date	40			
A. Scott Higgins President											19			

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

PAI				N OF ASE t to NJAC				$^{T} \cap \mathbb{R}$	aak	180	768	3		
Date of Notification (1) 6/18/19				of Building Ontractir			r (2)			E	CI	7 1	$\overline{\mathbb{W}}$	E
Agencies Notified Type Notification			Street A		3					15	U L	ا د	U	
		l	РОВ	ox 1483					IN					and and and
EPA X Initial Amended		ŀ	City, St	ate, Zip C	ode					11	IUN -	7 1	2019	- 1
X DOL Amendment				n, NJ 0					In t		1014	- 7	LUIJ	1
Emergency justification)			Name o	f Contact					Te	lephone	Numbe	r		- 1
DCA Cancellation			Charle	otte Dia	kite					8-486			ITRO	L &
			FAC	ILITY INF	ORMAT	ION			#		LIG	NSIA	G	AUG TO THE
Name of Facility Where Abatement is Takin	g Place (3	3)					Тур	e of Facility	(4)					
house							П	School (K-	121					
Street Address							×	Subchapte Other (i.e.	r. 8 (Oth	er than h & comme	(-12) ercial b	uilding	s, hom	ies,
City (5)							Sai	etc.) are Feet	1#0	f Floors		Bldg.	Age	
Roselle Park							120		2	1110015		75	Age	
County (6)	_		County	Code (7)				rent Use (Pri		na doma	liahad			
Union			(STATE	USE ONLY	" —		ho	use			nisnea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	И No.				atement Co vironmenta			LC			
Street Address						Street	Addr	ess						
						POE	Box 4	483, 4 E G	ate D	rive				
City, State, Zip Code						City, S	tate,	Zip Code					114111-14	
						Glen	woo	d, NJ 074	118					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one l	No.		License	e No.			
						973-	764-	2276		703				
Start Date (10)	Schedule	ed Con	npletion	Date (11)		Name	of OS	SHA Monitor						
6/27/19	7/8/19													
Occupancy Status During Abatement (Chec	k Only Or	ie)		V.		Street	Addr	ess						
Facility Closed/Vacated During Entire I	Period of A	Abaten	nent											
Abatement Performed Outside of Norm  Other – Describe: basement	nal Facility	Hours	S			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processing .	Renova Pemolit				×	M G	ull Containmo ini-Enclosure lovebag Procon-Exempted	e cedure	3			re	
	lo lo	Locati							) (1)			The Section of the Se	temen	t
Location of	10-53	Vormal			Б.							Т	уре	
Asbestos-Containing Material (ACM)		d Sole		Asbes		scription taining M		al (ACM)	A	mount			m	
TO BE ABATED	F-03850090	intenar odial S			thermal	systems	insu			pecify	Z. G	N N	Encapsulate	Enclosure
In Facility (13)		(12)				cing, VA		,	SF	or LF)	Kemova	Repair	psu	losi
V and V		No	N/A		001	moodian	oous	,			<u>a</u>	.   =	ilate	лrе
basement						insulat	ion		11	0 LF	x	-	-	
	-	X		Pipo	modiai				O LI	^	-	-		
												1		
Name of Registered Waste Hauler	I N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Land	fill				
Newark Carting		Н	auler ID		of Was			2000	3			- 100		
		04	4509		TBD			Grand (	Jentra	ii Sanit	ary La	indtil		
City, State						sal Date		City, State					77	
Newark, NJ					TBD			Pen Arg	gyl, PA	A				
Completed by	Title	M v = 10 - 11			S	ignature		A		1000	Date			
A Scott Higgins	Presi	dent			1			111	2002		6/12/	10		

				R	ECETVE	D 0	6/17/201	9 04	: Q7PM	lutrers account		with the case	
17 2019 04:05PM NJ Asbestos Co	ontrol 6	09.633	3.0664			page '	1		m	E (			V
h 1532	NO.	COLUMN TO SERVICE	man a	P ASESS			7			JU	IN 2	4	2019
Ale of Notification (1) 6/14/2019 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Mo	me of E oniciair	State Uni	versily	rtor (2)		Check	1532	 20E0	TOC	CO1	ממו
gencies Notified Type Notification			eet Add				DOL	- 1(	DIDAY	.1	ICEN	ISIN	G
DEP Initial Amended Amended Amendments				, Zip Code , NJ 0704:	3		, r-11		77			181	
E DOH justification	cluding			dinand				9	disphone Nur 73-855-6548	1.65.65			
Name of Facility Where Abatement is Taking I	Place (3)		FACIL	ITY INFORI	NOITAN	Тура	ATATIVE TO	AR!	PROVED				$\dashv$
MSU, Bohn Hali Syaat Address I Normal Ave						□ S	thool (K-12) ubchapter 8	(Other	than K-12)			t \	
Normal Ave						Square	a Feet		of Floors	B	ldg. Ag		-
Montclair		\ Cc	ounty C	nda (7)		ZO,0		lf bein	2 g demolished	1_	55		$\dashv$
County (5) Essex	0	(S	TATE U	SE ONLY) _			Educa	tional					
Name of Monitoring Firm Hired by Building Ov Detail Associates, Inc	wner (8)		ASCM	No.	Lille	h Corp	atement Cor pration	itractor	(e) 		93		
Street Address 300 Grand Ave				ν,	248		Boulevard					_	
City, State, Zip Code Englewood, NJ 07631					Toto	owa, Ne	zip Code sw Jersey (	7512					
Project Menager for Monitoring Firm Anthony Valentine	Telephone No. 201-559-6708 773-225-8400 License No. 01104												
	Scheduled 06/24/20		noitek	)ate (11)	Nam	e of 09 Enviror	HA Monitor nmental La	borato	ries, LLC				
Occupancy Status During Abstement (Check					Stre 233	et Addr 3 Rout	e 22 West						
Facility Closed/Vacated During Entire       Abstement Performed Outside of Norm     Other – Describe:	Period of A at Facility	Hours	vent		City	State, on, NJ	Zip Code D7083		~				
Scope of Work (Check All That Apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥250 lf		novatio					Mini-Enclos	Proce	with Negative dure / Limited and Non-Fria	Conta	เกษา	&Tel	nt
		Locatio					Holi-Excito	1	,	T	Abat	ibe surent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Used States (ACM)  TO BE ABATED In Facility  Norm Used St Mainter Custodi:						r terial (AGM) naulation, or ous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
Dan 411	Yes	No	N/A	VAT and	Mastic			-	200	SF X	+		-
Room 411	+-	^	-	ALLE GILLA				$\top$		士			
				T				1		1	+	-	+
		I N	JDEPV	Veste I	Cubio Y	ards	Nam	o of Re	gistered Land	mil			
Name of Registered Waste Hauler Lillich Corporation		H	18724		of Waste			ess Lar					
City, State Totows, New Jersey	-				Disposs 05/24/2		City. Moi	State	, PA				
Completed by	Title	naina-			/	MOTHE	1	313		Data 06/1	4/201	9	
Adriana Olejarova	1 11	esiden	11		1 0	W	,	~~					

Ch 255	T	NOTII	FICATIO	State of NON OF ASI	BESTOS	ABATE	MENT	г	TF	7	/ 5 5	>		NG afficients, year,
Date of Notification (1) 6/20/19	6		Name MGI	of Building DC,LLC	Owner/	Operato	r (2)			) [[	GE		<b>V</b>	
Agencies Notified Type Notification  EPA Initial				Address -CHESTI	UT S	T. SUIT	E 30	2			JN 2	4 2	019	And the second control of
DEP Amended Amendment			City, S UNIO	State, Zip C ON, NJ 0	ode 07083				Tool Tool		desira de la companya de la company	and the same of	Zina Carbin	lace
DOH Emergency ( justification) Cancellation	inciuain	g	Name	of Contact						ASRE: elephone N 73-817=	Jumber:	SING		2
Name of Facility Where Abatement is Taking	Di	(0)	FAC	CILITY INF	ORMAT	ION								
	Place	(3)					Туре	of Facility						
Street Address							7	Subchapter Other (i.e. petc.)	8 (Oth	ner than K & comme	-12) rcial bui	ldings	, hom	es,
City (5) KENILWORTH, NJ							Squa 800	re Feet	# 0	f Floors		3ldg +50	Age	
County (6) UNION				Code (7) USE ONLY	)		Curre	ent Use (Pri SIDENTIA	or if be	ing demol	ished)	or — en		
Name of Monitoring Firm Hired by Building C	wner (8	3)	ASC	M No.		Name DIN/	of Aba	tement Cor CORP.	ntractor	(9)				
Street Address						Street 339-		ss YETTE S	TRE	ET				
City, State, Zip Code						City, S NEW	tate, Z /ARK	ip Code , NJ 0710	)5					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-				License 01240				
Start Date (10) 6/29/19	Scheduled Completion Date (11) Name of OSHA Mo 6/30/19													-
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addres	SS						
Facility Closed/Vacated During Entire Ponds Abatement Performed Outside of Normal Other – Describe:	eriod of al Facilit	Abaten y Hours	nent		0.	City, St	ate, Z	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				<b>\</b>	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				0	
	35.03	Locati						ZXOTTIPEG	1.7 unc	a reon-i ne	DIC 1 10	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel iintenar	y by	Asbest		cription of		(ACM)	Ar	mount		1 9	ре	
TO BE ABATED In Facility (13)		todial S (12)		(i.e.	surfac	systems ing, VAT iscellane	, or	tion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
EVERNOR OF THE	Yes	No	N/A								<u>m</u>		ate	6
EXTERIOR SIDING		X		T	RANSI	TE PA	NELS	3	26	0SQ.	Х			
								-			+			
											+			
Name of Registered Waste Hauler NEWARK CARTING INC.	/aste No.	Cubic Y of Wast			Name of R				FILL					
City, State P.O. BOX 5670, NEWARK, NJ 07105	5				Disposa	al Date		City, State BETHLE	HEM					
Completed by CARLOS GOMES	Title PRE	SIDE	NT		Sig	gnature		/_		D	ate /20/19	9		

		-0000	ALCOHOL:	e .m	7	17	٠٠,٢٠٠	11-	75		9	500	
Ch7500		Noff	HIGATI	State of Ne DN OF ASB nt to NUAC	ESTO	SABATE	EMENT (0)		E (	CE		/ [	
Date of Notification (1) 6/20/19	) .		Name ROI	of Building NNIE PICI	Owner KETT	/Operato	r (2)			UN 24	1 20	10	
Agencies Notified Type Notification	1		Stree	t Address					1	017 2 4	+ 20	13	1
EPA Initial Amended			City, S	State, Zip Co	ode			-	ASDE	STOS O	ONT	OL 6	<u> </u>
DOL Amendmen Emergency		na	MAF	PLEWOOI	D. NJ	07040			-	LICENS	ING	7Ammurope	
DOH justification Cancellation	)			of Contact NNIE				Te	lephone	Numbe	r		
Name of Facility Where Abatement is Takin	ng Place	(3)	FA	CILITY INFO	ORMA	LION	Type of Facility	(4)					
	177.0 	\$350. 					School (K	0.000					
Street Address							Subchapte Other (i.e. etc.)	er 8 (Oth	ner than & comm	K-12) nercial bu	ıilding:	s, hon	nes,
City (5) MAPLEWOOD, NJ							Square Feet 800	# 0	f Floors		Bldg. +50	Age	
County (6) UNION				y Code (7) E USE ONLY)	_		Current Use (Pr RESIDENTI	rior if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	CM No.		Name DINA	of Abatement Co AGO CORP.	ntracto	(9)				
Street Address							Address LAFAYETTE	STRE	ET				
City, State, Zip Code						City, S	tate, Zip Code /ARK, NJ 071	05					
Project Manager for Monitoring Firm			Teleph	one No.			one No. 491-0877		Licens 0124				
Start Date (10) 6/30/19	Schedu 7/1/1	uled Cor	mpletion	of OSHA Monitor									
Occupancy Status During Abatement (Chec	k Only C	ne)				Street /	Address						-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of nal Facili	Abaten ty Hours	nent s			City, St	ate, Zip Code		20111.00.20.00				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				<u> </u>	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
	l:	s Locati	ion		11-11-11		Non-Exempted	a (") and	Non-Fr	rable Pro		e ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly			scription of				-	Ту	ре	-
TO BE ABATED In Facility (13)	Cus	aintenar stodial S (12)	nce/ Staff?	(i.e. th	ermal surfac	aining Ma systems sing, VAT niscellane	aterial (ACM) insulation, , or eous)	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No X	N/A	PI	PE IN	SULAT	TION		LF	Х		е	
	1									- A	-		-
					10-10-10								
Name of Registered Waste Hauler NEWARK CARTING INC.		H	JDEP W auler ID 4509		Cubic \ of Was		Name of F				FILL		
City, State P.O. BOX 5670, NEWARK, NJ 0710	5			1	Disposa	al Date	City, State BETHLI				Common M.		
Completed by CARLOS GOMES	Title PRE	SIDE	VT		Sig	gnature	17		1	Date 6/20/1	9		
							2						1

		State of N	ew Je	rsey - Notifi	cation of	Asbestos Aba	ateme	1 8 F	SOUTH STORES	3pT##8起	F
Ch 135	70		(Purs	suant to N.J.A.C		A CALLED	li l		6107 2		
Date of Notification (1) June 19, 2019	111-11	DIED-	5			uilding Owner/Ope	rator (2)		JUN 2	4 2019	
Agencies Notified	1 01	Notification	Type		Michael Street Addr		- Intelligation	TORO CONTRACTOR OF THE PARTY OF			
XEPA		X Initia	al Noti	fication	PO Box	128, 817 Main	Street	AS	BESTOS C	CONTROL I	8.
DCA		Amende			City, State.		laurum	006	totjopiswenimoweken		
xDOL		☐ Emerg justific			Name of Co	ville, Wiscon	sin 53		-l Niver		
X DEP x DOH		☐ Cance			Jake Wetso				phone Numb 0.924.430		
Name of Escility Where Abote	mout in T	-1-i DI (0)		FACILITY IN	FORMATION						
Name of Facility Where Abate Exterior	ement is 1	aking Place (3)			Type of Faci						
Street Address						er 8 (other than K-1	2)				
200 Outwater Lane					○ Other	(i.e. private & com	mercial be	uildings	, homes, etc.	.)	
City (5)	County (	6)	Count	y Code (7)	Sq. Feet:	Unknown #	of Floor	rs: E	Bldg. Age:	NA years	;
Carldstadt	Berge			Use Only)	Current Use	(prior if being der	nolished	١:			
				17.7% 			nonoriou,	<i></i>			
Name of Monitoring Firm Hire NA	d by Bldg.	Owner (8)	ASCM	No.	Name of Con	tractor (9)					
						OOD ABATEM	ENT C	ONSL	JLTANTS,	INC.	
Street Address					Street Addre	<u>ss</u>					
01. 01.1 71.0					511 MAIN						
City, State, Zip Code					City State, Zi Butler, N.						
Project Manager for Monitorin	g Firm	Telephone N	umber		Telephone N			Licen	se Number		
					973-492-0	477		0084	40		
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSI			000			
June 21, 2019		June 24,	2019		EMSL inc						
Occupancy Status During Al			00.0000		Street Addres	SS					
Facility Closed/Vacate Abatement Performed						ton Road					
Describe Other – Describe: Ex	ctorior F	Dina Tranck			City, State, Z	i <u>p Code</u>					
Other – Describe.	eterior i	ipe menoi	•	-	Piscatawa	ay, NJ 08854					
Source of Work (Check all tha	t apply)										
						Full	Contain	ment v	vith Negativ	e Pressure	
≥ 3 sf or ≥ 3 lf				Renovation			ni-Enclos				
$\square \ge 160 \text{ sf or } \ge 2$	.60			Demolition			vebag P			Friable Proce	edure
Location of Asbestos-Containi		ocation Normall		Description of Ast		ng Material	Amoun	t	Abatement		Judio
Material (ACM) in Facility (13)	100000000000000000000000000000000000000	ely by Maint./Cu f? (12)	stodial	(ACM) (i.e. therm VAT, or other miss		lation, surfacing,	(Specify or LF)	y SF	Remove Re	epair Encap E	Enclose
	YE		NA	100 S 0 C 100 S			C. L. )			enachii-carino escocio	
Exterior			X	Asbestos no	n-friable pi	pe coating	20 sf		X		
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	I · ID #	Cubic Yards	of Waste:		Name	of Registere	ed Landfill	
See Hauler Below # 1 & 2	2			40			ess Landfil				
Hauler #1) Greenwood	1 Ahate	ment Cons	ıltantı	s Inc - Rutler	· N.I	Disposal Date		City, S	d Central I	Landfill	
07405-NJ DEP # 1256		mont oons	artairt.	o, mo. Danci	, 110	June 24, 201	19	FL-10	00 New Ford		
Hauler #2) Newark Car	ting, Inc	c. – Newark,	NJ 04	509, NJ DEP#1	19551				ville, PA 190 t No.18072	167	
1000	. <del></del>	85		20				GCL-1	1963 Pen Ar		
									rgyle,PA 180 t No. 100265		
Completed by (Print or Type)		Title			Signature			Date			
Marin Graure	100	SENIOR PR	OJEC	T	Marin G	raure			9 19, 201	9	

State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT																
(KUDUO II	nd 12:12	:NEN 1		n			0	EI	V	E	M					
Date of Notification (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200	$\overline{)}$	Name Lind	of Building Ien Publ	g Owner	Operato	r (2)				terajula, grad	the State of	- Carrier to			And the second second
Agencies Notified Type Notification				Address ast Gibb	ons Str	reet					JU	<del>JN</del>	24	2019	1001000	Ш
EPA DEP DEP Amended Amendment	#		City, S	tate, Zip Clen, NJ (	Code					AS			S COI		La	
DOH Emergency ( justification) Cancellation		g	Name	of Contac	<del></del>						phor	ne N	umber 2800	Ci		Oriotesper -
				ILITY INF						30	10-4	00-	2000			
Name of Facility Where Abatement is Taking Highland Avenue School No. Ten	Place	(3)				1011	Туре	of Facilit	y (4)						-	
Street Address 2801 Highland Avenue							H 3	School (F Subchap Other (i.e	ter 8	Othe ate &	r tha	n K-	12) cial bui	ldings	, hom	nes,
City (5) Linden								etc.) re Feet 000		# of 2	Floor	rs		3ldg. 50+		
County (6) Union			County (STATE	Code (7) USE ONL	n		Curre	nt Use (F	Prior i	f bein	g de	molis	shed)			
Name of Monitoring Firm Hired by Building C Envirovision Consultants, Inc.	Wner (8	)		M No. 079		Name Bak	of Abat to Cor	tement C	ontra	ctor (	9) stora	atio	n. Inc			
Street Address 20-21 Wagaraw Road Bldg.35E	araw Road Bldg.35E Stree															
City, State, Zip Code Fair Lawn, NJ 07410	State, Zip Code City															
Project Manager for Monitoring Firm Frederick Larson			Telepho 973-0	one No. 636-914	-5	Teleph	none No -256-7	).		T	Licer 060		Vo.			
Start Date (10) 07/12/2019		led Cor 1/2019		Date (11)		Name Bak	of OSH to Con	A Monito	or on &	Res	tora	ation	ı. Inc.			
Occupancy Status During Abatement (Check					***************************************	Street	Address			-						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: Occupied	eriod of al Facilit	Abaten y Hours	nent S	The School could be weekly to		City, St	tate, Zip									
Scope of Work (Check All That Apply)					-		-							-		
≥3 sfor ≥3 If ≥160 sfor ≥260 If		Renova Demolit				×	Mini	Containr -Enclosu /ebag Pr	ire ocedi	ıre						
	1	Locati		T		L	l Non-	-Exempt	ed (*)	and I	Non-	Frial	ole Pro		e ment	
Location of		Normal	iy		Des	scription	of								/pe	,
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining Masser systems systems sing, VAT niscelland	aterial ( insulat T, or	(ACM) ion,			ount ecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										-		ite	e
Boiler Room 137	X			Boi	ler Bre	eching/	/ Ducti	ing		170	SF		X			
Boiler Room 137	X				Pipe	insulat	ion			320	LF		Х			
Boiler Room 137	X					ittings				70	LF		Х			
Boiler Room 137	acking/r				<3	-28		Х								
Name of Registered Waste Hauler Bako Construction & Restoration, In	iC.	H	JDEP Wauler ID 20889		of Was 30yd	ste		Name of Fairle	f Regi	stere ills/V	d Lai Vas	ndfill te n	nana	geme	∍nt	
City, State Totowa, NJ						al Date 4/2019		City, Sta Morris		, PA						
Completed by Damir Valjevac	ted by Title Signature											Da	te 6/20	2019	€	

Chocy # 774 Date of Notification (1)	-			Stee of New Jer JON OF ASSESTO Jant to VJAS 8:60	SABAT and 12:1			C E	Anni Labour		Print
05/23/2019	37	)	La	ne of Building Owne Casa Don Pedr	r/Operati o	or (2)	AOD	ESTOS		ITDO	1 9
☑ EPA ☐ Initial	on		Stre 31	et Address 7 Roseville Aver	nue		MOD		NSIN		menuncum
DEP DOL Amended Amendme	ent#_	lina	City, Ne	, State, Zip Code wark,NJ,07107							
DOH Justificatio	n)	arig	Nam Chi	ne of Contact ris Pagan			Telephor 973-48	ne Numb 5-755	er 5		
Name of Facility Where Abatement is Tak Private House	ing Plac	e (3)	F	ACILITY INFORMA	TION	Type of Facility					
Street Address City (5)				-		School (K Subchapt	W. A	n K-12) mercial	buildin	gs, ho	mes,
Newark						Square Feet N/A	# of Floor	s	Bldg N/A	. Age	
County (6) Essex			Coun (STAT	ty Code (7) TE USE ONLY)		Current Use (P Private Hou	rior if being den	nolished	1		
Name of Monitoring Firm Hired by Building N/A	Owner	(8)	AS	CM No.	Name	of Abatement Co	intractor (0)				
Street Address					Street	Address					
City, State, Zip Code					City, S	RANKLIN ST tate, Zip Code					
Project Manager for Monitoring Firm			Teleph	none No.	Teleph	RSON,NJ,07		se No.			
Start Date (10) 05/24/2019	Sched	uled Co	mpletio	n Date (11)	L	333-5144 of OSHA Monitor	0127				
Occupancy Status During Abatement (Chec		7/2019 One)	)		EHW	ABATEMENT	LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: OCCUPIE	Davie de la		ment s		89 FF City, Sta	RANKLIN STF					
Scope of Work (Check All That Apply)					PATE	RSON,NJ,07	524				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Y	Renova Demoli	ation tion		1	Glovebag Proc	edure				
Location of Asbestos-Containing Material (ACM)	Us	s Locat Normal ed Sole	ly Iv by	Des	cription o	Non-Exempted	(") and Non-Fi	nable Pr	Abal	re ement ype	
TO BE ABATED In Facility (13)	Cus	aintena stodial 5 (12)	Staff?	Asbestos Conta (i.e. thermal s surfaci other mi	systems in systems ing, VAT, iscellaned	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A	PIPE IN:	SUL ATI	ON	F0.1.F		Ĺ	ate	е
							50 LF	X	-		_
Name of Registered Waste Hauler EHW ABATEMENT LLC	L	Ha	IDEP W	No. of Waste			egistered Land	fill			$\exists$
City, State PATERSON,NJ		100	37095	Disposal	Date	City, State	Transfer				
Completed by Victor Espiritu	Title Proje	ct Ma	nager	TBD	nature	Bronx,N	10/10	)ate 05/23/2			

01			ı	тои	IF46A	TION	NOF	ASB	Lersey	ATEMI	ENT	FRE	C	E		W	En
		# 2011	Q	(Pu	rsuan	t/toI	MJ.A.	<u>f.</u> 8:	60 and 12	2:120)		Dette	cĸ#	<u> </u>		Ŭ	
	of Notification	6/13/19	111-11	SL	Na Cı	me of	f Build rland	ling O	wner / Oper	rator (2)	t Autho	ority	JUN	2	4 2	019	-
Ager	ncies Notified EPA	Type Notific	ation		Str	eet A	ddress	S									
	DEP	1					oanor					ase	ESTO	is c	CIAC	BOI	
	DOL	X Ame	-				te & Z							ENS			01
	DOH						, NJ (		2			CONTRACTOR PRODUCTION	TOTO ON COUNTY	doda garana	Principal purp	menyani-men	SIDEACEL NITHER
IH	DCA		rgency cellation		10000000		Conta										mber
-		1 D Gane	Chation				acso						85	6-8	25-	3700	)
Name	e of Facility W	here Abateme	ent is Taking	Plac	0 (3)	ACIL	IIYI	INFO	RMATION								
Hous	se – Vacant	rioro / ibatorri	one is raking	i iac	e (3)				Type of Fa	ol (K-12)							
Stree	t Address						A					nan K-12)					
660 1	Buckshutem	Road							Other	(i o pri	(Other tr	nan K-12)	latia a a	ā.			
									Square Fe	ot	# of Flo	mmercial buil				, etc	.)
City (	5)		County (6)	1	Count	v Cod	o (7)				# 01 F10	11 (2.00 (2.00		g. A	ge		
	geton		Cumberlar		NA	y Oou	C (1)		Current He		:6 1:	NA	NA				
,	,		Guillbellai	14	INA						if being	demolished)					
Name	of Monitoring	Firm Hired by	v Building Ov	yper	(8)	TA	SCM N	No	Vacant/N								
Atlas	Environme	ntal	y building Ov	viici	(0)	Α.	SCIVIT	0.000	Name of Al	patemer	nt Contra	ctor (9)			1000 - 111 <b>-</b>		
	Address								Street Addr	e Netw	ork Res	solutions Co	ontra	ctir	ıg, l	_LC	
	ox 11645									- TO TO TO THE PARTY OF THE PAR	v Dood	, PO Box 70	C.				
City, S	State & Zip Co	de							City, State	& Zin Co	v Koau,	, PU BOX 70					
Phila	delphia, PA							ŀ	Winslow,	N.I nan	95						
	t Manager for	Monitoring Fi	rm	Te	lephon	e Nur	nber		Telephone			License	a Mun	nhor			
	n Dua			26	7-784	-4693	3		609-567-0			Licerise		012			
Sched <b>5/29/2</b>	uled Start Dat 2019	te (10) S	cheduled Co		tion D		1)		Name of OS EMSL Ana					0 1 2			
Occup	ancy Status D	uring Abatem	ent (Check o	nly c	ne)				Street Addre		, iiic.						
Χ	Facility Close	ed/Vacated D	uring Entire F	Perio	d of Al	oatem	ent	12	200 Route		orth						
	Abatement F	Performed Out	tside of Norm	al H	lours -	7am	to 3pr		City, State 8								
	Describe:								Cinnamins								
	Facility Occu	pied During A	batement														
Scope	of Work (Che	ck all that app	oly)														
	>2 of>2 is			_	102897						Full Con	tainment with	Nega	ative	Pre	ssur	e
	≥3 sf or ≥3 lf ≥160 sf ≥260					novati					Mini-End						
X	2100 \$1 2200	7 11			De	molitio	on					ag Procedure:					
	La	cation of								$\boxtimes$	Non-Exe	empted and N	on-Fr	iable	Pro	ced	ure
		s-Containing		1 3	s Locat rmally			Λ.	Descriptio			Amount		Aba	tem	ent	Туре
		rial (ACM)			Solely	by		AS	sbestos-Cor Material (A		- 1	(Specify				T	T
	TO BE	EABATED		Ma	intenan	ce or		(i.∈	e., thermal s			SF or LF)		Re	70	nca	E E
	in	Facility		Cus	stodial ( (12)	Staff?			ation, surfa				1	Remova	Repair	aps	clsc
		(13)		Yes	No	N/A	1	or o	ther miscel	laneous	)			val	₹.	Encapsulate	Enclsoure
Basen	nent Floor					V	011 51									0	
- 40011				H		X	9" 1	loor t	ile			560 sf		X			
				Η	-	-											
				H	H												
				H	H	1											
				<u>H</u>	+-	H		-									
lame o	f Registered V	Naste Hauler			I LI			JCL	ia Vard-	TM.	.(5						
	J. 5. 5. 6 0	- acto i laulei				uler I[			ic Yards /aste	Name	of Regis	tered Landfill					
Bull W	aste & Recy	cling, Inc.				435	3 110.	20 c		Cumb	nerland	County Lan	Afill				
ity, Sta		-				A. 10.03			osal Date	City, S		Journey Lan	uilli	30877			
Berlin,	NJ							6/20									
	ted By (Print o	or Type)			Titl				00.070.70	IVITHAL	ver, New	Jersey					
heodo	ore S. Budzy	/nski			100000000	e eside	nt	Sign	ature	//				ate			
	uuz	,			1-16	siue	116		K				6/	13/1	9		
								1 33	/								

								.000					
NOCK				FICATIO	State of New Jerse ON OF ASBESTOS It to NJAC 8:60 ar	ABATI			) E C		end desired	₩Pr	
Date of Notification (1) 5/8/201	0			Name	of Building Owner/		1000000000			V /	4 7	<u>U13</u>	
	Type Notification			Street	Address	Tena	cre	-	ASBEST	OS	(10)	FIAC)	1 1/2
× EPA	Initial			Ou oct		3 Grea	at Rd.				ISIN		
DEP DOL	× Amended Amendment Emergency			0.55		eton, l	NJ 08540						
☑ DOH ☐ DCA ☐	justification) Cancellation	3			of Contact ael Baldorossi	- DVP		Te	lephone Nur (609) 95		)64		
Name of Facility Where Ab	atement is Takin	a Place	(3)	FAC	ILITY INFORMAT	ION	[ = .c			2 - e7, - e - e			
Post Office B	Building # 2	y Flace	(3)				Type of Facility						
Street Address	-							er 8 (Oth	er than K-12				
953 Great	Rd						etc.)	private	& commercia	al buil	dings	, hom	es,
City (5) Princeton, N.	J 08540						Square Feet 4000	# 0	f Floors 2		3ldg. <i>A</i> 100		
County (6) Mercer					Code (7) USE ONLY)		Current Use (Pr	rior if be	ing demolish	ed)			
Name of Monitoring Firm H	lired by Building (	Owner (8	)	ASCI	M No.	Name	of Abatement Co	ontractor	(9)				
MECS Street Address							ens Environm	ental S	Services, I	nc.			
PO Box 341							Address Box 322						
City, State, Zip Code Chesterfield,	NJ 08515						State, Zip Code ntown, NJ 085	01					
Project Manager for Monito Bill Weisgarber				Telepho 609 29	one No. 98-4070		hone No. 259-9688		License No	).			
Start Date (10) 5/20/2019		Schedu		mpletion 19/201	Date (11)	Name MEC	of OSHA Monitor						
Occupancy Status During A	batement (Check	Only O	<b>A</b>		and de la contraction de la co		Address						
X Facility Closed/Vacate	d During Entire P	eriod of	Abaten	nent			3ox 341						
Abatement Performed Other – Describe:	Outside of Norm	al Facilit	y Hours	8			State, Zip Code sterfield, NJ 08	2515					
Scope of Work (Check All T	hat Apply)					One.	sterrieia, No ot	3010					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		promote to	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure	Ä			e	
		Is	Locati	ion				_ ( ) with	1011 1 11001		Abate	ement	t
Location of Asbestos-Containing Ma		V	Normal ed Sole			scription					Ту	ре	
TO BE ABATI In Facility (13)	ED	Ma	todial S (12)	nce/			s insulation, T, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			**			al	1	ate	re
Boiler Roo	m	Х			Therm	al Spr	ay-on	7:	50 sf	Х			

		4						100000	1 1
Post Office Area		X		SI	heet Floorin	g	480 sf	Х	
Boiler Room	X			Trans	site /Wall Bo	pards	122 sf	Х	
Name of Registered Waste Hauler Stevens Environmental Services			NJDEP Waste Hauler ID No. 18292	555,000	bic Yards Waste 15	1000 1000	Registered Lan	dfill	
City, State Allentown, NJ			1	posal Date /19/2019	City, State Morrisvi				
Completed by Mahlon E. Stevens	Title Proje	ect N	lanager		Signature		7	Date 6/7/20	19

Thermal Pipe Insulation

X

Various Areas

140 If

X

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

Date of Notification (1) 5/8/2019			Name of B	Building (	Owner/O		(2) enacre			JUN	24	201	4	
Agencies Notified Type Notification			Street Ad	dress	(	953 G	reat Rd.	1		ASBEST	OS CONCENSIA		DL &	
EPA   Initial   Amended   Amendment #		_	City, State	e, Zip Co		rinceto	on, NJ 0854	10		ing 1 to	Alexandria (1994)	-Parities d	loekus Viituuri	Silvanda Metada P
□ Emergency (ir     □ DOH justification)     □ DCA Cancellation	cluding		Name of O	Contact chael B	aldoros	ssi - D'	VP		Те	lephone N (609) 9		64		
_ Box		_	FACIL	ITY INFO	ORMATIC	ON								
Name of Facility Where Abatement is Taking Post Office Building #							Type of Fac	(K-12	2)					
Street Address 953 Great Rd.	***************************************						Subcha X Other (etc.)	epter i i.e. pr	8 (Otl	ner than K- & commer	12) cial build	lings,	home	s,
City (5) Princeton, NJ 08540							Square Fee 4000		# (	of Floors 2		ldg. A 100		
County (6) Mercer			County C			_	Current Use	(Prio	r if be	eing demoli	ished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			of Abatemen ens Enviro			222	, Inc.			
Street Address PO Box341			1	***			Address Box 322							
City, State, Zip Code Chesterfield, NJ 08515							state, Zip Cod		1				-50 00-0-0	
Project Manager for Monitoring Firm Bill Weisgarber			Telephon			Teleph	none No. 259-9688			License 00493	No.			
Start Date (10)	Schedule	d Cor	mpletion D	ate (11)		i i i i i i i i i i i i i i i i i i i	of OSHA Mo	nitor		100.00				
5/20/2019	Oaly Oa		/7/2019				Address		-					
Occupancy Status During Abatement (Check							30x 341							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Hours	nent s				State, Zip Cod sterfield, N		515					
Scope of Work (Check All That Apply)							_ 1							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emoli					Mini-Encl	osure Proc	edure	th Negative e nd Non-Fri			re	
	T 10	Locat	tion					T	1)-				emen	t
Location of	N	Locat Iorma	lly		De	scription	n of					Т	уре Т	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	intena	Staff?		tos Cont thermal surfa	aining N	Material (ACN is insulation, AT, or	1)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										le l	
Boiler Room	X				Therm	al Spr	ay -on			750 sf	X			
Various Areas		X		Th	nermal	Pipe I	nsulation			140 If	Х			
Post Office Area		X			Floo	ring S	heet			480 sf	Х			
Boiler Room	X				Transit	e /Wal	I Board			122 sf	Х			
Name of Registered Waste Hauler	Name of Registered Waste Hauler									tered Land	ifill			
Stevens Environmental Services			Hauler ID 18292		of Wa	15	Fai	rless	Lar	ndfill				
City, State Allentown, NJ						sal Date /2019	City	State	e l ille,	PA				
Completed by Mahlon E. Stevens	Title Proje	ct M	anager		5	Signatur	e		/		Date 5/8/	2019	)	
						11	1					-		

Print Form

Check# 25867

noch	1		ATION	NJAC 8:6	STOS ABA 0-7 and 12:1	20-7)			E (	9 [		VE
Date of Notification (1)					f Building C ALMADGE	wner/Operator	(2)					
6 / 18 /19				Street A		TIOAD LLO		Щ	.11	IN 2	1 2	019
Agencies Notified Type Notif	ication			_		BLDV., 20TH	FLOOR					
DEP x Ame	Notification nded Notific cellation		ks		te, Zip Code RUNSWICK	, NEW JERSEY	08816	A			CON	TRO_8
X DOH On H	lold				Contact			ne Numb	per			
DCA EME	RGENCY N	IOTIFIC			Berther and Asset al		732-509	-8931				
Name of Facility Where Abatement	s Taking P	lace (3)	FACIL	ITY INFO	RMATION	Type of Facilit	tv (4)					$\dashv$
	•	• •				School (K	(-12)					
							ter 8 (Othe			n hor	nac a	tc.)
Street Address						Square Feet	private & # of F	loors	T Diags		. Age	(0.)
145 TALMADGE ROAD						645,000		1			52	
	nty (6) DLESEX		1	County (	Code (7) SE ONLY)	Current Use (P		g demoli	ished)	Phar	m. Lat	D.
Name of Monitoring Firm Hired by E		vner (8)			ASCM No.	Name of Abate	ement Co					
GZA Street Address	***************************************				17	PAR ENVIRON		CORPO	RATI	ON		
55 LANE ROAD						313 SPOOK R		.D				
City, State, Zip Code	NEW IEE	057.02	204			City, State, Zip		10001				
FAIRFIELD Project Manager for Monitoring Firm	, NEW JEH	Telepho		nber		SUFFERN, NE			nse N	umbe	r	-
BEN SALLEMI		973-774		,,		845-369-7500		1101		J.11.5		
Expected State Date (10)	Sche		oletion	Date (11)		Name of OSHA						
6 / /14 19 Month Day Year	Mo			30 Day	/19 Year	QUALITY ENV	IRONWEN	IIAL				
Occupancy Status During Abatement				100000		Street Address						
Facility Closed/Vacated Du Abatement Performed Outs					be:	1376 ROUTE 9	ŧ					
	DAY - FRI					City, State, Zip						
Scope of Work (Check all that apply)					Criticals w	ith Negative Pre	IGERS FA	LLS, NE	W YC	)RK 1	2590	
Demolition	X Reno	vation			Mini-Enclo	ο,	ocaro					
>3SF OR LF X >160 SF OR 260 LF				X	Glovebag	Procedure le Procedure						
Location of	Isl	Location	$\top$		cription of As		T		At	oatem	ent Ty	ре
Asbestos-containing	0.000	nally use	d		ining Materi			ount	REMO			ENC
Material (ACM) TO BE ABATED	100	olely by t/Custod	ial	2.0	Thermal systion, surfacil		100000	ecify or LF)	NO	REPAIR		
in Facility (13)	100000000000000000000000000000000000000	aff (12)			ther miscella		0.0	,	OVAL	l P	US	OSUR
	Yes		A									<u> </u>
1ST FLOOR SUITE 107		X	FLO	OR TILE	& MASTIC		700 SF		X	_		
*							-		-	<u> </u>	$\vdash$	
Andrews and the second			-				1		-	_		_
			-		variation and				_			
-							-		_	_		
: Handard Control of the Control of									_			
									_			
	*******					•						
Name of Registered Waste Hauler NEWARK CARTING		EP Wast er ID No	200	ic Yards o		Name of Regis			ANDE	11.1		
	liauk	913										
City, State NEWARK, NJ 07105				osal Date -9/30/201		City, State	OWNSHIE	- ΡΔ		/	1	
Completed by (Print or Type)	Title			Sig	nature/	2/	CVVINOIIII	Date	11	0/	19	
BENJAMIN SANCHEZ	DIRECTO	R OF OF	ERATI	ONS	1	/X		16	11/	3/ /	11	

											***************************************	et a tanke a visit di maner			
			NC	TIFIC (Pursi	ation	OF A	New Jerse SBESTOS 8:60-7 ar	SARA	TEME	ENT		E (	E	0 7	<u> </u>
Date of Notification (1)						Nam	ne of Build	ding (	Owner	/Operator	(2)	111	NI O	1 00	140
6 / 14	/19						et Address		7.0710		Loc   Loc	JU	N 2	4 21	119
Agencies Notified Typ	e Notificat	tion							R BLD	V., 20TH	FLOOR				
EPA DEP	Initial No Amende			ion		City,	State, Zip	Code	e		08846	ASBES	TOS (	CONT SING	ROL
X DOL X	Cancella On Hold						e of Conta		C, IVL V	VULNOET	Telephone	Muraha	n transmission and an	**************************************	LOT, TOTAL OR
DCA	]EMERG		-			MOS	HE STER	N			732-509-89	31			
Name of Facility Where Abate	ment is T	aking	Plac	e (3)	TAOIL		I AIVIA I	ION	Туре	of Facili	ty (4)				
										School (k	(-12) ter 8 (Other th	ian K-13	٥١		
Street Address									X	Other (ie.	private & cor	nmcl. bl	dgs., h	nomes	, etc
145 TALMADGE ROAD City (5)	10	(0)							6	45,000	# of Floo			dg. Ag 52	
EDISON	County (	SFX			(S	Count	ty Code (7 USE ONI	r) _Y)	Com	ent Use (P IMERCIAL	rior if being de	emolish	ed) Ph	arm. L	ab.
Name of Monitoring Firm Hire GZA	d by Build	ding (	Owne	r (8)			ASCM 17	No.	Nam	e of Abate	ement Contra	ctor (9)	TION		-
Street Address 55 LANE ROAD									Stree	t Address		RPORA	TION		
City, State, Zip Code	EIELD NE	\\/ IF	. חפרי	V 0700					City,	State, Zip	OCK ROAD Code			-	
Project Manager for Monitoring F	IELD, NE	VV JE			9 Numl	ber			SUFF	hone Num	W YORK 109	01 License	Numb	205	
BEN SALLEMI Expected State Date (10)		Isch		-774-3	311 etion E	)-1- /s			845-3	869-7500		1101	INUITIL	)ei	
6 / /14 19	ear			9 /		30	/19		Name QUAL	of OSHA ITY ENVI	Monitor RONMENTAL	_			700100
Occupancy Status During Abater	ment (Che	ck on	onth ly one	9)	Da		Ye	ear		t Address		-			
Facility Closed/Vacate Abatement Performed	Outside of	of Nor	mal F	acility	Hours	- Des	cribe:			ROUTE 9					
X Other - Describe:	MONDAY	- FR	IDAY	7AM	- 3:30	РМ			City, S	State, Zip (	Code		mes ou sommers		
Scope of Work (Check all that ap Demolition		٦٥.					Critic	als wi	th Nec	wappin( ative Pres	SERS FALLS	, NEW	YORK	12590	
>3SF OR LF X >160 SF OR 260 L	<u>[X</u> .F	] Hen	ovatio	on		>	Mini-l Glove	bag F	, Proced e Proc	lure					
Location of Asbestos-containing			Loca	tion used		De	scription o	of Asb	estos-			T	Abaten	nent T	vpe
Material (ACM)		s	olely	by		Cor	ntaining Ma ie. Therma	aterial al svst	l (ACN tems	1)	Amount (Specify	D.	REI	m	Im
TO BE ABATED in Facility (13)		Mair S	nt/Cus Staff (*	stodial 12)		insu	ulation, sur other mis	facing	g, VAT	· .	SF or LF)	EMOVAL	REPAIR	NCAPSUL	NCLOSUR
ST FLOOR SUITE 107		Yes	No	N/A X	FLOO		E & MAST						+	F	H
					LOO	n IILC	a WAST	IC	10-0		700 SF	X	+	-	
													1		
		_													
				$\vdash$	-							-	-		
												+	+-	-	
												+	+		
ame of Registered Waste Haule	r	NJDE Haule	EP Wa		Cubic \		of Waste	IN.	Name (	of Register	ed Landfill	/   ^	L_		
EWARK CARTING	1			2605050				10	MINI	DENIKA	AL SANITARY	LAND	-11.1		
IEWARK CARTING			913		Disnos	al Dat	2	-	it. O	oto -					-
	Title		913		Dispos 6/13-9/	30/20		C	City, St	ate 7 IĘŁD TOV	VNSHIP, PA		,		

1.			NO	TIFICA	State of New J	TOS ABA	TEMENT	*******				
Date of Notification (1)			(	Pursu	Name of E	Building (	120-7) Owner/Operator ROAD LLC					W
2 2	1 /19				The second second		HOAD LLC	113				
Agencies Notified	Type Notificati	on			Street Add		D DI DV COTILI		311	M 0		222
EPA	X Initial No		0.0				R BLDV. , 20TH I	-rooki ii	JU	N 2	4 2	019
DEP	Amende			חר	City, State	, ZIP Code	e (, NEW JERSEY	00016				
X DOL	Cancella		nounc		LAGT BHO	NOVICA	, NEW JERSEY	08816 AS	BES	TOO		erecours Piron
X DOH	On Hold				Name of C			Telephone Nur	nherL	ICIEN	SING	TU
DCA	EMERGE	ENCY	NOT	IFICA	TION MOSHE S	TERN		732-509-8931	CONTRACTOR	10,000,000	e may some	dan terri
					FACILITY INFOR	MATION					-	
Name of Facility Where A	batement is Ta	iking	Place	e (3)		- Velle-Univer	Type of Facilit					
							School (K					
							Subchapt	er 8 (Other than	K-12)			
Street Address							X Other (ie. Square Feet	private & commo	ol. bld	gs., h	omes,	etc.)
145 TALMADGE ROAD							645,000	# 01 Floors		BIO	lg. Ag 52	е
City (5)	County (	6)			County Co	de (7)		rior if being demo	lichor	d) Dh	10000	ah
EDISON	MIDDLES			400000000000000000000000000000000000000	(STATE USE		COMMERCIAL	ii being demo	maile(	a) F118	ann. L	au.
Name of Monitoring Firm	Hired by Build	ing C	wner	(8)	AS	CM No.	Name of Abate	ement Contracto	r (9)			
GZA Street Address						17	PAR ENVIRON	IMENTAL CORP	ORAT	ION		
55 LANE ROAD							Street Address	20K 2042				
City, State, Zip Code				-			313 SPOOK RO					
	FAIRFIELD, NE	W JE	RSEY	0700	)4			W YORK 10901				
Project Manager for Monito	ring Firm		Tele	phone	e Number		Telephone Num		ense l	Numb	er	
BEN SALLEMI				-774-3			845-369-7500	110	)1			
Expected State Date (10)		Sch			etion Date (11)	2000a	Name of OSHA	Monitor				
6 / /14 Month Day	19 Year	l M	onth	9 /		19	QUALITY ENVI	RONMENTAL				
Occupancy Status During	Abatement (Che	ck onl	v one	1	Day	Year	Street Address					
Facility Closed/	/acated During	Entire	Perio	od of A	Abatement		1376 ROUTE 9					
Abatement Perf					Hours - Describe:							
X Other - Describe	: MONDAY	- FRI	DAY	7AM	- 3:30 PM		City, State, Zip	Code				
Scope of Work (Check all t	hat apply)					Criticals w	ith Negative Pres	GERS FALLS, N	EW Y	ORK	12590	
Demolition	X	Ren	ovatio	n		Mini-Enclo	in Negauve Fres	ssure				
>3SF OR LF						Glovebag	Procedure					
X  >160 SF OR	260 LF	_	.709		1 X	Von-Friabl	le Procedure					
Location of		10000	Loca			tion of Asl			A	baten	nent T	уре
Asbestos-conta Material (AC			mally olely			ng Materia		Amount	R	RE	E	回
TO BE ABAT				stodial		iermal sys n, surfacin		(Specify	M	REPAIR	Q A	ENCL
in Facility (1			taff (1			miscellar		SF or LF)	REMOVAL	E	PS	S
100 Oct. 100 Marian 10			No		0. 00	moodiidi	10003)		1-		ENCAPSUL	OSUR
ST FLOOR SUITE 107				X	FLOOR TILE & M	IASTIC		700 SF	X	1	1	1
								700 01	1^	+	+	1
									-	-	-	-
		_		-								
	5								1			
									-	+	-	-
			-						-	-	-	-
				-					_			
	62									1	-	1
										-	-	-
lame of Registered Waste	Haulor	NJDE	=D \//	acta l	Cubia Varda of W	1	N (D ) i					
IEWARK CARTING	- Idulei		er ID		Cubic Yards of W 20		Name of Registe GRAND CENTR	Pred Landfill	٨٨١٦٢			
		, addit	913		20		CHAND CENTH	AL SANITARY L	ANDF	ILL		
City, State					Disposal Date		City, State/					
NEWARK, NJ 07105 Completed by (Print or Type	1 1700				6/13-9/30/2019	/	City, State/ PLAWFIELD TO	WNSHIP, PA				
BENJAMIN SANCHEZ		СТО	ROF	OPFF	RATIONS Signatu	TL6	XX	Date	1	4	//(	2

Z

State of New Jersey - Notification of Asbestos Abatemant (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) May 20, 2019 RUTGERS, THE STATE UNIVERSUM OF NO 19 Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH'S SAFETY DEPT. (REHS) EPA MAmended Notification #4 -74 STREET 1603, BLDG 4116, SPERIOS FON GAMBUS X DCA CANCELLED City, State, Zip Code X DOL ☐ Emergency (including PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED iustification) Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. **E**Cancelled 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Occupied Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** Current Use (prior if being demolished): ACADEMIC MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/20/2019 07/01/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) Full Containment with Negative Pressure □ ≥ 3 sf or >3 lf Renovation Mini-Enclosure X ≥ 160 sf or ≥ 260 lf Demolition Glove bag Procedure / Wrap & Cut ☐Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Rooms 310, 312, 313 X TSI IXI 350 LF Rooms 310, 312, 313 X VAT 600 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: 25 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 07/01/2019 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond & Pedalina May 20, 2019 MANAGER

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

GAC Project # 060-19 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 17, 2019 Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SETELY GEET 9 REHS) ☐Initial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS IXI EPA MAmended Notification #3 -X DCA City, State, Zip Code New Start & Completion Dates IX DOL PISCATAWAY, NJ 08854 ☐ Emergency (including DEP- No Longer REQUIRED Telephone Number Name of Contact iustification) 848-445-2550 DOH. MICHAEL F. SMITH, ENV. □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) LIPMAN HALL, BLDG# 6025 Subchapter 8 (other than K-12) Occupied Other (i.e. private & commercial buildings, homes, etc.) Street Address COOK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm License Number Telephone Number Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 07/01/19 06/20/2019 Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) XIFull Containment with Negative Pressure Mini-Enclosure Renovation 2> 3 sf or >3 lf Glove bag Procedure / Wrap & Cut ☐ Demolition X > 160 sf or ≥ 260 lf Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Abatement Type Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO NA YES X Rooms 310, 312, 313 TSI 350 LF X X 600 SF Rooms 310, 312, 313 िट VAT Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State 100 New Ford Mill Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 07/01/2019 19067 NJ DEP # 4509 215-736-1700 Date Signature Completed by (Print or Type) Ragmond C. Pedalisse May 17, 2019 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

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

GAC Project # 060-19 Date of Notification (1) Name of Building Owner Operator (2) UN 2 4 2019 RUTGERS, THE STATE UNIVERSITY OF NJ May 11, 2019 Agencies Notified Notification Type Initial Notification ENVIRONMENTAL HEALTBEST SSREEN REPT. (REHS) EPA MAmended Notification #2 -74 STREET 1603, BLDG 4116- QVINGSTON CAMPUS DCA Typographical error on dates City, State, Zip Code IN DOL should have been "06" not "05" PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED Name of Contact Emergency (including) Telephone Number IXI DOH MICHAEL F. SMITH, ENV. 848-445-2550 justification) **HEALTH & SAFETY** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Occupied Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/17/2019 06/27/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 X Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) EFull Containment with Negative Pressure > 3 sf or >3 lf Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf ☐ Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Rooms 310, 312, 313 X TSI X 350 LF Rooms 310, 312, 313 X VAT 600 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 25 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 06/27/2019 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT May 11, 2019 Raumend E. Pedaline MANAGER

State of New Jersey - Notification of Asbestos Adarement C (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Name of Building Owner/Operator (2) JUN 2 4 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Date of Notification (1) May 10, 2019 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTASESASS COPERS. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐Initial Notification EPA MAmended Notification #1 -X DCA New start & completion dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 Emergency (including DEP- No Longer REQUIRED Telephone Number Name of Contact justification) DOH. 848-445-2550 MICHAEL F. SMITH, ENV. □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Occupied Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ENVIROVISION, INC. 05/27/19 05/17/2019 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☒ Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) XFull Containment with Negative Pressure Renovation Mini-Enclosure □≥ 3 sf or >3 If Glove bag Procedure / Wrap & Cut **∑**≥ 160 sf or ≥ 260 lf ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Used Abatement Type Location of Asbestos-Containing Description of Asbestos Containing Material Amount (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA X Rooms 310, 312, 313 X TSI 350 LF X Rooms 310, 312, 313 X 600 SF VAT Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 25 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City. State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 05/27/2019 NJ DEP # 4509 215-736-1700 Signature Date Completed by (Print or Type) SENIOR PROJECT May 10, 2019 RAYMOND C. PEDALINO Ragmond C. Pedatine MANAGER

				ication of Asbestos Ab		5 61	W L	11 111	
GAC Project # 060-19		(T. EIE.	Seight to Institute	2. 8:60-7 and 12:120-7)	3				
Date of Notification (1)	and the fail			Name of Building Owner/Ope	erator (2)	HIN O A	2010		
April 30,	PROPERTY AND PERSONS ASSESSED.	11 7		RUTGERS, THE STA	LENNIA	ERSHY C	PUND	human !	OF REAL PROPERTY.
Agencies Notified		ation Type tial Notific	ation	Street Address ENVIRONMENTAL HE	Altre	CAELTY	nept.	DELIG	
E EPA	100000000000000000000000000000000000000	ended Not		74 STREET 1603, BLD	G ASE	STOSES	topea.	WPUS	
⊠ DCA	- 1000 miles	nergency		City, State, Zip Code		mballo an of sector	A STATE OF THE	ectaeway	
DOL  DEP- No Longer REQUIRED	1	stification)		PISCATAWAY, NJ 088	354	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN			
M DOH	′   □Ca	ncelled		Name of Contact MICHAEL F. SWITH, E	DIN	Telephone   848-445-2			
**				HEALTH & SAFETY	.000.	Det Desta 2.	5000		
			FACILITY INI	FORMATION					
Name of Facility Where Abatemen LIPMAN HALL, BLDG# 6		∋ (3)		Type of Facility (4) School (K-12)					
Late 1007-514 1 67-52-ing in the late with the	1020			Subchapter 8 (other than K-	12) Occupi	ed			
Street Address			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Other (i.e. private & comme			tc.)		
COOK CAMPUS				Sg. Feet: N/A # of I	Floors: 4	Bldg. Age	: 80+ yea	ars	
	unty (6) WIDDLESE		v Code (7) Use Only)	Current Use (prior if being de	molished):	ACADEM	IG		
IAEAA DKOJADAAICK I	MUDULESE	1 TOTOLO	OSC OTHY)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5760		
Name of Monitoring Firm Hired by	Blda. Owner (8	ASCM	No.	Name of Contractor (9)	or not consider the second case of			heritir ira manusum r	
ATC		0009	98	CREENWOOD ADATES	erar os	AALGOID TAD	ute inic		
Street Address	·			GREENWOOD ABATEN Street Address	neni cu	MOULIA	415, HVC.		
3 TERRI LANE									
City, State, Zip Code	************************			511 MAIN STREET					
	016			City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Fir BRIAN R. KEARNEY		one Number 386-8800		Telephone Number		License Num	nber		
				973-492-0477		00840			
Scheduled Start Date (10) 05/10/2019		iled Completi 5/20/19	on Date (11)	Name of OSHA Monitor ENVIROVISION, INC.					
Occupancy Status During Abate	CONTRACTOR OF THE PARTY OF THE			Street Address					
				20-21 WARGARAW RO	AD BID	G# 35E			
☐Facility Closed/Vacated During	g Entire Period		nt	SO-E I ANNICHMAN NO	a seed as as as				
☐Facility Closed/Vacated During ☐Abatement Performed Outside	g Entire Period		nt						
☐Facility Closed/Vacated During	g Entire Period e of Normal Fa	cility Hours -		City. State, Zip Code FAIRLAWN, NJ 07410	,				
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe:	g Entire Period e of Normal Fa upled Work Ar	cility Hours -		City, State, Zip Code					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe: ☑ Other- Describe: Bldg, Occu	g Entire Period e of Normal Fa upled Work Ar	cility Hours -		City, State, Zip Code					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe: ☑ Other- Describe: Bldg, Occu	g Entire Period e of Normal Fa spied Work Ar ENDS AS N	cility Hours -		City, State, Zip Code					
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl	g Entire Period e of Normal Fa spied Work Ar ENDS AS N	ea Vacated (EEDED)	Schedule: 5PM	City, State, Zip Code FAIRLAWN, NJ 07410	II Containm	nent with Ne	galive Pres	sure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl	g Entire Period e of Normal Fa spied Work Ar ENDS AS No	ea Vacated (EEDED)	Schedule: 5PM	City. State, Zip Code FAIRLAWN, NJ 07410	II Containm ni-Enclosur	ге		sure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl	g Entire Period e of Normal Fa spied Work Ar ENDS AS No	ea Vacated (EEDED)	Schedule: 5PM	City, State, Zip Code FAIRLAWN, NJ 07410	Il Containm ni-Enclosur ove bag Pro		rap & Cut		
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing	g Entire Period e of Normal Fa spied Work Ar ENDS AS No  y)  If	ea Vacated -	Schedule: 5PM  Renovation Demolition  Description of Ast	City, State, Zio Code FAIRLAWN, NJ 07410  EFul Mir	II Containm ni-Enclosur ove bag Pro n-Exempte   Amount	re ocedure / W ed (*) and No Abate	rap & Cut		
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 l	g Entire Period e of Normal Fa spied Work Ar ENDS AS No  (v)  Is Location No Solely by Mai Staff? (12)	ea Vacated - EEDED)	Schedule: 5PM  Renovation Demolition  Description of Ast	City, State, Zip Code FAIRLAWN, NJ 07410  EFul  Mir  Glo  Notestos Containing Material hal systems insulation, surfacing,	Il Containm ni-Enclosur ove bag Pro n-Exempte	re ocedure / W ed (*) and No Abate	rap & Cut on-Friable P	rocedure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing Material (ACM) in Facility (13)	g Entire Period e of Normal Fa spied Work Ar ENDS AS NI  y)  Is Location N Solely by Mai Staff? (12) YES N	ea Vacated EEDED)  ormally Used tt./Custodial	ERenovation Demolition Description of Ast (ACM) (i.e. therm VAT, or other mis	City, State, Zip Code FAIRLAWN, NJ 07410  EFul  Mir  Glo  Notestos Containing Material hal systems insulation, surfacing,	Il Containm ni-Enclosur ove bag Pro n-Exempte Amount (Specify or LF)	ocedure / Wed (*) and No	rap & Cut on-Friable P ement Type	rocedure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg. Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313	g Entire Period e of Normal Fa spied Work Ar ENDS AS N  y  Is Location N Solely by Mai Staff? (12) YES N	ea Vacated - EEDED)  ormally Used of I/Custodial	Schedule: 5PM  Renovation Demolition  Description of Ast (ACM) (i.e. therm VAT, or other mis	City, State, Zip Code FAIRLAWN, NJ 07410  EFul  Mir  Glo  Notestos Containing Material hal systems insulation, surfacing,	Il Containm ni-Enclosur ove bag Pron-Exempte Amount (Specify or LF)	ocedure / Wed (*) and No	rap & Cut on-Friable P ement Type	rocedure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing Material (ACM) in Facility (13)	g Entire Period e of Normal Fa spied Work Ar ENDS AS NI  y)  Is Location N Solely by Mai Staff? (12) YES N	ea Vacated - EEDED)  ormally Used of I/Custodial	ERenovation Demolition Description of Ast (ACM) (i.e. therm VAT, or other mis	City, State, Zip Code FAIRLAWN, NJ 07410  EFul  Mir  Glo  Notestos Containing Material hal systems insulation, surfacing,	Il Containm ni-Enclosur ove bag Pro n-Exempte Amount (Specify or LF)	ocedure / Wed (*) and No	rap & Cut on-Friable P ement Type	rocedure	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313	g Entire Period e of Normal Fa spied Work Ar ENDS AS NI  (y)  If  Is Location N Solely by Mai Staff? (12) YES N  EX	ormally Used of the NA	ERenovation Demolition Description of Ast (ACM) (i.e. therm VAT, or other mis	City, State, Zip Code FAIRLAWN, NJ 07410  EFul Mir Gide Notestos Containing Material nal systems insulation, surfacing, icell.)	Il Containmi-Enclosur ove bag Pron-Exempte Amount (Specify or LF)	re ocedure / W dd (*) and Nc SF Abate Remo	rap & Cut on-Friable P ement Type ove Repair E	ncap Encl	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg. Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313	g Entire Period e of Normal Fa spied Work Ar ENDS AS NI  (y)  If  Is Location N Solely by Mai Staff? (12) YES N  EX	ormally Used of the NA  Waste Haule	ERenovation Demolition Description of Ast (ACM) (i.e. therm VAT, or other mis	City, State, Zip Code FAIRLAWN, NJ 07410  EFul  Mir  Glo  Destos Containing Material nal systems insulation, surfacing, scell.)	Il Containmi-Enclosur ove bag Pro- n-Exempte Amount (Specify or LF)  350 L 600 S	ocedure / Wed (*) and No	rap & Cut on-Friable P ement Type ove Repair E	ncap Encl	
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg. Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313  Name of Reg. Waste Hauler See Hauler Below #1 & 2  Hauler #1) Greenwood Abatement	g Entire Period e of Normal Fa spied Work Ar ENDS AS No  IS Location No Solely by Mai Staff? (12) YES No  NUMBER See B	ermally Used of the NA  Waste Haule ellow	ERenovation Demolition Description of Ast (ACM) (i.e. them VAT, or other mis TSI VAT	City, State, Zio Code FAIRLAWN, NJ 07410  EFul Mir Glo Not bestos Containing Material nal systems insulation, surfacing, icell.)  Cubic Yards of Waste: 25	Il Containmi-Enclosur ove bag Pro- n-Exempte Amount (Specify or LF)  350 L 600 S	re occdure / W ed (*) and No SF Abate Remo  F Name of Rec G.R.O.W.S	rap & Cut on-Friable P ement Type we Repair E  pistered Land S. North L.    City, State	rocedure ncap Encl	lose
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg. Occu - 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260 l  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313  Name of Reg. Waste Hauler See Hauler Below #1 & 2	g Entire Period of Normal Fa spied Work Ar ENDS AS NI  IS Location NI Solely by Mai Staff? (12) YES NI  NDDEF See B t Consultants,	ormally Used of t./Custodial ONA  Waste Haule elow  see Vacated of t./Custodial ONA	ERenovation Demolition Description of Ast (ACM) (i.e. them VAT, or other mis TSI VAT	City, State, Zio Code FAIRLAWN, NJ 07410  EFul  Min  Glo  Sestos Containing Material hal systems insulation, surfacing, icell.)  Cubic Yards of Waste: 25	Il Containmi-Enclosur ove bag Pron-Exempte Amount (Specify or LF)  350 L 600 S  CY	re ocedure / W ed (*) and No Remo  F M Name of Rec G.R.O.W.S	rap & Cut on-Friable P ement Type we Repair E  gistered Lane S. North L  City, State 100 New I Rd. Morris	rocedure ncap Encl	lose
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313  Name of Reg, Waste Hauler See Hauler Below #1 & 2  Hauler #1) Greenwood Abatemen NJDEP # 12561	g Entire Period of Normal Fa spied Work Ar ENDS AS NI  IS Location NI Solely by Mai Staff? (12) YES NI  NDDEF See B t Consultants,	ormally Used of t./Custodial ONA  Waste Haule elow  see Vacated of t./Custodial ONA	ERenovation Demolition Description of Ast (ACM) (i.e. them VAT, or other mis TSI VAT	City, State, Zio Code FAIRLAWN, NJ 07410  EFul  Min  Glo  Sestos Containing Material hal systems insulation, surfacing, icell.)  Cubic Yards of Waste: 25	Il Containmi-Enclosur ove bag Pron-Exempte Amount (Specify or LF)  350 L 600 S	re ocedure / W ed (*) and No Remo  F M Name of Rec G.R.O.W.S	rap & Cut on-Friable P ement Type we Repair E  pistered Lane S. North L  City, State 100 New I Rd. Morris	ncap Encl	lose
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg. Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □≥ 3 sf or >3 lf □ □≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313  Name of Reg. Waste Hauler See Hauler Below #1 & 2  Hauler #1) Greenwood Abatemen NJDEP # 12561  Hauler #2) Newark Carting, Inc., NJ DEP # 4509	g Entire Period of Normal Fa spied Work Ar ENDS AS NI  IS Location NI Solely by Mai Staff? (12) YES NI  NUDER See B t Consultants, Newark, NJ 84	ormally Used of t./Custodial ONA  Waste Haule elow  see Vacated of t./Custodial ONA	ERenovation Demolition Description of Ast (ACM) (i.e. them VAT, or other mis TSI VAT	City, State, Zip Code FAIRLAWN, NJ 07410  EXECUTE: Mire of Mir	Il Containmi-Enclosur ove bag Prin-Exempte Amount (Specify or LF)  350 L 600 S  CY  sposal Date	re ocedure / Word (*) and Not Remo	rap & Cut on-Friable P ement Type we Repair E  gistered Lane S. North L  City, State 100 New I Rd. Morris	ncap Encl	lose
□ Facility Closed/Vacated During □ Abatement Performed Outside Describe: □ Other- Describe: Bldg, Occu □ 5AM (24 HOURS & WEEK  Scope of Work (Check all that appl □≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) in Facility (13)  Rooms 310, 312, 313  Rooms 310, 312, 313  Name of Reg, Waste Hauler See Hauler Below #1 & 2  Hauler #1) Greenwood Abatemen NJDEP # 12561  Hauler #2) Newark Carting, Inc.,	g Entire Period e of Normal Fa spied Work Ar ENDS AS NI  IS Location N Solely by Mai Staff? (12) YES N  NJDEF See E t Consultants, Newark, NJ 04	ormally Used of t./Custodial ONA  Waste Haule elow  see Vacated of t./Custodial ONA	ERenovation Demolition Description of Ast (ACM) (i.e. therm VAT, or other mis  TSI VAT  PTID#  NJ 97405	City, State, Zio Code FAIRLAWN, NJ 07410  EFul  Min  Glo  Sestos Containing Material hal systems insulation, surfacing, icell.)  Cubic Yards of Waste: 25	Il Containmi-Enclosur ove bag Pron-Exempte Amount (Specify or LF)  350 L 600 S  CY spoosal Date	re ocedure / W ed (*) and No Remo  F M Name of Rec G.R.O.W.S	rap & Cut on-Friable P ement Type we Repair E  distered Lane North L  City, State 100 New I Rd. Morrit 19067 215-736-1	ncap Encl	lose

State of New Jersey - Notification of Asbestos Abatement

Week# 13565 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) May 17, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) □Initial Notification X EPA XAmended Notification #3 -74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS X DCA New Start & Completion Dates City, State, Zip Code ASSESTOS CONTROL & X DOL PISCATAWAY, NJ 08854 ■ Emergency (including LICENSING ■ DEP- No Longer REQUIRED Name of Contact justification) Telephone Number X DOH MICHAEL F. SMITH, ENV. □Cancelled 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Occupied Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/20/2019 07/01/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code ☑ Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM FAIRLAWN, NJ 07410 - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) XIFull Containment with Negative Pressure  $\square \ge 3$  sf or >3 If **X**Renovation ■ Mini-Enclosure X≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO Rooms 310, 312, 313 X TSI 350 LF X Rooms 310, 312, 313 X VAT X 600 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 25 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 07/01/2019 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino May 17, 2019

MANAGER

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

GAC Project # 060-19			· ·	111011	.c. 0.00-7 and 12:120-	-7			$\mathbb{W}$		1/5
Date of Notification (1)	0040				Name of Building Ow	ner/Operato					2 20
May 11, 2 Agencies Notified	2019	N 65 6			RUTGERS, THE	STATE	JNIVE	RSITY	OF NJ	Andreas de la constante de la	Personal Collection
区 EPA 区 DCA 区 DOL 区 DEP- No Longer REQUIRE		Typogra should h	Notificanded Notifical applications	cation otification #2 – error on dates en "06" not "05"	Street Address ENVIRONMENTA 74 STREET 1603 City, State, Zip Code	AL HEAL B, BLDG 4	TH & S 116, L ASBES	AFETY	2019 DEPT TON C	AMP	HS)
I DOH			fication	(including )	Name of Contact MICHAEL F. SMI HEALTH & SAFE	TH, ENV.	Te	lephone    8-445-2	Number	an na ini	top to I
Name of Facility M/L A/				FACILITY II	NFORMATION						
Name of Facility Where Abatemer LIPMAN HALL, BLDG# (	1025	ig Place (3	)		Type of Facility (4)  School (K-12)						
Street Address COOK CAMPUS					Subchapter 8 (other to the control of the control o	than K-12) O commercial b <u># of Floor</u>	uildings,	homes, et	c.) 80÷ y	ears	
	unty (6) MIDDLI	ESEX	Count (State	y Code (7) Use Only)	Current Use (prior if be						
Name of Monitoring Firm Hired by ATC	Bldg. Ow	ner (8)	ASCM 000		Name of Contractor (9)						
Street Address					GREENWOOD AB	ATEMENT	CONS	ULTAN	TS, IN	C.	
3 TERRI LANE					Street Address 511 MAIN STREET						Maria de la composición della
City, State, Zip Code BURLINGTON, NJ 080	016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fire BRIAN R. KEARNEY	777 A	elephone 609-386			Telephone Number		Lice	nse Numb	er		
Scheduled Start Date (10) 06/17/2019	2	Scheduled 06/2		on Date (11)	973-492-0477 Name of OSHA Monitor	10	008	40			
Occupancy Status During Abaten	nent (Ch	eck only o	ne)		ENVIROVISION, IN Street Address	16.					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe:	Entire P of Norma	eriod of A al Facility	batemer Hours -	nt	20-21 WARGARAW	/ ROAD, E	3LDG#	35E			
☑ Other- Describe: Bldg. Occup – 5AM (24 HOURS & WEEK	pied Wor ENDS A	rk Area V S NEED	acated - ED)	Schedule: 5PM	City, State, Zip Code FAIRLAWN, NJ 074	110					
Scope of Work (Check all that apply	<u>()</u>										-
□≥ 3 sf or >3 lf ☑≥ 160 sf or ≥ 260 lf				Renovation Demolition		XIFull Conta I Mini-Enclosed I Glove bag INon-Exen	osure Procedi	ure / Wra	p & Cut		luro
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Solely by Staff? (1) YES	on Normal / Maint./Cu 2) NO	ly Used ustodial NA	Description of Ast (ACM) (i.e. therm VAT, or other miss	pestos Containing Material al systems insulation, surfac	Amo	unt cify SF	Abatem	Repair 6		
Rooms 310, 312, 313		X		TSI		35	0 LF	X	Т		$\overline{}$
Rooms 310, 312, 313		X		VAT			0 SF	X			
Name of Reg. Waste Hauler	LN	IDED Was	to I laula	10.#							
See Hauler Below #1 & 2	Se	IDEP Was ee Below	,		Cubic Yards of Waste:	25 CY	G.R.	of Regist O.W.S.	ered Lan North L	<sub>dfill</sub> andfi	11
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			Butler, N	J 07405		Disposal D 06/27/2		1   F   1	00 New Rd. Morri 9067 15-736-1	Ford M sville,	
Completed by (Print or Type) RAYMOND C. PEDALINO		IOR PE		Т	Signature Raymond C. Pe	dalino	Date May	11, 20	19		

State of New Jersey - Notification of Asbestos Abatement C (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) May 10, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPTO (REHS) X FPA XIAmended Notification #1 -74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS X DCA New start & completion dates City, State, Zip Code X DOI ■ Emergency (including PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED justification) Name of Contact X DOH Telephone Number ☐ Cancelled MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Occupied Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK MIDDLESEX** Current Use (prior if being demolished): ACADEMIC (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number BRIAN R. KEARNEY License Number 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/17/2019 05/27/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code X Other- Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM FAIRLAWN, NJ 07410 - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) XFull Containment with Negative Pressure □≥ 3 sf or >3 If Renovation ☐ Mini-Enclosure **⊠**≥ 160 sf or ≥ 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Rooms 310, 312, 313 X TSI 350 LF X Rooms 310, 312, 313 X VAT 600 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: See Hauler Below #1 & 2 25 CY Name of Registered Landfill See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date NJDEP # 12561 City, State Hauler #2) Newark Carting, Inc., Newark, NJ 04509 100 New Ford Mill Rd. Morrisville, Pa NJ DEP # 4509 05/27/2019 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO Date SENIOR PROJECT Raymond C. Pedalino May 10, 2019 MANAGER

#	S	state of	New.	Jersev - Not	ification of Asbest	ne Al	100000		3 E	7 11	ПГ	3 F~	- martine
CACR			(Pt	irsuant to N.J.A	L.C. 8:60-7 and 12:120	us Al 1-7)	ateme		CE	\		1	-
GAC Project # 060-19  Date of Notification (1)							ILAL	***************************************	700000000000000000000000000000000000000				CONTRACTOR OF THE PARTY OF THE
April 30	2019				Name of Building Ow	ner/Op	erator(2)		1111 7	A 01	210	2 1 1	]
Agencies Notified	,	Notificat	ion Type	9	RUTGERS, THE Street Address	STA	TE UNI	VERS	SITY O	FNJ	119	l least	
<b>⊠</b> EPA				ication	ENVIRONMENT,	AI LI	EAI TL	9 CA	eetv i	nen-	F /BF		
☑ DCA				otification #	74 STREET 1603	RII	DG 4446	ac.q oper	reiji. Moet	JEP	RAIN	HS)	)
⊠ DOL				y (including	City, State, Zip Code	عطاسا وال	704110	STEE A	FIGER	Sinc	PAIN	US	
DEP- No Longer REQUIRE	-n		ificatio	n)	PISCATAWAY, I		854	N. A. SANGERSON, SP. O.					
₩ DOH		□ Can	elled		Name of Contact			Tele	ohone Nu	ımber			
	1				MICHAEL F. SMI	ITH, E	NV.	848	-445-2	550			
				FACILITY	HEALTH & SAFE	EIY							
Name of Facility Where Abateme	nt is Taki	ing Place (	3)		Type of Facility (4)	-							-
LIPMAN HALL, BLDG#	6025				School (K-12)								
Street Address				Commission of the Commission o	Subchapter 8 (other	than K-	12) Occup	pied					
COOK CAMPUS				10	Other (i.e. private &	comme	rcial buildi	ngs, ho	mes, etc.	.)			
City (5)	ounty (6)		10		Sq. Feet: N/A	# of I	Floors: 4	Bldg	. Age:	804	years		
	MIDDL		(State	nty Code (7) e Use Only)	Current Use (prior if be	eina da	molichod		DESMO				
		3 may 60 7 %		- Section 1	phot if bo	only de	monsneu)	. AGA	IDEMIC				
Name of Monitoring Firm Hired by	Blda. Ov	wner (8)	ASCI	M No.	None of God in the								
ATC			000	The state of the s	Name of Contractor (9)						20		
Street Address					GREENWOOD AB	ATEM	ENT CO	DNSU	LTANT	S. IN	IC.		
3 TERRI LANE					Street Address				1017111	0, 110	<u> </u>		
					511 MAIN STREET	r							
City, State, Zip Code					City State, ZipCode			-					
BURLINGTON, NJ 08	016				BUTLER, NJ 0740	5							
Project Manager for Monitoring Fir BRIAN R. KEARNEY	m :	Telephone			Telephone Number			Licenso	e Numbe	r			
BIGAN N. NEARIVE!		609-38	5-8800		072 400 0477								
Scheduled Start Date (10)		Scheduled	Complet	ion Date (11)	973-492-0477 Name of OSHA Monitor	-		00840	)				
05/10/2019	1	05/2	0/19		ENVIROVISION, IN	VC.							
Occupancy Status During Abater	ment (Ch	neck only	one)		Street Address								-
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	g Entire F	Period of A	Abateme	nt	20-21 WARGARAW	V ROA	D, BLD	G# 35	E				
Describe:					City, State, Zip Code						-		-
Other- Describe: Bldg. Occu	pied Wo	ork Area V	acated	- Schedule: 5PM	FAIRLAWN, NJ 074	110							
- 5AM (24 HOURS & WEEK	ENDS A	AS NEED	ED)										
Scope of Work (Check all that apply	<u>v)</u>												
The state of the s	X.1				,	PDR	_					-	
$\square \ge 3$ sf or >3 If				Renovation	1	MELTUII (	Containm Enclosure	ent with	n Negati	ve Pre	ssure		1
≥ 160 sf or ≥ 260 lf				Demolition			e bag Pro		/ Mran	9 0.4			
Location of Asbestos-Containing						Non-	Exempted	d (*) an	d Non-F	riable	Proces	tura	I
Material (ACM) in Facility (13)	Is Locat Solely b	tion Norma y Maint./C	ly Used	Description of Asl	Destos Containing Material	- 1	Amount	1	Abateme			uie	
, ,,,,,,,	Staff? (1		istoulai	VAT, or other mis	nal systems insulation, surfaction	cing,	(Specify S		Remove	Renair	Encan	Enclo	
	YES	NO	NA				or LF)	1	VOIIIDVO I	repair	Liicap	EHGIO:	26
Rooms 310, 312, 313		X		TSI			350 LI	= 1	ਰ		7		_
Rooms 310, 312, 313		X		VAT	The state of the s	$\neg +$	600 SI		XI XI		-	-	-
						-+	000 01		21		+	-	-
Name of Reg. Waste Hauler See Hauler Below #1 & 2	N	JDEP Was	te Haule	r ID#	Cubic Yards of Waste:	25 C	VIN	ame of	Register	red La	ndfill		_
	1	ee Belov				200	,   g	.R.O.	W.S. N	orth i	Landfi	11	
Hauler #1) Greenwood Abatement NJDEP # 12561	Consulta	ents, Inc	Butler, I	NJ 07405	ALL AND DESCRIPTION OF THE PARTY OF THE PART	Dispo	sal Date		l Cit	ty, Stat	ρ	-	_
Hauler #2) Newark Carting, Inc., N	Jewark A	VI NASNO							10	0 New	Ford N		
NJ DEP # 4509	a resear this I'	07507				05/	20/2019	3		i. Morr 067	risville,	Pa	
Completed by (D.)									7700000	5-736-	1700		
Completed by (Print or Type) RAYMOND C. PEDALINO	Title		30 100-		Signature	L		ate					
C. PEUALINO		NIOR PI NAGER		, 1	Raymond C. De	dalin			0, 201	9			
	INIA	HIZDAVII			0.00	*************							

date contact information. Print Form State of New Jersey 1052 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5 6/7/2019 check #0227 WINDSOR BERGEN ACADEMY Agencies Notified Type Notification Street Address 2 4 2019 JIIN. 52 PASSAIC ST **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Ridgewood, NJ 07451 ASBESTOS CONTROL & Emergency (including Name of Contact DOH Telephone NumberSING justification) × DCA Cancellation LOUIS WRIGHT 201 312 8789 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WINDSOR BERGEN ACADEMY School (K-12) Street Address Subchapter 8 (Other than K-12) 52 PASSAIC ST Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ridgewood, NJ 07451 70,000 2FL 50 YEARS + County (6) County Code (7) Current Use (Prior if being demolished) BERGEN (STATE USE ONLY) NON-OCCUPAID Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIROMENTAL SERVICE ALL SOLUTIONS CONTRACTING INC. Street Address Street Address 280 HUYLER ST 24 CHURCH ST City, State, Zip Code City, State, Zip Code SOUTH HACKENSACK NJ 07606 ELMWOOD NJ 07407 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. RICH KUITERS 201 4898700 201 873 9418 01301 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor JUNE 21 2019 JULY 8 2019 ALL SOLUTIONS CONTRACTING INC Occupancy Status During Abatement (Check Only One) Street Address 24 CHURCH ST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7:00AM TO 7:00PM City, State, Zip Code ELMWOOD NJ 07407 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT BOILER ROOM X BOILER FIRE BRICK 120SF X BASEMENT BOILER ROOM **BOILER INTERIOR GASKETS** X TDB X BASEMENT BOILER ROOM X AND OTHER ACM INTERIOR TDB X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATLANTIC CARTING GRAND CENTRAL TBD City, State Disposal Date City, State PEN ARGYL, PA 18072 PEN ARGYL, PA 18072 TDB Completed by Title Signature Date LUIS ARCILA PRESIDENT 6/7/2019

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

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

		(P	ursuan	t to NJAC	8:60 an	d 12:12	0)			7 [		F	7 1	W	ß
Date of Notification (1) 6/7/2019 check #0227				of Building OSOR BE				1Y	pro		, (0	7 1		\4/	
Agencies Notified Type Notification				Address							JU	N 2	4	2019	-
EPA X Initial		1		ASSAIC S					1 2-21						
DEP Amended Amendment	¥			ate, Zip Co wood, No		1			-	AS	BES	TOS	CON	TRO	1 &
DOH Emergency (i				of Contact				Was about the first the second	-Te	lephone		ICE	YSIN		
DCA Justinication			LOUIS	S WRIGH	HT.					1 312					
Name of Facility Where Abatement is Taking	Dines (	3)	FAC	ILITY INFO	ORMATI	ON	T	6 1114							
WINDSOR BERGEN ACADEMY	Place (	3)					LiAb	e of Facility							
Street Address 52 PASSAIC ST				1			×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth				dings,	hom	es,
City (5) Ridgewood,NJ 07451					1			are Feet	# o	f Floors	3		Bldg. A	ge ARS	S +
County (6) BERGEN				Code (7) USE ONLY)			Cur	rent Use (Pr	rior if be		nolish				
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	M No.		Name		atement Co		(9)		- 111	-		
OMEGA ENVIROMENTAL SERVIC	E							UTIONS			ING	INC	;		
Street Address 280 HUYLER ST						Street 24 C		ess RCH ST							
City, State, Zip Code SOUTH HACKENSACK NJ 07606				0.500		City, S ELM	tate, WO	Zip Code OD NJ 07	407					ATTILL TOAT	
Project Manager for Monitoring Firm RICH KUITERS			Telepho 201 48	ne No. 398700		Teleph 201 8				Licen 0130		).			
	Schedule			Date (11)				SHA Monitor		RACT	ING	INC	;		
Occupancy Status During Abatement (Check	Only Or	ne)				Street									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 7:00AM TO 7:00PM	eriod of A	Abatem Hours	ent		_	City, S	tate,	CH ST Zip Code OD NJ 07	407						
Scope of Work (Check All That Apply)						LLIVI		3D 143 07	401						-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renoval Demoliti				×	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	re ocedure	Ü				e	
	Is	Locatio	on								Habi		Abate	ement	
Location of		Normall d Solel				cription							Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cust	intenan todial S (12)	taff?		thermal: surfac		insu T, or	serve V	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT BOILER ROOM	Yes	No	N/A			OVET			0515	4 4 4 4 1	-				
BASEMENT BOILER ROOM			X		G/	ASKET			25 LF						
			X			TSI				45LF	-	X			
BASEMENT BOILER ROOM		Х			TINGS				58	_	X				
BASEMENT BOILER ROOM		1	X		UCT II		ATIC			35SF		X			
Name of Registered Waste Hauler ATLANTIC CARTING		10000000	JDEP W auler ID		Cubic \ of Was			Name of GRANI							
City, State				TBD					ITAL						
PEN ARGYL, PA 18072					Dispos	1		PEN A		PA 18	8072			#4     West	
Completed by LUIS ARCILA	Title PRES	SIDEN	IT		Si	grature		/	Li	~	Date 6/7	e /201	9		

10,4 1010	7	Section 1		_	×						
(pook#1()	1	NO	AF J	ATIO	NOF AS	New Jersey SBESTOS ABA AO 8:60 and 5:	TEMENT	DEC			/ E
Date of Notification (1)  06 / 21	_ / _ 1	19			e of Buildi	ng Owner/Operator	(2)	JUN	2	4 20	)19
Agencies Notified Type  ☐ EPA ☐ Init	Notificatio tial	n			et Address Verizon V			ASBEST	OSC	ONT	ROL &
(1)	nended				State, Zip	10.50		L L	CEN	SING	muno.nove
	nendment	_		000000000000000000000000000000000000000	sking Ri			20			
	nergency ( stification)	includir	ng		e of Conta		-	Telephone Num	har		
	ncellation			- march	ian Tiltor			215-578-293			
				F.A	CILITY	NFORMATION		1.00.010			
Name of Facility Where Abateme	ent is Taki	ng Plac	e (3)		COLLITTI	IN OKWATION	Type of Facility	, (A)			-
Verizon							School (K-1	(c) (c) (c) (d)			
Street Address							─ Subchapter	8 (Other than K-12			
2117 Route 50							Other (i.e., phomes, etc.	private and comme	rcial bu	uilding	gs,
City (5)							Square Feet	,	l Di	Ida A	
Tuckahoe, NJ 08250							10,000	# of Floors		ldg. A 50	ge
County (6)				Cou	nty Code (	7)(STATE USE ONLY)				50	
Cape May				000	nty Code (	I NOTATE OSE ONET)	Current Use (P	rior if being demolis	inea)		
Name of Monitoring Firm Hired b	v Building	Owner	(8)	ASCN	l No	Name of Abatem	ant Contracts - (O				
USA Environmental Mana			(0)	AUCIV	I NO.	JVN Restora	N	")			
Street Address	gacillell	t iiio.					tion inc				
8436 Enterprise Avenue						Street Address					
City, State, Zip Code						47 Foster Ro					
Philadelphia, PA 19153						City, State, Zip C					
Project Manager for Monitoring F	iena		T-1		NI.	Staten Island	1 NY 10309				
Mark Jenkins	HIII			ephone	No. 5-5810	Telephone No.		License No.			
Start Date (10)	Coho	dulad (				718-605-6256		00774			
				8 /	ate (11) 19	Name of OSHA N Testor Tech	Monitor				
Occupancy Status During Abaten						Street Address			1000		
☐ Facility Closed/Vacated During						10 59 Jackso	n Avenue				
Abatement Performed Outside Time of Abatement: 8:00AM-	e of Norma 4:30 PM/	al Facili	ty Hou PM	rs - Des AN		City, State, Zip Co					
Scope of Work (Check all that ap	ply)						tainment with Neg	gative Proceure			
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			enovat emoliti			☐ Mini-End ☐ Gloveba	losure g Procedure	on-Friable Procedur	e		
			Loca							ateme	ent Typ
Location of Asbestos-Containing Material	(A CAA)	10.0000	Norma	illy ely by		Description of				_	
TO BE ABATED	(ACIVI)	Ma	intena	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT	or	SF or LF)	oval	=	Encapsulate
(13)		Yes	No	N/A		other miscellane	ous)				ate
Roof		N	_		Ruilt	roof field	7	25.05	K-7		
				-	Duit up	roof field		25 SF		Ш	Ш
									П		
		П	П	П							
Name of Registered Waste Haule	r	1		JDEP I	Naste	Cubic Yards of	Name of Regis	stared Landfil	ГП		ال
Newark Carting	97		1000	lauler II	O No.	Waste	G.R.O.W.S				
ricitalit Galtilla				NJ-56	66	5 Diagonal Data		., 1116.			
						Disposal Date	City, State				
City, State						06/25/2040	B4	DA			
City, State Hackettstown, NJ	1					06/25/2019	Morrisville	,PA		1	j
City, State	Titl	e Projec	t Mar	nager		06/25/2019 Signature	Morrisville	,PA Dat	e ni	PA	

\* No not use this form for schooles licensum avamated admitted

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 5:16) f Notification (1) Name of Building Owner/Operator (2) 06 07 Verizon JUN 2 4 2019 gencies Notified Type Notification Street Address Z EPA 🛮 Initiai 1 Verizon Way ASSESTOS CONTROL & **⊠** DOLWD Amended City, State, Zio Code LICENSING ☑ DHSS Amendment # Basking Ridge, NJ ☐ DCA Emergency (including Name of Contact (NJA 0 5 23-3) justification; Telephone Number Cancellation Brian Tilton 215-578-2938 **FACILITY INFORMATION** Name of Facility Where Apatement is Taking Place (3) Type of Facility (4) Varizon ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings 2117 Route 50 homes, etc.) City (5) Square Feet # of Floors Bldg Age Tuckahoe, NJ 08250 10,000 3 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Cape May Name of Monitoring Firm Hired by Building Owner (3) ASCM Vo Name of Apatement Contractor (9) USA Environmental Managaement Inc. JVN Restoration Inc. Street Address Street Address 8436 Enterprise Avenue 47 Foster Road City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Staten Island NY 10309 Project Manager for Monitoring Firm elephone No Talaphone No License No Mark Jenkins 215-365-5810 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 36 / Tastor Tach Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Apatement 10 59 Jackson Avenue Apatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8:00AM-4:30 PM/ PM- AM LIC NY 11101 Scooe of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 if ≥160 sf or ≥260 if Mini-Enclosure ☐ Glovebag Procedure

					⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
	- 12 CO	Loca		-				Ab	atem	ent T	yoe
Location of Aspestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Use Ma	intena	ely by ance/ Staff?		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	iteriai (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsula	Enclosure
	Yes	No	N/A		30101 11130011a110	.0437				5	
Roof	$\boxtimes$			Built up	roof field		25 SF	$\boxtimes$			
						3d-117/					
				1							
Name of Registered Waste Hauler Newark Carting		1/2	NJ-58	D No	Ouoic Yards of Waste 5	Name of Region G.R.O.W.S					

Disposal Date

06/25/2019

Signatura

City State

Morrisville, PA

Date

37-129

City State

A38-41

Hackettstown, NJ

Raiph Barnhardt

Completed By (Print or Type

Title

Project Manager

									1 1000000		~~~~~	CONTRACTOR OF THE PERSON AND ADDRESS OF THE		E	rint Fo
Mo Check	٠	NOTIF (F	ICATIO	State of Nev N OF ASB t to NJAC	ESTOS A	BATE	MEN (0)	NT -			G	E			The state of the s
Date of Notification (1) June 21, 2019			Name o	of Building ( DT	Owner/Op	perato	r (2)			The state of the s	JUN	2 4	201	9	
	Notification			Address Parkway	Ave; P	.O. B	ox 6	500		AS	BEST	OS 00	NTR	OL 8	, ;
DEP X A	nitial Imended Imendment #_1		City, St	tate, Zip Co	ode				i-amanuscheu	entant terreser	1 la	<u>CEVIĆ</u>	MG		garinos ira gr
ĭ≚ DOH	mergency (including istification) ancellation		Name o	of Contact Bevans							phone I -530-	Number			
				ILITY INFO	DEMATIO	M				003	-000-	3313			
Name of Facility Where Abateme NJDOT - Route 7 Wittpen	ent is Taking Place (3 n Bridge - Contra	3) act 4	170	METT THE C	JIMATIO	N	Тур	oe of Facili		Standens					
Street Address Route 7							×	School ( Subchar Other (i.	oter 8 (	Other	than K	(-12) ercial bu	ildings	, hom	ies,
City (5) Kearny				5			Squ N/A	etc.) uare Feet A		# of F	loors	1	Bldg. /	Age	
County (6) Hudson				Code (7) USE ONLY)			Cur	rent Use (	Prior if	being	g demo	lisned)			
Name of Monitoring Firm Hired b	y Building Owner (8)		ASC	M No.		Name	of At	batement ( Harms C	Contrac	ctor (9	9) on Co	Ina			
Street Address					. 5	Street	Addr	ress		ucuc	on Co.	., Inc.			
City, State, Zip Code		11/25						wbrook F	Road						
								Zip Code NJ 0773	1						
Project Manager for Monitoring F	irm		Telephone No. Telephone No. 732-751-2089							License					
Start Date (10) April 8, 2019	Schedule August			Date (11)	1	Name	of OS	SHA Monit	or			W			
Occupancy Status During Abaten	nent (Check Only On	e)			5	Street	Addr	ess							
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe: Utility Insi	de of Normal Facility	batem Hours	nent			City, St	tate,	Zip Code							
Scope of Work (Check All That A	pply)							W-3							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ R	enova emoliti				×	M G	ull Contain lini-Enclos lovebag P on-Exemp	ure rocedu	re				۵	
Location of	577.0	Location ormall	707.000		Dogge	intión				uriu i	101111	abic i ii	Abate	emen pe	t
Actuates-Centening Material TO BE ABATED In Facility (13)	(Aow) Mai	d Solel ntenar odial S (12)	ice/	(i.e. th	os Contair hermal sy surfacin	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ler miscellaneous)  Amount (Specify SF or LF)			Remova	Repair	Encapsulate	≟nclosure			
	No	N/A									<u>a</u>		late	Ге	
Gas Mains			X	M	lastic on	Gas	Ма	iin		500	LF	X			
Name of Registered Waste Haule	r	N.	JDEP W	/aste	Cubic Ya	rds		Name o	of Region	stere	d Landf	511			
George Harms Construction		Ha	auler ID 885	No.	of Waste TBD			Waste							
City, State Howell, NJ		Disposal Date City, State TBD Tullytown, PA													
Completed by Sam Hahn	Title Project	Signature Date													

10/4 190	slok	D	A)	IFICATION	ONIOHAS	lew Jers	SABATE	EMENT	Γī		G		\\ <i>/</i> /	F				
Date of Notification (1)	J L	1 2		(Pursua	of Buildin	C 8:60 a	nd 12:12	(0)			9	<u></u>	L.J	L.				
06-18-2019					tom Sha						JUN	24	201	9				
Agencies Notified	Type Notificatio	n			Address		riavina	rivialarii	-  -	1 14								
X EPA	× Initial												and the second					
× DEP	Amended			City, S	State, Zip (	Code			-	ASE	ESTO:	S CO ENSI	NTR( ug	DL. &				
X DOL	Amendmen Emergency	nt#		Easr	Rutherf	ford No	J 07071		here	elutionesim properors, co	and the second	ental general control of the	- Commence	901-01-18-18-18-1				
DOH.	justification	1)	ig	The same of the sa	of Contac				Te	elephone	Numbe	•						
☐ DCA	☐ Cancellation	n			el Darpi				d	***************************************								
Name of Facility Where	Abatement is Taki	na Place	(3)	FA	CILITY INI	FORMAT	TION	-										
Private Dwelling		ng i luoc	(5)					Type of Facilit										
Street Address					7.			School (I	<-12)	her than K	40)		76					
City (5)	115-00							Other (i.e etc.)	private	& comme	rcial bu	ilding	s, hor	nes,				
East Rutherford NJ	07071							Square Feet	10000	of Floors		Bldg.	Age					
County (6)				County	Code (7)			N/A		/A		N/A						
Bergen	St			(STATE	USE ONL	Y)		Private Dw	rior if be	ior if being demolished)								
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement C										
Standard Environme	ental							x Contracting		1 (9)								
Street Address								Address	,									
2108 Fulton St Suite	e 2A						POE	3OX 734										
City, State, Zip Code Brooklyn NY 11233								tate, Zip Code dland Park N	J 0742	94								
Project Manager for Moni	toring Firm				one No.			one No.		License	No.							
Kayode Adefisoye Start Date (10)					41-7673		973-6	392-6298		01266								
06-19-21-019		Schedu	led Co	mpletion	Date (11)			of OSHA Monito				-						
Occupancy Status During	Abatamant (Cha	06-23						Contracting	LLC									
								Address										
Abatement Performe	ted During Entire ed Outside of Norn	Period of nal Facilit	Abater v Hour	ment s				OX 734										
Other – Describe:			,			_		ate, Zip Code dland Park N	10740	i.a								
Scope of Work (Check All	That Apply)						******	nanu raik iv	0 0/42	.4								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mini-Enclosu Glovebag Pro	re ocedure	nent with Negative Pressure ce cedure d (*) and Non-Friable Procedure								
		Is	Locat	ion							1		emen	t				
Location		100 2723	Normal ed Sole			Des	cription o	of				Ty	ре					
Asbestos-Containing N TO BE ABA	/laterial (ACM) TED	Ma	intena	nce/	Asbest	tos Conta	aining Ma	iterial (ACM) insulation,	1 9000	mount			m	_				
In Facility		Cus	todial 3 (12)	Staff?	(1.6.	surfac	ing, VAT	, or		pecify or LF)	Rem	Repair	ncap	nclo				
(13)						other m	iscellane	ous)	50000		Remova	pair	Encapsulate	Enclosure				
		Yes	No	N/A							-		te	0				
1st Floor Kit	chen			Х			VAT		11	0 SF	Х							
		-																
Name of Registered Waste	Haula																	
				JDEP Wauler ID		Cubic Y		Name of	Register	red Landfil	1							
Amax Contracting LL(	J			36184	100000	of Wast	C	Fairles	s Hills									
City, State						Disposa	Il Date	City, Stat	e									
Woodland Park NJ 07	424					06-30-		Morrisv										
Completed by Tome Maslarkov		Title		000000000000000000000000000000000000000		Sig	natyre	1			ite							
OHIE WIASIAIKOV		Proje	ct Ma	nager					0	3-18-	2019							

check replacement # 0/37 NOT Good Print Form

gm	Same and	6	F	Contraction									IIIC I O
m # 11779			ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE	ME 0)	NT NG	w	chech	ck	#	114	18
Date of Notification (1) 6/11/2019				of Building Owner/ te property	Operator	r (2)			m		E		W
Agencies Notified Type Notification				Address		_					H PANNE	THE STORAGE	
EPA   X Initial								1		.111	M O	Á	2040
DEP Amended		ı	City, St	ate, Zip Code				- 1	led led	JU	14 - <	-/!	2019
DOL Amendment			Lodi N	NJ 07031				1	Ī				
DOH Emergency (	including		Name o	of Contact				Tele	phone Nur	nbes	ros	CON	ITRO
DCA Cancellation			Mark							1	ICEN	ISIN	G
N	DI (0		FAC	ILITY INFORMAT	ION	-							
Name of Facility Where Abatement is Taking Private Property	g Place (3	)				Ту	pe of Facility (4)						
Street Address							School (K-12)		- 45 17 47				
Street Address	6.				64	×	Subchapter 8 Other (i.e. pridetc.)				dings,	hom	es,
City (5) Lodi NJ 07031							luare Feet 100 SF	# of 1	Floors		8ldg. <i>A</i> 50	ge	
County (6) Bergen County				Code (7) USE ONLY)		Cu	ırrent Use (Prior	if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN N/A	M No.			Abatement Control						
Street Address			1		Street	*		000 L					
N/A					1435	51	st Street						
City, State, Zip Code N/A							, Zip Code ergen NJ 070	47					
Project Manager for Monitoring Firm N/A			Telepho	ne No.	Teleph 201-		No. 2-9685		License No 01384	ο.			
Start Date (10) 6/21/2019	Schedule		ompletion Date (11)  Name of OSHA Monitor  Iris Environmental Laboratories										
Occupancy Status During Abatement (Check	Only On	e)			Street	Add	Iress			-			-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal					1000011000		oute 22 West				24		
Other – Describe: 7:00 AM to 4:00 PM		-			Unio	n N	J 07803						
Scope of Work (Check All That Apply)	20 - 20 -					66							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R X D	enova emolit			×		Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (1	dure				_	
	la.	Locati				1 1	von-Exempled (	) and	Non-Friabl	Pio	1115-11-15	ement	
Location of	1000000	ormal	200.00	D-	scription	o f	1					ре	
Asbestos-Containing Material (ACM)		d Sole		Asbestos Cont			rial (ACM)	Am	ount			ш	1
TO BE ABATED In Facility	18 18 18 18 18 18 18 18 18 18 18 18 18 1	odial S		(i.e. thermal	systems cing, VA				ecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)		(12)			niscellan			31 (	ו נר)	nova	Repair	lnsc	osu
	Yes	No	N/A							<u>al</u>		ate	6
Exterior			х	t	ransite			160	0SF	x			
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	542	Name of Re	aistere	d Landfill				-
Newark Carting Inc			auler ID 1509				ISES Beth	- 100 mm		ndfil	l		
City, State Po Box 5670				Dispos	al Date		City, State 2335 App	lebut	tey Rd Be	ethle	hem	PA	
Completed by Galo Zumba	Title Princi	pal		S	gnature	5	Sunde	Z	Date				

NOTIFICATION OF ASBESTOS ABA (Pursuant to NJAC 8 po and Date of Notification (1) Name of Building Owner/Operator June 19, 2019 Bishop George AHR High School Agencies Notified Type Notification Street Address JUN 24 2019 1 Tingley Lane FPA Initial City, State, Zip Code DEP Amended DOL Edison, NJ 08830 Amendment # ASBESTOS CONTROL & Emergency (including Name of Contact DOH Telephone Number justification) John Karabin DCA 732-549-1108 x609 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bishop George AHR High School School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Tingley lane Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Edison 50,000 3 50 County (6) County Code (7) Current Use (Prior if being demolished) Middlesexx (STATE USE ONLY) High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) EnviroVision Consultants, Inc. 00079 Finishing Touch Asbestos Abatement Corp. Street Address Street Address 20-21 Wagaraw Road 17 Thompson Street City, State, Zip Code City, State, Zip Code Fair Lawn West Long Branch, NJ 07764 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Audenried 732-222-8372 00040 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) N/A Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached List X HEPA Vacuum & Wet Wipe Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill FTAA Hauler ID No. of Waste Fairless Landfill 12058 2 CY City, State Disposal Date City, State West Long Branch, NJ 6/29/19 Mofrrisville, PA

Signature

President

Date

6/19/19

Completed by

Joseph P. Miller

## ROOMS AND AREAS TO BE WET WIPED AND HEPA VACUUMED AS DETAILED IN DUST SAMPLING RESULTS

JUN 2 4 2019
ASSESTOS CONTROL &

		100
1.	CLASSROOM 229	HEPA VACUUM FLOOR
2.	SUPPLY ROOM 229	WET WIPE COUNTERS AND TABLES
3.	CLASSROOM 231	HEPA VACUUM FLOOR
4.	CLASSROOM 231	WET WIPE TABLE
5.	CENTER 2ND FLOOR	HEPA VACUUM & WET MOP
	HALLWAY FLOOR	
6.	CLASSROOM 233	HEPA VACUUM FLOOR
7.	SUPPLY ROOM 233	WET WIPE TABLE & COUNTER
8.	CLASSROOM 235	WET WIPE TABLE
9.	CLASSROOM 235	WET WIPE TEACHER TABLE
10.	HALLWAY FLOOR @ 238	HEPA VACUUM & WET MOP
11.	HALLWAY FLOOR @213	HEPA VACUUM & WET MOP

12. BACK STAIRWAY LANDING HEPA VACUUM & WET MOP

HEPA VACUUM & WET MOP

13. 1ST FLOOR HALLWAY FLOOR

@ NURSE'S OFFICE HE

MITTER	$i \cap s$	State of No		Sey A Noti i	cation of A	Asbestos Aba	tement			ogen-(men-centron	***************************************					
110 101 A		1		uant to N.J.A.C	. 8:60-7 and	12:120-7)		E C	E I	$\mathbb{V}$						
Date of Notification (1)		)			S 2007 #10	ilding Owner/Oper	ator (3)		0.1	2212	71					
June 21, 2019					CSX/ AE		ator (4)	JUN	24	2019						
Agencies Notified		Notification  Notification		ication	Street Addre	BOR NEED THE	and Cuito 2	70	00 cm 055c455 055							
X EPA		□Amende			City, State, 2	negie Bouleva Zip Code	aru, Sune-S	10DEST	J3 UUI	VTRO	L &					
DCA x DOL		☐ Emerg			Charlott	e, North Car	olina 2820	9LI	CENSIN	l(i	and the second second					
X DEP		justific			Name of Co		Telephone N	THE RESERVE THE PERSON NAMED IN								
x DOH	-	☐ Cance	lled	FACILITY INF	Walter Klock	(	716.923.1	1272								
Name of Facility Where Abate	ement is Tal	king Place (3)		PACILITY INF	Type of Facil	ity (4)										
Box Car # CNW 1570	32				School (K											
Street Address				-		er 8 (other than K-12 (i.e. private & comm		hamaa s	to \ Trai	n Car						
CSX Train Yard at 61	1 Delan	cy Street				Unknown #										
City (5)	County (6	)		Code (7) Use Only)												
Newark	Essex		Totale	ose Offiy)	Current Use (prior if being demolished):											
Name of Monitoring Firm Hire	d by Bldg. (	Owner 📳	ASCM	No.	Name of Con	tractor (9)										
AECOM					GREENWA	OOD ABATEM	ENT CONSI	II TANT	SINC							
Street Address					Street Address		LIVI CONSC	LIPINI	o, nvo	•						
30 Knightsbridge Ro	ad, Suite	e 520			511 MAIN	CTDEET										
City, State, Zip Code				WIPE STATE OF THE	511 MAIN STREET City State, ZipCode											
Piscataway, NJ 0885					Butler, NJ 07405											
Project Manager for Monitorin Walter Klock	g Firm	716.923.			Telephone No	<u>umber</u>	License Numb	<u>oer</u>								
					973-492-0		00840									
Scheduled Start Date (10) June 24, 2019		Scheduled Co. June 30,	Control of the Control of	Date (11)	Name of OSF	A Monitor										
				4	EMSL inc.											
Occupancy Status During A Facility Closed/Vacate				ment	Street Addres	<u>ss</u>										
Abatement Performed					1056 Stel											
Describe Other – Describe: V	acant Ro	ov Car			City, State, Zip Code											
Other - Describe.	acant B	ox oa.			Piscataway, NJ 08854											
Source of Work (Obsolvation) the	tt \															
Source of Work (Check all that	п арріу)				Full Containment with Negative Pressure											
_ ≥ 3 sf or ≥ 3 lf				Renovation		Mir	ni-Enclosure									
<b>□</b> ≥ 160 sf or ≥ 2	260			Demolition			vebag Procedu on-Exempted (*		o Erioble	Proce	oduro					
Location of Asbestos-Contain		cation Normal		Description of Ast	estos Containir		Amount	Abatem			saure					
Material (ACM) in Facility (13)		ly by Maint./Cu ? (12)	istodial	(ACM) (i.e. therm VAT, or other mise		lation, surfacing,	(Specify SF or LF)	Remove	Repair E	ncap E	Enclose					
	YES		NA													
Train Car # CNW 157032			X	Caulking			1,545 If	X								
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Was See Below		ID#	Cubic Yards	of Waste: 5	Name of Registration Fairless Lar		dfill							
occination bolow in a d	_	OCC BOION			Grand Central Landfill											
Hauler #1) Greenwoo	d Abater	nent Cons	ultant	s, Inc. – Butler	, NJ	Disposal Date	City, State	2								
07405, NJ DEP # 125		20000	0002020200			June 30, 201	9 FL-1000 N Morrisville									
Hauler #2) Newark Ca	rting, Inc	. – Newark	, NJ 04	509, NJ DEP #	19551		Permit No GCL-1963		/le Rd							
							Pen Argyl Permit No	e,PA 1807								
Completed by (Print or Type)		Title			Signature		Date				_					
Marin Graure	107	SENIOR PI	ROJEC	T	Marin G	raure	June 21, 2	019								
		MANAGER														

100	
Print	Form
1 11111	OIIII

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and Date of Notification (1) Name of Building Owner 5 06/20/19 Check # 3400 Maarif School Foundation St. V. Agencies Notified Type Notification Street Address JUN 2 4 2019 125 N Spring St **EPA** Initial DEP Amended City, State, Zip Code X DOL Amendment # Bloomfield, NJ, 07003 Emergency (including ASBESTOS CONTROL & Name of Contact DOH justification) Telephone Number NSING DCA Cancellation Bob 862-202-0698 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Maarif School Foundation × School (K-12) Street Address Subchapter 8 (Other than K-12) 125 N Spring St Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Bloomfield 10,000+ 2 50÷ County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. N/A N/A **EA Services** Street Address Street Address N/A 426 69th st City, State, Zip Code City, State, Zip Code N/A Guttenberg, NJ, 07093 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 201-295-1700 01074 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/01/19 07/03/19 Same as above Occupancy Status During Abatement (Check Only One) Street Address N/A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 9am N/A Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Remova **Custodial Staff?** Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Nio Yes N/A Boiler Room X ACM Debris 3 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tri-State Transfer Associates Minerva Entreprise 19551 TBD City, State Disposal Date City, State Bronx, NY TBD Waynesburg, OH Completed by Title Signature Date Michael Fajardo Office Clerk 06/20/19

22 2242 22 424 11					CEIVED	06/20	0/2019 0	3:43PM	C	E		V
20 12019 03:41PM NJ Aspestos 10 0 # 15 45		riFic	State ATION S	s of New Jersof Assestos of Assestos o NJAC 5:50 a	D Page				JUN	2	4 2	201
ete of Notification (1) 8/18/2019		N	isms of E	iuilding Owner Board of Edu	Ocarator (	2)		heck No. 15	40	<del>Zeg</del>	37.5	-
gencles Notification			treat Ado 200 Bró	ireas oks Bouleva	rd.		-		1 = 1	U D	AM	
I EPA		ON	ity, State Asnville,	, Zip Code New Jersey	08835		Acceptance	1	M. C	( 20	13	AND SHOP
E DOH (interpretation)  DOA (incompation)	cluding		lame of C			7.	The same of the sa	Telepsone Nu 808-623-096	mber &	1	-	
lame of Facility Where Abatement is Taking	Fieço (3)		FACILI	TY INFORMA	TION Type o	f Facility	(4)	MARKE	ERA		ni.	12.
Manyille High School					□ \$v		r e (Other th			_,		***
100 Brooks Road					Square			americal build		g. Age		_
Oly (8) Manville, New Jersey 08836				-	15,000	0		1	60			
County (6) Comerset		6		SE CNLY)	┫.	. 6	lementary					
lame of Menitoring Firm Hirad by Building ( Whitman	Ovrner (B)		ASCM	No. 		of Abater Corpora	ment Contra itian	ctot (B)				
ireet Address Pleasani Hill Road					246 U		ulevard					
City, State, Zip Coda Cranbury, New Jersey 08512			8			ists, Zip 8, New	Code Jersey 975	112				
Project Manager for Monitoring Film Kevin T Lovely			Telephan 732-390	-5858	973-22	one No. 25-8400	)	D1104	No.			
Start Date (10) 06/24/2019	Schadulad 06/30/201	Com 9	pletian D	ata (11)	Name ( Iris En	of OSHA Introdivi	Monitor ental Labor	ratories, LLC				
Occupancy Status During Abatement (Check III Facility Closed/Vecated During Entire P			nt			Address Route 2	2 West					
□ Abelement Performed Ourside of Norm     □ Other - Describe:	al Facility Ho	outs			City, S Union	tate, Zip , NJ 070	Code 083					
Scope of Work (Check All That Apply)  D 23 af or 23 if 21 80 af or 2260 if		novat Itilom				Mini-	Enclosuro e Bea Proce	with Negative dure / Limited ) and Non-Fris	Contain	nont é	Tent	•
		.0 <del>53</del> 8				16011-1	Tree   the same	Amount (Specify			ment	S)
Location of Assestor-Containing Material (ACM) TO BE ABATED In Facility (13)	Vsed Main Custo	tene	elenz ucol elà pà	thennel t	Description Descri	Material Julation, : , or		SF of LE	removal	T	Encapsulate	Enclosura
Library	Yes	No	, N/A		Transite	(lese)		360 SF	\\ \\ \\ \\ \\ \	+	100	+
Lieux y	+-+	<b>~</b> :	-					+	-	+	-	-
•	++		+					+	+	$\dagger$		1
,										+		T
			1,055,1	lasta LA	bic Yards		RIGHTS AS D	agistered Land	1511	1		
Name of Registered Waste Hauler			NJDEP W Hauler ID 18724	No. 1776	Wasta Wasta		Falness I		-410			
Lilich Corporation			19724	101		- 1	Clty, State Mornisvija			10	_	
City, State Tolowa, New Jersey				DE	sposal Date 3/29/2019	1	Morrisville	B <sub>A</sub> PA				

	1	and the same of th								1	V	+1	2	18	5
Project #			ICATIO	State of Ne N OF ASE It to NJAC	BESTOS	ABATE		т	c	heck	# 46	660		-	
									Ir	markey.	尼	P	E	7 1	M
Date of Notification (1)				of Building			r (2)		11	171	15	0	<u>L</u>	U	<u></u>
06/18/2019			Monty	ille Sch	ool Dis	strict				14/					
Agencies Notified Type Notification	1			Address	W.520-ET-2012-01					111		11151	0	1 2	010
EPA Initial			86 Riv	ver Rd						1 11	4	JUN	2	4 2	UIJ
DEP Amended			City, S	tate, Zip C	ode										
DOL Amendmen Emergency			Monty	ille, 074	105				_	NATION OF THE PERSON	الامدوريونو <u>د</u>	down to A. dell	VENT-LABORET	appression	
Emergency justification		9	Name	of Contact	la la	-			Te	lepho	ne Nu	mber	03 (	SINC	2440
DOH justification Cancellation			Steve	Toth					97	3-33	1-71	00-	CEN	OHIV	eomose.
			FAC	ILITY INF	ORMAT	ION					• • •				
Name of Facility Where Abatement is Takin	ng Place	(3)					Тур	e of Facility	(4)						
Valley View El School								School (K	-12)						
Street Address								Subchapte	er 8 (Oth						
30 Montgomery Ave								Other (i.e. etc.)							es,
City (5) Montville NJ			0	702k	5		Squ	are Feet	# 0	of Floo	irs		Bldg. /	Age	
County (6)		T		Code (7)			Cur	rent Use (P	rior if be	ing de	molish	ned)			
Morris			(STATE	USE ONLY	)							,			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of At	patement Co	ontracto	r (9)			_	7	
Aero Environmental			1.00			I		toration L		(3)					
Street Address						Street			LLC		_				
275 Rt 10 East															
								side Rd							
City, State, Zip Code						100	- 50	Zip Code							
Succassuna, NJ 07876				1.4				, NJ 078	69						
Project Manager for Monitoring Firm			Telepho			Teleph	none	No.	1201	Lice	nse N	0.			
Michael Berta				20-9061		97393	33-2	550		013	58				
Start Date (10)	Schedu	led Cor	Completion Date (11) Name of OSHA Moni						r						
06/29/2019	07/01/					Nick F	Rest	oration L	LC						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addr	ess		- 1//-					
Facility Closed/Vacated During Entire	Period of	Abaten	nent			72 Br	ooks	side Rd							
Abatement Performed Outside of Norm	nal Facilit	y Hours	5		- 1	City, S	tate,	Zip Code			-	Vi.		*	
Other – Describe:					_	Rando	olph	, NJ 078	69						
Scope of Work (Check All That Apply)	-	-				· tarrat	o.p.i	, 140 07 0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					M	ull Containm ini-Enclosur lovebag Pro on-Exempte	re ocedure					re	
	Is	s Locati	on										Abat	ement	t
Location of		Normal			Des	cription	of						Ty	pe	
Asbestos-Containing Material (ACM)		ed Sole			tos Conta	aining M	lateria	al (ACM)	A	mount	t			m	_
TO BE ABATED In Facility	5175757	todial S	3.75.00	(i.e.	thermal	systems ing, VA		lation,		pecify or LF		Rer	1 20	nca	inc
(13)		(12)			other m	niscellan	eous	)	Sr.	OI LI	.)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1			- 63	50				<u>a</u>	-	late	Ire
nechanical room	103	140	11//	TSI					8 LF			×			
									0 11			-	-		
	+		-									-	-		_
	+											_			
Name of Registered Waste Hauler	1	IN	JDEP W	/aste	Cubic \	Yards		Name of	Registe	red I =	andfill				
Newark carting		Н	auler ID		of Was			G.R.O.			arilli				
City, State Randolph, NJ					Disposi			City, Stat							
Completed by	Title				TBD	A		Tullytov	vn, Pa		1 =				
Nikica Mrda	Presi	dent			31	gnature	ula.	1 /	r		Dat	e 18/2	010		
	1	- CITE			1	1 111/1	ite.	· IN	Eng.	•	100/	10/2	019		

Patrick Larney	Projec	ct Man	ager		1 Osery	- Shr	-1 1	, -0	LO-	19	
Completed By (Print or Type)	Title				Signature	<u>&gt;</u>	Date	е			
Norwell, MA					July/Aug 19	Bethlehem, F	PA				
City, State			16666	)	~ 60 Disposal Date	City, State					
Clean Harbors Environmental S	Services		Hauler II	D No.	Waste	Waste Conne					
Name of Registered Waste Hauler			NJDEP I	Waste	Cubic Yards of	Name of Register	rod Landell		Ш	Ш	L
			1								-
								1	] [	1	-
											-
Jnder Concrete Slab in Stone/So	oil 🔲		$\boxtimes$	TSI Deb	oris Mixed with S	tone/Soil	~ 600 SF			П	F
	Ye	s No	N/A							te	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	, n	Norm sed So Mainten ustodia (12	lely by ance/ Staff?	Asbe:	Description of stos Containing Mat ., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	yp Liiciosule
△ ≥100 St of ≥260 If		Demolit			☐ Glovebag ☑ Non-Exer	Procedure npted (*) and Non-	Friable Procedur	T			_
Scope of Work (Check all that apply)   ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova				ainment with Nega osure	tive Pressure				
<ul> <li>☐ Facility Closed/Vacated During Ent</li> <li>☐ Abatement Performed Outside of N</li> <li>Time of Abatement:AM</li> </ul>	tire Period Normal Fac	of Abat	ement urs - De //	escribe _AM					-		
Occupancy Status During Abatement	(Check on	ly one)			Street Address	- Similar Servi	ces, inc				- 7
	Scheduled 7		letion D 26 /		Name of OSHA M	lonitor onmental Servi	000 1				
JP von Doehren Start Date (10)	Cohod: I-			9-5649	610-933-4332		00836				
Project Manager for Monitoring Firm			elephone		Telephone No.		License No.	-			
Sparta, NJ 07871					Gilbertsville,						
City, State, Zip Code		-11-			City, State, Zip C						
655 West Shore Trail						r Road, Suite C					
Street Address			00	104	Street Address	ronmental Serv	ices, Inc.				
Name of Monitoring Firm Hired by Bu EHI, Inc.	lliding Owr	ier (8)		M No. 104	The state of the s	ent Contractor (9)	•				
Warren	11.11					vacant	3 40111011	/			
County (6)			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri		ished)	21/2/2007	-	_
Stewartsville						2,000	# 01 Floors	1	3ldg. / 112	•	
City (5)						homes, etc.) Square Feet	# of Floors	-	Did.	A ===	
119 Edison Road						Other (i.e., pr	rivate and comme	ercial b	ouildir	ngs,	
Street Address	- TO 101	mer b	unum	J #4		School (K-12	) 3 (Other than K-1	2)			
Victaulic REH, LLC Slab ne				n #2		Type of Facility					
Name of Facility Where Abatement is	o Table - C	1 15	F	ACILITY	INFORMATION	and the second s					
☐ Cancel	llation			raig Hum			610-559-33	00			
(NJAC 5:23-8) justification	ation)		W 1000	me of Conta			Telephone Nur	nber		390	
☐ DCA ☐ Emerg	ency (inclu	ıding	E	aston, PA	A 18044-0031						
	ded dment #		City	y, State, Zip	Code			LIU	CIAO	ING	-
☐ EPA ☐ Initial ☐ Amend	dod.		4	901 Kess	lerville Road		ASB		S CO		
Agencies Notified Type Noti	fication		Str	eet Address	S			nancarara	reference me	drate aun	
6 /20 /	19	-8			REH, LLC	(2)		JUN	2 4	1 20	JI
Date of Notification (1)			Na	me of Build	ling Owner/Operator	(2)		MIM	2 /	1 0	0.4
Unon #1738	19		(Pursu	ant to N	JAC 8:60 and 5:	16)		<u> </u>	L	U	J
11 IV. 10100	^	IOTIF	ICATIO	State of ON OF A	New Jersey SBESTOS AB	A-A-I	IM E	C	E	1 1	V
10182				1-100000							

\* Do not use this form for asbestos licensure exempted activities\_

mv# 1218	4 6	\ /	1	Пз	tate of N	ew Jersey						
Check#3373		NOT	FIC	ATIOI ursua	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1	TEMENT 6)	Francisco E	0 6		\ <i>\</i> //	F
Date of Notification (1)	And	Cand	800		and the same of th	g Owner/Operator (			<i>y</i> 5	П	U	
	20 / 19	)					۷)	IIŠ		120		
Agencies Notified	Type Notification		10-77	-	n Contice t Address	elli		Jl	JN 2	4 2	019	-
☐ EPA	✓ Initial			Stree	t Address			led tool				
	Amended			City	State, Zip	Code		ASBES	STOS	VICE	IRU	L G
DHSS	Amendment #		-	1	- /	, NJ 07920		30000	LICEN	SIN	3	
DCA (NJAC 5:23-8)	Emergency (in justification)	ncludin	g		of Contac			Telephone Nun	nber			
	☐ Cancellation			Nasri	n Contice	Ili		-0-				
				-		NFORMATION						
Name of Facility Where At	patement is Takin	g Place	(3)				Type of Facility	(4)				
Private house							School (K-1	2)				
Street Address								8 (Other than K-1 2 private and comme		ildina		
							homes, etc.		il Ciai Du	name	13,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Basking Ridge, NJ 0792	20										-22	
County (6)				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Somerset Name of Manifester 5	E-11 B 22	~	761									
Name of Monitoring Firm F	nirea by building i	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
Street Address		<u></u>				Gr Tech LLC						
Street Address						Street Address	202					
City, State, Zip Code						576 Valley Rd # City, State, Zip Co						
***************************************						Wayne, NJ 0747						
Project Manager for Monito	oring Firm	0,000	Tele	ephone	No.	Telephone No.	0	License No.		-		
					14	973-638-1777		01127				
Start Date (10)					ite (11)	Name of OSHA M	lonitor				W 0 100	2-840
	19 (	07 /	_0	<u> </u>	19	Envirovision Co	nsultants.Inc					
Occupancy Status During						Street Address		***************************************				
Facility Closed/Vacated					122	20-21 Wagaraw	Road, Bldg .#	35E				
Abatement Performed ( Time of Abatement:	Outside of Norma AM- P	i Facilit M/	y Hou PM_	rs - Des -	scribe AM	City, State, Zip Co	ode		5 18 28 28			
					•	Fair Lawn, NJ 0						
Scope of Work (Check all t	(nat apply)						and decontamination and de	nation with negativ gative Pressure	e press	ure		
>3 sf or >3 If 2 160 sf or 260 If			enovat emolitic			Mini-Enc	osure	Tent with Negative	o Proce	ure		
			HIOHU	Jii		Non-Exe	mpted (*) and No	n-Friable Procedu	ire	uic		
			Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing M		M managed	Norma ed Sole		0.000	Description o			Z	Z	щ	m
TO BE ABAT		Ma	intena	ince/		stos Containing Mar ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	1	Cus	todiai (12)	Staff?		surfacing, VAT,		SIF or LF)	val	=	sula	ure
(10)		Yes	No	N/A	1	other miscellane	ousj				6	
Basement				×	Ding ing	.lotion		250 1 5	$\boxtimes$	П	П	П
Dascillent				+	Pipe inst	пацоп		250 LF				무
		닏	Щ						ᆜᆜ		Ц	Ш
		Ш	Ш							Ш		Ш
Name of Registered Waste	e Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
Gr Tech LLC			(	003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470				<u> </u>		TBD	Tullytown, P.	A				
Completed By (Print or Type	pe) Title	е				Signature			ate	-,		
N.Jevtic	Ow	ner				Hent	ic Wenad	06	/20/19	)		
ASB-41 MAY 11		* Do по	i use i	his form	n for asbes	tos licensure exemp	ted activities.					

101# 12187 D	State of No	ew Jersey	garagement reprint and transplant in contract to	OFINE L						
Net	IFICATION OF ASI	BESTOS ABA	TEMENT   1	CELVE						
Chook # 3019 " (F	ursuantto N.J.A.	<u>C.</u> 8:60 and 12		A Company of the Comp						
Date of Notification (1)	Name of Building	Name of Building Owner / Operator (2)								
6-20-2019 Agencies Notified Type Notification	Street Address	The East Hill Street Address								
⊠ EPA	PO Box 644		ASE	SESTOS CONTROL &						
□ Amended	City, State & Zip C Englewood, NJ 07		To contain a military de digital de la contraction de la contracti	LIOLITON						
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation	Name of Contact Harold Knebel			Telephone Number 201-394-0257						
Name of Facility Where Abatement is Taking I	FACILITY INFO									
East Garden Apartments UNIT K	Place (3)	Type of Facility (4) ☐ School (K-12)								
Street Address 14 Bliss Avenue		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
		Square Feet	Bldg. Age							
City (5) County (6)	County Code (7)	30,000	2	45						
Tenafly, NJ Bergen	071070	Current Use (Pri	or if being demolished)							
Name of Monitoring Firm Hired by Building Ow	rner (8) ASCM No.	Name of Abatem	Security Building Name of Abatement Contractor (9)							
Health & Safety Services Street Address		Resource Manag	gement Group, LLC							
PO Box 365		2115 Hamilton A	ve, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Trenton, NJ 086								
Project Manager for Monitoring Firm Jim Proctor	Telephone Number	Telephone Numb	hone Number License Number							
	856-839-2432 mpletion Date (11)	609-914-4279 Name of OSHA I	Monitor	01185						
7-5-2019	7-12-2019	J&S Environmen	tal Laboratories, Inc.							
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire I	Period of Abatement	Street Address 2333 Route 22 V	Vest							
Abatement Performed during regular o Describe: 8:30am – 5:30pm	perating Hours:	City, State & Zip	Code							
		Union, NJ 07083								
Scope of Work (Check all that apply)			Full Containment with	Negative Proceure						
≥3 sf or ≥3 lf	Renovation		☐ Mini-Enclosure							
☐ ≥160 sf ≥260 lf	Demolition		n-Friable Procedure							
Location of	Is Location	Description of	Amount	Abatement Type						
Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos-Contain Material (ACM)								
TO BE ABATED in Facility	Maintenance or	(i.e., thermal syste	ems	Enclosur Incapsul Repair						
(13)	(12)	sulation, surfacing or other miscellane		Enclosure Encapsulat Repair						
Boiler room	Yes No N/A									
Bollet 100111	Pipe W	rap	45 LF							
Name of Registered Waste Hauler	NJDEP Waste		me of Registered Landfill							
Resource Management Group, LLC		of Waste	ows Landfill							
City, State Trenton, NJ 08619		Disposal Date Cit	y, State							
Completed By (Print or Type)		GBD / / Mo Bignature	prrisville, PA	10-4-						
Mr. Brian Haney	President	MA A	- American	Date 6-20-2019						
		-11/// 4		0-20-2019						

1 4:0100	01.1. 531			0 5		D // F		
100# 12/88 NOTE	State of Ne	ew Jersey BESTOS ABATEMENT	- nime	C		VE		
The state of the s		2. 8:60 and 2:120		JUN	2 4	2019		
Date of Notification (1) 6-20-2019	Name of Building C	Owner / Operator (2)						
Agencies Notified Type Notification	Street Address		AS			NTROL.		
□ DEP     □ Initial	PO Box 644 City, State & Zip Co	ode		LICE	ENSIN	₹G		
☐ DOL ☐ Amended	Englewood, NJ 076							
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation	Name of Contact Harold Knebel			Telephor 201-394-0		mber		
Name of East William Alexander Transfer	FACILITY INFO							
Name of Facility Where Abatement is Taking F East Garden Apartments UNIT Q	race (3)	Type of Facility (4)  School (K-12)						
Street Address		Subchapter 8 (Other th						
14 Bliss Avenue						c.)		
			ors B	lldg. Age				
City (5) County (6) Tenafly, NJ Bergen	County Code (7)	30,000  2 Current Use (Prior if being of	demolished)		45			
	101101	Security Building	iemonsned)	1				
Name of Monitoring Firm Hired by Building Ow Health & Safety Services	ner (8) ASCM No.	Name of Abatement Contra						
Street Address		Resource Management Gro Street Address	up, LLC					
PO Box 365	ate Compression to a second control of the control	2115 Hamilton Ave, Suite 202						
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm	Telephone Number	License N						
Scheduled Start Date (10) Scheduled Co	609-914-4279 Name of OSHA Monitor		0118	5				
7-5-2019	7-12-2019	J&S Environmental Laborat	ories, Inc.					
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire F	Street Address 2333 Route 22 West							
Abatement Performed during regular o	City, State & Zip Code							
Describe: 8:30am – 5:30pm	955	Union, NJ 07083						
Facility Occupied During Abatement Scope of Work (Check all that apply)								
3 8 11.55	⊠ Renovation		ntainment with N	egative	Press	ure		
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	☐ Mini-Enclosure ☐ Glove Bag Procedures							
	☐ Demolition	☐ Non-Ex	empted and Non	-Friable	Proce	edure		
Location of Asbestos-Containing	Is Location Normally Used	Description of Asbestos-Containing	Amount (Specify	Aba	temer	nt Type		
Material (ACM)	Solely by	Material (ACM)	SF or LF)	7		Щ Ш		
TO BE ABATED in Facility	Maintenance or Custodial Staff? ir	(i.e., thermal systems nsulation, surfacing, VAT		Removal	Repair	Enclosure Encapsula:		
(13)	(12)	or other miscellaneous)		ova	air.	sure		
80 57	Yes No N/A					¥ 0		
Boiler room	Pipe V	Vrap	45 LF					
				出	H	出님		
Name of Registered Waste Hauler	NJDEP Waste	Cubic Varde Name of Box	istered Landfill					
Traine of fregistered vyaste flatter		of Waste	ISICICU LANUIIII					
Resource Management Group, LLC		TBD Grows Landfi	II					
City, State Trenton, NJ 08619		Disposal Date City, State Morrisville, PA	Д					
Completed By (Print or Type)	Title	Signature		Date				

President

6-20-2019

Mr. Brian Haney

Inv# 119	33	NC	TIEI	CATIO	State of I	New Jersey	TERRELIT	IN E (		ANDARONA 11	menunua D. C.			
Chock # 20707 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)									SE		$\underline{\mathbb{W}}$			
Date of Notification (1)  06 /	17/	19		7 1		ng Owner/Operator en Twp. Board of	排泄 视性 百日	3	JR) Ş	41	2019	7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
Agencies Notified	Type Notific	ation		Stre	et Address							4		
□ EPA     □ DOLWD	☐ Initial ☐ Amende	d		the second	695 Hyltoi			ASBESTOS CONTROL &						
⊠ DOH	Amendm				, State, Zip			LICENSING						
☐ DCA		ncy (includ	ling	-		en, NJ 08110								
(NJAC 5:23-8)	justificati	2000 m		2,010,000	ne of Conta	V200		Telephone Number						
	☐ Cancella	tion			rank Warv			856-662-8505 X6521						
Name of Fig. 1971 Aug.					ACILITY II	NFORMATION								
Name of Facility Where Al		Taking Pla	ace (3)				Type of Facility (							
Pennsauken High S	chool						School (K-12)	Other than K-1	2)					
Street Address							Other (i.e., pri			uilding	gs,			
800 Hylton Road City (5)							homes, etc.)		500 St. 500 St. 500 St.					
Pennsauken							Square Feet	# of Floors						
County (6)				100		77\/07475 1105 0411 14	50,000	2		60				
Camden				100	unty Code (	(7)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)					
Name of Monitoring Firm F	lired by Build	ding Owne	er (8)	ASCI	M No.	Name of Abateme	School							
Arcadis US, Inc	oo by bank	allig Own	), (O)	AGG	vi NO.	The second secon	ntracting, Inc.							
Street Address						Street Address	intracting, inc.							
10 Friends Lane, Sui	te 100					1889 Route 9, Unit 61								
City, State, Zip Code						City, State, Zip Code								
Newtown, PA 08940						Toms River, New Jersey 08755								
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.								
David Hilinski 908-635-4069					5-4069	732-349-9932	2	00624						
Start Date (10) Scheduled Completio					ate (11)	Name of OSHA M	Ionitor							
<u>06</u> / <u>18</u> / <u>19</u> <u>07</u> / <u>03</u> / <u>19</u> E.M							lytical							
Occupancy Status During						Street Address								
☐ Facility Closed/Vacated During Entire Period of Abatement						1056 Stelton								
Abatement Performed Outside of Normal Facility Hours - Time of Abatement:AMPM/_PM-					- Describe City, State, Zip Code									
27.1			' '		_^\\	Piscataway, I	New Jersey 088	54						
Scope of Work (Check all that apply)														
Is Locati									Ab	Abatement Type				
Location o Asbestos-Containing M		ı U	Norm sed So	nally olely by	Aaba	Description o		10. <b>1</b> 0.00000000000000000000000000000000000	R	R	ш	ш		
TO BE ABAT	ED	, V	/lainter	nance/	(i c	estos Containing Ma e., thermal systems i	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)			1510012 (12	al Staff? 2)		surfacing, VAT, other miscellaneous	SF or LF)	val		sula	sure			
(10)		Ye				other miscellane	ous)				ite			
Room 101					glue do	ots from chalkbo	ard	120 sf						
										П				
Name of Registered Waste Hauler NJ					Waste	Cubic Yards of	I November 1	11 150				Ш		
Guardian Contracting, Inc. Haul					ID No.	Waste 1	Name of Registe T.R.R.F.	ered Landfill			•			
City, State					Disposal Date City, State									
Toms River, New Jersey						07/03/19	Tullytown, F	Pennsylvania						
Completed By (Print or Type) Title  Nicholas Fernicola Project Manager						Signature	7	Da Da	ate	1,	C;			

ASR-41

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

V10(,VX	$-\sqrt{}$			(Pu	rsuar	nt to NJA	C 8:60 and 5:1	6)	MEG	E	$\mathbb{V}$	Ŀ		
Date of Notification (1)					Name	of Building	g Owner/Operator (	(2)						
06/	20 /	19	_		No	rth Wildw	ood Board of E	ducation	IIII JU	N 24	2019	9	$\  \mathbf{J} \ $	
Agencies Notified	Type Notific	ation			Street	Address			100 hay				S Laurente	
⊠ EPA	☐ Initial				120	1 Atlanti	c Avenue	1		ue/rayeron/enam	NUSCOS CONTROL	macacaca	1	
⊠ DOLWD					City, S	State, Zip C	Code		ASSES	TOS CO	NTR(	31.6		
☑ DOH ☐ DCA	Amendm		ıdina		No	th Wildw	rood, NJ 08260	la			emperature A Chi	NAMED COLUMN	net desired	
(NJAC 5:23-8)	☐ Emerger justificat		Juling		Name	of Contac	t		Telephone N	umber				
(	☐ Cancella				Ros	se Millar			609-729-4649					
					FA	CILITY IN	FORMATION							
Name of Facility Where A	batement is	Taking P	Place	(3)				Type of Facility	(4)					
Margaret Mace Eler	nentary Sc	hool						School (K-12						
Street Address							Subchapter 8 (Other than K-12)							
1201 Atlantic Avenu	ie						Other (i.e., private and commercial buildings, homes, etc.)							
City (5)					Systematics			Square Feet # of Floors Bldg. Age						
North Wildwood								80,000	3	4	90			
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)	-			
Cape May								School						
Name of Monitoring Firm	Hired by Buil	ding Ow	ner (8	B) /	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental,	Inc.						Shade Enviro	onmental, LLC						
Street Address							Street Address	Hi Hi						
1253 North Church	Street						623 Cutler Av	venue						
City, State, Zip Code	Secretory C						City, State, Zip Co	ode						
Moorestown, NJ 08	057					Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Telephone N						No.	Telephone No.		License No.	B.				
Jim Guilardi 856-840-						-8800	856-755-0099		00842					
Start Date (10) Scheduled Completion Date					te (11)	Name of OSHA M	lonitor							
						EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (	Check o	nly o	ne)			Street Address	Maria and a series of the seri						
□ Facility Closed/Vacate							200 Route 13	0 North						
Abatement Performed Outside of Normal Facility Hour						City, State, Zip Code								
Time of Abatement:	AM	PM/_		_PIM-		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)		55470.00-0											
≥3 sf or ≥3 If		×	1 Rer	novatio	on		☐ Full Cont	tainment with Neg losure	gative Pressure					
						n Slovebag Procedure								
								mpted (*) and No	n-Friable Proce					
			Is Location Normall Used Solel							Ab	Abatement Type			
Location Asbestos-Containing I		n l				Ashes	Description o stos Containing Ma		Amount	Removal	Re	E	En	
TO BE ABA				ntenar			, thermal systems	insulation,			Repair	cap	Enclosure	
IN Facilit	У	1	Custodial Sta (12)				surfacing, VAT, or		SF or LF)	à		Encapsulate	ure	
(13)		Y	res				other miscellane	ous)	;)			te		
Crawlspaces		Ε	3			Debris (	Clean-up (O&M)		250 SF					
Classroom No. 10			5	$\boxtimes$		Floor Ti	le and Mastic		263 SF					
Classroom No. 15			5	$\boxtimes$		Carpet I	Mastic		291 SF					
Classrooms in 1920 S	Section		7	$\boxtimes$	Uni-Vent Hood Caulk				60 LF					
Name of Registered Wast	te Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill					
Freehold Cartage				10 125.55	auler ID 15939		Waste 1	10 50		County Landfill				
City, State					.0000		Disposal Date	City, State						
Freehold, NJ							06/28/2019	Woodbine,	, NJ					
Completed By (Print or Ty	rpe)	Title					Signature	\		Date				
Christina Lynch							is Objects	10/20				0		

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
	Yes	No	N/A		0, 0, 2,	
Woodshop Storage Room		X		Pipe Fitting Insulation	8 LF	X



	92287		State or	New	Jersey	_		Cneck	# 16	651	
CX 11010FD	PATT	NOTI	FICATION OF	ASBE	STOS ABATEMENT		TVA#1.	219	3	-	Da servey.
Date of Sotification (1)  Spirate of Sotification (2)  Spirating Date of Sotification (2)  Spirating D											
	- ,-,								۱ لا		3
Agencies Notified	Type Notifica	ation	Street Addr	ess				IN: 2	1 190	ťο	- 11
[x]EPA								UH T	7 40	IJ	Lower
[ ]DEP	Notific	ation						W 117 117 118 118 118 118 118 118 118 118			
[X]DOL		100000000	Nutley	,NJ,	07110		ASBE			ROL	&
[X]DOH	NOULLIG	action	Name of Con	tact		Teleph	one Number	LICEN	SING		
[ ]DCA	[ ]EMERGENC	Σ.	Ephrain	m &	Debra Ngar	ARTHUR AND A STATE OF THE ARTHUR AND A STATE					
0	[ ]Cancella	tion	•								
Name of Wasilitz Was	ano Photomont	i - m-1-i			INFORMATION						
			ng Place (3)								
					2			er tha	n K-1	21	
Street Address		Y				[X]Other	(i.e., priv	ate &	comme	r-	
	5000										
City	k	County		Cou	inty Code (7)	Square Feet	# of Flo	ors I	Bldg.	Age	
		70				Current Use	(Prior if h	eina d	emoli	shed	1)
NutreA	1						,	Jung u	O.M.O.M.A.		-,
Owner (8)	irm hired by I	Building	ASCM No.				C11				
Street Address				-	Street Address	3					
					86 Chris	topher St	c.				
City, State, Zip Cod	e						)42				
Project Manager for	Monitoring Fir	m Tel	ephone Numb	er		<u></u>		Licens	e Numi	ber	
			etion Date	(11)	A CONTRACTOR OF THE PROPERTY O	fonitor					
Occupancy Status Dur [X]Facility Clos	ing Abatement sed/Vacated Du	(Check	only one)		Street Address						
[ ]Abatement Per Hours - Descr	formed Outside : «OffHours	Descrip	ot»	y	City, State, Z	ip Code					
			Descript»								
Scope of Work (Check	all that appl	Y)			ר וניינו	ontainment w	ith Mogating	Proge			
		-			[X]Mini-E [X]Gloveb	inclosure pag Procedure	_	riess	ure		
Tanki	of	Lo		_	Decemination	. of		Ab	ateme		
				20.			Amount		I K	N	N
		S	olely				The second secon	M	D.	A	L
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	te	nance/	ins				V	A	S	S
(13)	-	Sta	ff (12)						D		
Basement		Yes		Pi	ne insulat	ion	1907.5	727			E
		+-+			-				-		
		+	25	0 22	12 22002 02	-26	25052	- 25	-		
		Hau	ler ID No.	1000000				fill			
City, State		-5- /	020	Dis	posal Date	City, State					
Montclair, NJ	07042				7-3-19		NY, 104	7/4			
Completed By (Print of Constantine Vi		e esider	nt		Signature	Ta Thank		Date 6/18	/2019	)	
282 Grant Ave					10	er sprvile	ruffus	1			

Tov #12194								*					Р	rint Fo
1K7428 P	AND	NOTIFI (P	CATIO	State of Ne N OF ASE It to NJAC	BESTOS	ABATE	MEN 0)	π	D <sub>r</sub>	EC	E		// [	
Date of Notification (1)				of Building						His	)	1 -50	1/1	
6/17/19				ck Foulk	e Priva	ate Ho	ome			JUN	Ζ.	F 20	IJ	luman
Agencies Notified Type Notification	n		Street	Address										
EPA Initial Amended		-	City S	tate, Zip C	odo					ASBEST			301	2.
DEP Amended DOL Amendme	nt #			ion Tow		1.081	ດຂ			Lli	CENS	SING	-	
☐ Emergence	y (including	- F		of Contact		0 001			I To	lephone N	umbor			
DOH justification			Jenn						1 16	ichione ia	umber			
			FAC	ILITY INF	ORMATIO	ON			i					
Name of Facility Where Abatement is Tak	ing Place (	3)					Тур	e of Facility	y (4)				->>/-	
Patrick Foulke Private Home								School (K	(-12)					
Street Address										er than K-		ndia aa	h	
							X	etc.)	. private	& commen	ciai bu	lidings	, non	ies,
City (5)								are Feet		f Floors		Bldg.	Age	
Haddon Township NJ 08108							-	00+	2			50+		
County (6) Camden				Code (7) USE ONLY	)			rent Use (F	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (0)			M No.		Na		ouse		(0)				
N/A	owner (6)	t)	ASC	VI IVO.		Name		atement C	ontractor	(9)				
Street Address		-				Street								
						PO								
City, State, Zip Code								Zip Code						
								rlin NJ 08	3091					
Project Manager for Monitoring Firm	9.0.00000000000000000000000000000000000	T	elepho	ne No.		Teleph				License I	No.			
					1	856-	753-	-9800		00727				
Start Date (10)			pletion	Date (11)		Name	of OS	SHA Monito	or .					
6/27/19	7/12/1	74				Sam	е							
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	Abateme Hours	ent			City, S	tate, 2	Zip Code	-					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	greenway	Renovati Demolitic				E	M	ull Containr ini-Enclosu lovebag Pro	re	Negative	Pressu	ire		
						X	No	on-Exempte	ed (*) and	d Non-Frial	ble Pro	cedur	е	
	100	Locatio											emen	
Location of Asbestos-Containing Material (ACM)		lormally d Solely				ription		/			-	1)	pe	-
TO BE ABATED		intenand odial St			tos Conta thermal s				3	mount pecify	R	_	Enc	m
In Facility (13)	Cust	(12)	all?		surfaci				ŠF	or LF)	Remova	Repair	aps	ıclos
(13)					other mi	scellan	eous)	)			val	air	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
Exterior Siding			х		Exteri	or Sid	ing		20	00 sf	x			
											1			
							-				+-		7	
Name of Registered Waste Hauler		NI	DEP W	aste	Cubic Y	ardo		Moma -	Posist	rod Leaden	1_			
United Roll Off		10.100000000000000000000000000000000000	uier ID	100 TO 10	of Waste			Water Salvers and Control	me of Registered Landfill					
		22	459		6			G.R.0	.R.O.W.S.					
City, State					Disposa			City, Sta						
Elm NJ Completed by	T-11				7/12/1			Morris	ville PA	19067				
Anthony T Perna	Title Presi	dent			Sig	nature	R			0.11	ite'	0		
	1 1001	JUIL			1			-		1 0	11//1	7		1

IN# 12195												
5810 PA		NO						D) E C		$\mathbb{V}$	E	7
Date of Notification (1) 06 / 17	/ 1	9		All course			(2)		0 2 1	2010		A COLUMN TO THE PERSON OF
		_						U JUI	y 2 4	4019		l least
		1		Stree	et Address		- Carrier - Carr		and the second second			
				City	State 7in	Code	1				3.10	
			-				l		ICENSII.	VG_	-	S Special and a
		ncludir	g	_		2000		Talashasa N	Lunkas			
[1] (Y N. A.				2000		724				_		
								1 1 1	Brezz	**		
Date of Notification (1)  O6 / 17 / 19  Agencies Notified  EPA  DOLWD  Name of Building Owner/Operator (2)  Francis Ochoa  Street Address  ASBESTGS CONTROL &  City State Zin Code												
	nont is raidi	ig i iac	C (3)				II. 34	3335				
Ochoa Residence  Street Address  City (5)  Mount Holly  County (6)  Burlington  Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services  Street Address  PO Box 341  City, State, Zip Code Chesterfield, NJ 08515  Project Manager for Monitoring Firm Bill Weisgarber  School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)  Square Feet 1,380 2 61  County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) Shade Environmental, LLC  Street Address PO Box 341  City, State, Zip Code Chesterfield, NJ 08515  Project Manager for Monitoring Firm Bill Weisgarber  Telephone No. 609-298-4070 856-755-0099  Street Address  Street Address  Fellophone No. Bill Weisgarber  Scheduled Completion Date (11) Office of the Monitor of EMSL Analytical, Inc.  Occupancy Status During Abatement (Check only one)  Street Address  Street Address												
Date of Notification (1)												
City (5)				-					I P	Ida A	70	
											ige	
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAG 8:60 and 5:15)  Agencies Molfied  Type Notification (S PA Agencies Molfied  S POLWO Amended D DCA (NIAC 5:23-6)   Initial D DCA (NIAC												
Date of Notification (1)												
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	l No.	Name of Abatem						
				1000								
							,					-
PO Box 341						623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode					
Chesterfield, NJ 08515						Maple Shade	, NJ 08052					
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No				
			6	09-298	3-4070	856-755-0099		00842				
					14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	The American State of the Control of						
						Street Address						
					-	200 Route 13	0 North				,	
Time of Abatement:	de of Norma AMP	l Facilit M/	y Hou PM	rs - Des	scribe _AM	The state of the s						
						Cinnaminson	, NJ 08077					
≥3 sf or >3 If	эрріу)					☐ Mini-Enc ☐ Glovebag	losure Procedure					
		100 (100)							At	atem	ent T	уре
	al (ACM)	Use	ed Sol	ely by	Asha			Amount	R	₽,	щ	m
TO BE ABATED	ar (/ totti)					, thermal systems i	nsulation,		ome	pai	cap	clos
		Cus							val	-	sula	sure
(13)		Yes	T			other miscellane	ous)				ate	
Basement			$\boxtimes$		Floor T	ile and Mastic		250 SF				
										In		
					<u> </u>				_			
		-	-	+								1
Name of Registered Waste Hau	ıler	Г			Maste	Cubic Yards of	Name of Paciet	ared Landfill			Ш	Ш
Freehold Cartage			1000	lauler II	D No.	Waste						
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			anne a makesania					PA				3 3 6 6
	Title	9						r-sacan	Date	-		
			eside	ent of (	Operation	10.	10			2 11	0	

0K.1539	PAI		NOTI	FICATIO	State of N	BESTOS	ABATEMEN	т —	TAVE	12	$\mathcal{H}$	1	
Date of Notification (1) 06/18/2019	2 8 20			Name	of Buildin sey Board	g Owner/	nd 12:120) Operator (2) cation		ChedeNo()15				T <sub>P</sub>
☐ EPA 区 DEP ☐ DOL	Amended Amendment #			Street 266 E	Address ast Main tate, Zip ( ey, New	Street		- 111	JUN JUN	24	2019	<u> </u>	
☑ DOH ☐ DCA ☐	justification)	ncluding			of Contac Bohacik	t	£		Telephone Nu 201-803-430	BENSIN	ITRO G	)L &	
Name of Facility Where A	batement is Takir	g Place (	3)	FAC	CILITY IN	FORMAT	Type of Fa	cility (4)				007 4047	
Street Address 200 Island Avenue	hool						⊠ Schoo	I (K-12) apter 8 (Other the .e. private & cor	nan K-12) nmercial buildin	gs, hom	ies, e	tc.)	
City (5) Ramsey, New Jersey (	7446						Square Fee 20,000	et	# of Floors 2	50	ig. A	ge	
County (6) Bergen					Code (7)	n	Current Us	e (Prior if being Elementary	demolished) / School				
Name of Monitoring Firm Environmental Design	Hired by Building Inc.	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	eatement Contra	ctor (9)				
Street Address 5434 King Avenue							Street Addre 246 Union						
City, State, Zip Code Pennsauken, New Jers	ey 08109						City, State, 2 Totowa, Ne	Zip Code ew Jersey 075	12				
Project Manager for Monit Tim Gromen	oring Firm		-	Telepho 856-61	one No 6-9516		Telephone N 973-225-84		License No 01104	).			
Start Date (10) 06/29/2019		Schedule 07/05/2		oletion Da	ate (11)		Name of OS Iris Enviror	HA Monitor mental Labora	atories, LLC				
Occupancy Status During		979	.00			-	Street Addre		(34)				
☐ Secility Closed/Vacate ☐ Abatement Performed ☐ Other — Describe:	Outside of Norma	eriod of At al Facility	Hours	ent		(4)	City, State, 2 Union, NJ (	Zip Code					
Scope of Work (Check All  3 sf or ≥3 if  ≥160 sf or ≥260 if	That Apply)	11177 1175	lenova emolit	507000			☐ Mi	Il Containment v ni-Enclosure ove Bag Procedon-Exempted (*)	ure / Limited Co	ntainme	ent &	Tent	
Logotion	-6	100	Locati						Amount (Specify		bater Typ		
Asbestos-Containing N TO BE ABAT In Facility (13)	Material (ACM)	Use Ma Cust	d Sole intena odial S (12)	ely by nce/ Staff?	Asbe the	stos Cor rmal syst	Description of staining Materi ems insulation VAT, or er miscellaneo	al (ACM) (i.e. n, surfacing,	SF of LF)	Removal	Repair	Encapsulate	Enclosure
Vestibule/Main E	Entrance	Yes	No	N/A X			Plaster		21 SF	X		Ю	
3							i lastei		2135	^			
Name of Registered Waste Lilich Corporation	Hauler	-	Н	JDEP W auler ID 18724	100000000000000000000000000000000000000	Cubic Yof Was		Name of Regi	stered Landfill				
City, State Totowa, New Jersey						Dispos 07/05/	al Date 2019	City, State Morrisville, F					$\neg$
Completed by Adriana Olejarova		Title Pre	sident	t			gnature	()	Date	18/201	19		

ASB-41 (R-06-08)

## Inv# 12203 CV 3500 PAID

State of New Jersey

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

01/1 #3592

UN WYO	Χ	70400000		V				o ana o. i	٠,			, ,			
Date of Notification (1)	40 .				1			er/Operator	(2)	R	EC		W	F	F
	18 /	19	)		V	erizon Co	mmun	ications		11		ا ك	U		711
Agencies Notified	Type Notific	cation			Stre	et Address			THE THE	IT	1	15.5%			
☐ EPA  ☑ DOLWD	☐ Initial	А			15	East Mo	ntgom	ery Street	DOLL BETT		] JUN	2 4	2019		
⊠ DOH	Amenda	-			100000000000000000000000000000000000000	State, Zip			***						
☐ DCA	☐ Emerger	ncy (ir	cludin	g g		ttsburgh,		212	all our		ASBESTO	15 001	ITO	11 0	j
(NJAC 5:23-8)	justificat					e of Contac	7.5			Т	elephone Ma	meres in	G	/= Ct	
	Cancella	ition			At	nthony Po	orta				412-633-40	021		and the same of th	###www.mj.a
N					FA	CILITY IN	VFOR	NOITAN							
Name of Facility Where A			g Place	e (3)					Type of Facility						
Pompton Lakes Ce Street Address	ntrai Office								☐ School (K-1 ☐ Subchapter	12)	Other than K	12)			
8-12 Hamburg Pike									Other (i.e., homes, etc	priva	te and comm	nercial b	uildin	gs,	
City (5)									Square Feet	2000	# of Floors	В	ldg. A	ge	
Riverdale									33,035		3		+- 50		
County (6)					Cou	inty Code (7	7)(STATE	USE ONLY)	Current Use (P	rior i	f being demo	lished)		71	
Morris									Verizon Co						
Name of Monitoring Firm	And the state of t				ASCN	l No.	Name	e of Abateme	ent Contractor (9	9)					
Environmental Hea	Ith Investig	ation	s, Inc	:.			BR	ISTOL EN	VIRONMENTA	AL, I	NC.				
Street Address					G*		Stree	t Address							
655 West Shore Tra	ıil								R STREET						
City, State, Zip Code							100	State, Zip Co							
Sparta, NJ 07871				т=				ISTOL, PA	19007						
Project Manager for Moni Tom Januszeski	toring Firm				lephone		100	hone No.			License No.				
Start Date (10)		Coboo	ulad C	1		9-5649 ate (11)		5-788-6040			00509				
						19	5.0.5.0.0.000	of OSHA N			NO				
Occupancy Status During									VIRONMENTA	AL, II	NC				
☐ Facility Closed/Vacate					amant			t Address	CTDEET						
						scribe	10000	State, Zip Co	R STREET	- 1225					
Time of Abatement: _	AM	P	// <u>5:00</u>	PM-	1:00AN			ISTOL, PA							
Scope of Work (Check all	that apply)						DIX	ISTOL, FA	19007						
			_					☐ Full Cont	ainment with Ne	gativ	e Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			⊠ Re □ De					<ul><li>☐ Mini-Enc</li><li>☐ Glovebag</li></ul>	losure						
				1110111					mpted (*) and No	on-Fr	riable Proced	ure			
					ation							-	atem	ent T	уре
Location Asbestos-Containing I		۳\		Norm	ally lely by	Asha	-t C-	escription o	f		N	<sub>Z</sub>	R	Ш	ш
TO BE ABA	TED	1)	Ma	inten	ance/	(i.e	therm	intaining ivia ial systems i	terial (ACM)		Amount (Specify	Removal	Repair	ncap	Enclosure
IN Facilit (13)	У		Cusi	odia) (12	Staff?	8		facing, VAT,			SF or LF)	val	-	Encapsulate	sure
(13)			Yes	No		1	otnei	r miscellane	ous)					ate	
Basement Mech. Equ	ip. Room				$\boxtimes$	VAT/Ma	stic				350 SF				
Basement Power Roc	m					VAT/Ma	stic				900 SF				
Basement Mech. Equ	ip. Room				$\boxtimes$	Pipe Fit	ttings				3 LF				
Basement Power Roo	om				$\boxtimes$	Pipe Fit	ttings				2 LF				
Name of Registered Wast				- 12	NJDEP			Yards of	Name of Regis	stere	d Landfill			1000-000	
SERVICE TRANSPO	RT GROUP	, INC	<b>:</b> .		Hauler I <b>2099</b>		Waste	l	MINERVA	LAN	IDFILL				
City, State		W 200-20			_000		Dispos	sal Date	City, State						
YARDLEY, PA							TBI	)	WAYNESE	BUR	G, OH				
Completed By (Print or Ty	rpe)	Title						ignature,			6 0	ate	40.000.00		
Dillan DeCaro		Es	stimat	tor			/	) Was	n DeCa	10	1/g/c	6-	19-	19	

IN # 1230 Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 6/19/19 Johanna Acuria Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Hackettstown, NJ Emergency (including Name of Contact DOH justification) Telephone Number OS CONTROL & LICENSING DCA Cancellation Johanna FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) house School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc. City (5) Square Feet # of Floors Bldg. Age Hackettstown 2200 2 80 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Warren house Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/29/19 7/13/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: basement Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement pipe insulation 120 LF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins

President

6/19/19

IN#199	DATID		NOT	FICATIO	ON OF ASBE	STOS ABAT	EMENT 20)	$\mathcal{C}$	L++	- 7	70	-7	
	HUUU			Name	of Building (	Owner/Operate	or (2)	1	K ++	<u>a</u>	0 -	00	
						nent		III	1 6	G 6	3	$\mathbb{V}$	
Agencies Notified	Type Notification						(	1100	/	- Denah day			-7
EPA	Initial			958	Main St				District of the Control of the Contr				
DEP				City, S	tate, Zip Coo	de		1111	H	<del>UN -</del>	+-	2019	
	Amendmen Emergency	(includir		Pate	erson, NJ (	7503		1	Name of the last o				1
IXI DOH	Date of Notification (1)    Solution   Part   Part		of Contact			TE	lephone	Numbe					
Agencies Notified    PA					ASBE	STOS	CON	TRO	L&				
NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAIGA 8360 and 12:120)  Date of Notification (1)  Apencies Notification (1)  Apencies Notification  Type Notification  Apencies Notification  Apencies Notification  Type Notification  Street Address  Street Address  Street Address  Street Address  DOL  Emergency (Including   Date (1))  Justification (2)  Amendment # Amendment # Amendment # Amendment # Amendment # Amendment # Paterson, NJ 07503  Name of Facility Where Abatement is Taking Place (3)  Residential House  Street Address  Street Address  Street Address  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm   Telephone No.		LICE	10011		Chapter Brown at News								
Residential House	S Notified  Type Notification  A Initial  A Amended  Amendment #  Emergency (include justification)  Cancellation  Facility Where Abatement is Taking Place antial House  Iddress  On Si)  C Monitoring Firm Hired by Building Owner dress  e, Zip Code  anager for Monitoring Firm  a (10)  Scheed 7/10  by Status During Abatement (Check Only ity Closed/Vacated During Entire Period Cement Performed Outside of Normal Facility — Describe: Scheduled for Demo  Work (Check All That Apply)  or ≥3 If sf or ≥260 If  Location of tos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes  Exterior							2000 55					
Street Address			****			p/	Subchapte Other (i.e.	er 8 (Oth	ner than h & comme	(-12) ercial bi	uilding	s, hon	ies,
							etc.)						
							1 .		of Floors	1	Bldg. 50÷	Age	
							Current Use (P	1000	ing demo	lished)			
							Residential	House		nanoa)			
Name of Monitoring Firm F	fired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement Co	ntractor	(9)				
				n/a									
1						360	Palisade Ave						
The state of the s						201							
	dna Ciro							3					
	ning riiti		- 1		one No.	OF 88			License				
Start Date (10)		Schodu	lod Car		D-1- (44)				01255	5			
				ubieriòu	Date (11)								
Occupancy Status During A	Abatement (Chec							ing inc					
and the same of th													
Apatement Performed	Outside of Norm	al Facilit	y Hours	nent S					~				
Other - Describe: Sc	heduled for Demo		-					_					
Scope of Work (Check All 7	hat Apply)				·		1810, 140 07026	)					
		<b>YMDH</b>		1000		2005 2005 2005 2005 2005 2005 2005 2005	Mini-Englosur Glovebag Pro	e cedure					
		18	s Locati	on				7 / 10110	14011-111	SDIE FIL	-	ement	
						Description	of					/pe	
Asbestos-Containing Ma	aterial (ACM)				Aspestos	Containing M	aterial (ACM)	P.I	nount			m	
In Facility		Cus		Staff?						Ren	20	Encapsulate	Enclosure
(13)			(12)		۵	ther miscellan	eous)	31	ui Li-j	Remova	Repair	usu	losi
		Yes	No	N/A						8		late	978
Exterior				х		Roof Flash	ing	120	00 SF	<	-		$\neg$
							İ			+	1		
										-	$\vdash$		
										+			-
	Hauler		140				Name of	Register	ed Landf	ill —	<u></u>		
			342 335				1		*:				
The state of the s					D	isposal Date	City, State	3					
		Y			1	30	TBD						
Stevan Lazarevich				1 300		Signature		17	0	ate			
Diovan Lazarevich		Pres	ident			LAVIA	in Promon	il	1 8	5/19/1	9		-

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 06/12/19 Caldwell/West Caldwell Public Schools Agencies Notified Street Address Type Notification JUN 24 104 Gray St. 2019 **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # West Caldwell, NJ 07006 ASSESTOS CONTROL & Emergency (including Name of Contact Telephone Number SING X DOH justification) DCA Cancellation Frank Ennis 973-228-1724 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Harrison School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 104 Gray St. etc.) City (5) # of Floors Square Feet Bldg. Age West Caldwell County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants Inc. 0057 Academy Construction Inc. Street Address Street Address P.O. Box 385 205 Route 46 Suite 14 City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Totowa NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Eric Clarkson 609-652-1833 01379 973 832 4244 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/22/19 07/22/19 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Wrap & cut 🔀 Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)other miscellaneous) (13)Yes No N/A Boy's & Girl's Restrooms Elbows 30-40lf X X NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Cubic Yards Hauler ID No. of Waste Academy Construction Inc. Fairless Landfill 034422 3 City, State Disposal Date City, State Totowa NJ TBD Morrisville, PA Completed by Title Signaturé 06/12/19 John Geleski PM

State of New Jersey

	Specific A man		State of	New	Jersey	-	11_	2000	Check	# 166	550	
0K16650	PAI	NOTI	FICATION OF	ASBE	STOS ABATEMENT -7 and 12:120-7		W#-		2 E I	תח ו		lita propriedo de la composición della composici
Date of Notification	(1)				Owner/Operato			mb		$\mathbb{W}$	占	In
6/17/2019			Teache	rs (	Club of Mo	ntcla	air		***********	**************	MERICAL APPROX	-
Agencies Notified	Type Notific	cation	Street Addr	ess					JN 24	2010		Ш
[ ]EPA	[X]Initial		35 Pari	k St	:			FI FI	JIV - +	7019		
[ ]DEP	Notifi		City, State	, Zip	Code			- t	~~~~			
[X]DOL	[ ]Amended Notifi	2000 ES	Montcla	air,	NJ,07042		on death		STOS CO LICENSI		)L &	
[X] DOH			Name of Con	tact			Telepho	one Number		1444		*****
[ ]DCA	[ ]EMERGEN		Donna l	Kara	nja		(97	3) 632-9	9524			
	[ ]Cancella	ation	77.07	-			L					
Name of Facility Whe	re Abatement	is Takin			INFORMATION	Type	of Faci	lity (4)				
Teachers Club						11		(K-12)				
Street Address						11 0 0		pter 8 (Oth	er than	K-12	)	
22202 11441 633						[X		<pre>(i.e., priv buildings,</pre>			-	
35 Park St						Square	e Feet	# of Flo		dg. I	Age	
City		County			inty Code (7)					-	_	
Montclair				(SI	ATE USE ONLY)	Curren	nt Use	(Prior if b	eing de	molis	hed)	
	1/11	Essex							*****			
Name of Monitoring Fi Owner (8)	irm hired by	Bullaing	ASCM No.		Name of Abate							
N/A Street Address					Street Addres		TOTALIS I	i, inc.				
					86 Chris	-	er St	-				
City, State, Zip Code	<u> </u>				City, State,					1100000		
· · · · · · · · · · · · · · · · · · ·					Montclai			142				
Project Manager for M	fonitoring Fi	rm Tele	ephone Numbe	er	Telephone Numb				License	Numb	er	
		N/2	A		(973) 744	-880	0		0037			
Scheduled Start Date			etion Date	(11)	Name of OSHA	Monitor	:					
06 27 19 Month Day Yes		06 29	NA 100 TO 100		N/A							
Occupancy Status Duri	ng Abatement	nth Da (Check o	only one)		Street Address	3						
[X] Facility Close of Abatement	ed/Vacated D	uring Ent	ire Period									
[ ]Abatement Per				Y	City, State, 2	Zip Cod	le		See Printed to 1 A Sec			
Hours - Descri												
Scope of Work (Check	all that app	oly)										
[X]>3 sf or >	3 1f	LX.	Renovation		[ ]Full ( [X]Mini-			ith Negative	e Pressu	ire		
[ ]>160 sf or		17.44	Demolition		[X]Glovel	bag Pro	cedure					
			İs		[ ]Non-F	riable	Procedu	ire	aha	temen	+ 175	
Location Asbestos-Cont			cation rmally		Description				R	Cemer	E	E N
Material (A		S	Used olely		Asbestos-Cont Material (			Amount (Specify	E	R	CA	C
TO BE ABAT		ter	Main- nance/	in	(i.e., thermal	-		SF or	O	PA	PS	0
(13)	CY		todial ff (12)		sulation, surfa or other miscel			LF)	A	R	ŭ	Ŭ R
Basement		Yes	No N/A	Dimo	Theuleti			050.55			-	E
Dascinciic				The	Insulation	on		250 LF	X		-	
		-				-10.003				-		
Name of Registered Wa	ste Hauler	NJD	EP Waste	Cuk	oic Yards	Name	of Regi	stered Land	lfill			-
AZTECH MANAGE			ler ID No.	10000000	Waste 1.5		i - S					
City, State		12.7	0.10	Dis	posal Date	City,	State	***************************************				
Montclair, NJ	07042				7/07/19	17		NY, 104	74			
Completed By (Print o	r Type) Tit	·le			Signature			1	<u> </u>			
Constantine Vi		esiden	t		Signature	-t	ti. 1	1/5/ACL	Date 6/17/	2019		
			ererail2d Schille Dominical Schille		/ /Ins	100	THUL	111111	-,,			

Check# 3251

Thu# 12010	TTVA A	state of N	ew Je	rsey - Notifi	cation of Asbestos	Abater	nent [	C	EIN	V E	[6]
GAC Project # 060-19	PA		(Purs	suant to N.J.A.C	C. 8:60-7 and 12:120-7)	)		, 6	<u> </u>	<u> </u>	7///
Date of Notification (1)					Name of Building Owne	r/Operator	(2)				
	1, 2019				RUTGERS, THE S	STATE	NIVER	SITY	)F NJ20	19	$\ U\ $
Agencies Notified		Notificatio XInitial		otion	Street Address				DEDT	/D=	
□ EPA		Professional Comments		ification #	ENVIRONMENTAL 74 STREET 1603,						
□ DCA				(including	City, State, Zip Code	DLDG 4	110,763		ENSING	HAILG	3
X DOL			cation)		PISCATAWAY, NJ	08854				and the second	With grade from the said
☑ DEP- No Longer REQUI ☑ DOH	RED	□ Cance	lled		Name of Contact			ephone l			
ISI DON					MICHAEL F. SMIT		84	8-445-2	2550		
				FACILITY IN	HEALTH & SAFET	Y					
Name of Facility Where Abate		king Place (3)		77101277777	Type of Facility (4)						
SMITH HALL, BLDG#	7223				School (K-12)						
Street Address					Subchapter 8 (other that						
NEWARK CAMPUS					Other (i.e. private & co	ommercial # of Floor				are	
City (5)	County (6	)	County	Code (7)	- OG. TOOL WA	0111001	3. 4 <u>DIU</u>	ig. Age.	oo. ye	ars	
NEWARK		SEX		Use Only)	Current Use (prior if beir	ng demolis	hed): A	CADEMI	С		
					1						
Name of Monitoring Firm Hired	d by Bldg. (	Owner (8)	ASCM		Name of Contractor (9)						
ATC			0009	98	GREENWOOD ABA	TEMEN	CONS	AAT III	ITS INC		
Street Address					Street Address	I FIAIFIA	CONS	OLIA	110, 1140	**	
3 TERRI LANE					E44 MAIN CTDEET						
City State 7in Code					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring		Telephone	Number		Telephone Number		Lice	nse Num	ber	- Daniel	
BRIAN R. KEARNEY		609-386	-8800		072 402 0477		000	240			
Scheduled Start Date (10)		Scheduled	Completio	on Date (11)	973-492-0477 Name of OSHA Monitor		008	340			
06/21/2019		06/24	1/19		ENVIROVISION, IN	C.					
Occupancy Status During At					Street Address						
☐ Facility Closed/Vacated D ☐ Abatement Performed Out				nt	20-21 WARGARAW	ROAD,	BLDG#	35E			
Describe:	iside of No	imai Facility	Hours -		City, State, Zip Code						
☑ Other- Describe: Schedu		- 5AM (24 I	HOURS	&	FAIRLAWN, NJ 074	10					
WEEKENDS AS NEEDE	D)										
Scope of Work (Check all that	apply)										
[D]				-		Full Cont		with Neg	ative Pres	sure	
	en if			Renovation Demolition	100	Mini-End					
<u>==</u> 100 s: 01 <u>= 2</u>	00 11		•	■ Demoilion		Glove band				Proced	ture
Location of Asbestos-Containing		cation Norma			pestos Containing Material	An	ount		ment Type		idio
Material (ACM) in Facility (13)		ly by Maint./C ? (12)	ustodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfac		ecify SF _F)	Remov	ve Repair E	Encap E	Enclose
	YES		NA	, vivi, or other mis	0011.7	01	-1 /				
Room 357		X		VAT		1	20 SF	X	T		
Name of Reg. Waste Hauler	2	NJDEP Was	CHICAGO PROPERTY OF THE PROPER	r ID#	Cubic Yards of Waste:	2 CY			stered Lar		
See Hauler Below #1 &		See Belov					10000000	.O.W.S	. North L	.andfil	11
Hauler #1) Greenwood Abate NJDEP # 12561	ment Cons	ultants, Inc	Butler, !	NJ 07405		Disposal	Date		City, State		Aill
Hauler #2) Newark Carting, I	nc., Newar	k, NJ 04509				06/24/	2010		Rd. Morr		
NJ DEP # 4509						001241	-010		19067 215-736-	1700	
Completed by (Print or Type)	17	itle			Signature		Date		2.0.00		
RAYMOND C. PEDAL		SENIOR P	ROJEC	CT	Raymond C. To	211		i ne 11, 2	2019		
	accountries 1	MANAGER			Draymona O. Te	aauno:		, -			

-	200	-	
ಾಲ	ring	Form	

Ge-13-19	OK ales	30 PA	AND	NOTII	FICATIO	State of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE	EMENT 20)	- -	TUV	#263	20_	<del>}</del>	41
Pack   Pack					Veriz	on Communi		r (2)			G		$\mathbb{V}$	
Dep   Amended Amended   Dold	[						Road		Acquisines, descriptions of attractions		1161 2	1	0010	distantion and the second
Emergency (including   Emergency (including   Name of Contact   Renzo Contracts   Teléphone Number   Telép	DEP	Amended	t #							TI O	UN 4	4 /	1119	- The state of the
Street Address   Stre		Emergency	(including	3					- Land	Telephone	Nilmb	WUN.	THOL	. ä
Street Address   Street Address   Subchapter 8 (Other than K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (	DCA				Renze	o Contreras			-	(973)-95	1=054	SING	3	No. 100 The Lot Well
Street Address 502 Main Street 502 Main Street 502 Main Street 502 Main Street 503 Main Street 503 Main Street 504 Main Street 505 Main Street 505 Main Street 506 Main Street 506 Main Street 507 Main Street 508 Main Street 508 Main Street 509 Main Street 509 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 500 Main Street 600 Main Street	Name of Facility Where	Abstement is Takir	o Diago /	2)	FAC	ILITY INFORMA	ATION							
Since Address 502 Main Street    Subchapter & Clother Ham K.12)   Subchapter & Clother (Le, private & commercial buildings, homes, etc.)   Square Feet	Traine of Facility Where	Abatement is Takii	ig Place (	3)				-	3750 B					
Square Feet   45,000SF   3   45,000SF   45,000SF   3   45,000SF   45,000SF   3   45,000SF   45,000SF   45,000SF   3   45,000SF   4								Subcl X Other	napter 8 (C			uilding	s, hom	nes,
County Code (7)   Current Use (Prior if being demolished)   Commercial	10.000 (1-10)							Square Fe				100000	100 To 100	
Name of Monitoring Firm Hired by Building Owner (8)								Current Us	e (Prior if t	peing demo	olished	77.		
Street Address   200 Broad Street   201 Broad Str	Name of Monitoring Firm	m Hired by Building , Inc.	Owner (8)	)	ASC	M No.		of Abatemer	nt Contract					
City, State, Zip Code Moorestown, NJ 08057  Project Manager for Monitoring Firm  Kris Smith  Start Date (10)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normall Facility Hours  City, State, Zip Code  Corporation Demolition  Street Address 10-59 Jackson Avenue  City, State, Zip Code  Logal of City, NY 11101  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  To BE ABATED  In Facility (13)  Basement: Boiler Room  Basement: Boiler Room  Basement: Boiler Room  Basement: Fire Pump Room  Nume of OsHa Monitor  Even-Air Inc.  City, State, Zip Code  Corporation Of Abatement Abatement Abatement With Negative Pressure Mini-Enclosure  Glovebage Procedure  Non-Exempted (*) and Non-Friable Procedure  Absetsos-Containing Material (ACM)  (13)  Ves No N/A  Basement: Boiler Room  A Duct Insulation  None of Sept Sept Sept Sept Sept Sept Sept Sept		Street					Street	Address		остр.				
Telephone No. (609) 313-8218   Telephone No. (759) 313-8218   201-939-6565   20		3057					City, S	State, Zip Coo	le					
Start Date (10) 07-08-19  Scheduled Completion Date (11) 12-31-19  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  Scope of W		nitoring Firm					Teleph	none No.		100 C 100 C		,		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:    Scope of Work (Check All That Apply)     ≥ 38 for ≥ 3 lf						CALLED TO CONTRACT OF THE CONT			nitor	100.00				-0-3-1-1-1-00
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Long Island City, NY 11101  Abatement with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement T	Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)										
Other – Describe:    Copy of Work (Check All That Apply)	Facility Closed/Vac	cated During Entire F	Period of A	Abaten	nent		10-5	9 Jackson	Avenue					
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	Other – Describe:		nal Facility	Hours	5					101			1-2 0/	
≥ 160 sf or ≥260 lf   Demolition   Description of   Abatement   Type   Description of   Asbestos Containing Material (ACM)   (Specify   Demolition   Specify   Description of   Demolition   Demolition   Demolition   Description   Demolition   Demolit	Scope of Work (Check A	All That Apply)	5 1995 3 ° h				-		733					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Per No N/A  Basement: Boiler Room  Basement: Boiler Room  Basement: Fire Pump Room  Name of Registered Waste Hauler Newark Carting, Inc.  Name of Registered Waste Hauler Newark, NJ 07105  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Project Manager  Abatement Type  Abatement Type  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Project Manager  Abatement Type  Abatement Type  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Project Manager  Abatement Type  Abatement Type  Amount (Specify SF or LF)  Amount (Specify Specify SP or LF)  Amount (Specify Specify Specify SP or LF  Amount (Specify Specify Specify Specify SP or LF  Amount (Specify Specify Specify Spe							×	Mini-Encl Glovebag	osure Procedur	e			ire	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Waintenance/ Custodial Staff? (12)  Yes No N/A  Basement: Boiler Room  Basement: Boiler Room  Basement: Boiler Room  Basement: Fire Pump Room  Name of Registered Waste Hauler Newark Carting, Inc.  Name of Registered Waste Hauler Newark Carting, Inc.  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Insulation  160LF x  Duct Insulation  1,000SF x  Pipe Insulation  Amount (Specify SF or LF)  Pipe Insulation  1,000SF x  Disposal Date TBD  City, State Norrisville, PA 19067  Completed by Joseph Patrick  Project Manager  Date Of 13 10												Aba	temen	t
TO BE ABATED In Facility (13)  Wes No N/A  Basement: Boiler Room  Basement: Boiler Room  Custodial Staff? (12)  Yes No N/A  Wes No N/A  Pipe Insulation  Duct Insulation  Fire Pump Room  Name of Registered Waste Hauler  Newark Carting, Inc.  Name of Registered Waste Hauler  Newark Carting, Inc.  Name of Registered Waste Hauler  Newark, NJ 07105  Completed by  Joseph Patrick  Maintenance/  Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  New Pipe Insulation  To Waste To Waste  Cubic Yards of Waste  TBD  Name of Registered Landfill  G.R.O.W.S. North Landfill  Date  October 12 10  Date  October 12 10  Date  October 13 10  Date  October 13 10  Date  October 13 10  Date  October 13 10  Date  October 14 10  Date  October 15 10  Date  October 15 10  Date  October 15 10  Date  October 15 10  Date  October 15 10  Date  October 15 10  Date  October 15 10  Date  October 16 12 10  Date  October 16 12 10  Date  October 16 12 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 17 10  Date  October 18 10  Date											-	Т	ype	1
Basement: Boiler Room	TO BE AB In Faci	ATED lity	PANTAGE CONT.	odial S		(i.e. therma surf	al systems acing, VA	insulation, T, or		(Specify	Kemova	Repair	Encapsula	Enclosur
Basement: Boiler Room			Yes	No	N/A								te	
Basement: Fire Pump Room x Pipe Insulation 40LF x  Name of Registered Waste Hauler Newark Carting, Inc.  City, State Newark, NJ 07105  Completed by Joseph Patrick  Project Manager  X Pipe Insulation  A QLF x  Name of Registered Landfill  G.R.O.W.S. North Landfill  City, State Morrisville, PA 19067  Signature  Signature  Date OS 13 10	0.000 0.000 0.000 0.000 0.000 0.000		1				9.,927,000,000	10.00000			х			
Name of Registered Waste Hauler  Newark Carting, Inc.  City, State Newark, NJ 07105  Completed by Joseph Patrick  NJDEP Waste Hauler ID No. 04509  Cubic Yards of Waste TBD  Cubic Yards Of Waste TBD  Cubic Yards Of Waste TBD  City, State Morrisville, PA 19067  Completed by Compl			-						1		x			
Newark Carting, Inc.    Hauler ID No.	Basement: Fire	Pump Room			X	Pip	e Insula	tion		40LF	х			
Newark Carting, Inc.    Hauler ID No.	Name of Registered Was	ste Hauler		N	JDEP W	aste Cubi	c Yards	Nam	e of Regio	tered Land	Ifill			
Newark, NJ 07105  TBD  Morrisyille, PA 19067  Completed by  Title  Joseph Patrick  Project Manager  On 12 10				100000		No. of W	aste	100000						
Completed by Title Signature Date  Joseph Patrick Project Manager Of 12 10	City, State Newark, NJ 07105					Dispo	sal Dațe			PA 1906	7			
I WINTER I	Completed by Joseph Patrick		2153333	ct Ma	nager		//-	. T-£	1. c	V	Date	-19		

TOV# 120	312	NOT	TEXA	State of No				Image F	6	E ,	1 00	
K 1073 P		(Pur	suant t	ATION OF AS to NJAC 8:60 and	BES 12:2	TOS ABA 20/N.J.A.C. 7	<b>TEMEN</b> 7:26-2.12)	TID) E	C			E
Date of Notification (1): 6/12/2019				g Owner/Operator (	2)				JUN	2 1	2010	
Agencies Type Notificat	tion S	treet Ado	lress:					1111	UUN	4 4	2015	
Notified ☐ Initial ☐ Amended		90 Muha lity, State		Ali Avenue Room 2	209							
☐ EPA ☐ Amended Amendment#:		lewark, N						L	ESTO	ENSI	NIAC VG	)L&
DOL Emergency (including		lame of C					Telephone			-		
□ DOH justification □ DCA □ Cancellation	)	1r. Benja	min Oia	igadeyo			973-733-7	200				
None CF - III N	1 77 1			FACILITY INF	-							
Name of Facility: Newar	k Vocational	High Sch	nool			pe of Facility (4	ł):					
301 West Kinney Street	4					School (K-12) Subchapter 8 (O	ther than K-	12)			-	
City/ (5)	County (6):			nty Code (7):				ercial buildings, l	nomes,	etc.)		
Newark	Essex		0710	3	Sq	uare Feet:		# of Flo	ors:			
					Blo	dg. Age	(1)					
Name of Monitoring Firn	Llinad by Du	ildin = O		ASCMAN		rrent Use: Sch						
WHITMAN	i filicu by bu	manig O	wher:	ASCM No.: 00110	1	me of Abatem						
Street Address:				807-807050		eet Address:	ment, Inc	•		2000-X		
17 Pleasant Hill Road					Str	eet Address:						
			W-72 E-12			8 Broadw						
City, State, Zip Code:					Cit	y, State, Zip C	Code:					
Cranbury, NJ 08512				I		wark, NJ 07	7104					
Project Manager for Mon Kevin Lovely	itoring Firm:			Telephone No.: 732-642-1751		ephone No.:		License No.:				
Start Date (10):			letion D	Date (11):	Nai	3) 350-0101 me of OSHA N		01215				
6/25/19 Occupancy Status During Ab	7/25/19	Y				tro Analytical	Laborator	ies				
Facility Closed/vacated Du						eet Address: West 36th St	reet, Suite	203				
Abatement Performed Outs	side of Normal	Facility H	ours			y, State, Zip C w York, New		18				
Other CCCP	01 500	G										
scope of Work (Check all that	nt apply):	7										
$0 \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $0 \ge 160 \text{ sf or } \ge 260 \text{ lf}$			Renova Demoli	ntion ition			☐ Mini-Ei	ag Procedure	300			
		Is Locat					□ Non-Exe	mpted (*) and !	Non-Fr	Aba	temer	
Location of Asbestos-Containing Ma	nterial []	Normal sed Sole	ly ly by	Asbestos Cont	ainin	tion of g Material (/	ACM)			Т	ype	1
(ACM)	N	/laintena	nce/	(i.e., therma	ll sys	tems insulati VAT, or	ion,	Amount	2	_	En	5
TO BE ABATED IN Facility		Custodi Staff?				ellaneous)		(Specify	Removal	Repair	cap	Pilcioanic
(13)		(12)					8	SF or LF)	val	H.	Encapsulat	901.0
GROUND FLOOR	Yes	S No	N/A	WALL TILE PLA	STED	•		1,860 SF	*			*
ROUND FLOOR				100100	J. D.			1,000 31				
ROUND FLOOR		X		CEILING PLAST	ER			257 SF	*			*
		Х							*			*
lame of Registered Waste lewark Carting, Inc.	: Hauler:		NJDE No.: 0	P Waste Hauler 4509	ID	Cubic Yard of Waste: 3	^	Name of Regis Gran Central S				
City, State: fillside, NJ 07205		Disp	osal Da	te:		City, State:	Pen Argyl,	PA 18072				
Completed By:			Title:		Signa	iture:		Date:				

TN/#118-52												West-sec.	L	Pr	int Fo
KU930 PAII	D		ICATION	OF ASE	ew Jersey BESTOS / 8:60 and	ABATE		т			C	E		$\mathbb{V}$	E
Date of Notification (1)					Owner/C		(2)				11111	2		0010	
06/13/2019					Townshi	p					JUN	4	4	2019	
Agencies Notified Type Notification			Street A			814				1					1
☑ EPA ☑ Initial			1000 1000 1000	10 to 10 to	on Stree	et				LAC	BEST	20	CON	ITDI	71 B
X   EPA     X   DEP     X   Dol     Initial     Amended     Amendment				ate, Zip C						210			VSIN		2200
IXI Emergency		-		H-line water and	NJ 0875	53			L	Assert William	-			-	
				f Contact							Numb		_		
DCA Cancellation	l.		I I NAME OF STREET	rt Chanl					73	2-34	1-100	) e	xt. 8	335	
Name of Facility Where Abatement is Takin	n Place (	3)	FAC	LITY INF	ORMATI	ON	Typ	e of Facility (4)							
Red Carpet Inn	ig i lace (	,					Тур								
Street Address							H	School (K-12) Subchapter 8		r than	K 12)				
2 W Water Street						1	M	Other (i.e. pri				buik	lings,	hom	es,
City (5)								etc.)							
Toms Rive							The State of	are Feet	1000	Floors	5	1 655	ldg. A 10+	ye	
County (6)			County	Code (7)				,000 sf	3		- elle b	1	U+		
Ocean				Code (7) USE ONLY	)	1	Ho	rent Use (Prior	ii beir	ig den	oushed	1)			
Name of Monitoring Firm Hired by Building	Owner (9)					None			oet-	(0)		_			
T&M Associates	Owner (8)		ASCN 0145					etement Contrerprises, Inc		(9)					
Street Address			014	,				The second control of the second	•		W.S.			- 7 - 70	
11 Tindall Road						Street									
City, State, Zip Code								shington Av	ve						
Middletown, NJ 07748						8.1		Zip Code	in NI	1000	124				
Project Manager for Monitoring Firm			Telepho	no No		Egg Harbor Township, NJ 08234  Telephone No.   License No.									
Kevin Burns				ne No. 71-6400	,	Telephone No. License No. 01172									
Start Date (10)	Schodul	ad Cor		Date (11)				SHA Monitor		0111	12	_			
6/17/2019	6/24/2		iipietion	Date (11)				sociates							
Occupancy Status During Abatement (Chec						Street									-
								ll Road							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	enod of /	Abaten Hours	nent s		-	0.000		Zip Code			-				
X Other – Describe:								wn, NJ 0774	18						
Scope of Work (Check All That Apply)						iviide	1010	WII, 140 077	10			_			-
≥3 sf or ≥3 lf			.tian				1 -		4	h14		12000000000			
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 If		Renova Demolit						ull Containmen ini-Enclosure	t with	negat	ive Pre	SSUF	е		
						×	G	lovebag Proce		124 2		220			
	Т —						I No	on-Exempted (	*) and	Non-l	-nable		1200 2 1300	1000	-1
		Locat												ement pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Achoo	Des stos Conta	cription		N (A CAA)	۸.,	nount					
TO BE ABATED		intena todial S			thermal s					pecify		ړي	71	Enc	g l
In Facility	Cus	(12)	olaiir			ing, VA			SF	or LF)		Remova	Repair	aps	Enclosure
(13)					other m	iscellan	eous)	'				val	Ť	Encapsulate	ure
	Yes	No	N/A											(U	
First, Second, Third Floor Spaces			Х	S	Selective	Pipe	Cha	ise	12	20 If	1	X			
Third Floor Electrical Room			Х			or Tile	-		16	60 sf	1	Х			
The Libert Libert Hours	+			-			_		10		-+			-	
Name of Registered Waste Hauler		10.00	JDEP W		Cubic Y			Name of Re	egister	ed Lar	ndfill		A-200-04		
Site Enterprises Inc.		- 5222	lauler ID 035220		of Wast			GROWS	Land	dfill					
City, State			000220	,	Disposa			City, State							
Egg Harbor Township, NJ					6/24/2			Morrisvill	a D/	100	167				
Completed by	Title		Commence			1	1	MONISVIII	e, r/	190	-	_			
Eric Keys	OM				الهرا	gnature	0/	)			Date 06/1	21			
Life iveys	OIVI				18	A A W	A A LA	/			00/	012	.U 19	8	

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

CLAUD		CILLES	(. 4.04	une to 140	70 0.00 and	12.120)	- Frankrig	17 0	heck #	202	R	Directoria de la Servicio de la Compansión de la Compansi
Date of Notification (	1) June 18, 2019			e of Building Morgan C	Owner / Operato	r (2)	-			W	E	m
Agencies Notified	Type Notification			t Address	ilase						-	
□EPA □DEP			1111	Polaris Pa	ırkway			JUN	2 4 20	)19	To protection and Pri	W
⊠DOL	Initial		City	State & Zip	Codo					ar2 60 tr 500-	200	
	Amended	1	5 (0.00)	mbus, OH			-	ASBESTO	S CONT	ROL	8	
DOH	Amendm		00.0		10210		the second of th	LICE	ENSING	will down the	Name of Street	- Company
DCA	Cancellat	ion		of Contact					Telephor	ne Nu	mbe	er
		-	Jill R	ice – JLL fo	or JPMorgan Cha	se			516-574-	6365		
N			FA	CILITY	NFORMATION	l						
Name of Facility Whe Chase Bank	re Abatement is Ta	iking Place (3)			Type of Fac	cility (4) ol (K-12)						
Street Address							ther than K-12)					
215 Main Street							ate & comme	rcial buildir	igs, hor	ne, e	tc.)	
O:t. (5)					Square Fee	et	# of Floors		Bldg. Age		,	
City (5) Chatham					5,5		1		5	0 Yea	irs	
					Bank	e (Prior it b	eing demolishe	a)				
County (6) Morris County		County Cod					-					
Name of Monitoring F Apex Companies, LL	irm Hired by Buildir	ng Owner (8)		ASCM N			ontractor (9)					
Street Address	.0				Synatech, I Street Addr							
120D Wilbur Place					829 Radio	74757						
City, State & Zip Code Bohemia, NY 11716	•				City, State 8							
Project Manager for M	lonitoring Firm	Tr	elephone l	Number	Little Egg I		08087	License Nu	mber		-	
Steve Cotrone	(10)		31-567-17		609-296-69		8		0081	7		
Scheduled Start Date June 29, 20	(10)   Sche	eduled Complet	tion Date ( ust 15, 20		Name of OS Synatech, I		or					
Occupancy Status Du	ring Abatement (Ch	neck only one)			Street Addre						275	
	d/Vacated During I			nt	829 Radio I							
Abatement P Other – Desc	erformed Outside o	f Normal Hour	S		City, State 8	an ordinary constraints						
	nice. pied During Abaten	nent			Little Egg F	larbor, NJ	08087					
Scope of Work (Check		ione										
	· un unat apply)				Г	7 Full Con	tainment with N	logativo Pro	couro			
$\ge 3 \text{ sf or } \ge 1f$			Renovati	on	Þ	Mini-End		egative Fie	ssuie			
≥160 sf or ≥260	) If		Demolitio	n	Ē	_	g Procedure					
						Non-Exe	empted(*) and I	Non-Friable I	Procedu	re		
	ation of ning Material (ACM		ion Norma by Mainter		Descrip Asbestos-0		Ame	ount (Specify		ateme	ent T	уре
TO BE	ABATED		odial Staff		Material	(ACM)		SF or LF)				
	facility 13)				(i.e., therma insulation, su		- I				ш	_
	,				or other mis				Rer	ړي	nca	Enc
									Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					=		ate	Te
Throughout Bank				Х	Carpet	Mastic		2,500 SF	X	$\neg$		T
Name of Registered W	/aste Hauler	NJDEP \	Vaste	Cubic Ya	ds of Waste	Name	f Registered La	ndfill				
979		Hauler II	O No.		0 vaote	Taille 0	togisteieu La	nami				
Synatech, Inc. City, State		27	7429	14 Disposal	Data	Fairless						
				Disposal	Jale	City, Sta	ile					
_ittle Egg Harbor, NJ Completed By				August 1		Morrisv				-01332		
Joinpieled by	Title	3		Signature	. 00		Date					
Diane Aloia	Exe	ec. Administrat	tor	1 100	re alor	R	June 18	2019				

IN#12216

CV JU29 DA	M	NOTIF (P	ICATIOI ursuani	N OF ASE	ESTO 8:60 a	S ABATE	MENT	Г		P	P	E	П	ПП		_
Date of Notification (1)	且則	(Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)										$\square$				
6/19/19				nwold B				1	M							
Agencies Notified Type Notification		$\neg$		Address				- 11			JUN	2	4 2	019	- 11	
EPA Initial Amended			801 E	gg Harb	or Ro	oad		-	not bend					J ; J	L	verses.
DEP Amended Amendment	#			ate, Zip Co nwold N		24		on manage	1.	ASB	STO	25.0	ONT	ROL	2	Towns, and the same of the sam
Emergency	(including	-		of Contact	J 000	21					LIC	EN	SING		. ct	
☒ DOH   justification)     ☒ DCA   Cancellation				een Hub	er						hone -783					***************************************
			FAC	ILITY INF	ORMA	TION							_			
Name of Facility Where Abatement is Takir Lindenwold Preschool	g Place (	3)					Туре	of Facilit	ty (4)							
Street Address							M	School (I Subchap	K-12)	Other	than	K-12	١			
100 South Avenue							日	Other (i.e						dings,	, home	es,
City (5)							Squa	etc.) are Feet		# of F	loors		В	ldg. A	Age	
Lindenwold NJ 08021						-5	100	0		3			3	35+		
County (6) Camden				Code (7) USE ONLY	)		Curre	ent Use (I	Prior if	being	dem	olish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	atement Contractor (9)													
Horizon Environmental Group Inc.  Street Address	-		0007	/3	co Inc.								_			
PO Box 316				ss 329												
City, State, Zip Code					Zip Code	p Code										
Thorofare, NJ 08086						Wes	st Ber	in NJ 0	8091							
Project Manager for Monitoring Firm Steve			Telepho	ne No.		Teleph					icens					
Start Date (10)	Schedul	ed Con	noletion	Date (11)			-753-	HA Monit	or		0072	41				
7/8/19	7/16/1		.,			Sam			01							15
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	SS								
Facility Closed/Vacated During Entire						011 0										
Abatement Performed Outside of Norm Other – Describe:	iai Facilit	y Hours				City, S	state, Z	Zip Code								
Scope of Work (Check All That Apply)		111/11/11/11														
≥3 sf or ≥3 lf	CONTRACTOR OF THE PARTY OF THE	Renova				F		II Contain		with N	legati	ve Pr	essu	ге		
≥160 sf or ≥260 lf	Ш '	Demolit	ion			×	Glo	ni-Enclos ovebag P	rocedu	ıre						
	T			Т			J No	n-Exemp	ted (*)	and I	Non-F	riable	Pro		e ement	
Location of	1	Locati Normal			_	o o ovintio n									ре	
Asbestos-Containing Material (ACM)		ed Sole			tos Co	escription ntaining N	/lateria			5000000	ount				Щ	
TO BE ABATED In Facility		todial S		(i.e.	surf	al systems acing, VA	T, or				ecify r LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other	miscellar	neous)						oval	air	sulat	sure
	Yes	No N/A											0			
Grd FL Boys Rm Kitchen OT RM		х	1 1 0							140			X			
1st Fl Hall Rm 4,5,6,7,8 Faculty		X	<u> </u>										Х			
Section 1st Fl Office Rm 1, 2, 3, Ha	ıl	х		F	Pipe 8	Pipe F	itting	S	1	40	LF		Х			
hallway lavatory																
Name of Registered Waste Hauler		11150	JDEP W auler ID		Cubi of W	c Yards aste		Name			d Lar	ndfill				
Pernaco Inc.		2	1787		20			G.R.C		5.						
City, State West Berlin NJ					7/16	osal Date 5/19		City, St Morri		PA ·	1906	57				
Completed by	Title															
Anthony T Perna	President 6/19/19															

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) 5 06/19/2019 Gloucester Township Public Schools Check No 1534 Agencies Notified Type Notification Street Address JUN 2 4 17 Erial Road X EPA Initial City, State, Zip Code X DEP IXI Amended Blackwood, New Jersey 08012 X DOL Amendment # 3 П Emergency (including ASBESTOS CONTROL & Name of Contact ☑ DOH Telephone Number SING iustification) John Bilodeau IXI DCA 856-227-1400 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Blackwood Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) 260 Blenheim Erial Road ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Blackwood, New Jersey 08012 20,000 1 50+ County (6) County Code (7) Current Use (Prior if being demolished) Camden (STATE USE ONLY) Elementary School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni 00057 Lilich Corporation Street Address Street Address 515 Grove Street, Suite 1B 246 Union Boulevard City, State, Zip Code City, State, Zip Code Haddon Heights, New Jersey 08035 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. Thomas Leisse 856-547-0505 973-225-8400 01104 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 06/19/2019 07/02/2019 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☑ Other - Describe: Occupied 7:00AM-3:30PM weekdays & Sat 6/22 Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure П Glove Bag Procedure / Limited Containment & Tent ☐ Non-Exempted (\*) and Non-Friable Procedure Amount Abatement Is Location (Specify Туре Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED Enclosure thermal systems insulation, surfacing, Remova Repair Custodial Staff? In Facility VAT, or (12)(13)other miscellaneous) Yes No N/A Boiler Room X Boiler 1, Interior Insulation 6'x4'x5' X Boiler Room X Boiler 2, Interior Insulation 6'x4'x5' X Boiler Room X Breeching 100 SF X Boiler Room X Flue patching on brick chimney 4 SF X Boiler Room Fitting assoc w/fiberglass pipe insulation X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 20 18724 Fairless Landfill City, State Disposal Date City, State 07/02/2019 Totowa, New Jersey Morrisville, PA Completed by Title Signature Date Adriana Olejarova President 06/19/2019

State of New Jersey

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

Date of Notification (1 06/14/2019	)		N	ame of B Gloucest	uilding Ow	ner/Op nip Pu	perator (2) ublic Schools	In	Echeck (	ē 1 <b>5</b> 34	$\mathbb{W}$	E	雨
Agencies Notified	Type Notification		1	treet Add 7 Erial R						0		-	Charles and the state of the
☑ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #_2		СВ	ity, State lackwoo	, Zip Code od, New Je	ersey	08012	a regular			019	-	Lind
⊠ DOH	☐ Emergency (incli	uaing		lame of Cohn Bilo				Tel	ephone Numb 3-227-1400	SCON	rao	_&_	
X DCA	☐ Cancellation		-	FACILI	TY INFORI	MATIC	N	Lucies	LIVE	NSING	1		
Blackwood Elemer	ere Abatement is Taking ntary School	Place (3)					Type of Facility  School (K-1  Subchapter		K-12)				
Street Address 260 Blenheim Eria	l Road						Other (i.e. p	rivate & comm	ercial buildings	Bldg.		)	_
City (5) Blackwood, New J	ersey 08012				1 (7)		20,000 Current Use (Pi	1		50÷			_
County (6) Gloucester				County Co STATE US	SEONLY) _		EI	ementary Scl	nool				$\dashv$
Name of Monitoring Pennoni	Firm Hired by Building O	wner (8)		ASCM 1 00057	No.		Name of Abaten Lilich Corporat	nent Contracto tion	r (9) 				_
Street Address 515 Grove Street,	Suite 1B						Street Address 246 Union Box					(4)	
City, State, Zip Code Haddon Heights, I	New Jersey 08035						City, State, Zip ( Totowa, New	Code Jersey 07512					
Project Manager for Thomas Leisse	Monitoring Firm			Telephone 856-547			Telephone No. 973-225-8400		License No. 01104				
Start Date (10) 06/19/2019		Scheduled 07/02/2019		pletion D	ate (11)		Name of OSHA Iris Environme	Monitor ental Laborate	ories, LLC			Į.	
Occupancy Status I	During Abatement (Check						Street Address 2333 Route 2	2 West					
☐ Abatement Per	/acated During Entire Per formed Outside of Norma be: Occupied	riod of Abate I Facility Ho	emer urs	nt			City, State, Zip Union, NJ 070	Code 083					
Scope of Work (Che									_				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260</li> </ul>	) If		novat				☐ Mini-	containment wi Enclosure e Bag Procedu Exempted (*) a	re / Limited Co	ntainme	ent & ure	Tent	
		ls Lo	ocat	ion				znomptou ( ) =	Amount (Specify		oaten		
	cation of		rma	lly	Ashes	ns Co	Description of ntaining Material	(ACM) (i.e.	SF of LF)		1,75		Ш
TOB	aining Material (ACM) BE ABATED Tacility (13)	Maint Custoo	The Later of	Staff?	them	nal sys	vAT, or er miscellaneous	surfacing,		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		- "	1, Interior Insula	ation	6'x4'x5'	X	-		$\vdash$
Во	iler Room	X								X	-		$\vdash$
Во	iler Room	X				Boiler	2, Interior Insula	ation	6'x4'x5'	X	-	-	
Во	iler Room	X					Breeching			X	-	_	
Во	oiler Room	х					tching on brick cl		4 SF 25 ea	×	-		
Вс	oiler Room	X			Fitting		: w/fiberglass pip						
Name of Register				NJDEP V Hauler ID 18724	No.	of W	c Yards aste 0	Name of Reg	istered Landfil ndfill				
Lilich Corporation				10124		Disp	osal Date	City, State Morrisville,					
Totowa, New Je	ersey	Title				0//0	Signature	Montgame,	I D	ate )6/14/2	010		
Adriana Olejar	ova	Pre	side	ent			May			10/ 14/2	010		

-		- 1	-	-
٢	rII	nτ	10	rm

ill Chack.			FICATIO	State of New Jer N OF ASBESTO It to NJAC 8:60	S ABATE			G NTROL &	ASIN COV	CEI OZ	TSEST	ISV					
Date of Notification (1) June 21, 2019			Name Veriz	of Building Owne	er/Operato	r (2)		5019	7	Z N	ınr	Tourse					
Agencies Notified  Type Notification  EPA Initial Amended Amendment	#		1050 City, S	Address Virginia Drive tate, Zip Code Washington, I					n o	7	(A)	5					
X Emergency- justification)  DCA Cancellation	Courte	154	Name	of Contact Atkinson				one Numb									
			FAC	ILITY INFORMA	TION												
Name of Facility Where Abatement is Takir Not a facility Street Address	g Place (	(3)				Type of Facility (4	2)										
Hanover Street			ja ,			Subchapter of Other (i.e. pretc.)	rivate & co	mmercial	build	ings,	hom	es,					
City (5) Pemberton						Square Feet N/A	# of Flo N/A	ors	1 3 3 3	dg. A /A	ge						
County (6) Burlington				Code (7) USE ONLY)		Current Use (Prior if being demolished)  Telecommunications underground conduit											
Name of Monitoring Firm Hired by Building N/A					vner (8) ASCM No. Name of Abatement Contra ecoservices, LLC						ontractor (9)						
Street Address					Street Address 303 B National Roa						load						
City, State, Zip Code	y, State, Zip Code					itate, Zip Code n, PA 19341											
Project Manager for Monitoring Firm			Telepho	one No.	- 5000000 and	none No. 872-8884	30000	ense No.									
Start Date (10) 6/24/19	Schedul 6/24/1		mpletion	Date (11)	Name EMS	of OSHA Monitor L											
Occupancy Status During Abatement (Chec	1000	33500	1														
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Not occupied	al Facility	Abater y Hour	ment s		City, S	Route 130 North tate, Zip Code aminson, NJ											
Scope of Work (Check All That Apply)					Onni	arrii 13011, 143		- <del> </del>									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				<b>e</b>							
		Locat					7 2.12			Abate	ement pe						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole nintena todial ( (12)	ely by nce/	Asbestos Co (i.e. therm sur		laterial (ACM) s insulation, T, or	Amou (Speci SF or L	0.000	Removal	Repair	Encapsulate	Enclosure					
Underground along roadway	Yes	No	N/A X	Telecommur	nications	transite con	96 LI	F x			Ф						
				. 0.000	noution o	transito octi	00 L										
Name of Registered Waste Hauler			J JDEP W	/aste Cubi	c Yards	Name of Re	agistered I	andfill									
ecoservices, LLC		1,7500	lauler ID			Fairless I											
City, State Exton, PA				Disp 6/24	osal Date /19	City, State Morrisvill	e, PA										
Completed by Jack Bally	Title Sr. P	roject	t Mana	ger	Signature	k Bally	(W)	Date 6/21	/19								

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

Inv# 11436	<b>\</b>	P	AI	In		Silver and the second	Walkers and	Sam en capaci	halineed strange of	Print
Checy # 77	3 10	TIFICAT (Pursu	TON OF ASBESTO ant to NJAC 8:60	SABAT	EMENT 20)		C	E		V
Date of Notification (1) 05/23/2019  Agencies Notified Type Notified	Gaati	La	e of Building Owne Casa Don Pedr	r/Operato O	or (2)		JUN	2	4 2	019
Agencies Notified Type Noti		317	et Address Roseville Aver State, Zip Code	nue		ASE	BEST	OS C	ONT	ROL
✓ DOL Ame: ✓ Emei justifi	ndment # gency (including cation)	Nev	wark,NJ,07107			Telephone I	ens enperteux	MELTINE TO PARK	SING	TEUDININA
DCA Cand	ellation	_	is Pagan			973-485-	7555			
Name of Facility Where Abatement i Private House	s Taking Place (3)	1-7	CILITY INFORMA	TION	Type of Facility (	4)				
Street Address City (5)			1		School (K-1 Subchapter Other (i.e. p	5.5	(-12) ercial b	uilding	ıs, ho	mes,
Nutley County (6)		10			Square Feet N/A	# of Floors N/A		N/A	Age	
Essex		(STAT	y Code (7) E USE ONLY)		Current Use (Prior Private House	or if being demol	lished)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8)	ASC	CM No.	Name EHV	of Abatement Con ABATEMENT	tractor (9)				
Street Address					Address					
City, State, Zip Code				City, S	RANKLIN STR			-		
Project Manager for Monitoring Firm		Teleph	ione No.	Teleph	ERSON,NJ,075 one No. 333-5144	License 01274				
Start Date (10) 05/25/2019	Scheduled C 05/26/201	J ompletion 9	Date (11)	Name of OSHA Monitor EHW ABATEMENT LLC						
Occupancy Status During Abatement  Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: OCCUPIE	nding Devices Case .	ement rs		Street / 89 FF City, St	Address RANKLIN STRE ate, Zip Code	ET				
Scope of Work (Check All That Apply)				PATE	RSON,NJ,075	24				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demo	ration ition	ŝ	KKK	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure			70	
Location of	Is Loca Norma		į					Abat	emen /pe	t
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Maintena Custodial (12)	ely by ance/ Staff?	Asbestos Cont (i.e. thermal surfac	scription of aining Ma systems in bing, VAT, hiscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A		iiociiane	ous)		oval	air	sulate	sure
BASEMENT	X		PIPE IN	SULAT	ION	40 LF	X			H
		-								
ame of Registered Waste Hauler HW ABATEMENT LLC		IJDEP W			Name of Re	gistered Landfill				
ity, State		037095	No. of Wast N/A Dispose		Tri State					
ATERSON,NJ ompleted by			TBD	., vale	City, State Bronx, NY	Λ Λ			42.7%	
ctor Espiritu	Project Ma	anager	Sig	nature	MW	Dai 05	te 5/23/2	019		-

la HINION			E	5) [	1	Subarra Sabarra  7		-			-	_Pr	int Fo	
Chook # 830			FICATIO	tate of N N OF ASI t to NJAC	BESTOS	ABATE		IT			G [	E 1	$\mathbb{V}$	
Date of Notification (1) 06/20/2018			Name of	of Building and Sor	Owner/ Reno	Operato vation	r (2) LLC		- Comment	J	UN	24	201	3
Agencies Notified Type Notification  EPA Initial	1			Address /ose Ave	enue				PEA-ISSONIE	ASBE	STO	s col	VTR(	)L.&
DEP Amended Amendmer				ate, Zip C n Orang		7079			Émmosana		LICI	<u> </u>	- 11 <del>- 1</del>	betodernineti fis
DOH justification Cancellatio	)			of Contact d Caputo						ephone N 3-650-4				
Name of Facility Where Abatement is Taki Private House	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	(4)					
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-	12) cial bu	ildinas	hom	es
City (5) South Orange		ا الو	$\bigcirc$	a ·			_	etc.) uare Feet		Floors		Bldg. /		
County (6) Essex		) i		Code (7) USE ONLY	0			rent Use (Pri RIVATE HC		ng demolis	shed)		. 155	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.				patement Cor BATEMEN		(9)				
Street Address			1			Street 89 F		ess NKLIN ST	REET	6				
City, State, Zip Code								Zip Code ON,NJ,07	524					
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone No. License No. 973-333-5144 01274								
Start Date (10) 06/29/2019	Schedule 06/30/2			Date (11)				SHA Monitor	LLC					
Occupancy Status During Abatement (Che						Street 89 F		ess IKLIN STF	REET					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	Abater Hour	nent s			City, S	tate,	Zip Code ON,NJ,07						
Scope of Work (Check All That Apply)		•					7 _							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			¥:		M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	e cedure				<b>'</b> 0	
Location of		Locat			-			SII EXCITIFICA	, ( ) dillo	reon-i na		Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ( (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		VAT	MAST	IC.		50	0SF	X		ate	е
						1411 10 1					A			
Name of Registered Waste Hauler EHW ABATEMENT LLC		H	IJDEP W lauler ID 037095	No.	Cubic of Was N/A			Name of F		ed Landfil RANSFE				$\neg$
City, State PATERSON,NJ					Dispos TBD	al Date		City, State		e e e e e e e e e e e e e e e e e e e				$\neg$
Completed by Victor Espiritu	Title Proje	ct Ma	anager		S	ignåture		/ W/	MA		ate 6/20/	2019	)	$\exists$

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 21 19 Verizon Agencies Notified Type Notification Street Address JUN 2 4 2019 **⊠** EPA 15 East Montgomery Place, Lower Level □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Pittsburgh, PA 15212 ASBESTOS CONTROL & ☐ 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 White Horse CO School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 3101 Broad St homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hamilton County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Office 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 / 10 / 19 7 / 19 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-1:30AM BRISTOL, PA 19007 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 Asbestos-Containing Material (ACM) Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Removal Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Basement Equipment Room  $\boxtimes$ Floor tile and mastic 700 SF  $\boxtimes$ 1st Floor AC unit  $\boxtimes$ Floor tile and mastic 30 SF M Roof X Roofing materials 502 SF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. BRISTOL ENVIRONMENTAL INC Waste FAIRLESS HILLS LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA MORRISVILLE, PA Completed By (Print or Type) Title Signature Brian Scafiro Estimator 6/21/19 Dican

State of New Jersey B# 3593 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 21 19 HRP Mercer LLC Agencies Notified Type Notification Street Address **⊠** EPA JUN 2 4 2019 401 N Michigan Ave. **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Chicago, IL ☐ Emergency (including ☐ DCA ASSESTOS CONTROL (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Genaro Holguin 312-796-6593 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Mercer Generating Station ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1366 Lamberton Rd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) WCD Group BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 23 Rt 31 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Pennington, NJ 08534 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Scott McDonald 609-730-0007 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_7\_\_ / \_\_8 / 19 12 / 31 / 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) ≥3 sf or >3 lf ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Removal Enclosure 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 See attached sheet П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP INC. Waste

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP INC

City, State

NJDEP Waste
Hauler ID No.
20990

Cubic Yards of Waste
Waste
G.R.O.W.S

Cubic Yards of Waste
Under Yards of Waste
Cubic Yards of Waste
Cubic Yards of Waste
City State

G.R.O.W.S. NORTH LANDFILL

YARDLEY, PA Disposal Date City, St

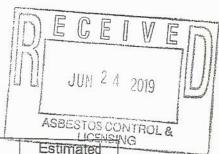
Project Manager

Title

MORRISVILLE, PA 19067
Signature

ASB-41 B 5 190 81

Completed By (Print or Type)



## Table 1: ACM Estimated Quantity Summary

Homogeneous		400E310
Group #	Material Description	Estimate Quantity
		Quantity
	-	
Additional and the second seco		
	Turbine Building	
TC1	Turbine interior texture coating	9,000S.F
PI2	Pipe insulation (6" to 5' O.D.)	9,344 L.F
AC1	1/2" asbestos-cement board	4,700 S.F.
CA1	Exterior caulk ~2" wide	10,080 L.F.
RTC1	Turbine roof at seams	4,000 S.F.
	Office Building	
PI2	Pipe insulation (4" to 6" O.D.)	880 L.F.
MF1	Mudded fitting/valve/tee insulation associated with fiberglass straight pipe insulation	84 Ftgs.
RD1/MF2/PI8	Mudded roof drain, fitting and pipe insulation	20 L.F.
FT2/AD4	9" x 9" floor tile and black mastic (some under carpet or other non-ACM flooring)	7,385 S.F.
FT5	12" x 12" floor tile (mastic is negative)	2,720 S.F.
DI1	Duct insulation	750 S.F.
MM2	Insulation panels and debris	10 S.F.
CA1	Exterior caulk ~2" wide	3,300 L.F.
	Boilers	
PI2 Q. = Not Quantified	Pipe insulation (4" to 12" O.D.)	750 L.F.



Table 1: ACM Estimated Quantity Summary (continued)

Homogeneous	Material Description	ASBESTOS - Estimated			
Group #	Material Description	Quantity			
		-			
	Coal Unloading Building				
AC4	Asbestos-cement ½" thick gray panel	20,600 S.F.			
PI2	Pipe insulation (4"-6" O.D.)	30 L.F.			
	Coal Crusher Building				
AC4	Asbestos-cement 1/2" thick gray panel	15,700 S.F.			
	Coal Yard Building				
AC4	Asbestos-cement ½" thick gray panel	5,700 S.F.			
PI2	Pipe insulation (4"-6" O.D.)	20 L.F.			
	Generator Building				
ES3	Corrugated metal "Galbestos" sidewall	1,200 S.F.			
PI2	Pipe insulation (6"-10" O.D.)	560 L.F.			
AC1	1/" cabata a santila d				
AD11	½" asbestos-cement board	4,700 S.F.			
AUTT	Remnant black mastic	400 S.F.			
	NPDES Building				
FT6	12" x 12" floor tile	1,160 S.F.			
AC7	Laboratory tabletops and sinks	110 S.F.			
	Warehouse	•			
AC6	Corrugated asbestos-cement roof panels	21,000 S.F.			

errore and a second	. 1	
TOU	共	31/08
TIN	!	2168

Λ., Λ	1001	o V almenter	NOTIF	SICATION	tate of Ne N OF ASB	w Jerse	y ADATE	D/IEA	JT F			Market Agriculture	and return			
UK 'C	1184 1	PAILU			to NJAC				11	m	E (	G		$\mathbb{V}$	E	,In
Date of Notificat 6/21/19	tion (1)				of Building Dowdie	Owner/	Operator	r (2)		M	The state of the s					-
Agencies Notifie	ed Type Notific	cation	1	Street A					7.79		J	UN-	2 4	2015	-	H
EPA DEP	☐ Initial															
DEP X DOL	Amend	ded dment #1			ate, Zip Co wood, N		<b>'</b> 5		and the same of th		ASBE				OL &	ed L
	× Emerg	ency (including	_	25000000000	f Contact	0 0707	J				elephon	LICE Nun		NG_	-	
DOH DCA	justific Cance				Dowdie						g g	ic riuii	ibei			
Name of Equility	Where Abatement is	Taking Dlags //		FAC	ILITY INF	ORMAT	ION	-								
Residential I		raking Place (	5)					l l y	pe of Facility							
Street Address								H	School (K Subchapt		ther tha	n K-12	()			
								×	Other (i.e etc.)	. privat	e & com	mercia	al build	dings,	home	es,
City (5)	10							10000	uare Feet	1000	of Floor	s		Bldg. A		
Westwood County (6)				County	Code (7)			2000	000	Prior if h		maliah		35 +/-		
Bergen					USE ONLY	)	Current Use (Prior if being demolished) Residential Home					eaj				
Name of Monito Project Mana	ring Firm Hired by Bui ager	ilding Owner (8)		ASCN	ИNo.		Name of Abatement Contractor (9) All Stages Abatement									
Street Address							Street			(62)						
City, State, Zip (	Codo					CONTRACT.	141037.10	Midland A	ve.							
Oity, State, Zip t	Sode						City, State, Zip Code Saddle Brook, NJ 07663									
Project Manager	r for Monitoring Firm		Telephone No.				Teleph				Lice			_		
							_	)-3184		013						
Start Date (10) 6/24/19		6/28/1		npletion		Name of OSHA Monitor										
	us During Abatement		_				Street	Add	ress							-
Abatement	sed/Vacated During E Performed Outside of scribe: 8 A.M to 4 P.M						City, S	State,	, Zip Code							
	Check All That Apply)															_
≥3 sf or ≥3 × ≥160 sf or ≥3	If	X F	Renova Demolit				×		Full Contains Mini-Enclosu Glovebag Pr	ire ocedur	re				_	
		le	Locati	on			Non-Exempted (*) and Non-Friable I							ment		
	Location of	1	Normal	ly		De	scription	of						Ту	ре	
	ontaining Material (AC <u>D BE ABATED</u> In Facility (13)	Ma Cus	d Sole intenar todial S (12)	nce/ Staff?		thermal surfa	taining M systems cing, VA miscellan	s ins	r		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-					(D	
	Basement		X				VAT				559 SF		X			
								281		_						
Name of Docists	ered Waste Hauler		l NI	JDEP W	lacto	Cubic	Yards		Nome	f Dani	stered La	nden				
All Stages Ab			Н	auler ID	No.	of Wa							/ lar	ndfill		
City, State			0	036592	2	3 yd	sal Date	Grand Central Sanitary Landfill  Date City, State								
Saddle Brook				TBD	oai Dale	Pen Argyl, PA										
Completed by				5	Signature	9	611	//		Dat						
Richard Crist	ofol	Pres	ident					131	11-	1	/	6/2	21/19	9		
									1							

	H A OU		NO	TIFI	CATIC	N OF AS	New Jersey SBESTOS ABA	TEMENT		Ck #	= :	35	90	_
19181 #NJ	PAI			(	Pursu	ant to NJ	AC 8:60 and 5:	16)		C/C			www.mas	- St effert
Date of Notification (1)					Nar	ne of Buildi	ng Owner/Operator	(2)	1113	FR	F	1	7 [	3 [
6/	21 /	1	9				University-Office		d Go	nstruction	ا كا	! L		7
Agencies Notified	Type Notif	ication	1		Stre	et Address				11	0.4			+
□ EPA					20	00 Elm Dr	•			JUN	24	201	9	L
☑ DOLWD ☑ DHSS	☐ Amend	55.55			City	State, Zip	Code			-				-
□ DCA	Amenda Emerge			_			NJ 08544			ASBESTO	0.00	NITE	701	
(NJAC 5:23-8)	justifica	ation)	nciuair	ng	-	ne of Conta			TT	elephone Num	ENS!	NG	02.0	N
	☐ Cancell				100000000	obert Orte	2000	į.					*COPPLE STATE	Construct
							NFORMATION			609-258-184	1			
Name of Facility Where Al	patement is	Takin	g Plac	e (3)		1	Orangerrore	Type of Facility	, (A)					
Princeton University								School (K-1						
Street Address								☐ Subchapter	8 (Ot	her than K-12	)			
31 Edwards Place								Other (i.e., )	privat	e and commer	cial b	uildin	gs,	
City (5)								homes, etc.						
Princeton								Square Feet	#	of Floors	1	ldg. A	(ge	
County (6)				LOCALOVE	Cou	inty Code (	7)(STATE USE ONLY)					70		
MERCER					1000	inty Code (	(STATE USE ONLY)	Current Use (P			hed)			
Name of Monitoring Firm H	lired by Bui	ilding (	Dunor	/0\	ACCA	4 NI-	T	Vacant Res		ice				
TTI Environmental Ir		iluling (	Jwilei	(0)	ASCM	I NO.	Name of Abatem		Č					4
Street Address								VIRONMENTA	L, IN	IC.				
1253 North Church F	24						Street Address							
	···						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C							
Moorestown, NJ 080							BRISTOL, PA	19007						
Project Manager for Monito	ring Firm			Te	ephone	No.	Telephone No.		L	icense No.				
Michael Keehn						6-8800	215-788-6040	ly.		00509				
Start Date (10)						ate (11)	Name of OSHA N	lonitor						-
7 / 1 / _	19		7 /	3	1 /	_19_	BRISTOL EN	VIRONMENTA	L, IN	C.				**
Occupancy Status During A							Street Address	All				-		
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		1123 BEAVE	RSTREET						
Abatement Performed C	outside of N	lormal	Facilit	у Нос	rs - De	scribe	City, State, Zip Co					-	-	
Time of Abatement: 7:0	0AM-5:30	PM/	P	M	AM		BRISTOL, PA							
Scope of Work (Check all to	nat apply)			-					_					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	enova emoliti					2					
			ls	Loca	tion			7 ( ) ( )			1	atama	ent T	
Location of				Norma			Description of							·
Asbestos-Containing Ma TO BE ABATI	aterial (ACN	/I)	Ma	inten	ely by ance/	Asbes	stos Containing Mai	erial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility				todial	Staff?	(i.e.	, thermal systems i surfacing, VAT.	nsulation,		(Specify SF or LF)	10/3	air	aps	losu
(13)				(12)	_	1	other miscellaned	ous)		or or LF)	<u>m</u>		ulat	Ге
			Yes	No	N/A								е	
Throughout						Joint Co	ompound			20 SF	$\boxtimes$			
					П									
			$\Box$	П									ᆜ	
Name of Registered Waste	Hauler				J.L. JJDEP I	Mosts	Cubia Vanda							
BRISTOL ENVIRONM		VC.		1000	lauler II		Cubic Yards of Waste	Name of Regis						
	, II				18706			FAIRLESS	LAN	DFILL				
City, State							Disposal Date	City, State					1-102	
BRISTOL, PA 19007								MORRISVII	LE,	PA 19067				
Completed By (Print or Type	e)	Title		-11.50			Signature	, a	į	Date	1	1		
Brian Scafiro		Es	stimat	or			Brien	Scalin.	1	P 6	/2	i//	1	
ASB-41 B 5 190 8	2	* -	)					1-00/	1					

MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Jov# 12139 PAI		NOT	(Pursua	State of N ON OF AS ant to NJA	BESTO C 8:60 a	S ABATE and 12:12	20)	le	L !	18	96	0	
Date of Notification (1) 6/17/19				e of Buildin er Patrar		r/Operato	r (2)		NE	C	E		
Agencies Notified  EPA DEP DEP DOL Amended Amendment Emergency	#	na	City, S	t Address State, Zip 0 ne, NJ 0	7620			THE RESERVE OF THE PROPERTY OF	机	JUN	2 4	20	19
DOH justification)  Cancellation			Lore		5.			Te	elephone	lumbe	re Ci	ONT	ROL 8
Name of Facility Where Abatement is Takin house	g Place	(3)	FA	CILITY INF	ORMA	TION	Type of Facility	(4)	arrange process				
Street Address City (5)							School (K-Subchapte Other (i.e. etc.)	r 8 (Oth	ner than K & comme	-12) rcial b	uilding:	s, hon	nes,
Alpine							Square Feet 2200	# 0	f Floors		Bldg. 70	Age	
County (6) Bergen				Code (7) USE ONL	0		Current Use (Pr	ior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building (	Owner (8	3)	ASC	M No.		Name ABS	of Abatement Co Environmenta	ntractor	(9) vices II	С			
Street Address						Street	Address Box 483, 4 E C						
City, State, Zip Code				-14		City, S	tate, Zip Code wood, NJ 074						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No. 764-2276		License 703	No.			
Start Date (10) 6/25/19	Schedu 7/5/19		mpletion	Date (11)		100000000000000000000000000000000000000	of OSHA Monitor		703				
Occupancy Status During Abatement (Check			73			Street A	Address						-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: exterior	eriod of al Facilit	Abater y Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)					-20-0						774-11-12-2		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Processor .	Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod	edure					
	10000	Locati			0.7	123	Non-Exempted	(*) and	Non-Fria	ble Pro	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normal d Sole intenar todial S	ly by nce/	Asbest (i.e.	os Cont thermal	scription of aining Ma systems sing, VAT	iterial (ACM) insulation,	(Sp	nount pecify	Re		pe Enca	Enc
(13)	Yes	(12) No	N/A			niscellane		51	or LF)	Removal	Repair	Encapsulate	Enclosure
exterior			х			siding		3,50	00 SF	x			
Name of Registered Waste Hauler													-
Newark Carting		Ha	JDEP W auler ID		Cubic \ of Was		Name of R	977			1611		
City, State Newark, NJ		02	1509		TBD Disposa	al Date	Grand C			y Lan	атш		
Completed by A. Scott Higgins	Title Presi	dent			TBD	gnature	Pen Arg	yl, PA	Da	te 17/19		-	

- 9	Dri	nt	Fo	rm
- 23		11 11	1 U	1111

Completed by a. Scott Higgins		Title	dent				gnature		A	., . , \	Dat	e 17/19			
City, State Iewark, NJ			02	1009		TBD Disposa TBD	al Date		City, State Pen Argy		Jariilar	Lall	uiii		
Name of Registered Waste Newark Carting	Hauler		Ha	JDEP Wauler ID		Cubic \ of Was			Name of Re	A # LOCAL CONTRACT		(155	4til		
										3122					
attic				Х		ver	miculite	9		700	SF	х			
attio		Yes	No	N/A										te	(b)
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma Cus	Locati Normall ed Sole intenar todial S (12)	ly ly by nce/	Asbest (i.e.	os Conta thermal surfac	scription of aining Ma systems bing, VAT niscellane	of ateria insula	I (ACM) ation,	Amo (Spe SF or	ount	Removal	Abate	ment pe Encapsulate	Enclosure
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Account 1	Renova Demolit				×	Mi Gl	ull Containment ini-Enclosure ovebag Proce on-Exempted	dure				e	
Scope of Work (Check All				20-22559 SE											
Occupancy Status During  Facility Closed/Vacat Abatement Performed Other – Describe: att	ed During Entire	Period of	Ahaten	nent			Street /		ess Zip Code						
7/8/19		7/20/1	9	prodort	Jake (11)		ivaine (	01 08	SHA Monitor						
Start Date (10)	oring Firm	Schedul	led Cor	Telepho	one No. Date (11)			764-	2276	100	License N 703	10.			
City, State, Zip Code  Project Manager for Monit	odina Firm						City, Si Glen	tate, WOO	Zip Code d, NJ 074		ve				
Street Address							Street	Addr							
Name of Monitoring Firm	nirea by Building	Owner (8	5)	ASC	M No.				atement Con vironmenta			3			
Union	II			(STATE	USE ONLY	,		ho	rent Use (Prid use			shed)			
Summit County (6)				County	/ Code (7)			190		2			74		
City (5)								Squ	Other (i.e. p etc.) uare Feet		Floors		ldings Bldg.		ies,
Street Address									School (K-1 Subchapter	8 (Other	r than K-	12)			
Name of Facility Where A house	batement is Taki	ng Place	(3)		5.E. 1 1141	ORMA	ION	Тур	e of Facility (	4)					
DCA	Cancellatio				nael Rod						3-361-0				CARLANT
X DOH	Emergency justification	)	g	Name	of Contact					Tele	phonesN	ımber	S C	ONTE	301
DEP X DOL	Amended Amendmer				State, Zip C dlesex, N		46			- lu	14	JUN	2 4	20	19
☐ EPA	× Initial	×.			Box 643					Samuel Control		HIM	0 4	00	10
6/17/19 Agencies Notified	Type Notification	n			Abaters		XII					<u>U</u>	<u>IS</u>	<u> </u>	<u></u>
				Name	of Building	g Owner	/Operato	r (2)		11	A IE	C	E	11 11	

In# 15	891do		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTO	S ABATE	EMEN 20)	IT CL	ali	1	89	710	6		
Date of Notification (1) 6/17/19	W.			Name	of Building	g Owne	er/Operato	or (2)		in	E	G	E		<u> </u>	51
Agencies Notified	Type Notification	y		-	Address					1111				nery and number		$\neg \parallel$
EPA DEP	Initial Amended				State, Zip C						J	UN	2 /	1 20	119	See of the second
× DOL	Amendmen Emergency			Morr	istown N	IJ 07	960									Antibler
DOH DCA	justification) Cancellation		,	W. 100 100 100 100 100 100 100 100 100 10	of Contact					Те	lephon	e:Nui	mber	ONT	ROL	&
_ DOA	Caricellation	k		Jami						1 8				į	ann magaille.	والمعادة والمعادة والمعادة
Name of Facility Where A	batement is Takir	g Place (	3)	FAC	CILITY INF	ORMA	TION	Tvr	e of Facility	(4)						
house									School (K-							
Street Address  City (5)								×	Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12 nerci	2) al bui	ldings	, hom	ies,
Morristown								Squ 200	are Feet 00	# 0	f Floors	5	11.	Bldg. 7	Age	
County (6) Morris	N				Code (7)	o		9 20 20 20 20 20	rent Use (Pr	ior if be	ing dem	nolish	ed)			
Name of Monitoring Firm I	Hired by Building	Owner (8	)	ASC	M No.		Name		atement Co	ntractor	(9)					
Street Address							ABS	Env	rironmenta	al Serv	rices,	LLC				
City, State, Zip Code							100000000000000000000000000000000000000	morania n	ess 483, 4 E (	Sate D	rive					
Oity, State, Zip Code									Zip Code d, NJ 074	118						
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph	one N	No.	710	Licens	se No	).			-
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)		973-		2276 HA Monitor		703					
6/19/19		6/28/1	9				Ivanic	0, 00	I IA WOULD							
Occupancy Status During							Street	Addre	ess		2-2-11-12					
Facility Closed/Vacate Abatement Performed Other – Describe: kits	Outside of Norm	eriod of A al Facility	Hour	nent S		_	City, St	tate, Z	Zip Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Mi	II Containme ni-Enclosure ovebag Prod	e cedure						
		Is	Locati	on				INO	n-Exempted	1 (°) and	Non-F	riable			ement	-
Location o	f	l N	ormal	ly		De	scription (	of						Ту		
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	aterial (ACM) <u>ED</u>	Mai	d Sole ntenar odial S (12)	nce/	Asbest (i.e.	os Con therma surfa	taining Ma systems cing, VAT niscellane	aterial insula , or	I (ACM) ation,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		-/152	200						<u>a</u>	7	late	Ire
kitchen				Х		fl	oor tile			27	5 SF		х			
							-					-	-			
Name of Registered Waste	Hauler		1										1			
Newark Carting	i idulei			JDEP Wa auler ID I		Cubic of Was	Yards ste		Name of F	. 2						
City, State			04	1509		TBD			Grand C	Central	Sanit	ary	Lan	dfill		
Newark, NJ						Dispos	sal Date		City, State Pen Arg							
Completed by A. Scott Higgins		Title	lont			S	ignature		1	J15 1 //		Date				
		Presid	ieill						U -			6/17	7/19			

TON# 12/3/													Р	rint For
OK 3390 PA	AIID		ICATIOI ursuant	tate of Nev N OF ASB t to NJAC	ESTOS 8:60 an	ABATE d 12:12	0)	R	E (			$\mathbb{V}$		- Consideration of the same
Date of Notification (1) 06/13/19 Check #3396	,			of Building nastasia/				School	J	UN 2	2 4	2019	makhanyanatin	
Agencies Notified Type Notification  EPA Initial			Street A	Address Teaneck	Road				ASBE	STOS	s coi	VTRC	L&	STEP AND AND AND
DEP Amended Amendment	#	[		ate, Zip Co				-/			ENSI			
DOH justification)  DCA Cancellation		_	Name o	of Contact Columbo					Telepi 201-			r		
DCA Caricellation	I)				Data	1011			201-	302-0	3330			
Name of Facility Where Abatement is Takin Community High School	g Place (3	3)	FAC	ILITY INFO	DRIVIA	ON		of Facility (4	•)					
Street Address							×	School (K-12 Subchapter of Other (i.e. pr	Other t			ildino	e hom	200
1095 Teaneck Road City (5)							Squa	etc.) are Feet	# of FI		rciai b		Age	es,
Teaneck			0 1			, majoritoris, et c.	10,0	+000	3			50+		
County (6) Bergen				Code (7) USE ONLY)	le	_	Sch	ent Use (Prio 1001	r if being	demol	lished)			
Name of Monitoring Firm Hired by Building $N/A$	Owner (8)		ASCN N/A	И No.		Name EA S		atement Cont ces	ractor (9)					
Street Address N/A					3	Street 426		10,00						
City, State, Zip Code N/A								Zip Code rg, NJ, 070	22					
Project Manager for Monitoring Firm N/A			Telepho	ne No.		Teleph 201-2	none N	lo.	L	icense				
Start Date (10) 06/25/19	Schedule		npletion	Date (11)		Name		HA Monitor		1074				-
Occupancy Status During Abatement (Chec		3 <u>.</u>		400-0		N/A Street	Addre	ss						
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe: 3pm	Period of Anal Facility	Abatem Hours	nent S			2000 Mall 1997 Sec. 1	tate, Z	Zip Code						-
Scope of Work (Check All That Apply)					_	N/A								
<ul><li>≥3 sf or ≥3 If</li><li>≥160 sf or ≥260 If</li></ul>		Renova Demolit				×	Mi	II Containmen ni-Enclosure ovebag Proce	edure	J				
	1			I			J No	n-Exempted	(*) and N	on-Fri	able P	7.00		
Location of	N	Locati Iormal	ly		De:	scription	of		~~				temen Type	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/		os Cont thermal surfac	aining M systems cing, VA niscellan	lateria s insula T, or	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure	
	No	N/A		2112								6		
Basement Boiler Room		X		A	CM Pi	pe Ins	ulatio	on	3 L	F		X		
											$\top$	+	1	
Name of Decision 1997		1.0	IDEE !	la a tr	0.11	Vacd		LN	a ado to		eu.			
Name of Registered Waste Hauler Tri-State Transfer Associates		Н	JDEP W lauler ID 9551	100000	of Was			Name of R Minerva			THE			
City, State Bronx, NY					Dispos	sal Date		City, State Waynesi	ourg, O	Н				
Completed by Michael Fajardo	M			Date 06/13	/19									
* 155	Office		usette:				-	_//				V10253		

TOV# 1187	11										L	P	rint F
X3395	PA	AIID	NOTII (F	FICATIO	State of New on OF ASBES of to NJAC 8:0	STOS ABATE	EMENT (0)	DE	CE		$\mathbb{V}$	E	M
Date of Notification (1) June 13/2019	haal: #2205				of Building Ov		r (2)	linii	-				
	heck #3395				ichael's Par	rish			JUN 2	2 4 2	2019		
Agencies Notified	Гуре Notification	1			Address							States	
EPA DEP	Initial				Central Bo				BESTOS	CON	TRO	1.8	
DOL L	Amended Amendmen	it#			tate, Zip Code ades Park,		1700	AS	LICE	NSIN	G	- CONTRACTOR WA	Season of the
	Emergency	(includin	g		of Contact	N2 07050-	-1799			-			
DOH DCA	justification Cancellation				Minhyun Ch	10			lephone No				
					ILITY INFOR			20	01-994-1	001			
Name of Facility Where Ab St Michael's Parish	atement is Takir	ng Place	(3)		THE OIL	MATION	Type of Fa					-	
Street Address								ol (K-12) hapter 8 (Oth	er than K-	12)			
19 E Central Bouleva	rd						Other	(i.e. private	& commerc	cial bui	ldings	, hom	ies,
City (5)							etc.) Square Fe		f Floors				
Palisades Park							70,000	3	1-10018		Bldg 50+	Aye	
County (6)		7		County	Code (7)		- The state of the	se (Prior if bei	na demolis	11.0	001		
BERGEN				(STATÉ	USE ONLY) _		School/0		g domons	J. louj			
Name of Monitoring Firm Hi	ired by Building	Owner (8	)	ASC	M No.	Name		nt Contractor	(9)				
N/A	25					1.		Corporation					
Street Address	2.5	M 3147 344					Address	200 • 200 ·					
						426	69th Stree	et					
City, State, Zip Code					7/	5 N N N N N N N N N N N N N N N N N N N	tate, Zip Co						
Project Message	.t post						enberg, N	J 07093					
Project Manager for Monitor	ring Firm			Telepho			one No. 295-1700		License N 01074	No.			
Start Date (10)				npletion	Date (11)	Name	of OSHA Mo	onitor			1510/145		
6/14/19	L	6/27/1					e as abov	е	쯛				
Occupancy Status During A			200			Street	Address						
Facility Closed/Vacated Abatement Performed Other – Describe: 7 Al	Outside of Norn	Period of nal Facilit	Abatem y Hours	nent		City, S	tate, Zip Cod	de					
Scope of Work (Check All T	hat Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti			×	Mini-Enc Glovebag	cainment with losure g Procedure mpted (*) and				· A	
		le	Location	on		-	- HOIT EXC	pica ( ) and	NOIPI HAL	76 110		ement	
Location of			Normall	y		Description	of					ре	
Asbestos-Containing Ma			ed Solel			Containing M	aterial (ACN	1) Ar	nount			Ш	
TO BE ABATE In Facility	: <u>D</u>		todial S			rmal systems urfacing, VA			pecify or LF)	Rer	Re	Encapsulate	Enclosure
(13)			(12)		oth	ner miscellan	eous)	0,	OI LI )	Remova	Repair	lusc	nso
		Yes	No	N/A						2	(\$3)	ate	гe
Church Crawi S	Church Crawi Space					sulation-wr	an & cut	90	0 LF	x			
				X			-	- 00	U LF	A			
					and	Clen-up o	iebris						
								-		-			
Name of Registered Waste F	doulor		130	JDEP W	1	11. 17							
					337	ubic Yards Waste	1000	e of Register					
						BD .	Min	ierva Entei	prises In	10			
City, State					Dis	sposal Date	City,	State					
Vayne, NJ					TE	3D	Bet	hlehem, P.	A				
Completed by		Title	- 0.4			Signature	(01)	1	Da				
Gina Betances		UTTIC	e Man	der		1 1	111/	17/1	61	112/10	)		- 1

11.	200000	11-	<u> </u>						•					Pri	nt Fo
JW# 11015 Date of Notification (1)	Me i Hei Ic	AHI	?\ VOTIF		ate of Nev			MEN'	, U		142	0			
JOV# 11915	8 II		₩ (P	ursuant	to NJAC	8:60 and	12:120	0)	CK	7	42(	0			diam'r.
					f Building (	Owner/O	perator	(2)		Parl J	EG	E		1 6	T
6/17/19 Agencies Notified	Type Notification			Allrisk Street A						Wr					
⊠ EPA	☐ Initial				ast Clem	nents B	Bridge	Roa	d		.111	u 2 4	20	10)	11
DEP	Amended				te, Zip Co		70		mount	انالا	<del></del>	4		15	
	Amendment Emergency		-		mede, l	NJ 080	78			[ Tel	Periodae	i mher	ONT	RUL	7
DOH DCA	justification) Cancellation			Lou Ci				(368)	a Linear Control	a	ephones.	- A PAIC	1119		A. arian - *****
Name of Facility Where A	hatamant in Takin	a Diago /2	1	FACI	LITY INFO	DRMATI	ON	T	f Filit-/	4)					
Vickie Vaughn & Da		g Place (3	)					Т	e of Facility ( School (K-1	100 EV					
Street Address									Subchapter	8 (Oth	er than K	-12)			18205
								X	Other (i.e. p etc.)						es, 
City (5) Berlin NJ 08009									are Feet 00 +	# of	Floors		31dg. 35+	Age	
County (6)	***************************************		Т	County C	Code (7)				rent Use (Pri	1.	ng demol				
Camden				(STATE L	JSE ONĹY)										
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	1 No.				atement Cor	tractor	(9)				
Street Address							Street								-
							PO	Box	329						
City, State, Zip Code							700000000000000000000000000000000000000		Zip Code rlin NJ 080	101					
Project Manager for Moni	itorina Firm		-1	Telephor	ne No.		Teleph			1 60	License	No.			
,									-9800		00727	7			
Start Date (10) 6/18/19		Schedule 6/21/1		mpletion I	Date (11)				SHA Monitor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Occupancy Status During	Abatement (Chec						Sam		ess						
▼ Facility Closed/Vaca			50) 	ment											
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	/ Hour	s		_	City, S	State,	Zip Code				5-27 5.31		
Scope of Work (Check Al	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					- N	ull Containme lini-Enclosure Blovebag Prod	e cedure					
		Т.					2	SI N	lon-Exempted	d (*) an	d Non-Fri	iable Pr		re temen	t
Location	of	P	Local Vorma	lly		Des	scription	n of						уре	1
Asbestos-Containing TO BE ABA	Material (ACM)	Ma	intena				aining N	vlateri	ial (ACM)		mount Specify	R	_	Enc	m m
In Facili		Cus	todial (12)	Staff?	(	surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Outer ii	inscendi	ieous	,)			la la	=	llate	Jre
baseme	ent	163	140	X		Floor T	Tile & r	mast	tic	50	00 SF	х	+	-	
						- Stephenial		-					1		
Name of Registered Was	eto Hauler		,	NJDEP W	/aste	Cubic	Yarde		Name of	Registr	ered I and	Hfill			
United Roll Off	i i aulti		1	Hauler ID		of Was			G.R.O.	83%	Lanc				
City, State				22459		3 Dispos	sal Date	,	City, Stat						
Elm NJ						7/5/1		3			A 1906	7			
Completed by		Title				S	ignatur	1			- 1	Date	10		
Anthony T Perna		Pres	iden	t			٧		2 believe Ventur			6/17/	19		

Inv# 12180		NO	TIFE	CATIO	State of	New Jersey	TEMENT					
JK5808 1	PA			Pursu	ant to NJ	AC 8:60 and 5:	16)	ME	CE	7	<u> </u>	Eli
		40		10000				1131				
	- ' _	19		N	ew Jerse	y Department of	Military & Vete		11M 2	d on	10	
1		on						H 17 A	UN 4	1 20	15	1
				1	01 Eggert	s Crossing Road	d l					T-MILES
		t#						ASBE	STOS C	ONT	TOF	&
			ng	L	awrencev	ille, NJ 08648	1		LICENS	SING	*************	taki kanpuntung
1 St 10 St 1				8000		74 1		Telephone	Number	*		
☐ Ca	ncellatio	n		E	dward Sa	in		732-974	-4894			
				F.	ACILITY I	NFORMATION						
							Type of Facility	(4)				
	raining	Cente	r									
Not the second of the second o							Subchapter	8 (Other than	K-12)	nuildin	ne	
							homes, etc.	)	minoroidi	Janan	90,	
1							Square Feet	# of Floors	ş   I	Bldg. A	Age	
							50,000	2		80		
* * * *				Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molished)			
			*				Offices					
	y Buildin	g Owne	r (8)	ASC	ΛNo.	Name of Abatem	ent Contractor (9)					TATE OF
						Shade Envir	onmental, LLC					
						Street Address						
Sale of Notification (1)												
							, NJ 08052			200		
Case of Notification (1)												
Case of Notification (1)												
	Sch					[13] [13] [13] [13] [13] [13] [13] [13]						
				18_ /		EMSL Analyt	ical, Inc.					
The figure of the first of the contract of the	04 5 CO 04 12 CO 11 CO					Street Address						
				***		Cinnaminsor	n, NJ 08077					
≥3 sf or ≥3 If	oly)					☐ Mini-Enc ☐ Glovebag	losure g Procedure					
		1							A	batem	ent T	уре
	(ACM)	Us		2007	Ache			A	R	R	ū	Щ
TO BE ABATED	(/ (0111)				(i.e	e, thermal systems i	insulation,		mo	epai	ncap	Enclosure
		Cus				surfacing, VAT,	or		va	7	Sul	sure
(13)		Yes	T		1	other miscellane	ous)				ate	
RSP Commander's Office BI	dg 35		+		Floor T	ile and Mastic		550 SF				
		П	П	П							П	П
		+-	+=							+=		
			12	ᆜᆜ	-				_			Ш
N					1							
				Hauler I	D No.	Waste						
City, State				1000			City, State					
Freehold, NJ						Company Company Company		PA				
Completed By (Print or Type)	Ti	tle			-	Signature			Date			
			resid	ent of	Operation	- 1	)		7000	210	7	

Inv # 12	$\mathfrak{O}$		**		New Jersey		JE	C		W I	ER
CK 20:25	A I	PAID			sbestos Abatement C. 8:60-7 and 12:120-7)						and the latest and th
Date of Notification (1)	かれずよ	9208			Name of Building Owner/ Delbarton School	Operator (2)		IUN 2	2 4 2	019 -	-
Agencies Notified		Notification	Туре		Street Address 230 Mendham Road					- CO	
⊠ EPA □ DCA		☑ Initial N ☐ Amende	d #		City, State, Zip Code Morristown, NJ 07960		ASSI		NSING		C
☑ DOL □ DEP ☑DOH		justification  Cancelle	1)	fication (including	Name of Contact Fr. Michael Tidd O.S.B.		<u>Teleph</u> 973-53		ımber x 30	20	
				FACILITY IN	IFORMATION						
Name of Facility Where Ab Delbarton School Tr	atement is	Taking Place	(3)		Type of Facility (4) ☐ School (K-12)						
Street Address	Y				Subchapter 8 (other the Subchapter 8 (other the Subchapter 8 )	ommercial b	uildings	homes	. etc.)		
230 Mendham Road	0				Sq. Feet: # of Floors: 3 B Current Use (prior if being	Ilda. Aae:	1960's	;		n Sch	ool
City (5) Morristown	County (6) Mo	rris		ty Code (7) e Use Only)	, some control in soming	demonstree	i). I livate	Cault	nic riigi	1 3011	001
Name of Monitoring Firm H Envirovision Consultants	ired by Bld	g. Owner (8)	ASC	/ No.	Name of Contractor (9)	10					
					Panoramic Window & Do	or Systems	s, Inc.				
Street Address 20-21 Wagaraw Road					Street Address 712 Sergeantsville Road						
City, State, Zip Code Fairlawn NJ					City State, Zip Code						
Project Manager for Monito	ring Firm	Telephone			Stockton, NJ 08559 Telephone Number		License	Numb	er		
Fred Larson		973-636-91	45		P (732)926-0900		01237	TTUTTE	<u> </u>		
Scheduled Start Date (10) 07/01/19		Scheduled ( 08/22/19	Complet	tion Date (11)	Name of OSHA Monitor IAQ GURU LLC						
Occupancy Status During A x Facility Closed/Vacated D Abatement Performed Ou	uring Entire	Period of Ab	atemen	t	Street Address 87 Main Street						
	iside of No	mai Facility F	iours –		City, State, Zip Code						
□Other – Describe:					Lincoln Park, NJ 07035						
Source of Work (Check all the	hat apply)					-					
□ ≥ 3 sf o	or ≥ 3 lf			⊠ Reno	ovation	□ Mini-Encl	OSUITO				
X ≥ 160 sf or	≥ 260 lf			☐ Demoli	ition 🗆	Glovebag F	rocedure				
Location of Asbestos- Containing Material (ACM) is		cation Norma Solely by	lly	Description of As	sbestos Containing Material	n-Friable P Amour	nt	Abate	ement T	уре	
Facility (13)	Main	t./Custodial S	taff?	surfacing, VAT, o	mal systems insulation, or other misc.)	(Speci	fy SF or	Remove	e Repair E	ncap Er	nclose
	(12) YES	NO	NA	3							
Exterior Panels associated with curtain wall window system			X		ACM CAULK	1800 L	.F	X			
Exterior window system			X	,	ACM Transite	460 SF		X		-	
Name of Reg. Waste Hauler		NJDEP Was	te Haule	er ID#	Cubic Yards of Waste	<u> </u>	Name of		ered La	ndfill	
Panoramic Window & Dr S	ys Inc	0036057					Chrin Bro				
						Disposal Da	ite		ty, State aston, P		
Completed by (Print or Type Mark M Jovic	)	<u>Title</u> Project Man	ager		Signature		<u>Date</u> 06/19/19				
					- 1 - 1/1 t						

- 412010a			State of N	New Jersey			dysonia and on			
10000	C NAMED IN COLUMN	Matie		sbestos Abatement	1	1	EC	E	W	E
TV 29007 P	AID			2. 8:60-7 and 12:120-7)	populari Application	WI	5 0			
Date of Notification (1)	41201			Name of Building Owner/Ope South Plainfield Board of E	erator (2) ducation		JUN	2 4	2019	The state of the s
Agencies Notified	Notification	Type		Street Address	-			(9)		N. NEWS
⊠ EPA	Imitial No	tification		165 Jackson Ave City, State, Zip Code			SBEST	JS CO	NTRO	L&
□ DCA	☐ Amended			South Plainfield, NJ 07	080	,	LI	CENSI	NG	-
⊠ DOL ⊠ DEP	justification)	)	tion (including	Name of Contact Tom Wiggens		-	hone Nur 31-4356	nber		
⊠DOH	☐ Cancelle	a 	EACH ITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Place	(3)	PACILITIIVI	Type of Facility (4)		1/4				
South Plainfield Middle Scho		131		☐ School (K-12)  ☑ Subchapter 8 (other than	n K-12)					
Street Address				Other (i.e. private & commer	rcial buildi					
2201 Plainfield Ave				Sq. Feet: NA # of Floo	rs: 2	Bldg. A	.ge:	1930's		
City (5) County (6)		County (		Current Use (prior if being de						
South Plainfield Un	ion	(State U	ise Only)	Building Vacated for appro	x. 2 years	5				
Name of Monitoring Firm Hired by Bldg Omega Environmental Services Inc		ASCM N	<u>lo.</u>	Name of Contractor (9)						
				Panoramic Window & Door	Systems	, Inc.				
Street Address 280 Huyler Street				Street Address 712 Sergeantsville Road						
City, State, Zip Code South Hackensack, NJ 07606		118-1-1-1-1-1-1-1		City State, Zip Code Stockton, NJ 08559		-				
Project Manager for Monitoring Firm	Telephone I	Number		Telephone Number		Licens	se Numbe	er		
Geiser Fajardo	201-489-87			P (732)926-0900		0123				
Scheduled Start Date (10) 07/01/19	Scheduled ( 09/30/19	Completion	n Date (11)	Name of OSHA Monitor IAQ GURU LLC						
Occupancy Status During Abatement ( ☑ Facility Closed/Vacated During Enti ☐ Abatement Performed Outside of No.	re Period of A	batement	8	Street Address 87 Main Street						
Describe				City, State, Zip Code						
Other – Describe:				Lincoln Park, NJ 07035						
Source of Work (Check all that apply)										
$\geq$ 3 sf or $\geq$ 3 lf			⊠ Renovation		tainment	SUB-8				
			☐ Demoi		lovebag F					
Location of Asbestos- Is Lo	ocation Norma	ally	Description of As	sbestos Containing Material	Amour		Abatem	ent Type	<u> </u>	
Containing Material (ACM) in Use	d Solely by		(ACM) (i.e. then	mal systems insulation,	(Speci	fy SF			50	
Facility (13) Main (12)	nt./Custodial S	staff?	surfacing, VAT,	or other misc.)	or LF)		Remove F	cepair End	ap Encl	ose
(12) YES		NA								
Exterior Window systems		X	ACM perimeter	Caulk & window pane glaze	Exacti 429	_				
					Windo	ows				
					-					
Name of Reg. Waste Hauler	NJDEP Was 0036057	ste Hauler	· ID #	Cubic Yards of Waste			of Regis	tered La	andfill	
Panoramic Window & Dr Sys Inc						- January				
-				Di	sposal Da	ate		ity, Stat aston, F		10 mm /s
	T =			4 44						
Completed by (Print or Type) Mark M Jovic	Title Project Ma	nager	2.7	Signature		<u>Date</u> 06/19/	119			

_ NOCK		NOT	IFICATION	State of I ON OF AS nt to NJA	SBESTO	SABATE	EME 20)	NT		$\overline{n}$	E	C	E [		/ E
Date of Notification (1) 06/17/2019			Name	of Buildin	ng Owner	r/Operato	r (2)		Commence of the contract of th	K					
Agencies Notified Type Notification	1		Street	Address Millbroo						and the second	,	JUN	2 4	20	9-
X DEP     X Amended     Amendmer     Amendmer     Emergency	it #_1			State, Zip dolph, N		9			and the second second		ASB		OS OC		ROL 8
□ DOH     □ justification     □ Cancellatio	)	9	Ralp	of Contac h Carch	ia						one N 89-7	umbe		110	
Name of Facility Where Abatement is Takin Randolph Museum	ng Place	(3)	FAG	CILITY IN	FORMAT	TION	Ту	pe of Facility (4	1)			1			
Street Address 630 Millbrook Avenue							×	School (K-1) Subchapter Other (i.e. pr	8 (Ot	her th & co	ian K- mmer	12) cial bu	ildings	, hon	nes,
City (5) Randolph							Sq	etc.) uare Feet	# (	of Flo	ors		Bldg.	Age	
County (6) Morris			County (STATE	Code (7)	Y)		Cu	rrent Use (Prio Jseum	r if be	ing d	emolis	shed)			
Name of Monitoring Firm Hired by Building Omega Environmental Services	Owner (8	)	ASC 001	M No. 20		Name VMC	of A	batement Cont mpany Inc.	racto	r (9)					
Street Address 280 Huyler Street		66				Street	Add								
City, State, Zip Code South Hackensack, NJ 07606	th Hackensack, NJ 07606							Zip Code NJ 07011			***				
Stan Blackman	ect Manager for Monitoring Firm Tele an Blackman 20							No. -8828			ense f	No.	******		
Start Date (10) 07/22/2019	07/29/	2019	mpletion	Date (11)	)			SHA Monitor mpany Inc.							
Cocupancy Status During Abatement (Check  Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	\\ hatar	ment s			Street A	Addr								
Scope of Work (Check All That Apply)    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260 lf		Renova Pemolit				X	M	ull Containmen ini-Enclosure lovebag Proce on-Exempted (	dure					e	
Location of Asbestos-Containing Material (ACM)	l N	Locati Iormal d Sole	ly		Des	scription o	of						Abate Ty	ment pe	
TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	nce/	Asbes (i.e.	thermal surfac	aining Ma systems i ing, VAT iscellane	insu . or	lation,	(S	moun pecify or LF	y	Removal	Repair	Encapsulate	Enclosure
Basement	N/A	F	Pine/fitti	ng insu	latio	n	- 0.5	0.1.5	_			ate	Гe		
		iporita	ing mau	iatio	511		0 LF		×						
Name of Registered Waste Hauler Newark Carting Inc	aste No.	Cubic Y of Wast			Name of Re	gister	ed La	andfill				-			
City, State Newark, NJ			409		Disposa	al Date		City, State	Б.						-
Completed by /oytek Roszkowski	Title Presid			Sig	nature		Morrisville	7.5		Dat 06	e /17/2	019			

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

		(1	Pursuan	t to NJAC 8	3:60 and 12:	120)				G	E		$\mathbb{V}$	EI
Date of Notification (1) 06/17/2019				of Building ( ship of R	Owner/Opera andolph	ator (2	2)	K				U		
Agencies Notified Type Notification	1			Address /lillbrook F	Road					UN	2	1 20	119	Manager State of the State of t
DEP	t #_1			ate, Zip Coo olph, NJ (		3-2-2			ASBE	STO	SC	ONTI	ROL	8
<ul> <li>区A</li> <li>区A</li> <li>Emergency justification Cancellation</li> </ul>	1	9		of Contact Carchia					lephone	Nun		ING	-	ad museum,
Nome of Facility IAI			FAC	ILITY INFO	RMATION						W. 1. Co.			
Name of Facility Where Abatement is Takin Randolph Museum	ng Place (	3)			£3	T	ype of Facility  School (K-	3 80						
Street Address 630 Millbrook Avenue							Subchapte Other (i.e.	r 8 (Oth	ner than & comm	K-12 nercia	) al buil	dings	hom	es,
City (5) Randolph						S	etc.) Guare Feet	# 0	of Floors		E	Bldg. A	\ge	
County (6) Morris			County (STATE	Code (7) USE ONLY)			Current Use (Pri	or if be	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Building Omega Environmental Services	Owner (8	)	ASCI 0012	M No.	Nan	ne of	Abatement Cor Company Inc	ntractor	r (9)					
Street Address 280 Huyler Street		k:			Stre	et Ad	Idress							
City, State, Zip Code South Hackensack, NJ 07606					City	, Stat	e, Zip Code					. Walles		
Project Manager for Monitoring Firm Stan Blackman			Telepho		Tele	phon			Licens	se No	).			
Start Date (10)	Schedul	ed Cor		39-8700 Date (11)			3-8828 OSHA Monitor		0070	4				
07/22/2019	07/29/	100			VM	IC C	ompany Inc							
Cocupancy Status During Abatement (Checomology Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	Δhaten	nent s				dress e, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure						
	0.000	Locati					Tron-Exemple(	1 ( ) ain	u Non-r	nable	-	Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	elý by nce/	(i.e. th	Descriptions Containing sermal system surfacing, Vother misceller	Mate ms in: /AT, c	sulation,	(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								/al	7	late	Jre
Basement		X		Pip	e/fitting in	rsula	ition	25	50 LF		х			
										_	-			
										$\dashv$				$\dashv$
Name of Registered Waste Hauler		1,000,00	JDEP W	50-75-75 PM	Cubic Yards		Name of F	Registe	red Lan	dfill				
Newark Carting Inc  City, State			auler ID 5409		of Waste		GROWS	3						
Newark, NJ				[	Disposal Dat	e	City, State Morrisvi		Ą					
Completed by Voytek Roszkowski	Title Presi	dent		1	Signatu	Te d	S (25)	100		Date		019		

Inv#121	190 Pai		NO			O NO		BE	EST	rsey OS AE 0 and		TEMENT 6)	[F]	) E	G	E		$\mathbb{V}$		
Date of Notification (1)					Na	me of	Buildin	na O	)wne	er/Opera	tor	(2)	100	4						111
06/	18 /	19	9			Arlene				порега	toi (	(2)			.1111	<sub>M</sub> 2	1	2019	-de-p	
	Type Notifi	ication			Str	eet Ad	dress	4					Li	<u> </u>	00:			2010		1
																		- CORTO	01.0	_
☑ DOLWD	☐ Amende Amendr				Cit	y, State	e, Zip (	Cod	le		-		7	ASI	BES'	IOS I			JLÖ	4
	☐ Emerge			_ na	H	lamilt	on, N	J 0	869	0		i		الموادر والموادر والموادر	[	104		-	-	
(NJAC 5:23-8)	justifica	tion)	ioidaii	'9	0.000	me of (		5.5			-		T.	Telepho	one N	lumbe	r			
		ation				haror														
Name of Facility Where Ab	atement is	Takin	a Diac	0 /21	F	ACILI	ITY IN	IFC	DRIV	IATION	_	T =								
Burkley Residence	atement is	Takili	y Plac	e (3)								Type of Facilit								
Street Address												School (K- Subchapte Other (i.e., homes, etc	r 8 (0 priva	Other thate and	han K I com	(-12) merci	al b	uildin	gs,	
City (5)								-			-	Square Feet	-	# of FI	oors		IB	ldg. A	ne	
Hamilton												1,211		2	0010			57	go	
County (6)					Co	unty C	ode (7	)(ST	TATE	USE ONL	Y)	Current Use (F	Prior		g dem	nolishe	10-			
Mercer												Residence								
Name of Monitoring Firm H					ASC	M No.		Na	ame	of Abate	eme	ent Contractor (9	9)							
Management & Envir	o. Consu	lting	Servi	ces					Sha	de Env	/iro	nmental, LLC	2							
Street Address PO Box 341 Street Address PO Box 341															0.55		N. S. C. I. S. C. C.			
								-		Cutler	100000									
City, State, Zip Code Chesterfield, NJ 0851										tate, Zip										
Project Manager for Monito				T=								NJ 08052								
Bill Weisgarber	ring Firm			1	lephon		7.0			one No.				License						
Start Date (10)		School	ulad C		609-29 letion D		2,772		-	755-00				0084	42					
06 / _ 29 _ /					)2 /					of OSHA		onitor cal, Inc.								
Occupancy Status During A	batement (									Address										<del>11000</del>
☐ Facility Closed/Vacated					ement							) North								
☐ Abatement Performed O	utside of N	ormal	Facilit	у Но	urs - De	escribe	,			tate, Zip										
Time of Abatement:	AM	PN	1/	PN	1	_AM						NJ 08077								
Scope of Work (Check all th	at apply)																			
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			⊠ Re □ De	enova emolit						Mini-E Glovel	nclo	ainment with Ne osure Procedure opted (*) and No				dure				
				Loca												T	Aba	atem	ent T	уре
Location of Asbestos-Containing Ma	terial (ACN	0			lely by		Ashes	tos		scription		erial (ACM)		Amo	unt	İ	R	Re	щ	щ
TO BE ABATE		,			ance/ Staff?			the	erma	I system	ns in	sulation,		(Spec			Removal	Repair	cap	Enclosure
IN Facility (13)			Ous	(12						cing, VA				SF or	LF)		val	7	Encapsulate	sure
			Yes	No	N/A			011	11011	mocchai	100	us)							ite	
Basement				$\boxtimes$		Flo	or Til	е						592	SF		X			
														7-1-2-1		7	П	П	П	
								- 129								-	=			
						+										-	-		님	
Name of Registered Waste I	Hauler				NJDEP	Waste	, T	Cub	nic V	ards of		Name of Regis	tore	415-4	£(I)			Ш	Ш	Ц
Freehold Cartage				1 3%	Hauler	ID No.	11.0	Was	ste	alus Ul		Fairless La			1111					
City, State					1593	9		2 Disr		I Date	-	City, State	AT IUI				_			
Freehold, NJ										2/2019		Morrisville	. PΔ							
Completed By (Print or Type	)	Title								nature	-					Date				-
Christina Lynch	Đ.	Union alexander	e Pr	eside	ent of	Opera	ations	5	1	Mark	_}	$\leq$								
20 11									1	MANIA	w	TOTT WE CHESLINE S	-			00	8	19		

SI# NOT	191				State of	New Jersey		V E @ F	пп	Πi	rescond	
W131	PAI		NOTI (P	IFICAT ursuar	nt to NJA	BESTOS ABATE C 8:60 and 12:12	MENT D	) EGE		<u> </u>		
Date of Notification (1					me of Build chard Ha	ding Owner/Operato	r (2)	JUN 2	1 20	10		U
Agencies Notified	Type Notifica	tion			eet Addres		1 20 4	4		10	i la	research .
EPA DEP	☐ Initial						Was coppe	ASPESTOS O	CALTER		لہ	
⊠ DOL	Amended Amendme				, State, Zip			LICENS		11. /1	-4	
<b>⊠</b> DOH	Emergence justificate	y (includir	ng		dubon, N						Self and Deliver	Abrita
☐ DCA	Cancellation				hard Hav			Telephone Nu	mber			
N 65 W 100				F.	ACILITY II	NFORMATION						
Name of Facility When Residence	e Abatement is Ta	aking Plac	e (3)	- IIII.V			Type of Facili					
Street Address								er 8 (Other than K-				
Oit (a)							homes, et	, private 8 commero c.)	cial bui	lding	з,	
City (s) Audubon, NJ							Square Feet 1400 SF	# of Floors			Age	
County (6)				T Co	untv Code	e(7) (STATE	-	2 Prior if being demo		22 yr	S	
Camden			_	US	E ONLY)	- Committee	Residence		noneu)			
Name of Monitoring Fir (8)	m Hired by Buildi	ng Owner		ASCN	/ No.	Name of Abaten	nent Contractor	(9)				
Street Address					<del>, martin</del>	AEi2, LLC Street Address						
						361 E. Flemin						
City, State, Zip Code	<b>3</b>					City, State, Zip Hammonton,						
Project Manager for	Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Start Date (10)	Lo	hadulad C		-4' D	-4- (44)	609-481-212		00689				_
6/27/19		heduled C 5/19	ompi	etion D	ate (11)	Name of OSHA M AEi2, LLC	Monitor					
Occupancy Status Duri						Street Address			cifib-03.6	XX.2500		
Facility Closed/Vac	ated During Entire	e Period o	of Aba	ire ire	t	361 E. Flemi City, State, Zip C		TITLE TO THE REAL PROPERTY OF THE PERSON OF				
Other - Describe:		Trai i donic	y 1100			Hammonton,	NJ 08037					
Scope of Work (Check	all that apply)							Negative Pressure	-		-52.50	
≥3 sf or ≥3 lf		X Re	nova	tion		Mini-End						
≥160 sf or ≥260 lf		Пъе	monu				g Procedure empted (*) and l	ion-Friable Proced	ure			
			ocati						1		ment	t
Location Asbestos-Containing	of	Used		ly by		Description of			-	Тур	E	E
TO BE ABA	TED	Cu	ıstodi	al		tos Containing Mate , thermal systems in	sulation,	Amount (Specify	R e	R e	n c	n c
IN Facilii (13)	у		Staff? (12)			surfacing, VAT, other miscellaneous		SF or LF)	m o	p a	p	0 5
				T	1		,		a 1	i	1 1	u r
Attic		Yes	No	N/A X	Vermic	ulite		200 SF	X	-	t	-
				1					1	-		$\vdash$
Name of Date		_										
Name of Registered Wa	iste Hauler			IJDEP lauler II	STATES OF THE ST	Cubic Yards of Waste	1	stered Landfill				2000
AEi2, LLC City, State			<u> 12</u>	1376		5	TBD City State					
Hammonton, NJ						Disposal Date TBD	City, State	1)				
Completed By	T	itle				Signature	My,	Date				
Wm. Minnick		Program	Mg	r.		Valmo.	Mm	6/17/19				
ASB-41												

Inv#1a/92 UK5811	PAT	TON		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE	C E		$\mathbb{V}$	E
Date of Notification (1)	1世上		9	Nan	ne of Buildin	ng Owner/Operator	(2)					
06/18/	19				oly Angel		<b>(-</b> )		JN Z	4	2019	
Agencies Notified Type Notif	ication			Stre	et Address						-0.0	
☑ EPA ☑ Initial				64	Cooper	Street		ASDE	eroe :	000	7.00	
☑ DOLWD     ☑ Amend     ☑ DOH     Amend	200				State, Zip			ASBE:	LICEN	SING	HO	L&
☑ DOH Amend   ☐ DCA		ludin	. ·	W	oodbury,	NJ 08096		THE RESERVE OF THE PROPERTY OF				Фетария»
(NJAC 5:23-8) justifica		uuiii	9	_	e of Conta			Telephone Nu	mber			
☐ Cancel	lation			R	bert Cur	tis		609-280-00				
				F	ACILITY II	NFORMATION						
Name of Facility Where Abatement is	Taking F	Place	e (3)				Type of Facility (4	4)				
Vacant Commercial Property							School (K-12)					
Street Address							Subchapter 8	(Other than K-1	2)	21.41		
81 Cooper Street							Other (i.e., pri	vate and comm	ercial b	uilain	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Woodbury							3,411	1		62		
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being demo	lished)			
Gloucester							Vacant Com					
Name of Monitoring Firm Hired by Bu	ilding Ow	ner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	-				
MDG Environmental, LLC						Shade Enviro	onmental, LLC					
Street Address			77			Street Address						
1000 Maplewood Drive, Suite	207					623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode				-	
Maple Shade, NJ 08052						Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Chris Macri					5-9300	856-755-0099		00842				
Start Date (10)	Schedule					Name of OSHA M						
				5 /	19	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement						Street Address			<del></del>			
Facility Closed/Vacated During En	tire Period	d of	Abate	ement		200 Route 13	0 North					
Abatement Performed Outside of N Time of Abatement:AM	lormal Fa	acility		irs - De:  -		City, State, Zip Co	ode	0.51		2.000		
					_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if			noval moliti			☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non-		ıre			
			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACI	vn l			ely by	Asha	Description of stos Containing Mat		Amount	Z,	R	щ	ш
TO BE ABATED				ance/ Staff?		., thermal systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	1	Gust	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>sa</u>	7	Sula	sure
(10)	Y	'es	No	N/A		otter miscellanet	ous)				ate	1 7
Boiler Room								40 SF				
									1			
			$\overline{\Box}$	1					+			
Name of Registered Waste Hauler								red Landfill		Ш	Ш	Ш
Freehold Cartage			H	lauler II 15939	(Ministration)	Cubic Yards of Waste	Fairless Lan					
City, State						Disposal Date	City, State					
Freehold, NJ						07/05/2019	Morrisville, F	PA				
Completed By (Print or Type)  Christina Lynch	Title Vice	Pre	eside	ent of (	Operation	Signature Is	5	1 0000	ate	19		

10,4 1010	77			•	36							
Chook# 10	172	NO	TIFIC	ATIO	NOFA	New Jersey SBESTOS ABA A 8:60 and 5:	TEMENT	DEC	E		<b>I</b>	
Date of Notification (1)  06 / 2	1 / _	19			ne of Buildi erizon	ng Owner/Operator	(2)	JU	N 2	4 2(	019	t
⊠ EPA	pe Notificati Initial	ion		980-1016-00	et Address Verizon V			ASBEST	TOS C	ONT		. &
172-17	Amended	. 44			State, Zip	10 To 10 To			10614	21110	ettenhishd)	LANGUAGE P
□ DHSS	Amendmer Emergency	_	200	Ba	sking Ri	dge, NJ		50				
(NJAC 5:23-8)	justification		ig	Nam	e of Conta	ct		Telephone Nun	nber			
	Cancellatio	n		Br	ian Tiltor	n		215-578-29				
				FA	CILITY	NFORMATION				_		-
Name of Facility Where Abat	tement is Ta	kina Plac	e (3)	. ,	(OILITTI	NI OKWATION	Type of Facility	(4)				
Verizon		0					School (K-12					
Street Address							Subchapter	8 (Other than K-12	2)			
2117 Route 50							Other (i.e., p	rivate and comme	ercial b	uildin	gs,	
City (5)							homes, etc.					
Tuckahoe, NJ 08250							Square Feet	# of Floors	B	ldg. A	(ge	
County (6)				Cou	mbi Cada /	7//07475 //05 04" \4	10,000	3		50		
Cape May				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Name of Monitoring Firm Hire	ad by Buildia	a O.,,,,	(0)	1001	L N L	The said	1					
USA Environmental M			(8)	ASCM	I No.	the second control of the second	ent Contractor (9)	)				
Street Address	anagaeme	nt inc.				JVN Restora	tion Inc					
						Street Address						
8436 Enterprise Avenu	1e					47 Foster Ro	232					
City, State, Zip Code						City, State, Zip C						
Philadelphia, PA 19153						Staten Island	NY 10309					
Project Manager for Monitorin	ng Firm			ephone		Telephone No.	_	License No.				
Mark Jenkins					5-5810	718-605-6256		00774				
Start Date (10)06 /24 /1	9 Sch	neduled (		etion Da		Name of OSHA N Testor Tech	Monitor					
Occupancy Status During Ab						Street Address						-
☐ Facility Closed/Vacated D						10 59 Jackso	n Avenue					
Abatement Performed Out Time of Abatement: 8:00	tside of Norn AM- <u>4:30</u> PM	nal Facili	ty Hou PM	rs - Des AN		City, State, Zip Co						
Scope of Work (Check all tha	t apply)						tainment with Neg	nativo Prossuro				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emoliti			☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedu	re			
			s Loca						1	atem	ent T	vne
Location of Asbestos-Containing Mate	rial (ACMA)	5271670	Norma			Description o				_		T
TO BE ABATED	)	Ma	aintena	ince/		stos Containing Ma ., thermal systems i		Amount (Specify	em	Repair	nca	nclo
IN Facility		Cus	todial (12)		, , , ,	surfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	+	other miscellane	ous)		_		late	6
Deef			-	-	-							
Roof					Built up	roof field		25 SF				
										П		
		П	П									
			1					_	ᆜ	Ш		П
Name of Device												
Name of Registered Waste Ha	auler		1	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist		2.7			-
Newark Carting		-V/50.00 -	1	NJ-56		vvaste 5	G.R.O.W.S.	, Inc.				
City, State						Disposal Date	City, State					
Hackettstown, NJ						06/25/2019	Morrisville,	PA		A	i	
					-		-			1!	1	
Completed By (Print or Type)	T	itle				Signature		Da	te,-	100	- 8	1.
Completed By (Print or Type) Ralph Barnhardt	T	itle Projec	t Man	nager		Signature	_ `	Da	te- (01	70		A

\* Do not use this form for scheetes licensum avamated activities

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

- 1	1			-		f	and the same
- 1		I de la constante	ISI	P	5	W	厚
*	1		5	6	La	JU	Ling
		11 //	and other sections in the	*****			1
	4	1 4					

-! ·			(PL	irsuar	it to NJ	AC 8:60 and 5:1	6)	III) G		<u>lj</u>	V	=
of Notification (1)				Name	of Buildin	ng Owner/Operator (	2)	11/1/				
	07 / 1	9		ž.	rizon			Control of the contro	N 2	4 2	019	
gencies Notified	Type Notification			Street	Address			111 111 99	( ) ben		.0.0	
⊠ EPA	2 Initial				erizon V	Vav			بالمتحدث والمعادد والمعادد	nastan is	المدارات والإراراي	- And
⊠ DOLWO	☐ Amended			1	State Zio			ASBES				<u>&amp;</u>
☑ DHSS	Amendment i				sking Ri			Enclosed or announced by the property latest	LICEN	OHM	A volunion	more
☐ DCA (NJAC 5 23-3)	☐ Emergency (i	nsluding	;		of Contac			Talaahaaa Ni sah	0.5			
(MUM 3 3 23-5)	Cancellation				an Tiltor	53	1	Telephone Numb				
	- Carosiano							215-578-2938				
N' 7 Pm - 10 10 10 7				FA	CILITY I	NFORMATION						
Name of Facility Where	Apatement is Takir	ig Place	(3)				Type of Facility (4					
Varizon							School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., priv			ldina	s	
2117 Route 50							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	g Ag	e	
Tuckahoe, NJ 0825	50						10,000	3	5	0		
County (6)	(9)			Coun	ty Code (	7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	ned)			
Cape May												
Name of Monitoring Firm			3)	ASCM	Vo	Name of Apatems	ent Contractor (9)					- 0
USA Environmenta	il Managaemeni	Inc.	1			JVN Restora						
Street Address	V					Street Address						.000
8436 Enterprise Av	enue					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode				-	-
Philadelphia, PA 1	9153					Staten Island						
Project Manager for Mon	itoring Firm		Tale	phone	No	Talephone No		License No				
Mark Jenkins			21	5-365	-5810	718-605-6256	3	00774				
Start Date (10)	Sone	duled C	omple	tion Da	te (11)	Name of OSHA M	Monitor	-				
	13 ) _	06_ /	_ 21		19	Testor Tech						
Occupancy Status Durin	g Abatement (Chec	ck only o	ne)	No. of the last of	77-a 15-30	Street Address			-			-
☐ Facility Closed/Vacat	ed During Entire Pi	eriod of	Aoate	ment		10 59 Jackso	n Avenue					
Apatement Performed	d Outside of Norma	i Facility	/ Hour	s - Des	cribe	City, State, Zip Ci						-200-
Time of Abatement: §	3:00AM- <u>4:30</u> PM	P	W	AM		LIC NY 1110						
Scope of Work (Check a	If that apoly)					1 2.0						
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		⊠ Ra □ De	novati molitic			☐ Mini-End ☐ Gloveba	tainment with Nega closure g Procedure empted (*) and Non		re			
			Locat		-		1		- 1	atem	ent Ty	yoe
Location			Horma d Sole		10.0	Description of	5000 and a constant of the second		50,500			
Aspestos-Containing TO BE ABA	Material (ACM)	+	intena			estos Containing Ma e., thermal systems		Amount (Sasaile)	Remova	Repair	Encapsulate	Enclosure
IN Facil		Cus	odial	Staff?	1	surfacing, VAT		(Specify SF or LF)	ova	=	psi	SIII
(13)		Yes	(12) No	N/A	1	other miscellane			1 -		late	30
Roof		+		+	D :::		+					-
1001					Built u	p roof field		25 SF		Ш		L
												L
												E
Name of Registered Wa	me of Registered Waste Haule: NJDEP Waste				Maste	Cuoic Yards of	Name of Regist	ered Landfill		1	1	
Newark Carting Hauler ID No					ON C	Waste	G.R.O.W.S.					
City State	NJ-566					5 Disposal Date	City State					
Hackettstown, NJ						06/25/2019	Morrisville,	PΔ				
Completed By (Print or 1	/pe Tit	10					J. J.					
Raiph Barnhardt	, v = 1:1		s 8/1			Signature	1 14		ate			
runni parillaitt		Projec	. Mar	ager		1 12/1/1	- 11.1-		٠.	27		7.

								COURSE .					E	rint Fo
Mo chece		NOTII	FICATIO	State of New . ON OF ASBES of to NJAC 8:6	TOS ABATI	EMEN 20)	NT		E	G	E		E	
Date of Notification (1) June 21, 2019			Name NJD0	of Building Ov DT	ner/Operato	or (2)				JUN	2 4	201	9	
Agencies Notified Type Notification	on			Address Parkway A	ve; P.O. E	Box 6	500	<u> </u>	ASB	ESTO	)S (C)	MTB	—————————————————————————————————————	
EPA Initial DEP X Amended Amendmen			City, St	tate, Zip Code				halftstelle mayes	LAS NAME NAMES		<u> ENGI</u>			per ser es pres
DOH Emergence justification Cancellati		3	Name o	of Contact Bevans						one N	umber			
			FAC	ILITY INFOR	MATION				300-0	000-0	010			
Name of Facility Where Abatement is Tal NJDOT - Route 7 Wittpenn Bridg	king Place ( je - Contr	3) act 4	770	ALTT INI OK	MATION	Тур	oe of Facili	95045050			-3-25-1-			
Street Address Route 7						×	School ( Subchar Other (i.e.	oter 8 (O	ther to	han K-	12) cial bu	ildings	, hom	ies,
City (5) Kearny				7.5		Squ N//	etc.) uare Feet A	#	of Flo	oors		Bldg. /	Age	
County (6) Hudson				Code (7) USE ONLY)		Cur	rent Use (	Prior if b	peing (	demoli	sned)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8	)	ASCI	M No.		of Al	patement ( Harms C			. Co	Inc			
Street Address					Street	Addr				. 00.,	1110.			
City, State, Zip Code					City, S	State,	Zip Code			-			-	-
Project Manager for Monitoring Firm			Telepho	ne No.	Telepl	hone			100000	cense	No.			-
Start Date (10) April 8, 2019	Schedul			Date (11)			SHA Monit	or	01	055				
Occupancy Status During Abatement (Che			2019		Charact	A -1 -1 -								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Utility Installation	Period of	Abaten	nent		Street City, S		zip Code							
Scope of Work (Check All That Apply)						112-11-								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			×	M G	ull Contain lini-Enclosi lovebag Pi on-Exemp	ure rocedure	е				۵	
Location of	1	Locati	ly		Description			T				Abate	ment	
Actuates-Centerining Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. ther	Centaining M mal systems urfacing, VA her miscellan	lateria s insu T, or	lation,		Amou (Speci SF or L	ify	Remova	Repair	Encapsulate	Enclosure
Con Main							Ti-			ate	Te			
Gas Mains			X	Mas	tic on Gas	s Ma	in	5	500 L	.F	X			
Name of Registered Waste Hauler		N.	JDEP W	aste Ci	bic Yards		Name o	of Regiet	tered I	andfil				
George Harms Construction Co., In	nc.	H	auler ID 8885		Waste		Waste				ē			
City, State Howell, NJ			225	Dis TE	sposal Date		City, Sta		Α					
Completed by Sam Hahn	Title Proje	ct Eng	gineer		Signature			*		Da	ate	X 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		

10/4 19C	lala 1	Comment of the Commen	A	n								ı		
Max # 15	A L	P	Adj	(Pursua	State of Ne ON OF ASE IN O. N. AC	8:60 a	S ABATE nd 12:12	20)		DE	C		W	E
Date of Notification (1) 06-18-2019					of Building tom Shah						JUN	24	2010	a
Agencies Notified	Type Notificatio	n			Address	iaili X	navilla	- Walarii		LI Lei	0011		201	1 1
× EPA	× Initial								F	AS	BESTO	300	WT97	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
X EPA X DEP X DOL	Amended Amendmen	nt #			State, Zip C				and the same	AC.	LICE	MSIN	IG	<i>1.</i> . a
ĭ DOH	Emergency	(includir	ng	1	Rutherfo		0707	1						
DCA DCA	justification Cancellatio				iel Darpin				d	Telephone	Numbe			
Name of Facility Whore A	hatament in Tali		(0)		CILITY INF		ION							
Name of Facility Where A Private Dwelling	batement is Taki	ng Place	(3)					Type of Fa	cility (4)					
Street Address									ol (K-12) hapter 8 (C	ther than	K 12)			
								X Other	(i.e. privat	e & comm	ercial bu	ilding	s, hon	nes,
City (5)	07074							etc.) Square Fe	et #	of Floors		Bldg.	Age	
East Rutherford NJ County (6)	0/0/1				,			N/A		N/A		N/A	-	
Bergen	68			(STATE	Code (7) USE ONLY	)		Current Us Private [		eing dem	olished)			
Name of Monitoring Firm I	Hired by Building	Owner (	8)	ASC	M No.		Name	of Abateme	•	or (9)				
Standard Environme	ental	***						x Contrac		01 (0)				
Street Address 2108 Fulton St Suite	24							Address						
City, State, Zip Code								BOX 734 tate, Zip Coo	4.					
Brooklyn NY 11233								dland Par		24				
Project Manager for Monito	oring Firm				one No.		Teleph	one No.		Licens	e No.			
Kayode Adefisoye Start Date (10)		Cohodi	ulad Ca		241-7673			692-6298		0126	3			
06-19-21-019		06-23			Date (11)		1	of OSHA Mo x Contract						
Occupancy Status During	Abatement (Chec							Address	ing LLC					
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire	Period of	Abater	nent			PO B	30X 734						
Abatement Performed Other – Describe:	d Outside of Norn	nal Facilit	ty Hour	s				ate, Zip Cod						
Scope of Work (Check All	That Apply)					_	Wood	dland Parl	k NJ 074	24	et .			
x ≥3 sf or ≥3 lf	11. 5.5	×	Renova	ation				Eull Cont	- i	ul- 1 1 1 1				
≥160 sf or ≥260 lf			Demoli				F	Mini-Encl			e Pressi	ıre		
							×	Glovebag Non-Exer	Procedure npted (*) a	e nd Non-Fr	iable Pro	cedur	e	
			s Locat									Abate	ement	
Location o Asbestos-Containing M			Normal ed Sole		Ashasta	Des	cription	of aterial (ACM	.		-	T	ре	
TO BE ABAT In Facility	ED		aintena stodial s		(i.e. t	hermal:	systems	insulation,	NO 1	Amount Specify	Z,	ת	Enc	Ē
(13)			(12)				ing, VAT iscellane		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	]						<u>a</u>	-	late	лге
1st Floor Kite	chen			х			VAT		1	10 SF	X	-		$\neg$
											-			
											-			
Name of Registered Waste Hauler NJDEP Waste							'ards	Name	e of Regist	ered Land	fill			
Amax Contracting LLC	;		- 1	auler ID 036184	1000000	of Wast 4 CY	e	Fair	less Hills					
City, State	101					Disposa		City,	State					-
Woodland Park NJ 074 Completed by	424	Title				06-30-		Mor	risville P	4				
Tome Maslarkov		10000000	ect Ma	nager		Sig	gnature	1 /		Service Cold	Date 06-18-	2010		
				3-			11/			1 1	20-10-	2019		

Check Replacement # 0/37 Not Gosol Print Form

State of New Jersey
ICATION OF ASBESTOS ABATEMENT
Pursuant to NAAC 8:60 and 12:120)

Name of Building Owner/Operator (2)

Agencies Notified	Type Notification			Street	Address						Tren ST				
FD.	× Initial											11	IAI C	5	^^-
EPA DEP	X Initial   Amended		Ì	City, S	tate, Zip C	ode					bed bed		IN 2	4	2019
▼ DOL	Amendmen				NJ 0703										
E DON	Emergency		-	Name	of Contact					Tel	ephone Nu	mher	700	000	An vangue
DOH DCA	justification) Cancellation			Mark						20	1-788-7	365	ICE	AUD! Media	ITRO
				FAC	ILITY INF	ORMATI	ON	_			Lucia de Caración	PONIALCON	AND DATE	* C/1: \	<u> </u>
Name of Facility Where	Abatement is Takir	g Place (3	)	1710	71	Ortimetri	014	Ту	pe of Facility (4	1)					
Private Property								П	School (K-12						
Street Address								H	Subchapter		er than K-1	2)			
								×	Other (i.e. pr				ldings	hom	es,
City (5)								Sa	etc.) uare Feet	# of	Floors	Ti	Bldg. A	ne	
Lodi NJ 07031								1000	00 SF	1	1110013		+50	igo	
County (6)	**************************************			County	Code (7)		-	1	rrent Use (Prio	r if hair	na domalia	hod)		-	
Bergen County					USE ONL	n		Cu	ireni ose (Filo	i ii bei	ng demons	neu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		TASC	M No.		Namo	of A	batement Conf	rootor	(0)				
N/A	r med by building	Owner (o)		N/A					lutions Serv						
Street Address				1.07			Street			1003	LLO				
N/A									ress st Street						
							- S. 100.500	17/2=							
City, State, Zip Code N/A									, Zip Code	047					
									ergen NJ 07	047					
Project Manager for Mor N/A	litoring Firm			Telepho	one No.		Telepi				License N	10.			
1.000.0								and the	-9685		01384				
Start Date (10) 6/21/2019				npletion	Date (11)				SHA Monitor						
		6/25/20							ronmental L	abora	atories			-	
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street								
X Facility Closed/Vac	ated During Entire I	Period of A	baten	nent				1 1100	ute 22 Wes	t .					
Abatement Perform  Other – Describe:		nal Facility	Hours	5					Zip Code						
						_	Unio	n N	J 07803						
Scope of Work (Check A	II That Apply)							E-10							
≥3 sf or ≥3 lf		TERRETON .	enova					F	ull Containmer	nt with	Negative F	ressu	re		
× ≥160 sf or ≥260 lf		× De	emolit	ion			-		/lini-Enclosure						
							×		Slovebag Proce lon-Exempted		l Non-Friah	le Pro	cedur	9	
		lal	oosti						- Lxonptou	/ / 4/10	111077 1 Haz	1		ment	
1	-6		_ocati ormal					-					3-5-0-10-	pe	.
Location Asbestos-Containing		Used	Sole	ly by	Ashes	Desi tos Conta	cription		ial (ACM)	Δπ	nount			2022	
TO BE ABA	ATED	Mair Custo	ntenar			thermal s					pecify	₽.	77	Enc	Ē
In Facili (13)	ity	Custo	(12)	nan:		surfaci	ng, VA	T, or		SF	or LF)	emoval	Repair	aps	clos
(13)				F	-	other mi	iscellan	eous	5)			val	air.	apsulate	Enclosure
		Yes	No	N/A										е	****
Exterio	or			х		tra	ansite			160	OOSF	x			
		1													
		-	_									1			
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic Y	ards		Name of Re	egister	ed Landfill				
Newark Carting Inc				auler ID	No.	of Wast	e		ISES Bet	.23//			ı		
			104	509											
City, State Po Box 5670						Disposa	I Date		City, State						
								A_	2335 Apr	olebu	Rd B	ethle	hem	PA	
Completed by Galo Zumba		Title	a a l			Sig	nature	5	XX	7	Da		20000000		
Odio Zumba		Princip	Jai				-AQUE	3	turker		67	11720	)19		
							11	-							

Private property

6/11/2019

(Pursuant to NJAC 8:60-ar Date of Notification (1) Name of Building Owner/Operator June 19, 2019 Bishop George AHR High School Agencies Notified Type Notification Street Address JUN 24 2019 1 Tingley Lane **EPA** Initial City, State, Zip Code DEP Amended DOL Edison, NJ 08830 Amendment # ASBESTOS CONTROL & Emergency (including Name of Contact DOH Telephone Number iustification) John Karabin 732-549-1108 x609 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bishop George AHR High School School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Tingley lane Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Edison 50,000 50 County (6) County Code (7) Current Use (Prior if being demolished) Middlesexx (STATE USE ONLY) High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EnviroVision Consultants, Inc 00079 Finishing Touch Asbestos Abatement Corp. Street Address Street Address 20-21 Wagaraw Road 17 Thompson Street City, State, Zip Code City, State, Zip Code Fair Lawn West Long Branch, NJ 07764 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Audenried 732-222-8372 00040 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor N/A Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached List HEPA Vacuum & Wet Wipe X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards FTAA Hauler ID No. of Waste Fairless Landfill 12058 2 CY City, State Disposal Date City, State West Long Branch, NJ 6/29/19 Mofrrisville, PA Completed by Signature Date Joseph P. Miller President 6/19/19

NOTIFICATION OF ASBESTOS ABA

## ROOMS AND AREAS TO BE WET WIPED AND HEPA VACUUMED AS DETAILED IN DUST SAMPLING RESULTS

JUN 2 4 2019
ASSESTOS CONTROL &

1.	CLASSROOM 229	HEPA VACUUM FLOOR
2.	SUPPLY ROOM 229	WET WIPE COUNTERS AND TABLES
3.	CLASSROOM 231	HEPA VACUUM FLOOR
4.	CLASSROOM 231	WET WIPE TABLE
5.	CENTER 2ND FLOOR	HEPA VACUUM & WET MOP
	HALLWAY FLOOR	
6.	CLASSROOM 233	HEPA VACUUM FLOOR
7.	SUPPLY ROOM 233	WET WIPE TABLE & COUNTER
8.	CLASSROOM 235	WET WIPE TABLE
9.	CLASSROOM 235	WET WIPE TEACHER TABLE
10.	HALLWAY FLOOR @ 238	HEPA VACUUM & WET MOP
11.	HALLWAY FLOOR @213	HEPA VACUUM & WET MOP

12. BACK STAIRWAY LANDING HEPA VACUUM & WET MOP

@ NURSE'S OFFICE HEPA VACUUM & WET MOP

13. 1ST FLOOR HALLWAY FLOOR

MAIDIU		State of No	R	sey A Notific	cattor of A	sbestos Aba			ī1	7 7	وترا	lineausi annumus
(hor #12	709	4	(Pursi	uant to N.J.A.C.	. 8:60-7 and	12:120-7)		ECE		V		
Date of Notification (1) June 21, 2019		7			Name of Buil	Iding Owner/Oper	ator (2)	JUN 2	4	2019	)	
Agencies Notified		Notification	Type		Street Addre		I had beat				1	
7.590.110.00 110.010.00		X Initia		ication		negie Bouleva	ard. Suite 37	70	median rosa	es en en en en en en en	io etemporari	granusum
X EPA		□Amende			City, State, Z			Spraiva	CO	VTRC	)L &	
DCA		□ Emerg		CARTER TOO		e, North Car	oling 2820	LICE	NSI	JG.	and the designation of the	
x DOL				ricidaling								
X DEP		justific			Name of Cor Walter Klock		Telephone N					
x DOH		☐ Cance	llea				716.923.1	1212				
				FACILITY INF								
Name of Facility Where Abate		king Place (3)			Type of Facility							
Box Car # CNW 1570	32				School (K-							
Street Address					☐ Subchapte	r 8 (other than K-12	2)					
CSX Train Yard at 61	1 Delan	cv Street				i.e. private & comn						
	1 Dolain	oy ouroor			Sq. Feet:	Unknown #	of Floors: B	ldg. Age:	60	years	,	
<u>City (5)</u>	County (6	<u>5)</u>		Code (7)								
Newark	Essex		(State	Use Only)	Current Use	(prior if being den	nolished):					
Name of Monitoring Firm Hire	d by Bldg. (	Owner 🚱	ASCM	No.	Name of Cont	ractor (9)						
AECOM					00==1016			~	1110			
						OOD ABATEM	ENT CONSU	ILIANIS,	INC			
Street Address		500			Street Addres	<u>s</u>						
30 Knightsbridge Ro	ad, Suite	e 520			511 MAIN	CTDEET						
City, State, Zip Code				·	City State, Zip	1991 (All Parkers and All Park						-
Piscataway, NJ 08854	А				Butler, NJ							
Project Manager for Monitorin		Telephone N	1: mh - r		Telephone Nu		License Numb	205			_	
Walter Klock	<u>g rum</u>	716.923.			Telephone Nu	midei	License Numb	<u> </u>				
Waiter Klock		110.523.	1212		973-492-04	177	00840					
Scheduled Start Date (10)		Scheduled C	omeletic	Date (11)	Name of OSH							
June 24, 2019		June 30,	and the second	I								
					EMSL inc.							
Occupancy Status During A	batement (	(Check only or	ne)		Street Addres	<u>s</u>						
Facility Closed/Vacate	ed During I	Entire Period	of Abate	ment								
Abatement Performed	d Outside o	of Normal Faci	lity Hour	S -	1056 Stelf	Development in the Control of the Con-						
Describe		_			City, State, Zi	p Code						
Other - Describe: Va	acant Bo	ox Car			Discatawa	ay, NJ 08854						
					1 ISCALAWO	ay, 140 00004						
												-
Source of Work (Check all that	it apply)					-		20. 61				
							Containment v	with Negativ	e Pre	ssure		
_ ≥ 3 sf or ≥ 3 lf				Renovation			ni-Enclosure					
□≥ 160 sf or ≥ 2	260			Demolition			vebag Procedu		<b>.</b>	_		
				I D			on-Exempted (*				ceaur	е
Location of Asbestos-Contain Material (ACM) in Facility (13)		ocation Normal ely by Maint./Cu		Description of Ast (ACM) (i.e. therm			Amount (Specify SF	Abatemen	LTYDE	2		
Material (AOM) II r acility (10)		f? (12)	15100.0.	VAT, or other mis		iation, sariaonig,	or LF)	Remove R	epair	Encap	Enclo	<u>ise</u>
	YES		NA									
Train Car # CNW			X	Caulking			1,545 If	X				
157032												
Name of Reg. Waste Hauler	NJDEP Was	te Haule	r ID#	Cubic Yards	of Waste:	Name of Regi	stered Landf	ill				
	See Hauler Below # 1 & 2 See Below						Fairless Lar					
							Grand Ce	ntral Lar	ndfil	I		
Hauler #1) Greenwoo	d Abata	mont Cons	ultant	e Inc. Dutle	- NI	Disposal Date	City, State					
		ment cons	uitaiit	s, mo Dune	, 140	June 30, 20	19 FL-1000 N	New Ford Ro	l.			
07405, NJ DEP # 125				ZOO NIEDED !	10==1		Morrisville	, PA 19067				
Hauler #2) Newark Ca	rting, Inc	c. – Newark	, NJ 04	509, NJ DEP#	13221		Permit No		D4			
								3 Pen Argyle e,PA 18072	nu			
					Permit No. 100265							
Completed by (Print or Type)	1.20	<u>Title</u>			Signature Date							
Marin Graure		SENIOR P	ROJE	CT	Marin G	raure	June 21, 2	2019				
		MANAGER	3									

	_
Print	Form

m/#180	7010		NOTI )	FICATIO	State of Nev ON OF ASBE nt to NJAC 8	ESTOS	ABATEN	IENT					Transmission of the second	PROTESTINE AND A
Date of Notification (1) 06/20/19	Check # 3400			Name Maai	of Building (	Owner/6 Found	perator ation	2) St. Valentine C	hu/ch)			1	W	E
Agencies Notified  EPA  DEP  DOL	Type Notification    Initial			Street 125 i City, S	Address N Spring S State, Zip Coo mfield, NJ,	St de				Managan, vez	soepet on	se site of the	2019	
DOH DCA	Emergency justification) Cancellation		ng	Name Bob	of Contact				Telepho 862-20		per	COI NSIN	G	Y R
Name of Facility Where Maarif School Four	Abatement is Takin	g Place	(3)	FAC	CILITY INFO	RMATI		Type of Facility (4						
Street Address 125 N Spring St						-	Tanada Tanada	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other tha	n K-12 nmercia	) Il buil	dings	hom	es,
City (5) Bloomfield			ENERS.					Square Feet 10,000+	# of Floo	rs	1	Bldg. A	ge	
County (6) Essex					Code (7) USE ONLY)	A1	_	Current Use (Prior School	r if being de	molish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (8	8)	ASC N/A	M No.		Name of EA Se	Abatement Control rvices	ractor (9)	1/4				
Street Address N/A							Street A 426 69	oth st						
City, State, Zip Code N/A								te, Zip Code berg, NJ, 070	93					
Project Manager for Mon	itoring Firm			N/A	one No.			5-1700	Lice 010	nse No 74	2/			
Start Date (10) 07/01/19		07/03	/19	mpletion	Date (11)		_	OSHA Monitor as above						
Cocupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe: 9	ated During Entire P	eriod of	Abater	nent s		į		ddress e, Zip Code						
Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Andrews I	Renova Demolit		-		N/A	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure				•	
Location	of		s Locati Normal	lly		Desc	ription of						ment oe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	lvi a	ed Sole aintena stodial S (12)	nce/	(i.e. th	s Contai nermal sy surfacir	ning Mat	erial (ACM) sulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Boiler Ro	oom	Yes	No	N/A	İ	ACM	Debris		3 SF		x		е	
,,,,,,,					7 7 8 8 8 8									
										-				$\dashv$
Name of Registered Was Tri-State Transfer As			H	JDEP Wauter ID 2551	No. o	Cubic Ya of Waste IBD		Name of Re Minerva E						
City, State Bronx, NY						Disposal TBD	Date	City, State Waynesb	urg, OH	»——				
Completed by Michael Fajardo		Title Offic	e Cler	k		Sign	nature	mx		Date 06/2		9		

20. 20/2. 00:44714 111	2				EIVED 06	/20/2019	03:43PM E	C		7	V
20 12019 03:41PM NJ Asbestos 10 0 # 15 45		TIFIC	Stat S MOITA:	S Of New July OF ASSESTOS ONJAC 5:00 E	ABA EMENT			JUN	2 4	2	01
Pete of Notification (1) 8/18/2019		IN	lame of S	Board of Edu	Operator (2)		Check No. 1540		- CA 7		Name of the
gencies Notification			treat Add	ireas ioks Boulevar	d <sub>.</sub>		DÔ	= ][		TO S	SALUED OF THE PERSON NAMED
3 EPA   El Initial 3 DEP   G Amended 3 DOL   Amendment #_		N	ity, State Nanville,	New Jersey	D8835		re Si		201	3	- Proposed And
Emergency (in justification)  DOA DOA D Cancellation	cluding		lame of ( sith Ge				Telepsone Numb 608-623-0868	er Kil		1_	
Jame of Facility White Abatement is Taking	Pieçe (3)		FACIL	ITY INFORMAT	Type of Fa	cility (4)	-WAVE	3 A 5		71.7	Ť
Manville High School Street Address 1100 Brooks Road					□ Schoo	(K-12) apter 8 (Other t	han K-12)				
City (8)					Squara Fe		mmercial building	Bidg	. Age	.,	_
Manville, New Jersey 08835 County (6)		7	County C	nda (7)	15,000	à (Prior if being	1 damolished)	60+			
Somerset	Numar (D)	1	STATE U	SE CALY)		Elementary	School				
Name of Monitoring Firm Hirad by Building ( Whitman	Jyrner (6)		ASCM	NO	Lillich Con	atement Contri oration					
Street Address 7 Pleasant Hill Road					Streat Addr 246 Union	ess Boulevard			5		
City, State, Zip Coda Cranbury, New Jersey 08512					City. State. Totowa, N	ZIP Code lew Jersey 97	<u> </u>				
Project Manager for Monitoring Firm Kevin T Lovely			Telephan 732-390		Telephone 973-225-8		Ulconse No 01104				
Start Date (10) 06/24/2019	Scheduled 06/30/20		apletion C	late (11)	Name of O	SHA Monitor Inmental Labo	ratories, LLC				
Occupancy Status During Abatement (Chec			74.01		Street Add 2333 Rou	ress te 22 West					
Facility Clozed/Vecated During Entire P     Abetement Performed Outside of Norm     Other - Describe:	eriod of Abs al Facility H	outs	nı		City, States Union, N.	Zip Code 07083					_
Scope of Work (Check All That Apply)    23 af or 23 if   21 80 af or 2260 if		inovai Mont			100	Vini-Enclosure Blove Bag Proc	with Negative Pre edure / Limited Co *) and Non-Frieble	ntainm	ent & l	Tent	
No constitution of the second	is i	Loggi	ion		_		Amount (Specify SF of LF)	A	neled Type		
Location of Abbestos-Containing Material (ACM) FOREABATED In Foolity (13)	User Mai	1 Sole	nco/ Sierr?	thermal s	Description containing Walk yetems insulati VAT, or wher miscallen	erial (ACM) (i.e. on, surfacing,		Removai	Rigiai	Encapsulate	Shocksure
Liferary	Yes	No	, N/A		Transite (wa	1115	360 SF	×	$\vdash$	20	_
, Liditiy	+-+	<u></u>	-	<u></u>	- Transfer (voc		-	1	$\vdash$		
•	+		<del> </del>						-		_
							-		$\vdash$		-
Name of Registered Waste Hauler			NJDEP W	A STATE OF THE STA	bio Yards	Name of F	Registered Landfill				
Lilich Corporation		1	Hauler ID 18724		Vaste 20	Fairless					
City, State Totowa, New Jaraey			,	D1s 06	29/2019	City, State	e <sub>1</sub> PA				
Completed by Adriana Olajarova	Title	eside	nî		Signature	1/LXO	A A Da	te 3/1 8/20	019		

Part   Part						In'	1						0	V#	- V	21	8	6
Pursuant to NJAC 8:60 and 12:120)   Pursuant to NJAC 8:60 and 12	Proie	ect #			NOTIF					MEN	т	[	heck	# 46	<u>sn</u>	<u></u>		
Date of Notification (1)  Name of Rolifoling Owner/Operator (2)  Montville School District  Street Address  DOL  Engrepacy (including justification)  DoL  Engrepacy (including justification)  Cancellation  Type of Facility (4)  Valley View El School  Street Address  Montville (7405  Name of Cancellation  Type of Facility (4)  Valley View El School  Nortical Barts  Nortical Barts  Nortical Barts  Nortical Barts  Name of Monitoring Firm Hired by Building Owner (8)  Agro Environmental  Ascan No.  Name of Monitoring Firm Hired by Building Owner (8)  Nortical Barts  Name of Monitoring Firm  Telephone No.  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Type of Facility (4)  Subchapter (8)  Subchapter (8)  Forty (10)  Current Use (Prior if being demolished)  Strate Isse Ont. (7)  Current Use (Prior if being demolished)  Street Address  Type of Facility (4)  Subchapter (8)  Subchapter (8)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (8)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10)  Subchapter (9)  Forty (10	, .				(P	ursuant	to NJAC	8:60 an	d 12:12	0)		10	HECK	-		re i	77	П
Agencies Notified	Date	of Notification (1)				Name o	of Building	Owner/	Operator	r (2)	-11-0-1000	11	m			5	1 1	5
Agendies Notified    PA					- 1					. \-/			UIT		Braher Change	A STATE OF THE PARTY OF THE PAR		
EPA   Dep   Initial Amended   Amen			Type Notification	1	-1			001 1010	Strict			- 11	1 111	-			- 01	240
DCP			prosen		18	86 Riv	er Rd							J	UN	5 1	1 51	019
Montville, 07405   Name of Facility Where Abatement is Taking Place (3)   Street Address   Street Poth   Square Feet   Fof Facility (4)   Square Feet   Fof Facilit	H	1.000 (1000)			H	City, Sta	ate, Zip Co	ode				-	1 111			_		1000
Name of Facility Where Abatement is Taking Place (3)			Amendmen		_										ecrodustrit	constant and	5/20m204/0	popularen
Steve Toth		DOH			F					-		Te	elephor	e Nun	ber.	<del>)3 0</del>		100
Name of Facility Where Abatement is Taking Place (3)  Valley View El School  Street Address 30 Montgomery Ave  City (5)  Montville NJ  County (6)  County (7)  County (8)  Mortinomental  Street Address  72 Brookside Rd  City, State, Zip Code  Succassuna, NJ 07876  Project Manager for Monitoring Firm  Michael Berta  Street Address  72 Brookside Rd  City, State, Zip Code  Start Date (10)  Scheduled Completion Date (11)  Name of Monitoring Firm Perford of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11)  Name of OSHA Monitor  Nick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Wich Restoration LLC  Street Address  73 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Wick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Wick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Full Containment with Negative Pressure  Mini-Enclosure  City, State, Zip Code  Randolph, NJ 07869  Full Containment with Negative Pressure  Mini-Enclosure  City, State, Zip Code  Randolph, NJ 07869  Full Containment with Negative Pressure  Mini-Enclosure  City, State, Zip Code  Randolph, NJ 07869  Full Containment with Negative Pressure  Mini-Enclosure  City State  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and Non-Friable Procodure  Non-Exempted (*) and No	Ħ				1	Steve	Toth					97	3-33	1.710	A LI	PLAS.	SHNC	ometra:
Valley View El School  Street Address 30 Montgomery Ave  City (5) Montville NJ  County (6) County (6) County Code (7) Current Use (Prior if being demolished)  Montris  Name of Monitoring Firm Hired by Building Owner (8)  AscM No.  Name of Monitoring Firm Hired by Building Owner (8)  AscM No.  Name of Abatement Contractor (9)  Nick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Succassuna, NJ 07876  Project Manager for Monitoring Firm  Wichael Berta  973-920-9061  Street Address  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Project Manager for Monitoring Firm  Michael Berta  973-920-9061  Scheduled Completion Date (11)  Name of OSHA Monitor  Nick Restoration LLC  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Clocation of  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Is Location  Normally  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (12)  Yes No N/A  TO BE ABATED  Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (12)  Yes No N/A  NAME of Registered Landfill  Abatem systems insulation, significantly systems insulation, on the miscellaneous  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatem Type  Abatem Type  Abatem Type  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatem Type  Abatem Type  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatem Type  Glovebag Procedure  To the Cubic Yards  To the Cubic Yards  To the Yards  To the Cubic Yards  To the Cubic Yards  To the Cubic Y						FAC	ILITY INF	ORMAT	ION								1 -	- 100
Size Address 30 Monty (6) Monty (18) Morris Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) ABCM No. Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) Norris Name of Monitoring Firm Hired by Building Owner (8) Norris No				ng Place (3	3)				83	Тур	e of Facility	(4)						
Other (i.e., private & commercial buildings, he etc.)  Square Feet # of Floors Bidg. Age  County (6) Morris  County (6) Morris  County (7) STATE USE ONL1)  ASCM No.  Name of Abatement Contractor (9) Nick Restoration LLC  Street Address  72 Brookside Rd City, State, Zip Code Succassuna, NJ 07876 Project Manager for Monitoring Firm Michael Berta  Start Date (10)  Scheduled Completion Date (11) O7/01/2019  OCUspanoy 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)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Facility (13)  Renovation Demolition  State Date (10)  Renovation Demolition  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Facility (13)  NUMBER ABATED Location of Asbestos-Containing Material (ACM) In Facility (13)  Number of Registered Waste Hauler Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Newark carting Number of Registered Landfill G.R.O.W.S  Name of Registered Landfill G.R.O.W.S  City, State City, State	Valle	ey View El Sch	ool								School (K	-12)						
City (5)   Montville NJ																dinge	home	00
County (6)			e									private	& COIII	mercia	II DUII	umys,	HOHIE	55,
Morris   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Nick Restoration LLC	City	(5) Montville NJ				0	1021	5		Squ	iare Feet	# (	of Floor	rs	В	lldg. A	ge	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Nick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Succassuna, NJ 07876  Succassuna, NJ 07876  Freject Manager for Monitoring Firm  Telephone No.  973-920-9061  973-920-9061  973-920-9061  973-920-9061  973-920-9061  973-920-9061  973-920-9061  973-920-9061  Name of OSHA Monitor  Nick Restoration LLC  Occupancy Status During Abatement (Check Only One)  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph, NJ 07869  Facility Closed/Vacated During Enfire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if  25 sf or ≥3 if  Normally  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Abatemant Performed Outside of Normal Facility Hours  City, State, Zip Code  Randolph, NJ 07869  Full Containment with Negative Pressure Minitericulosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  No	Cour	nty (6)						_		Cur	rent Use (P	rior if be	eing de	molish	ed)	_		
Aero Environmental  Street Address 275 Rt 10 East						(STATE	USE ONLY	)			10		879					
Street Address 275 Rt 10 East 276 Rt 10 East 372 Brookside Rd 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 372 Brookside Rd 373 Breet Address 373 Breet Ad	Nam	e of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.		Name	of Al	patement Co	ontracto	r (9)					
275 Rt 10 East	Aero	Environmenta	al						Nick	Res	toration I	LC						
City, State, Zip Code Succassuna, NJ 07876 City, State, Zip Code Succassuna, NJ 07876 City, State, Zip Code Randolph, NJ 07869 Project Manager for Monitoring Firm Telephone No. Start Date (10) 973-920-9061 973933-2550 01358 Start Date (10) 06/29/2019 07/01/2019 0	Stree	et Address					W IIW		Street	Addr	ess							
Randolph, NJ 07869	275	Rt 10 East							72 Br	ook	side Rd							
Project Manager for Monitoring Firm	City,	State, Zip Code							City, S	State,	Zip Code						9 9	
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	Succ	cassuna, NJ 07	7876						Rand	olph	, NJ 078	69						
Start Date (10)  Ob/29/2019  Other - Describe:  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Eacility (13)  Neme of OSHA Monitor  Nick Restoration LLC  Street Address 72 Brookside Rd  City, State, Zip Code Randolph, NJ 07869  Renovation Demolition  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Obscription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Demolition  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Demolition  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovat	Proje	ect Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	hone	No.		Lice	nse No	).			
06/29/2019  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥260 lf  Location of Abatemati (ACM) TO BE ABATED In Facility (13)  Is Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Name of Registered City State	Mich	ael Berta							97393	33-2	550		013	58				
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf  ≥3 sf or ≥260 lf  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure  Abatem Type  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Nechanical room  TSI  8 LF  X  Name of Registered Waste Hauler Non-Exempted (*) Name of Registered Landfill Rewark Carting  Name of Registered Waste Hauler Non-Exempted (*) Name of Registered Landfill Rewark Carting  Name of Registered Landfill Disposal Date  Street Address 72 Brookside Rd City, State, Zip Code Randolph, NJ 07869  Street Address 72 Brookside Rd City, State, Zip Code Randolph, NJ 07869  Street Address 72 Brookside Rd City, State, Zip Code Randolph, NJ 07869  Street Address 72 Brookside Rd City, State	Start	Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of OS	SHA Monito	г						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatem Type  Asbestos-Containing Material (ACM) In Facility (13)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatem Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler NAME of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill G.R.O.W.S  City, State	06/2	9/2019		07/01/2	2019				Nick I	Rest	toration L	LC						
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Randolph, NJ 07869  City, State, Zip	Occu	pancy Status Durin	g Abatement (Che	ck Only On	ne)				CALCAL TO		777							
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Landfill Of Waste The Counter of Registered Landfill Of Waste The Counter of Registered Landfill Of Waste The Counter of Registered Landfill Of Waste The Counter of Registered Landfill Of Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Normally Used Solely by Maintenance/ Custodial Staff? (14)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Normally Used Solely by Maintenance/ Custodial Staff? (14)  Normally Used Solely by Maintenance/ Custodial Staff? (14)  Normally Used Solely by Maintenance/ Custodian Staff? (15)  Normally Used Solely by Maintenanc																	-502001	
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (			ed Outside of Norr	nal Facility	Hours	1												
Renovation Demolition    Secondarian   Pull Containment with Negative Pressure									Rand	olph	, NJ 078	69						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  Odsor  Odsor  Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  Name of Registered Landfill  G.R.O.W.S  City, State		≥3 sf or ≥3 lf	іі (пасАрріу)	annual contracts to the contract of the contra						M G	lini-Enclosu lovebag Pro	re ocedure					е	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  TSI  Name of Registered Waste Hauler Number of Registered Waste Hauler Newark carting  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  TSI  Name of Registered Landfill Hauler ID No. O4507  Disposal Date  City State				Is	Locati	on										Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Number of Registered Waste Hauler  Newark carting  Name of Registered Waste Newark carting  Name of Registered Waste Newark carting  Name of Registered Waste Newark carting  Name of Registered Waste Newark carting  Name of Registered Landfill		Location	n of	N	lormal	ly		De	scription	of						Ту	pe	
Name of Registered Waste Hauler Newark carting  Name of Registered Waste Hauler Newark carting  Name of Registered Waste Hauler Newark carting  Name of Registered Landfill O4507  Disposal Date  City State	Α	sbestos-Containing	Material (ACM)					tos Cont	taining M	/lateri		10 0		7.	_		ū	m
Name of Registered Waste Hauler Newark carting  Name of Registered Waste Hauler Newark carting  Name of Registered Waste Hauler No. O4507  Disposal Date  City, State				Cust		Staff?	(i.e.				liation,				₹em	Rep	cap	nclo
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler ID No. O4507  Disposal Date  City, State		(13)			(12)		]	other r	niscellar	neous	)				ova	oair	sula	Enclosure
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. of Waste Hauler ID No. 04507  Name of Registered Landfill G.R.O.W.S  Oddown City, State				Yes	No	N/A									-		te	CO
Hauler ID No. of Waste TBD G.R.O.W.S  City, State Disposal Date City, State	necl	nanical room					TSI					8 LF			×			
lewark carting Hauler ID No. 0f Waste TBD G.R.O.W.S  City, State Disposal Date City, State		93																
lewark carting Hauler ID No. of Waste TBD G.R.O.W.S  City, State Disposal Date City, State																1		
Hauler ID No. of Waste TBD G.R.O.W.S  City, State Disposal Date City, State				+								-						
Newark carting Hauler ID No. of Waste TBD G.R.O.W.S  City, State Disposal Date City, State	Name	e of Registered Was	ste Hauler		l N	IDED W	/aste	Cubic	Yarde	_	Name	Regiet	ered I	andfill				
City, State Disposal Date City, State		(T)	no i iduloi		Н	auler ID		of Was			100000000000000000000000000000000000000		eled Li	ariullii				
Randolph, NJ TBD 6 Tullytown, Pa	City,	State Randolph,	NJ					Dispos										
Completed by Title Signature Date	Com	oleted by		Title						)	i dilyto	vvii, 170	ш	Date	е		-	
Nikica Mrda President 1 Mus. 106/18/2019		리타 : [11] - [11		1000000	dent			all			3 / /	6.		100000000		019		

## m#12183

Chear #1738	NO.	TIFIC	CATIC Pursu	ON OF A	SBESTOS ABA IAC 8:60 and 5:	TEMENT 16)		EG	E		<u> </u>
Date of Notification (1) 6 /20 /	19				ing Owner/Operator	(2)		JUN	2 4	1 20	019
		-	49 City	, State, Zip	lerville Road		Andrew Digital Control	ASBESTO LIC	OS CA		ROL
(NJAC 5:23-8) justifica	ation)	ig 	Nam	ne of Conta	ict		Telephone 610-559			20000	
			F	ACILITY	NFORMATION						
Name of Facility Where Abatement is Victaulic REH, LLC Slab no Street Address 119 Edison Road						Type of Facility  School (K-1  Subchapter  Other (i.e., homes, etc	12) 8 (Other than private and co	K-12) mmercial	buildi	ngs,	
City (5) Stewartsville						Square Feet	# of Floors	s I	Bldg.		
County (6) Warren			Cou	inty Code (	7)(STATE USE ONLY)	2,000 Current Use (P	rior if being de	molished)	112		
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCN	/ No	Name of Abatem						100
EHI, Inc.		(0)	001								
Street Address			001		Street Address	ronmental Ser	vices, Inc.				
655 West Shore Trail						. п	_				
City, State, Zip Code		-				r Road, Suite	<u>.                                    </u>				
Sparta, NJ 07871					City, State, Zip Co						
Project Manager for Monitoring Firm		Tol	ephone	No	Gilbertsville,	PA 19525					
JP von Doehren				9-5649	Telephone No. 610-933-4332		License No 00836	0.			
Start Date (10)	Scheduled C	omple	etion Da	ate (11)	Name of OSHA M		00000				
7 / 8 / 19	7 /		6_ /	19		onmental Serv	vices, Inc				
Occupancy Status During Abatement  Facility Closed/Vacated During Ent  Abatement Performed Outside of N  Time of Abatement:AM	ire Period of A	Abate / Hou	rs - Des	scribe AM	City, State, Zip Co						
Scope of Work (Check all that apply)					Gilbertsville,	PA 19525					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	☐ Rer ☑ Der	novati			☐ Mini-Encl						
	10 1500	Locat					grounds and common at the construction of		atem	ent T	vne
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	(I) Used	lorma d Sole ntena odial s (12)	ely by	Asbes (i.e.	Description of stos Containing Mat , thermal systems ir surfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remov	Repair	Encapsulate	Enclosure
*****	Yes	No	N/A		other miscellaneo	us)				ate	
Under Concrete Slab in Stone/So	oil 🔲		$\boxtimes$	TSI Deb	ris Mixed with St	tone/Soil	~ 600 SF				
					=======================================						
									П	П	П
Name of Registered Waste Hauler Clean Harbors Environmental S	Services Inc	Ha	JDEP V auler ID 16666	No.	Cubic Yards of Waste ~ 60	Name of Regist					
City, State					Disposal Date	City, State					
Norwell, MA					July/Aug 19	Bethlehem,	PA				
Completed By (Print or Type) Patrick Larney	Title Project I	Mana	ger		Signature	Q	<i>i</i>	Date		. 0	

ASB-41 JAN 13

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

6-20-19

Project Manager

mv# 1218	4 F	7				tate of N	ew Jers	sey						
Check#3373		Ne	DI	CA (Pu	TIO rsua	OF AS	BEST( AC 8:60	OS ABAT and 5:1	TEMENT	Fin E		1	W [	F
Date of Notification (1)		Similar .	925	3 6	<b>-4</b> 6			Operator (			<i>D</i> 15	U	<u> </u>	
06	20 /	19					03000	operator (	<b>4</b> /		0		040	The second secon
Agencies Notified	Type Notification					n Contice t Address	llı				JN 2	4 2	019	
☐ EPA				1	01100	t Madress								COLUMN TO
⊠ DOLWD	Amended				City,	State, Zip	Code			ASBE	STOS (	ON	HO	L CL
DHSS DCA	Amendmen  Emergency		ina		Baski	ng Ridge	NJ 079	920		Les propressions and a second	LICEN	SINC		p-agractus
(NJAC 5:23-8)	justification		ing			of Contac				Telephone Nur	nber			
	Cancellation	n			Nasrii	n Contice	lli				===			
					FA	CILITY IN	NFORM	ATION	VIII - 100000					
Name of Facility Where	Abatement is Tal	king Pla	ce (3	)	\$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20				Type of Facility	(4)				
Private house									School (K-1)	2) 8 (Other than K-1	2)			
Street Address									Other (i.e., p	orivate and comme		ilding	S,	
City (E)									homes, etc.					
City (5)	120								Square Feet	# of Floors	Ble	dg. A	ge	
Basking Ridge, NJ 079 County (6)	20			102.0	Cour	ity Code /7\	(STATE )	ISE ONLY)	Current Hoo (D)	rior if being demol	ished)			
Somerset					Coun	ity code (1)	(SINIL C	ISL ONLT)	Current Ose (F)	nor it being demor	isticu;			
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	T	ASCM	No.	Name	of Abateme	ent Contractor (9	)				
							1994 (1995)	h LLC	,					
Street Address							-	Address					1	
							576 Va	alley Rd#	283					
City, State, Zip Code							City, S	tate, Zip Co	ode					
								, NJ 0747	70					
Project Manager for Mon	itoring Firm		I	ele	phone	No.		one No.		License No.				
Start Date (10)	Col	heduled	Com	alai	ion Do	10 /4 11	C 0.00 000	8-1777		01127				
					(1011 Da	204E) (E)		of OSHA M						
Occupancy Status During								vision Co Address	nsultants,Inc					
Facility Closed/Vacate					ment				David Dida #	255				
Abatement Performed	Outside of Norr	mal Fac	ility H	our	s - Des	scribe	City. St	wagaraw tate, Zip Co	Road, Bldg .#	33E			_	-
Time of Abatement: _	AM	_PM/	F	PM_		_AM	100	wn, NJ 0						
Scope of Work (Check al	I that apply)							Clean up	and decontamin	nation with negative	e press	ure		MILITARY OF THE PARTY OF THE PA
>3 sf or >3 If > 160 sf or >260 If		$\boxtimes$	Renov	vatio	on		Н	Mini-Enc	tainment with Ne losure	<u></u>				
≥ 160 sf or ≥260 lf			Demo				×	Glovebag	g Procedure	Tent with Negativ	e Press	ure		
			Is Lo	cat	ion			Non-Exe	mpted ( ) and No	on-Friable Procedo	-	ı otom	ent T	1/00
Location	of		Nor	mal	ly .		De	escription o	ıf				T .	T
Asbestos-Containing TO BE ABA		1 23	sed S Mainte						terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facil	***********	2.5	ustod	ial S	Staff?	(1.6		al systems i acing, VAT,		(Specify SIF or LF)	lova	a:	psul	Sur
(13)			T	12)	Г	1	other	miscellane	ous)		-		ate	w
		Ye	s 1	No	N/A	-					-	_	_	
Basement		ᆜᆜ	1		$\boxtimes$	Pipe ins	ulation			250 LF		Ш	Ш	
				]										
				]										
		П	T	]							П	П	П	П
Name of Registered Was	ste Hauler			NJC	EP Wast	e Hauler ID No.	Cubic Y	ards of Wast	e Name of Regis	stered Landfill				
Gr Tech LLC				0	03378	85	ТВ		T.R.R.F. Inc					
City, State			-	1 0	33370			al Date	City, State					
Wayne, NJ 07470							ТВ		Tullytown, P	A				
Completed By (Print or T	ype)	Title		-				gnature/	1,, 1		ate			
N.Jevtic	0	)wner						How	ic Wenad	0.0	5/20/19	)		
ASB-41				11.00	hin C		otom II-							
MAY 11		1.10	noi us	se ti	us jori	n for asbes	tos licen.	sure exemp	ted activities.					

101# 12187 D/	State of	lew Jersey	Fam. F	CFIVER
1 + 2010 (Pur	Suant to N.J.A	BESTOS ABATEI .C. 8:60 and 12:12		CELVE
Cilla Coll			1151	JUN 2 4 2019
Date of Notification (1) 6-20-2019	Name of Building The East Hill	Owner / Operator (2)	Service of the servic	JON C + 2010
Agencies Notified Type Notification	Street Address			1
□ DEP	PO Box 644 City, State & Zip	Codo	ASB	ESTOS CONTROL &
□ Amended	Englewood, NJ 0	7631	In case security of the security of	and the second s
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation	Name of Contact Harold Knebel			Telephone Number 201-394-0257
Name of Earth and the same of	FACILITY INF			
Name of Facility Where Abatement is Taking Plac East Garden Apartments UNIT K	e (3)	Type of Facility (4)  School (K-12)		
Street Address		Subchapter 8 (C	Other than K-12)	
14 Bliss Avenue		Other (i.e. privat	e & commercial buildi	
014 (5)			# of Floors	Bldg. Age
City (5) County (6) Tenafly, NJ Bergen	County Code (7)	30,000  : Current Use (Prior if	boing demalished)	45
	0.10.10)	Security Building	being demolished)	
Name of Monitoring Firm Hired by Building Owner Health & Safety Services	(8) ASCM No		Contractor (9)	Ĭ
Street Address		Resource Manageme Street Address	ent Group, LLC	
PO Box 365		2115 Hamilton Ave, S		
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Cod Trenton, NJ 08619	le	
Project Manager for Monitoring Firm	elephone Number	Telephone Number	License	Number
Scheduled Start Date (10)   Scheduled Compl	66-839-2432 etion Data (11)	609-914-4279 Name of OSHA Moni	40.2	01185
7-5-2019 7-1	12-2019	J&S Environmental L		
Occupancy Status During Abatement (Check only	one)	Street Address		
Facility Closed/Vacated During Entire Period  Abatement Performed during regular operations.	ating Hours:	2333 Route 22 West City, State & Zip Cod		
Describe: 8:30am - 5:30pm	3	Union, NJ 07083		
Scope of Work (Check all that apply)				
		⊠ F	Full Containment with	Negative Pressure
	Renovation Demolition		//ini-Enclosure Blove Bag Procedures	
			ion-Exempted and No	
1 A TO SERVICE AND A TO SERVICE AND A SERVIC	Is Location	Description of	Amount	Abatement Type
Material (ACM)	ormally Used Solely by	Asbestos-Containing Material (ACM)	(Specify SF or LF)	
0.000	aintenance or ustodial Staff?	(i.e., thermal systems		nca Re
(13)	(12)	insulation, surfacing, VA or other miscellaneous)		Enclosure Encapsula Repair Removal
Υe				=   a o
Boiler room	Pipe	Wrap	45 LF	
	++++			<del>-                                      </del>
Name of Registered Waste Hauler	NJDEP Waste	Cubic Vords Name	of Registered Landfill	
and the control of th	Hauler ID No.	of Waste	or Registered Landilli	
Resource Management Group, LLC	0035218		Landfill	
City, State Trenton, NJ 08619		Disposal Date City, St Morrisv	tate rille, PA	
Completed By (Print or Type)	Title	Signature		Date
Mr. Brian Haney	President	1-11-M G	1	6-20-2019

In # lat	88 NOTIF			ew Jersey BESTOS AB	ATEMENT		ECEIVE
MOCV # 30				C. 8:60 and	H bound H H A N		JUN 2 4 2019
Date of Notification (1)	0-2019		of Building (	Owner / Operator	r (2)		0011 12 12 12010
	e Notification		Address			A	BESTOS CONTROL & LICENSING
☐ DEP 区 DOL	Initial Amended		State & Zip C wood, NJ 07			Ber marken bereiten er et militar an det en en et e	
□ DCA □	Emergency Cancellation		of Contact Knebel				Telephone Number 201-394-0257
		FA	CILITY INFO	ORMATION			
Name of Facility Where East Garden Apartments		ace (3)		Type of Facili  School (F			
Street Address 14 Bliss Avenue					ter 8 (Other tha e. private & com		igs, homes, etc.)
				Square Feet	# of Floo	ors	Bldg. Age
City (5) Tenafly, NJ	County (6)  Bergen	County C	code (7)	30,000 Current Use ( Security Build	2 (Prior if being de ling	emolished)	45
Name of Monitoring Firm Health & Safety Services		ner (8)	ASCM No.	Name of Abat	tement Contrac		
Street Address PO Box 365				Street Addres 2115 Hamilton	ss n Ave, Suite 20	~	
City, State & Zip Code Berlin, NJ 08009				City, State & 7 Trenton, NJ 0			
Project Manager for Mor Jim Proctor	nitoring Firm	Telephone 856-839-24		Telephone Nu 609-914-4279		License N	Number 01185
Scheduled Start Date (1 7-5-2019		npletion Dat 7-12-2019	e (11)	Name of OSH J&S Environn	IA Monitor nental Laborato	ries, Inc.	
Occupancy Status Durin Facility Closed/	ng Abatement (Check or Vacated During Entire P		atement	Street Addres 2333 Route 2			
Abatement Perfo	ormed during regular op Jam – 5:30pm			City, State & 2 Union, NJ 070			
Scope of Work (Check a	d During Abatement all that apply)				□ F::   C-=	t = i = = t i t b = N	Jacobiya Progruma
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>			ovation nolition		☐ Mini-End		Negative Pressure
2100 31 2200 11		DO.,	iontion				n-Friable Procedure
Locati Asbestos-0		Is Locati Normally U		Description Asbestos-Con		Amount (Specify	Abatement Type
Material		Solely b		Material (AC		SF or LF)	7 9 0
TO BE A		Maintenan Custodial		(i.e., thermal sy			nclosur ncapsul Repair Remova
in Fa (1:		(12) Yes No	N/A	insulation, surfact or other miscella	aneous)		Encapsulat Repair Removal
Boiler room			⊠ Pipe	Wrap		45 LF	
Name of Registered Wa	aste Hauler	1,100,000	DEP Waste uler ID No.	Cubic Yards of Waste	Name of Regi		
Resource Management City, State	Group, LLC	00	35218	TBD Disposal Date	Grows Landfill City, State	1	
Trenton, NJ 08619				TBD \	Morrisville, PA	\	
Completed By (Print or	Type)	Tit		Signature	$\int_{\Omega} \int_{\Omega}		Date 6-20-2019
Mr. Brian Haney		Pre	esident	1 1/11	11/4 / 11/11		0-20-2019

Inv# 11933	N	IOT		ATIO	N OF AS	lew Jersey BESTOS ABA		INE	CE	I	1///	Ē
Date of Notification (1)			(Pi	Name	e of Buildin	AC-8:60 and 5	r (2)		and the second second second	********	<u> </u>	
	19	-		Pe	nnsauke	n wp. Board	f Education		ing \$	47	2019	7
Agencies Notified Type Notifi	cation			1	t Address	25.9				Wedge ear	PSTREE HOUSE TO A ST	The same of the sa
☑ DOLWD ☐ Amende	h				95 Hylton			ASB	ESTOS	CON	TRO	L. &
☑ DOH Amendr	37				State, Zip			And the second of the second o	LICEN			curatane
☐ DCA ☐ Emerge		uding	ı			n, NJ 08110						
(NJAC 5:23-8) justifica				The section of the	of Contac ank Warw			Telephone Nu 856-662-8		521		
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility	(4)				
Pennsauken High School							School (K-12	2)				
Street Address							Subchapter	8 (Other than K-	12)			
800 Hylton Road							homes, etc.)	rivate and comm	nercial bi	ııldıng	gs,	
City (5)							Square Feet	# of Floors	B	dg. A	ae	_
Pennsauken							50,000	2	1	60	-	
County (6)				Cour	nty Code (7	)(STATE USE ONLY		ior if being demo	olished)		-	
Camden							School	3	,			
Name of Monitoring Firm Hired by Bui	lding Ow	ner (	8)	ASCM	No.	Name of Abater	ment Contractor (9)	)				
Arcadis US, Inc						The state of the s	ontracting, Inc.					
Street Address						Street Address				-	-	-
10 Friends Lane, Suite 100						1889 Route	9, Unit 61					
City, State, Zip Code						City, State, Zip					-	
Newtown, PA 08940							, New Jersey 08	755				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
David Hilinski	2				-4069	732-349-993	32	00624				
Start Date (10)	Schedule	ed Co	mplet	tion Da	te (11)	Name of OSHA	Monitor					
06 /18 /19	_ 07	_ /	03	/	19	E.M.S.L. An	alytical					
Occupancy Status During Abatement	Check or	nly o	ne)			Street Address				-		
☐ Facility Closed/Vacated During Ent	ire Period	d of A	Abater	nent		1056 Steltor	1					
Abatement Performed Outside of N	ormal Fa	cility			cribe	City, State, Zip (	Code					
Time of Abatement:AM	PM/_		_PM-		AM		New Jersey 08	854				
Scope of Work (Check all that apply)						,	, , ,					
≥3 sf or ≥3 If		l Don	a vati			☐ Full Co	ntainment with Neg	gative Pressure				
□ ≥160 sf or ≥260 lf			novatio nolitio			☐ Mini-En	closure ag Procedure					
						⊠ Non-Ex	empted (*) and No	n-Friable Proced	lure			
2 22 22			Locati						Ab	atem	ent Ty	уре
Location of Asbestos-Containing Material (ACM	4)	Used	ormal Sole	ly by	Acho	Description stos Containing M			Z,	Σ.	щ	Щ
TO BE ABATED	2.	Mair	ntenar	nce/	(i.e.	, thermal systems	s insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	1	Justo	odial S (12)	stan?		surfacing, VA	T, or	SF or LF)	val	7	lusc	sure
(13)	Y	es	No	N/A	1	other miscellan	eous)				ate	
Room 101	1	-	$\boxtimes$		alue do	ts from chalkb	nard	120 sf		П		П
		_			J	TO THE OTHER TO	ouru	120 31				
		_							$\perp$ $\sqcup$	Ш	ш	П
Name of Pagisters IIII			Ц									
Name of Registered Waste Hauler Guardian Contracting, Inc.				JDEP V		Cubic Yards of Waste	Name of Regis	tered Landfill				
			1000	20223	(C)(1)(1)(1)(2)	11	T.R.R.F.					
City, State Toms River, New Jersey						Disposal Date	City, State					
	T201 -					07/03/19	i uliytown,	Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title		N.A			Signature	A	1. [	Date j	177	7.532	
ASR-41	Proj	ect l	Mana	iger			1	1	6/17	11	9	

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT

NOCha	Y	140	J11					:60 and 5:10	1000 miles (1000 m	m.	EC	E		$\mathbb{V}$	E	
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	2)	11=31			7000		C11-1/2(-)	
06/	20 /	19			Same of the same		a-conti	Board of E			JU	N 2	4	2019	)	
Agencies Notified	Type Notifica	ation			Street	Address				and topic						
⊠ EPA	☐ Initial				120	1 Atlanti	c A	/enue				service com	nates	to an area	necusuros	presentation of
⊠ DOLWD					City, S	State, Zip (	Code				ASSES	<del>TOS C</del> JCENS		HHC G	The St.	
⊠ DOH	Amendm	167 B (1883) (18 <del>70 - 1</del>	dia a		Nor	rth Wildw	vood	I, NJ 08260		Laconstrations	j Anterraduitace	"IOCIN	ON A	EDWARD TO SEE		
DCA (NJAC 5:23-8)	☐ Emergen justificati		aing			of Contac				Tele	phone N	umber				
(143/10/3.23-0)	☐ Cancellat				1000000	se Millar				0237540	09-729-4					
					FA	CILITY IN	IFOF	RMATION								
Name of Facility Where A	Abatement is 7	Taking PI	ace	(3)					Type of Facility	y (4)						
Margaret Mace Eler	mentary Sch	nool		33. 5.					School (K-1							
Street Address	,								☐ Subchapter	8 (Othe						
1201 Atlantic Aven	ue								Other (i.e., )		and com	mercial	bui	lding	s,	
City (5)							5011572		Square Feet	# of Floors Bldg.					ie	- 7.0
North Wildwood									80,000	3	11/10/04/12/02/02/02			0	1000	
County (6)			_		Cour	ty Code (7	VSTA	TE USE ONLY)	Current Use (P			olished			-	
Cape May					Oour	ity code (i	ДОТ	ITE OOL ONE IT	School	1101 11 10	enig dem	101131100	4			
Name of Monitoring Firm	Hired by Ruile	ding Own	or /8	8) T	ASCM	No	Mai	me of Ahateme	ent Contractor (9	r (9)						
TTI Environmental,		unig Own	) ioi	, [	ACCIVI	110.			nmental, LLC	2						
Street Address			-					eet Address	minerital, LLC						_	
1253 North Church	Street					8	-	23 Cutler Av	renue							
City, State, Zip Code	Ottoot							, State, Zip Co				7-16				-
Moorestown, NJ 08	057						1000	faple Shade								
Project Manager for Moni				Tolo	phone	No		ephone No.	143 00032	Tio	ense No.					-
Jim Guilardi	itoring Firm				6-840		1000	56-755-0099			00842					
	та	Sab a dula	4.00				- 7				70042		_			
Start Date (10) 06 / 19 /		Schedule			ion Da		-	me of OSHA M								
						19		MSL Analyti	cai, inc.				-100			
Occupancy Status During								eet Address	2002-002							
☐ Facility Closed/Vacate	0.750						50	00 Route 13								
			I Facility Hours - Describe  City, State, Zip Co													
				_000000			C	innaminson	, NJ 08077							
Scope of Work (Check all	I that apply)							□ Full Cont	ainment with Ne	aviten	Praesura					
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovatio	on			☑ Mini-Encl		gative	1 1033410					
≥160 sf or ≥260 lf			Den	nolitio	n			⊠ Glovebag			LI- D	-l				
			le l	Locati	on			⊠ Non-Exer	npted (*) and No	on-Friat	ble Proce		_			
Location	of			ormal				Description of	f				Aba	teme		
Asbestos-Containing I				Sole		Asbe	stos	Containing Mat		1	Amount	-	Removal	Repair	Enc	Enclosure
TO BE ABA		100		ntenai odial S		(i.e		rmal systems i			Specify		nov	air	aps	losu
IN Facilit	ty		,usic	(12)	otan:			urfacing, VAT, ner miscellaned		S	F or LF)	9	<u>n</u>		Encapsulate	лrе
(15)		Ye	es	No	N/A		Ott	ici miscenarie	743)						te	
Crawlspaces			]			Debris	Clea	n-up (O&M)		2	250 SF	0	X			
Classroom No. 10			]	$\boxtimes$		Floor Ti	ile a	nd Mastic		2	263 SF	0	X			
Classroom No. 15			]	$\boxtimes$		Carpet	Mas	tic		2	291 SF		X			
Classrooms in 1920 S	Section		1	$\boxtimes$		Uni-Ver	nt Ho	ood Caulk			60 LF	0	X			
Name of Registered Was	te Hauler			N.	JDEP V	Vaste	Cub	oic Yards of	Name of Regi	istered I	Landfill					
Freehold Cartage				200,000	auler ID 15939	S. 110 M. C.	Was	ste	Cape May			fill				
City, State				,			-	oosal Date	City, State							
Freehold, NJ							0	6/28/2019	Woodbine	e, NJ						
Completed By (Print or Type) Title								Signature			Т	Date				
Christina Lynch	Freehold, NJ Completed By (Print or Type)				nt of 0	Operation	าร	Omare		)			20	1	9	-1110

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	ls Location by Mainter		Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A	material (Herry	01 01 21)	
Woodshop Storage Room		X		Pipe Fitting Insulation	8 LF	Х
	-					

