noch		N	ЮТ		ATIO	N OF AS	New Jersey BBESTOS ABAT AC 8:60 and 5:1		DE C	; <u>E</u>		$\mathbb{V}$	
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator (	(2)	TU LU MA	R 1	1-2	019	-
2 /	13 /	19	_		Pr	inceton l	Jniversity-Office	of Design and	Construction				
Agencies Notified	Type Notific	cation			Stree	t Address	**		ASBES	TOS	:OV.	100	P.
☐ EPA					20	0 Elm Dr				JOEN			1 444
☑ DOLWD		2073/3				State, Zip	33				Walley		- lander
⊠ DHSS		nent # <u>1-3</u>					NJ 08544						
□ DCA     (NJAC 5:23-8)	☐ Emerge justificat	ncy (ınclu tion)	ıding	1		e of Contac			Telephone Nun	abar			
(1.5.10 0.20 0)	☐ Cancella				A SHEDDONESS	bert Orte	7.70						
							3		609-258-18	41			
Name of Facility Where A	hatement is	Takina D	laco	(2)	FA	CILITY	NFORMATION	T=					
Princeton Universit			lace	(3)				Type of Facility					
Street Address	y-ouyot m	a 11						School (K-1)	<sup>2)</sup> 8 (Other than K-1)	2)			
Washington Rd								Other (i.e., p	rivate and comme	ercial b	uildin	gs,	
City (5)			200					Square Feet	# of Floors	В	ldg. A	ge	
Princeton											70		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
MERCER								Office/Class	70				
Name of Monitoring Firm	Hired by Bui	lding Owr	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental I	nc				000	03	A STATE OF THE PROPERTY OF THE PARTY OF THE	VIRONMENTA					
Street Address							Street Address		,	-			
1253 North Church	Rd						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Moorestown, NJ 080	057						BRISTOL, PA						
Project Manager for Monit	oring Firm		,	Tele	phone	No.	Telephone No.		License No.				
Michael Keehn				60	09-386	-8800	215-788-6040		00509				
Start Date (10)		Schedule	d Co	mple	tion Da	ite (11)	Name of OSHA M	lonitor					
3/1/		V 10 (17)	_		5_ /	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During					0-0		Street Address					-	
☐ Facility Closed/Vacate	d During Enti	ire Period	of A	Abate	ment	960	1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement: 7:	Outside of N	ormal Fa	cility	Hour	rs - Des	scribe	City, State, Zip Co	ode					
			_' ''				BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						M		79 <u>=</u>				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				novati	(7.7)		☐ Mini-Encl	Procedure	n-Friable Procedu	re			
- No. 202				Locat							atem	ent T	ype
Location of Asbestos-Containing N				orma I Sole	lly ely by		Description of			1000	-		
TO BE ABAT	TED	"	Mair	ntena	nce/	Asbe	stos Containing Mat	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Custo	odial ( (12)	Staff?	(	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)		V	es		NI/A	1	other miscellaned	ous)				late	Ф
Lab 303			-	No 🖂	N/A	Floor til	le and mastic		260 SF			П	П
Lab 329				$\boxtimes$			le and mastic			-		1	
									560 SF		Ш	Ш	
Lab 323 & 323A			-			Floor til	e and mastic		1,900 SF	$\boxtimes$			
59			]										
Name of Registered Waste	e Hauler		-	1 53/22	JDEP V	NE CHARLES AND	Cubic Yards of	Name of Regis	ered Landfill				
Service Transport G	roup Inc.				auler IE 20990		Waste		NORTH LAND	FILL			
City, State					20330		Disposal Date	City, State					
Yardley, PA								and the state of t	LE, PA 19067				
Completed By (Print or Typ	oe)	Title					Signature		Da Da	ite			
Brian Scafiro	580	Estin	nato	or			Branco	Sielio	/ MC 3		5-1	9	

ASB-41 BS19015

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

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

CNR#3514

2 /	13 /	40				ding Owner/Operato						
						University-Offic	e of Design a	nd Constructi	<b>6</b> [		$\mathbb{V}$	1
Agencies Notified  EPA	Type Notifica	ation		14	reet Addres			112/				_
Ø DOLWD 5074	☐ Amended	ı			200 Elm [	7.7.						_
⊠ DHSS S067	Amendme			Cit	y, State, Zi	p Code		111 LI N	IAR '	11	201	9
☑ DCA 505b	☐ Emergend		dina	F	Princeton	, NJ 08544						
(NJAC 5:23-8)	justification	on)	9	Na	me of Cont	tact		Telephone	down	00	N / Pr	pjette
	☐ Cancellati	ion		F	Robert Or	tego		609-258-				-
Name of Facility Law				F	ACILITY	INFORMATION		- The second second second	alakatokas	mak and against	e e +	
Name of Facility Where Al	batement is T	aking Pl	ace (3)				Type of Facili	ty (4)	-			_
Princeton University Street Address	/-Guyot Hal	I .					School (K-	12)				
							Subchapte	r 8 (Other than I	(-12)			
Washington Rd							homes, etc	private and com	mercial	build	lings,	,
City (5)				(Village)			Square Feet	# of Floors	- 1	Rida	. Age	_
Princeton								, or 1 1001s		70	- 07	,
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current I Ise /	Prior if being den	oliak -			-
MERCER						/	Office/Clas	ssrooms	iolisned	1)		
Name of Monitoring Firm H	lired by Buildi	ng Owne	er (8)	ASC	M No.	Name of Abatem						
TTI Environmental In	IC		9 3/	00	003		VIRONMENT					
Street Address			-	1	005UE0	Street Address	AIVOIMINENT	AL, INC.				
1253 North Church R	d					1123 BEAVE	D CTDFF-					
City, State, Zip Code		-										
Moorestown, NJ 0805	57					City, State, Zip Co					e 30 (30 m)	
Project Manager for Monitor			Te	lephone	e No	BRISTOL, PA	19007			7,818,1-5		
Michael Keehn					6-8800	Telephone No.		License No.				
Start Date (10)	Sch	nedulad				215-788-6040		00509				
			( nmn	etion D	210 /111	Mana Control						
_3 / 1 /	19				ate (11)	Name of OSHA M						
3 / 1 / / /	19	3	/ _1		ate (11)	BRISTOL EN		L, INC.				
Occupancy Status During A	19 batement (Ch	3 eck only	/ _1	5_/		Street Address	/IRONMENTA	L, INC.		80		
Occupancy Status During All Facility Closed/Vacated I	batement (Ch	eck only	one)	5 /	19	Street Address 1123 BEAVER	VIRONMENTA	L, INC.				
Occupancy Status During Al Pacility Closed/Vacated I Abatement Performed Ou	batement (Ch During Entire lutside of Norm	eck only Period o	one) f Abate	ement		Street Address 1123 BEAVER City, State, Zip Co	VIRONMENTA R STREET de	L, INC.				
Occupancy Status During Alas Facility Closed/Vacated Ilas Abatement Performed Outline of Abatement: 7:00	batement (Ch During Entire lutside of Norm DAM-3:30PM	eck only Period o	one) f Abate	ement		Street Address 1123 BEAVER	VIRONMENTA R STREET de	L, INC.				
Occupancy Status During Al Facility Closed/Vacated I Abatement Performed Out Time of Abatement: 7:00 cope of Work (Check all the	batement (Ch During Entire lutside of Norm DAM-3:30PM	eck only Period o	one) f Abate	ement		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET de 19007					
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Occupancy Status During Al  Facility Closed/Vacated I  Abatement Performed Or  Time of Abatement: 7:00  cope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of	batement (Ch During Entire utside of Norn DAM-3:30PM at apply)	eck only Period o nal Facil  R D	/ _1 one) f Abate ity House PMenovate emovate emolities Locar	ement ers - De AM		BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA   Full Conta  Mini-Enclo  Glovebag  Non-Exem	R STREET  de 19007  ainment with Negosure Procedure Procedure apted (*) and No	gative Pressure		patem	nent 1	Ту
Cocupancy Status During Al  Facility Closed/Vacated I  Abatement Performed Or  Time of Abatement: 7:00  cope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate	batement (Ch During Entire utside of Norn DAM-3:30PM at apply)	eck only Period o nal Facil  R D Use	/ 1 one) f Abate ity Hou PM enovate emoliti S Local Normal	ement Irs - De AM ion on lity ely by	scribe	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of	R STREET  de 19007  ainment with Negosure Procedure Procedure apted (*) and No	gative Pressure n-Friable Proced	Al	_	T	_
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Cocupancy Status During Al Facility Closed/Vacated I Abatement Performed Ou Time of Abatement: 7:00  Cope of Work (Check all tha 3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATET IN Facility (13)	batement (Ch During Entire utside of Norn DAM-3:30PM at apply)	eck only Period o nal Facil  R D Use Ma Cus	one) f Abate ity Hou one enovat emoliti s Loca Norma ed Sole intena todial (12) No	ement ars - De AM ion on tion ally by nce/ Staff?	Asber (i.e.	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta  Mini-Encle Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous	R STREET  de 19007  ainment with Negosure Procedure Procedure apted (*) and No	gative Pressure n-Friable Procec  Amount (Specify SF or LF)	A Removal	_	T	_
Facility Closed/Vacated   Facility Closed/Vacated   Facility Closed/Vacated   Abatement Performed Or Time of Abatement: 7:00	batement (Ch During Entire utside of Norn DAM-3:30PM at apply)	eck only Period o nal Facil  R D Use Ma Cus  Yes	one) f Abate ity Hou one one f Abate ity Hou one	ement ars - De AM ion on lily ely by nce/ Staff?	Asber (i.e.	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encle Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, co other miscellaneouse and mastic e and mastic	R STREET  de 19007  ainment with Negosure Procedure Procedure apted (*) and No	pative Pressure  n-Friable Proces  Amount (Specify SF or LF)  260 SF  560 SF	At Removal	_	T	_
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Cocupancy Status During Al Facility Closed/Vacated I Abatement Performed Or Time of Abatement: 7:90  cope of Work (Check all the 3 st or >3 lf 1 >160 st or >260 lf  Location of Asbestos-Containing Mate TO BE ABATE IN Facility (13)  ab 303  b 329  b 323 & 323A	batement (Ch During Entire utside of Norm DAM-3:30 PM at apply)	eck only Period o nal Facil  R D Use Ma Cus  Yes	one) f Abate ity Hou one one f Abate ity Hou one	ement irs - De AM ion on llly elly by nce/ Staff?	Asber (i.e.	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exem  Description of stos Containing Mate the mal systems in surfacing, VAT, co other miscellaneous e and mastic e and mastic	R STREET  de 19007  sinment with Negoure Procedure Procedure Apted (*) and No  perial (ACM) Sulation, Dr  us)	Amount (Specify SF or LF)  260 SF 560 SF 1,900 SF	At Removal	_	T	-
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Cocupancy Status During Al Facility Closed/Vacated I Abatement Performed On Time of Abatement: 7:00  cope of Work (Check all tha 3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mat TO BE ABATET IN Facility (13)  ab 303  ab 329  b 323 & 323A  me of Registered Waste Ha BRISTOL ENVIRONMEN	batement (Ch During Entire lutside of Norm DAM-3:30PM at apply)  erial (ACM)	eck only Period o nal Facil  R D Use Ma Cus  Yes	one) f Abate ity Hou one) f Ab	ement irs - De AM ion on llly elly by nce/ Staff?	Asbes (i.e.  Floor tile Floor tile Vaste No.	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exem  Description of stos Containing Mate the mal systems in surfacing, VAT, co other miscellaneous e and mastic e and mastic	R STREET  de 19007  ainment with Negosure Procedure Procedure Inted (*) and No  erial (ACM) sullation, or us)  Name of Regist	Amount (Specify SF or LF)  260 SF 560 SF 1,900 SF	Removal S	_	T	_
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Ch 1946	I	NOTIF (P	ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MENT 0)			C	El	$\mathbb{V}$		
Date of Notification (1) 03-04-19				f Building ry Nem		Operator	(2)		Ì	MAR	11	2010		Ш
Agencies Notified Type Notification	ı	_	Street A	0.53						WAII	t i	2010		
□ EPA □ Initial □ Amended □ Amendmer □ Emergency □ justification	(including	_	Morris	ate, Zip Co town, N		0		Transcriptor		BESTO LIC	ENSI	· •		
DCA Cancellatio				ry Nem					#					
Name of Facility Where Abatement is Taki	ng Place (3	()	FACI	LITY INF	ORMAT	ION	Type of	Facility (4)						
Private Home								hool (K-12)						
Street Address							Su	bchapter 8 ner (i.e. pri	(Oth	er than K & comme	-12) rcial bu	ıilding	s, hon	nes,
City (5) Morristown							Square		# of	Floors		Bldg	Age	
County (6) Morris			County (	Code (7) USE ONLY	)		Current	Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.		The second secon		nent Contr octing LL		(9)				
Street Address							Address 7th St.							
City, State, Zip Code						A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	tate, Zip ( n City N	Code J 07087						
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 216-960	3		License 01206	No.			
Start Date (10) 03-14-19	Schedule 03-16-		npletion (	Date (11)		100000000000000000000000000000000000000	of OSHA Contra	Monitor cting LL	С					
Occupancy Status During Abatement (Che	0-5%						Address 7th St.		-					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:00am - 5:00pm	Period of A mal Facility	baten Hours	nent			City, S	tate, Zip 0		9					
Scope of Work (Check All That Apply)						Unio	II City N	J 07087				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full C Mini-E Glovel	ontainmen inclosure bag Procei xempted (	dure				ure	
		Locati										Aba	temer	nt
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		lateria <mark>l</mark> (A s insulatio T, or		(S	mount specify or LF)	Kemova		П	Enclosure
()	Yes	No	N/A		outer 11	nocenan	cousy				/a	=	ilate	ure
1st Floor / Kitchen	Х				VAT			15	0 SF	X				
							- 1,1897							
	-							_			-	-	-	
Name of Registered Waste Hauler		0.000	JDEP Wa auler ID I		Cubic of Was		-	lame of Re	-5-11/2011/2					
Delfa Contracting LLC City, State	<del>, , , , , , , , , , , , , , , , , , , </del>		35240	)		3 sal Date		ullytown	i Kes	source	Keco	very	racil	ity
Union City, NJ	700					19-19		ullytown	, PA					
Completed by Jaime Delgado	Title Project	ct Ma	nager		S	ignature	10			1 8	Date 03-04	-19		

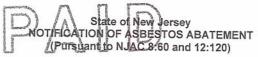
									Γ	F	rint F
Ch1018		(Pursua	State of New Jer ON OF ASBESTO of to NUAC 8 60	and 12:12	20)	IΤ		C			$\mathbb{V}$
Date of Notification (1)		Name	of Building Owne	er/Operato	or (2)			111	n a	4 6	0.10
3/4/2019		Sac	red Heart RC	Church			II LI	MA	R 1	1 2	019
Agencies Notified Type Notifica	ition	Street	t Address								
EPA Initial		4 Ri	chards Ave				Δο	BES	TOS	201	and the state of
DEP Amende		City, S	State, Zip Code				710	1010	100	301	-
X DOL Amendr	nent # ncy (including	Dov	er NJ 07801				leso-mana	THE PERSON NAMED IN	AND PERSONAL	de este es	
DOH justificat		Name	of Contact				Telephone N	umber			
DCA Cancella	ation	Rev	Brendan Murr	ay			973-366-0				
		FA	CILITY INFORMA	ATION						-	
Name of Facility Where Abatement is T	aking Place (3	3)			Тур	e of Facility (4	)				
Private Property/Sacred Heart						School (K-12	<b>Y</b>				
Street Address					ΙĦ	Subchapter 8	Other than K-	12)			
30 North East Street					×	Other (i.e. pri	vate & commer	cial bu	ildings	, hom	ies,
City (5)					Sai	etc.) lare Feet	# of Floors		Bldg.	٨٥٥	
Dover NJ					Joqu	acro r cet	3		+50	Age	
County (6)		County	y Code (7)		Cur	rent Llea (Drin-	if being demoli	- 1	- 00	-	
Morris County		(STATE	EUSE ONLY)		Cur	rent Use (Prior	ii being demoli	sned)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		CM No.	Non-	05 11	otom==+ 0	t (0)				
N/A	(0)	N/A		ΔCN	A SOL	utions Servi	actor (9)				
Street Address		1 11/					CES LLC				
N/A				Street		ess st Street					
City, State, Zip Code											
N/A						Zip Code					
Project Manager for Monitoring Firm		1 =				rgen NJ 070	)4 /				
N/A		l eleph	one No.	Telepi			License	No.			
5250A.5				0		9685	01384				
Start Date (10) 3/14/2019		d Completion	Date (11)			SHA Monitor					
	3/16/20	1000		Iris E	invir	onmental La	boratories				
Occupancy Status During Abatement (C		1.5		Street							
Facility Closed/Vacated During Enti	ire Period of Al	batement		2333	Rou	ite 22 West					
Abatement Performed Outside of N Other – Describe: 7:00 AM to 4:00	ormal Facility I	Hours				Zip Code				100 11	
				Unio	n NJ	07803					
Scope of Work (Check All That Apply)	981										
≥3 sf or ≥3 lf	× Re	enovation			] F	ıll Containmen	t with Negative	Drocci	ıro		
≥160 sf or ≥260 lf	☐ De	emolition		×	M	ini-Enclosure		1 10330	ii e		
				×		ovebag Proced	dure				
	I. I	acatio-			140	zii-Exempled (	*) and Non-Fria	ule Pro	WS1501345	And the same of the	
Location of		ocation ormally		*****						ement	
Asbestos-Containing Material (ACM)	Used	Solely by	Asbestos Cor	escription	Of Intorio	I (ACM)	A ma a		T		
TO BE ABATED		tenance/ dial Staff?	(i.e. therma	al systems	insul	ation.	Amount (Specify	l z		E	ш
In Facility (13)		(12)	surf	acing, VA	T, or	100000000000000000000000000000000000000	SF or LF)	em	Repair	cap	nclo
()			other	miscellan	eous)			Removal	air	Encapsulate	Enclosure
	Yes	No N/A						_		te	Φ
basement		X	9x	9 floor t	ile		88 SF	×			
							J J J				
Name of Registered Waste Hauler		NJDEP W	Vaste Cubic	Yards		Name of Do	gistered Landfill	1			
lewark Carting Inc		Hauler ID			32	The second second second	**************************************				
52		04509				ISES Beth	ilehem Rd L	andfil	I		
City, State			Dispo	sal Date		City, State					
Po Box 5670			7.58			2335 Appl	ebutter Rd E	Bethle	hem	PA	
Completed by	Title			Signature			1 0	ite	voless		
Salo Zumba	Princip	al		-0	A	DA	A A	4/201	19		

Ch 1015



CK# 1015

Date of Notification (1) 3/1/2019					of Building er Suno					E (	G	3	W
0.730.000.000.0000	Type Notification	1	_		Address	co yas	SIGUOTI			-			U
	-	î.			Kenned	lv Blvd							
EPA DEP	Initial Amended				ate, Zip C	•			<u> </u>	141	AR '	1	2019
X DOL	Amendmer		_	100000000000000000000000000000000000000	Bergen		047						
П рон	<ul> <li>Emergency justification</li> </ul>				of Contact				Telephone N	nmbe	N=00		and the same
DCA	Cancellatio			Raym	nond				917-806-8	000	SIOS	COL	1
				FAC	ILITY INF	ORMATI	ON		become		to all the same	Marian san I	
Name of Facility Where Al	patement is Taki	ng Place (3	)					Type of Facility (4	1)				
Private Property								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-	12)		o westone	
7001 Kennedy Blvd								Other (i.e. p etc.)	rivate & commer	cial bu	ulding	s, hom	ies,
City (5)	–							Square Feet	# of Floors		Bldg.	Age	
North Bergen NJ 070	)47								1		+50		
County (6)					Code (7) USE ONLY	0		Current Use (Price	r if being demoli	shed)			
Hudson County						,							
Name of Monitoring Firm H N/A	Hired by Building	Owner (8)		ASCI	И No.			of Abatement Con					
1,750,007				N/A			ACM	Solutions Serv	rices LLC				
Street Address N/A								Address					
								51st Street					
City, State, Zip Code N/A								ate, Zip Code					
Project Manager for Monito	-de-Fie				34			Bergen NJ 07	047				
N/A	oring Firm			Telepho	ne No.		Telepho	one No. 52-9685	License	No.			
Start Date (10)		Cahadula	10-		D-1- (11)				01384				
3/2/2019		Schedule 3/5/201		mpletion	Date (11)			of OSHA Monitor nvironmental L	-hti				
Occupancy Status During	Ahatement (Che								aboratories				
							Street A	laaress Route 22 Wes	4				
Facility Closed/Vacate Abatement Performed	a During Entire Outside of Norr	Period of Al nal Facility	oater Hour	nent s		-			-				
Other - Describe: 7:0	0 AM to 4:00 PM		Tour					ate, Zip Code NJ 07803					
Scope of Work (Check All	That Apply)						Offici	1110 07 003					
≥3 sf or ≥3 lf		Пр	nova	ation									
≥160 sf or ≥260 lf		processing	moli					Full Containme	nt with Negative	Press	ure		
							×	Glovebag Proce					
		-1000						Non-Exempted	(*) and Non-Fria	ble Pr			
			ocat orma									ement ype	t
Location o Asbestos-Containing M		Used	Sole	ely by	Ashaai		cription o		* 0.000 (0.00±0		T .	T	$\overline{}$
TO BE ABAT		Main Custo			(i.e.	thermal s	systems	insulation,	Amount (Specify	Z		En	ш
In Facility (13)		200000000000000000000000000000000000000	(12)	Stall?		surfac	ing, VAT	, or	SF or LF)	Removal	Repair	caps	nclo
(10)		-	A (6)			otner m	iscellane	eous)		oval	a:	Encapsulate	Enclosure
		Yes	No	N/A								te	
Roof				X		Ma	ain roof		1800 SF	х			
													$\vdash$
										+	-		
Name of Posistered We 1	Llaula-		-										
Name of Registered Waste	mauler		1000	IJDEP W lauler ID	(440) (60)	Cubic Y of Wast		Name of R	egistered Landfil	1		S2 - 27 2V	
Newark Carting Inc				4509	110.	OI Wasi	ie.	ISES Be	thlehem Rd L	andf	II		
City, State						Disposa	al Date	City, State					
Po Box 5670						The second second			olebutter Rd I	3othl	ehem	PA	
Completed by		Title				Sig	gnature	a X		ate			
Galo Zumba		Princip	al			,		Color		1/20	19	<b>-</b> 03	
								1 00		0.0000000000000000000000000000000000000			



CHECK #1769

Date of Notification (1)		Name	of Building	Owner/6	Operato	r (2)						
03/05/2019		OLE	A WOOE	DARD		(-)	In	) E	CE		$\mathbb{V}$	E
Agencies Notified  EPA DEP DOL  DOH  DOH  Type Notification  Initial Amended Amendment Emergency ( justification)		City, S CLA'	Address  Itate, Zip C YTON No	J 0831	2			Melephone	10.152		019	8
DCA Cancellation		578 1000000	A WOOD		ION		- Insperson	Thing to be made and a second		Market Market Co.	***	
Name of Facility Where Abatement is Taking RESIDENTIAL  Street Address  City (5)	g Place (3)	TAC	SILIT INF	ORIVIAT	ION	Type of Facility School (K Subchapt Other (i.e etc.)	(-12) ter 8 (Oth private	& comm	ercial b			nes,
CLAYTON						Square Feet 912	1 # 0	of Floors		Bldg. 67	Age	
County (6) GLOUCESTER			Code (7)	)		Current Use (F RESIDENT	Prior if be	ing dem	olished)			8
Name of Monitoring Firm Hired by Building C STRATEGIC ENVIRONMENTAL	Owner (8)	ASC	M No.		Name ASS	of Abatement C URED ENVI	ontractor RONM	r (9) ENTAL	SER\	/ICES	3 INC	).
Street Address 1634 SOUTH DELAWARE STREE	Т				100000000000000000000000000000000000000	Address CLEMS RUN	1			10)		
City, State, Zip Code PAULSBORO NJ 08066					City, S MUL	tate, Zip Code LICA HILL N	J 0806	2				
Project Manager for Monitoring Firm ED KEEGAN			one No. 123-5711			one No. 304-4676		Licens 0114			35	
03/07/2019	Scheduled 0 03/08/20		Date (11)		Name EMS	of OSHA Monito	or			•		
Occupancy Status During Abatement (Check						Address RT. 130 NOF	RTH					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: VACANT RESIDEN	al Facility Ho	ement urs RTY			City, S	tate, Zip Code NAMINSON I		77				
Scope of Work (Check All That Apply)	111											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	vation olition				Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				ıra.	
	Is Loc					2 Man Example	July and	a reon-r	Table 1	Aba	temen	t
Location of Asbestos-Containing Material (ACM)	Norn Used So	olely by	Achae	Des	scription	of aterial (ACM)			-	T -	уре	П
TO BE ABATED In Facility (13)	Maintel Custodia (1)	Il Staff? 2)	(i.e.	thermal surfac	systems cing, VA niscellan	insulation, T, or	(5	mount Specify or LF)	Kemoval	Repair	Encapsulate	Enclosure
LIVING RM-BED RM-HALLWAY	Yes N	N/A		FLO	OR TI	F	24	4 SF	V		Ф	
					OITTI		24	4 51	X	-	-	
Name of Registered Waste Hauler		NJDEP W	Vacto	C	Vard-		10		161			
ASSURED ENVIRONMENTAL		Hauler ID 003489	No.	Cubic Yof Was			f Registe RVA LA					
City, State MULLICA HILL NJ	'				al Date /2019	City, Sta WAYN	ate NESBU	RG, OI	Н			
Completed by RON SWANSON	Title GENER	AL MAN	AGER	Si	gnature	Kurely	WCMO6	M	Date 03/05	/201	9	

iai 2000 12,03AM NJ Aspestos	Control	609.6	33,066	4	pa	ge 1		F1575					
3/05/2019 12:06PM 1856224		OTIFIÉ	Distate A TION A	ASSURE of Mew Jersey of Assested on JAC 8:80 and				DECK	) E	110	And the same of th	20	-
Siste of Notification (1)		1 M	ame of	NJAG 8:80 and Building Ownes/C WOODARD			100		1 1	0.0	1.71		
03/05/2019  Jancies Notified Type Notification			treet Ad					4	ASDE	=510	15 U	91	-
EPA DEP Amended Amended Amendment Emergency (justification)		- 8	Hy, State CLAYT	o, Zip Code ON NJ 08312 Contact	2			Telepho	one Num	ber	/		-
DCA Cancellation				WOODARD									and .
lame of Facility Where Abelement is Takin	Place (3)		PAGIL	ITY INFORMATI	O⋈	Type of	Facility (4)						_
RESIDENTIAL						I Sul	ool (K-12 ochepter 8 ier (i.e. pri	(Other th			inge, l	home	5,
DBy (6) CLAYTON.						3quers   912	font	# of File		ō	dg. Ar 7	10	
Sounty (6) GLOUCESTER		10		SE DNLY)		RESID	DENTIAL	L	sempilshe	ed)			
Name of Monitoring Firm Hired by Building STRATEGIC ENVIRONMENTAL Street Address	Owner (8)		ASCM	No.	ASS	of Abster	ENVIRO	NMEN	TAL SE	RVIC	ES	INÇ,	3
1834 SOUTH DELAWARE STREE	ET .				570	CLEMS State, Zip			-	**			
PAULSBORO NJ 08088					MUI	LLICAH	ILL NJ 0	28082	- 50				
Project Manager for Monitoring Firm ED KEEGAN				均-5711 ———————————————————————————————————	610	hone No. -304-46			cense No 1145	3,	30 LE		neo
Start Date (10) 03/07/2019	\$¢hødule 03/08/2	2019	pistion D	Pats (11)	EM		Monker						
Decupency Status During Abstament (Checomber Peckity Closed/Vacated During Entire Abstament Performed Quisids of Norty Other - Describe: VACANT RESIDE:	Patiod of A	belem	eni Y		200 City, 8	RT. 130 Siste, Zip of INAMINE	Code	-					_
Scope of Work (Check All That Apply)											•		
23 ef or 23 lf 2160 ef or 2260 lf		anovat Ismoliti				Glove	colairme Englosure ibag Proc Exempled	edure	-				
	la la	Locatio	. 1			Non-	-xempled	( ) End N	DU-L-UND	_	Abate	ment	
Location of	A	ismol lel¢S b	y		scriptio			5 <u>-</u> 2000		-	Ту		_
Assestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Gust	intener codel 6 (12)	tell?			na insulatio AT, or		Ame (Spa SF or	cify	Removal	Repair	Encapsulate	Enclosure
LIVING RM-BED RM-HALLWAY	Yes	No	N/A X	FH	DOR T	TILE		244	SF	K	-	-	
FIRMO LIMINGER MANINTERANT			-	, g.,			-			-	-		
							1						
Name of Registered Wasto Haufer ASSURED ENVIRONMENTAL		H	JDEP W suler ID 034898	No. of W	c Yards aste		Name of I	Ragistere VA LAN					
City, State MULLICA HILL NJ			-		054 Dat 05/201		City Blate WAYNE	SBUR	3, DH				
Completed by RON SWANSON	Title	IERA	L MAN		Signatu	- Kons	ehr	CHON	Da O	ite 3/06/	2019	9	

Check# 3213

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

GAC Project # 060-18				1 /-	denn		533						
Date of Notification (1)	0010			hand book	Nam	e of Building Owne	er/Operat	or (2)					
March 5	, 2019				RU	TGERS, THE	STATE	UNI	VER	SITY (	OF NJ	*:	
Agencies Notified  EPA DCA DOL			Notific ded Not	cation tification # (including	Stree EN\ 74 S	et Address /IRONMENTA STREET 1603, State, Zip Code	L HEAL	_T#I	8,5A	ETP	DEPT	(REI	18)
☑ DEP- No Longer REQUIRE ☑ DOH	ED .		ication		PISO Namo MIC	CATAWAY, N. e of Contact HAEL F. SMIT ALTH & SAFET	H, ENV	11		ephone 1	Number 2550	2019	
No. of the second				FACILITY IN			-		1	ASBES	TOS CO	MTT	- 7:
Name of Facility Where Abateme MEDICAL SCIENCE BL	nt is Takir DG, BL	ng Place (3 DG# 72	) 57		☐ Sc	of Facility (4) shool (K-12) bchapter 8 (other th	on V 12)	L	- University		ICCHO!	N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Street Address RBHS NEWARK CAMPI	JS				XO	ther (i.e. private & co	ommercia # of Flo	l build	dings, h	omes, e g. Age	tc.) <u>:</u> 60+ y	ears	
NEWARK	ESS			y Code (7) Use Only)	Curre	nt Use (prior if beir	ng demol	ished	): AC	ADEMI	С		
Name of Monitoring Firm Hired by ATC	Bldg. Ow	vner (8)	ASCM 000			of Contractor (9)							
Street Address 3 TERRI LANE					GRE Street	ENWOOD ABA Address	TEMEN	NT C	ONS	ULTAN	ITS, IN	C	
					511	MAIN STREET							
	016					tate, ZipCode LER, NJ 07405				00%			
Project Manager for Monitoring Fin	10.7	Telephone 609-386				none Number			Licen	se Num	ber		
Scheduled Start Date (10)		Scheduled	Completi	on Date (11)		192-0477			0084	40			
03/15/2019		03/18	3/19	on Date (11)	ENV	of OSHA Monitor ROVISION, IN	C.						
Occupancy Status During Abate  Facility Closed/Vacated During  Abatement Performed Outsid	g Entire F	Period of A	batemer	nt		Address WARGARAW	ROAD	, BLI	DG# 3	35E			
Describe:  Other- Describe: Schedule:  WEEKENDS AS NEEDED)				&		tate, Zip Code LAWN, NJ 074	10						
Scope of Work (Check all that app	ly)												
□≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 l		e- N		Renovation Demolition			Full Cor Mini-Er Glove t Non-Ex	nclosi pag P	rocedu	ire / Wr	ap & Cut		dure
Material (ACM) in Facility (13)		tion Normal by Maint./Cu 12) NO		Description of Asl (ACM) (i.e. therm VAT, or other mis	nal systen	ontaining Material ns insulation, surfac	ing, (S	moun Specif LF)		885-1-5-	ment Type e Repair	-	<u>Enclose</u>
G528, G530, G532		X		VAT				400	SF	X		T	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	Ir ID #	Cubic '	Yards of Waste:	10 CY				stered Lar		11			
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509	NJ 07405			Disposa 03/1		2		City, Stat 100 New Rd. Morr 19067 215-736-	te Ford Mrisville,	/iii			
Completed by (Print or Type) RAYMOND C. PEDALING	2 SEC. (8)	NIOR PI		т	Signatu Ray	<u>re</u> rmand C. Pe	dalino		Date Marc	h 5, 2		.700	

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$\Box$	-	-	1	F	_	-		
$\boldsymbol{\vdash}$	n	n	١Т(	-	റ	n	m	

hippy		NOTIF	ICATIO	tate of New N OF ASBES It to NJAC 8:6	TOS ABATE	MENT 0)		FC	14	10	2 <u>2</u>
Date of Notification (1)				of Building Ow		(2)		<u> 5</u>		11 /	y/ [c
3/5/2019				mount Asse	ets LLC		1				
Agencies Notified Type Notification				<sup>Address</sup> Broad Stree	.+			MAF	1 1	20	119
EPA Initial Amended		-		tate, Zip Code							
X DOL Amendment	#		_	beth NJ				SBES	TOQ C	O1 !!!	
☐ DOH Emergency (	including	1	Name	of Contact	HILL STORY		Telephone		* ** ** * * *	01	
DCA Cancellation			Richa	ard Dunn			201-851		hasmanar.	20000	
Name of Facility Where Abatement is Taking	Dia (	2)	FAC	ILITY INFOR	MATION						70
Private Property	) Place (	3)				Type of Facility (4)					
Street Address						School (K-12) Subchapter 8 Other (i.e. prietc.)	(Other than	K-12) nercial bu	uildings	, hom	es,
City (5) Newark NJ						Square Feet	# of Floors		Bldg	Age	
County (6) Essex County				Code (7) USE ONLY)		Current Use (Prior	if being dem	olished)			
Name of Monitoring Firm Hired by Building C	wner (8	)	ASC N/A	M No.		of Abatement Contr Solutions Servi					20 - 12 - 1
Street Address N/A			14//-		Street	Address	Ces LLC				
City, State, Zip Code						51st Street				14-5-	
N/A						Bergen NJ 070	147				
Project Manager for Monitoring Firm N/A			Telepho	one No.		one No. 552-9685	Licens 0138				
Start Date (10) 3/15/2019	Schedul 3/20/2		npletion	Date (11)	110-000000-00000	of OSHA Monitor nvironmental La	boratories	·			
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire P.		-				Address Route 22 West					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 7:00 AM to 4:00 PM	al Facility	Hours	ent		City, S	tate, Zip Code n NJ 07803					
Scope of Work (Check All That Apply)					Office	11 143 07 603					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Enterent of	Renova Demolit			×		dure				
	Is	Locati	on			- Holl Exclipted (	) and Non-i	nable r		ement	
Location of		Normall d Sole			Description	of			Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/	(i.e. the	Containing M rmal systems urfacing, VA ner miscellan	T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				×			te	O
Basement			Х		9x9 floor ti		220 SF	x			
Basement			Х	Р	ipe insulat	tion	80 LF	x			
Name of Registered Waste Hauler		N.	JDEP W	/aste Ci	ubic Yards	Name of Re	gistered Land	dfill			_
Newark Carting Inc		Ha	auler ID 509		Waste	The second second second second	nlehem Rd		ill		
City, State Po Box 5670			8	Di	sposal Date	City, State	e butter R	Bethi	ehem	PA	
Completed by Galo Zumba	Title Princ	ipal			Signature	ole Sun	176 7	Date 3/5/20			

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

Chipp	Contract con		NOTIF (P	CATIO	tate of New Je N OF ASBEST t to NJAC 8:60	OS ABATE	ME (0)	NT		į k	4	io.	21	20 14	
Date of Notification (1) 3/5/2019					of Building Own		r (2)	)		m	E	C	E		V
Agencies Notified	Type Notification				Address Broad Street					K				( Page 1 Section 1	
DEP DOL	Amended Amendment #			72.77.70	ate, Zip Code oeth NJ					шЦ	ħ	AR	1	1 2	2019
DOH DCA	Emergency (ir justification) Cancellation	ncluding			of Contact ard Dunn				Tel	ephone 1-851	ASB	ST	OS	CON	TOC!
		T-17			ILITY INFORM	ATION			-20	1-001	-0007	L	CEV	SIL	
Name of Facility Where Private Property	Abatement is Taking	Place (	3)	1 40	ILITY INTO CHE	ATION	Ty	ype of Facility (4)  School (K-12)		E					
Street Address							×	etc.)	ate	& comm	ercial	build	lings,	hom	es,
City (5) Newark NJ							So	quare Feet	# o	f Floors		0.55	ldg. A 50	ige	
County (6) Essex County				County (STATE	Code (7) USE ONLY)		Cı	urrent Use (Prior i	f bei	ng dem	olished	1)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8	)	ASCI N/A	M No.			Abatement Contra olutions Service							
Street Address N/A						Street 1435		dress 1st Street							
City, State, Zip Code N/A								e, Zip Code ergen NJ 070-	47						
Project Manager for Mon N/A	nitoring Firm			Telepho	ne No.	Teleph 201-		e No. 2-9685		Licens 0138					
Start Date (10) 3/18/2019		Schedul 3/22/2		pletion	Date (11)	A STATE OF THE SECOND		OSHA Monitor ironmental Lal	hora	atories					
Occupancy Status During						Street		dress oute 22 West							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire Pe ed Outside of Norma 7:00 AM to 4:00 PM	riod of	Abatem y Hours	ent		City, S	state	e, Zip Code							
Scope of Work (Check A						Unio	n N	IJ 07803							_
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	0	pressure	Renova Demoliti	0.00000		×		Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	ure					e	
			Location				100		-					ment	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cus	ed Solel intenar todial S (12)	y by nce/ staff?	Asbestos C (i.e. therr su	Description ontaining N nal systems rfacing, VA er miscellan	late s ins T, o	sulation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No	N/A X		x9 floor t	ilo		20	0.05				Ф	
Baseme				X		pe insula	2002	1		0 SF 0 LF	X	-			
Baseme	ent			х		ansite par	-		_	0 SF	X				
First Flo	oor			х		Floor tile			15	0 SF	X	+	-		
Name of Registered Was	3533		N.	JDEP W	/aste Cul	oic Yards		Name of Reg							
Newark Carting Inc			suler ID 509		Vaste		ISES Beth				dfill				
City, State Po Box 5670					Dis	posal Date		City, State 2335 Appl	ekı	tter B	Bet	hleh	nem	PA	
Completed by Galo Zumba		Title Princ	ipal		'	Signature	20	Turk	be	-6	) 3/5/2	2019	9		

Ch 2587	1		NOTIF (P	ICATIO ursuan	tate of Ne N OF ASE to NJAC	w Jerse ESTOS 8:60 an	ABATE d 12:12	MENT		D	E C	E		$\mathbb{V}$	E	n
Date of Notification (1)					of Building						1115	2 4	4	0040		$\parallel \parallel \parallel$
03/04/19 Agencies Notified	T 11 00 0				n Plainfie	eld Boa	ard of E	Educa	tion		MAF	1 1	1	2019	1	1
Agencies Notified	Type Notification				Address	۸							na mumetra 2			-
EPA DEP	X Initial		-		lackson					/	ASBEST	-	-	VT - (		
X DOL	Amended Amendment	#			ate, Zip Ci n Plainfie		07000		1	e de sourceau	L.	Note that the same of the	BEF 62 =		5 8	
X DOH	Emergency (		-		of Contact	7IU, 140	07000			1 7-1	1	N. I.				
X DCA	justification) Cancellation				nas Wigg	nins				100000	ephone )8-754-					
					ILITY INF		ION				70-734	402	.0			
Name of Facility Where	Abatement is Takin	g Place (	3)					Туре	of Facility	(4)			-1-1			
South Plainfield Mi	ddle School							X	School (K-	12)						
Street Address									Subchapter	8 (Oth	er than h	<-12				
2201 Plainfield Ave	). 								Other (i.e. petc.)	orivate a	& comme	ercia	build	dings,	home	es,
City (5) South Plainfield					*			Squa	re Feet	# 0	f Floors		В	ldg. A	ge	
County (6)			T	County	Code (7)			Curre	ent Use (Pri	or if bei	ng demo	olishe	ed)			
Middlesex  Name of Monitoring Firm	Hirod by Building	Dumas /0	- 1	ASC	USE ONLY											
Westchester Enviro		owner (o	).	001			1		tement Cor Construc							
Street Address 1248 Wrights Ln.								Addres								
City, State, Zip Code									e 46 Suite	9 14			112-50			
West Chester, PA									J 07512							
Project Manager for Mon	itoring Firm			Telepho				none N			License	e No				
Paul McCaa					94-4841			832 4			01379	9				
Start Date (10) 03/15/19		03/29/		npletion	Date (11)		A SAME TO SERVICE SERV		HA Monitor above							
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street	Addres	SS				17.7			_
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	eriod of all Facility	Abatem / Hours	nent			City, S	State, Zi	p Code			-				
Scope of Work (Check A	Il That Apply)															
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demolit				X	Min	I Containmo i-Enclosure vebag Prod n-Exempted	edure	J				e	
			Locati												ement	
Location		100	Normall ed Sole				scription					1		ı y	ре	-
Asbestos-Containing TO BE ABA		Ma	intenar	nce/		tos Cont thermal					mount specify		R		E	ш
In Facili (13)	ty	Cus	todial S (12)	staff?	,	surfac	cing, VA	T, or			or LF)		Remova	Repair	aps	Enclosure
(13)		Yes		1 h1/A		otner n	niscellan	neous)					val	air	Encapsulate	sure
Transportatio	n Poom	No	N/A X	Des	on Call	ina Da	nala C	) · · · ·		00-1	-					
Transportatio	II I TOOM			Dit	op Ceil	ing Pa	neis 2	2X4	2	60sf		×		Х		
												-				
						2										
Name of Registered Was				JDEP Wauler ID		Cubic of Was			Name of	Registe	red Land	dfill		7000 m		
Academy Constructi	on Inc		1000	34422	. 10.	3	,,,,		Fairles	s Land	dfill					
City, State Totowa NJ						Dispos	al Date		City, State		٨					
Completed by				IBD	ianatura		Morrisv	ille, P		Date						
Filip Geleski		Title Supe	erviso	r		3	igriature	-+11	o Del	1	_		04/	19		
<del></del>								Jug	4 XILL	200		50/	- 17			

Date of Notification (1	13		NOT	Pursua	nt to NJA	BESTO	SABATEMEN nd 12:120)	T	D)-	E G [	)//	201		
03/06/2018	,			Monte	of Building Clair Boar	g Owner d of Ed	Operator (2) ucation		Veni Beni			-61	1413	
Agencies Notified	Type Notification				Address alley Road	<del></del>			F	SBESTOS	CO	Y.T.	. ! 8	<u> </u>
⊠ DEP ⊠ DOL	☐ Amended Amendment #	<del>*</del>	_	City, S Monto	tate, Zip C clair, New	ode Jersey	07042				1	**************************************		
☑ DOH □ DCA	<ul><li>☑ Emergency (injustification)</li><li>☐ Cancellation</li></ul>	including		Name John	of Contact Eschman	n		<del>121</del>		lephone Nur 3-509-4044	nber			
Name of Facility When	a Abstement in Taki	ina Diago /	21	FAC	CILITY INF	ORMAT								
Northeast School	e Abatement is Taki	ing Place (	3)				Type of Fa	cility (4)						
Street Address 603 Grove Street	-						☐ Subch	l (K-12) apter 8 (Oth (i.e. private	ner than & comm	K-12) ercial buildir	gs, ho	omes,	etc.)	
City (5) Montclair							Square Fee 30,000			f Floors	B	lidg. A		
County (6) Essex	West and the second sec				Code (7) USE ONLY	)	Current Us	e (Prior if be Scho		nolished)				
Name of Monitoring Fin Detail Associates, In	rm Hired by Building	Owner (8	)	ASC	M No.		Name of Ab Lilich Corp	atement Co oration	ntractor	(9)				
Street Address 300 Grand Ave				-1			Street Addre 246 Union	The state of the s	ı					
City, State, Zip Code Englewood, NJ 0763	31						City, State, Totowa, No		07512					-
Project Manager for Mo Anthony Valentine	onitoring Firm			Telepho 201-56	one No 9-6078		Telephone N 973-225-8			License No 01104				
Start Date (10) 03/07/2019		Schedul 03/08/2	ed Cor 019	mpletion	Date (11)		Name of OS Iris Enviror	HA Monitor Imental La	borator	ies, LLC				-
Occupancy Status Duri	ing Abatement (Che	ck Only O	ne)				Street Addre							
Abatement Perfo	facated During Entire ormed Outside of No e: Start Time 6:30	rmal Facili	Abate ity Hou	ment			City, State, 2 Union, N	Zip Code						
Scope of Work (Check	All That Apply)	***************************************	-				L							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demolit				□ M ⊠ G	ini-Enclosur lovebag Pro	e cedure	Negative Pr Limited Cond Non-Friable	ntainn	nent8		
		Is	Locat	ion							_	Abate	ment	
Location Asbestos-Containing			Vorma				scription of					i y	pe	
TO BE AI	BATED cility	Cus	intena todial ( (12)	Staff?		thermal surfa	taining Materia systems insul cing, VAT, or niscellaneous)	ation,	(St	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Dirt Room		Yes	No	N/A	Pipe Ins	ulation	1			10 LF	¥		е —	
										10 11				
Name of Registered W	aste Hauler		IN	JDEP V	Vaste	Cubic	Yards	Name of	Regista	red Landfill				
Lilich Corporation	an ann ann chuith (1975)		F	lauler ID 18724		of Was		Fairless		rea Carrollii				
City, State Totowa, New Jersey						Dispo: 03/07/	sal Date 2019	City, Stat					478 a.a.a.a.	-
Completed by Adriana Oleiarova		Title	esiden	n†		S	Signature	(7)		Date		2010		

honzel	1	NOTIFI (Pi	CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE	MEN.	r [		E C	E		Pr // E	int F
Date of Notification (1) 02/27/2019			Name of	Building C	Owner/C	perator				WAF	7 1	1 20	19	The state of the s
Agencies Notified Type Notifi  EPA Initial	cation		Street Ad 521 No	ddress orth Ave				Ī		ASBES	TOS C	OMI	The Commence of the Commence o	2.
X         DEP         ☐         Amen           X         DOL         _         Amen	dment #			te, Zip Coo eld NJ 0						And Andrews in Computer of		Andrew .	200	U
X DOH justific	gency (including cation) callation		Name of	Contact Construc	tion					ephone N 8-906-5				
			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is 2 Story residential bldg. & ba		3)					Тур	e of Facility (4 School (K-1)						
Street Address 6 Marshall Place							×	Subchapter Other (i.e. p etc.)	8 (Othe			uildings	s, hom	es,
City (5) Middlesex NJ							Squ	are Feet	# of 2	Floors		Bldg.	Age	
County (6) Middlesex			County C	Code (7) USE ONLY)			I	rent Use (Pricesidential F		ng demol	lished)			
Name of Monitoring Firm Hired by Bu Sky Environmental Services			ASCM	1 No.			of At	erprises LI	tractor	(9)				
Street Address 140 Boulevard Ave						Street 28 L								
City, State, Zip Code Mt. Lake NJ 07046			-			C-0.00		Zip Code Park NJ 07	035					
Project Manager for Monitoring Firm Leonid Sheresivki			Telephor 973-58			Teleph 973-		No. -6924		License 01129				
Start Date (10) 03/21/2019	Schedule 04/03/2		npletion [	Date (11)				SHA Monitor Avila						1.00
Occupancy Status During Abatement	(Check Only Or	ne)				Street								
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe:						City, S	State,	Tip Code  NJ 07502						
Scope of Work (Check All That Apply	)													
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	Renova Demolit				>	N G	ull Containme lini-Enclosure Blovebag Prod Ion-Exempted	edure	Ü			ıre	
Location of	1	Locati	ly		Des	scription	750					Aba	temen	t
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	ed Sole intenar todial S (12)	nce/		os Cont thermal surfac	aining N	Materi s insu AT, or	8 13	(S	mount Specify or LF)	Kemova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	е
1st floor Kitchen			Х			VAT				90 SF	X			
Back Porch			Х		Wind	ow gla	azing	3		2 SF	X			
Basement window			Х		wind	ow gla	azing		2	SF	X	+		
Name of Registered Waste Hauler DYV Enterprises LLC		Н	JDEP W auler ID 034140	No.	Cubic of Was 10cy	ste		Name of I	Vaste			nt	1	
City, State Lincoln Park NJ 07035					Dispos 4/05/	sal Date	2	City, State		A				
Completed by Dorian Carpio	Title Proje	ect Ma	anager		S	ignatur v	e U	tal			Date 02/27	7/201	9	

MO#25686761207		NOTI		MOIT	DF/ASE	w Jersey BESTOS C 8:60 an	ABATE	MENT	DE		$\mathbb{V}$	E	
Date of Notification (1)				Name	of Building	Owner/Ope	erator (2)				001		#
03 /	07 / 19		-	Γed Se	alv				LI LI MAI	7 11	201	9	
Agencies Notified	Type Notification			_	Address								+
☐ EPA	✓ Initial								ASBEST	ros co	17		
☑ DGLWD	☐ Amended		-	City, S	tate, Zip Co	ode				CENCH			
⊠ DHSS	Amendment #				nen, NJ 0								
DCA (NJAC 5:23-8)	Emergency (ir justification)	iciuaing			of Contact				Telephone Nu	mber			
	Cancellation		-	Ted Se	elv								
				107/12/20		FORMATI	ION						
Name of Facility Where A	Abatement is Takin	g Place	(3)		Chiparita na Caranta		- 1	Type of Facility	(4)				
Private house							10	School (K-12					
Street Address								Subchapter 8	Other than K-1 (Other and comm	2) percial but	Idina		
							1,	homes, etc.)		ici ciai bai	iumg.	٥,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je	
Metuchen, NJ 08840													
County (6)				Count	y Code (7) (	STATE USE	ONLY)	Current Use (Pr	ior if being demo	olished)			
Middlesex													
Name of Monitoring Firm	Hirea by Building	Owner (	B) /	ASCM I				t Contractor (9)					
Charak Addana						Gr Tech I							
Street Address						Street Add		00					
City. State, Zip Code						576 Valle City, State							
Oity: Glate, Zip Gode						700700000000000000000000000000000000000							
Project Manager for Mon	itorina Firm		Teles	phone I		Wayne, N Telephone			License No.		-		-
,	3					973-638-			01127				
Start Date (10)		duled C	omplet	ion Dat		Name of (		nitor	191121				
	19	03 /	18	_ / _	19	Envirovis	sion Con	sultants,Inc					
Occupancy Status During	g Abatement (Chec	k only c	ne)	14		Street Add							
Facility Closed/Vacate						20-21 Wa	agaraw F	Road, Bldg .#	35E				
Abatement Performed Time of Abatement: _	Outside of Norma  AM-	il Facility PM/		s - Des	cribe	City, State							
		140			Civi	Fair Lawr	n, NJ 07	410					
Scope of Work (Check al	I that apply)								nation with negative Pressure	tive press	ure		
>3 sf or >3 lf > 160 sf or >260 lf		Re	novatio	on		П	Mini-Enclo	sure					
☐ ≥ 160 sf or ≥260 lf		☐ De	molitio	n		$\bowtie$	Glovebag	Procedure	Tent with Negat	ive Press	ure		
		I	Locati	on	1		NOII-EXEII	ipieu ( ) anu ivi	JII-FIIADIE FIOCE		atem	ant T	VDG.
Location		1	Normal	ly		Desc	cription of				_		
Asbestos-Containing TO BE AB		100	d Sole intena					erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facil		10	todial 3		(1.6	thermal s., surfacir	ng. VAT.		(Specify SIF or LF)	SVOI	air	psu	osur
(13)			(12)	1	-	other mis	scellaneo	us)		=		late	е
		Yes	No	N/A									_
Basement			Ш	$\boxtimes$	Pipe ins	ulation			40 LF				
				П								П	П
			$\Box$	Ī						П	П		П
Name of Registered Was	ste Hauler		NJE	EP Waste	Hauler ID No.	Cubic Yard	ls of Waste	Name of Regi	stered Landfill			لــا ز	
Gr Tech LLC	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			03378		TBD							
City, State				03370	,,,	Disposal		T.R.R.F. Inc		- 7/-			
Wayne, NJ 07470						TBD		Tullytown, P	οΔ				
Completed By (Print or T	ype) Tit	le	-				ature /	i unytown, P	Λ	Date			
N.Jevtic		vner					Heu	Ac Wenas	1	03/07/19	)		
ASB-41	101	VIICI					-//-	- 4 - 4 - 5 6 6		03/07/19			

Chaps	7		N	OT FIG.	ATIO suant	(2)	of New Jersey F ASBESTOS AE JAC 860-7 and 12	BATEMENT 120-7)	D.	EGE		7 [		
Date of Notification (1)		1	lame	of Buildi	ng Ov	vner/0	Operator (2)			MAR 11	201	9	- 11	1.
Agencies Notified	3/6/19 Type of Notifica			OE / P		enb	ach School fo	r the Deaf					-	
[X] EPA	Type of Notifica	0.0000000000000000000000000000000000000		<sub>Address</sub> Sulliva		'av			A	SBESTOS CO	NC.	onescon.	0	
[] DEP	[] Initial Notification	- 1		Jum 10		чу				LICENS	11 ' '			
[X] DOL	[] Emergency			ate, Zip			J			94	2			
[X] DOH	[x] Amended Notification		/Vest	Irent	ton,	NJ (	08628							
[X] DCA	Notification		lame o	of Conta	ict				Telephone No	umber				
[V] DOY	[] Cancellation	n N	/lech	. Con	tract	tor:	Ted Lindemar	nn	609-724-0					
					FAC	ILITY	INFORMATION							
Name of Facility When								Type of Faci	lity (4)					
Building 2D Katz	zenbach Scho	ool for	the	Deaf				[X] Sci	nool (K-12) ochapter 8 (Othe per (i.e. private a	er than K-12\				
Street Address								Oth	ner (i.e. private a nes, etc.)	ind commercia	build	ngs	Ě	
320 Sullivan Wa	У								3) (f)					
City (5)		County	(6)		Т	Cour	nty Code (7)	Square Feet 10000	# of Flo	ors Blo	lg. Ag	е		
West Trenton		Merc					ATE USE ONLY)		(Prior if being de		0	Cestin		_
Name of Monitoring Fir	rm Hired by Buildi	na Owne	er I	ASCM N	lo.		Name of Abatem			59 				
Environmental C			S 1 2	00030					ronmental (	Services In				
Street Address							Street Address	apiter Livi	Torritare	bei vices, ii	· .	_		_
120 North Warre	en St.						3	23 Change	ebridge Rd S	Suite 100				
City, State, Zip Code	00						City, State, Zip C	ode	awar ayaa ayaa ayaa ayaa					
Trenton, NJ 0860 Project Manager for Mo		Tolo	nhono	Numbe		4			, NJ 07058					-21.3
Roland Jones	ormoring i mi			2-4200			Telephone Numb	er 973-575-87	'OO	License N		r 085	52	
Scheduled Start Date ( 3/7/19	10) Sche	d. Comp		Date (1			Name of OSHA N	Monitor	mental Lab	oratories I		000	)	_
Occupancy Status Duri	ing Abatement (Cl	neck onl	y one)			1	Street Address		e., delle	0.000, 2				_
[X] Facility Close [] Abatement Per	d/Vacated During formed Outside o	Entire F f Norma	'eriod I Facili	of Abate itv Hours	ement s –			333 Route	22 W					
Descr	ibe:						City, State, Zip C		7000					
[ ] Other – Desc								Jnion, NJ (	17083					
Scope of Work (Check	all that apply)							[ / ]	Full Containme	mé sodéle NI – – 45.	D			
[ ] Demolition				[X]	Rer	novat	ion	[] N	Full Containme Iini – Enclosure	ent with Negativ	e Pre	ssur	е	
<ul> <li>≥3 sf or ≥3 lf</li> <li>[X] ≥160 sf or ≥2</li> </ul>	60 If								Glove bag Proce Ion – Friable Pro					
[7] [700 01 01 22	00 11	Is	Locat	ion				[] N	on – Friable Pro	ocedure	1			_
7		Nor	mally	Used			Descri	ption of			Ty	ater pe	nen	
Location Asbestos – Co		200,00	Solely	by ce/Cus				- Containing al (ACM)		Amount	R	R	Е	
Material (A	CM)		al Staf					nal systems		(Specify SF or LF)	E	E	100	N
TO BE ABA		-		T				urfacing, VAT, scellaneous)			0	Α	90.000	L
(13)	*	Yes	No	N/A			or other mis	scenarieous)			V	R	PS	S
Bldg. 2D – wood sho	n and nerf arts		Х		Mic	مالم	neous - Drop cei	ling tile		2000 05	L		U	U
	p dita port. dita		,,		IVIIS	Cella	medus - Drop cei	iiig üle		3000 SF	X	-	$\dashv$	
											-		+	-
										92.100 <u></u>			T	
Name of Registered Wa Jupiter Environm			DEP V uler ID	Vaste No.			ic Yards Vaste		gistered Landfill					
12	Ontal Oct vice	3	04782				20	Alliance	Lanunii					
City, State							oosal Date	City, State						_
Pine Brook, NJ Completed By (Print or	Type)	Title				3/2	28/19	Taylor, P	A	1-				_
Pane Repic	. , pc,	100	ect N	/lanag	er		Signature	(	1	3/6/19	i			
			1		J.		12	_		3/0/18	Ŋ.			
ASB-41 3/4/19: Amendmen	it 1: Start date is n	ostnone	d awa	aitina ne	rmit ·	3/6/1	Q: Amendment 2: 9	Start data is and	for 3/7/10					

#### State of New Jersey

			N	IOTIFIC	OITA:	N O	F ASBESTOS AE JAC 8:60-7 and 12:	BATEMENT	ME	GEI	$\mathbb{V}$		Γ	
Date of Notification (1)	140		Name	of Build	ing Ow	/ner/	Operator (2)			Ch#	U		William on a	1
	1/19					enb	ach School fo	r the Deaf		MAR 11	2019		11	J
[X] EPA				Address Sulliva		ау			ACI			. 6	- Comments	
[X] DOF []		- 13		state, Zip					ASI	BESTOS CO		20		_
[X] DOH	Amended Notification		Wes	t Tren	ton, N	NJ (	08628			THE PARTY OF THE P				
IXI DCA				of Conta					Telephone No	umber				_
[]	Cancellation	,	Mec	h. Con	tract	or:	Ted Lindemar	nn	609-724-0					
					FACI	LITY	/ INFORMATION							
Name of Facility Where Ab	atement is Ta	king Pla	ace (3	)				Type of Facil	ity (4)					
Building 2D Katzen	bach Scho	ol for	r the	Deaf				X Sch	nool (K-12) ochapter 8 (Othe er (i.e. private a nes. etc.)	er than K-12)				
320 Sullivan Way											ıl build	ings	15	
City (5)		County	/ (6)			Cour	nty Code (7)	Square Feet 10000	# of Flo		dg. Ag 50	е		
West Trenton		Merc	er				ATE USE ONLY)	Current Use	(Prior if being de					
Name of Monitoring Firm H	ired by Buildin	g Own	er	ASCM N	10.	T	Name of Abateme	ent Contractor	(9)		_			-
Environmental Con	nection, In	C.		00030	)				ronmental S	Services, I	nc.			
Street Address 120 North Warren S	24						Street Address		2 2 2					
City, State, Zip Code	ot.						City, State, Zip Co	23 Change	bridge Rd S	Suite 100				
Trenton, NJ 08608									NJ 07058					
Project Manager for Monito	ring Firm			Numbe		1	Telephone Numb		110 01 000	License N	lumbe	r		
Roland Jones Scheduled Start Date (10)	Sohoo			2-4200 Date (1				73-575-87	00		0	08	52	
3/4/19- th	od	3/3	31/19	9	1)		Name of OSHA M		mental Lab	oratories, l	LC			
Occupancy Status During A [X] Facility Closed/Va [] Abatement Perform	cated During	Entire F	Period	of Abate	ement		Street Address	333 Route	22 W					
Describe: [ ] Other – Describe:	ou outoide of	Norma	11 1 401	nty 110dis	5 –		City, State, Zip Co	ode Jnion, NJ 0	7083					
Scope of Work (Check all th	nat apply)							**		-				
[ ] Demolition [] ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf				[X]	Ren	ovat	ion	[] M	Full Containme lini – Enclosure Glove bag Proce on – Friable Pro	dure	ve Pre	ssur	e	
			Loca			1.10	_				Ab	ater	nen	t
Location of		12000000	mally Solely				Descrip Asbestos –	otion of Containing		Amount	Ty R	pe R	E	E
Asbestos – Contair Material (ACM)			tenandal Stat	ce/Cus			Materia	(ACM)		(Specify	E	E	N	N
TO BE ABATED		toui	ui Otai	11 (12)			(i.e., therm insulation, su			SF or LF)	M	P	CA	C
In Facility (13)		Yes	No	N/A			or other mis	cellaneous)			V	1	Р	0
		100	100000	10/3							A L	R	S	S
Bldg. 2D – wood shop ar	nd perf. arts		X		Misc	ella	neous - Drop ceil	ing tile		3000 SF	X	4		_
														_
Name of Registered Waste I Jupiter Environmenta		S Ha	DEP \ uler II 04782				ic Yards Vaste 20	Name of Reg Alliance L	istered Landfill andfill					
City, State					1	Disp	osal Date	City, State						
Pine Brook, NJ	, , , ,						28/19	Taylor, P	Д					
Completed By (Print or Type	)	Title		-			Signature			Date				_

Date

3/4/19

ASB-41 3/4/19: Amendment 1: Start date is postponed, awaiting permit.

Pane Repic

Project Manager

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JH 1450	5		NOTII	FICATIO Pursuan	tate of Ne N OF ASE t to NJAC	W Jerse BESTOS 8:60 an	ABATE d 12:12	MEN 0)	Т	D	EC				
Date of Notification (1) 03/05/2019					of Building ge of Sa			r (2)			MAR	1 1	20	10	
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X DEP	Amended			9500	ate, Zip C						ASBEST L:	CENC		1 1	95
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DOH DCA	justification) Cancellation	,	9		of Contact lacovo						lephone Nu				
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2 Convent Rd								×	Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) ial buil	ldings	hom	es,
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Iris Environmental L		Owner (o	)	ASCI	M No.				atement Cor afety LLC	itractor	(9)				
Street Address							Street								
2333 Route 22 Wes	st						22 T	roy l	_ane						
City, State, Zip Code Union, NJ 07083									Zip Code	7005					
Project Manager for Moni	toring Firm			Telepho	ne No		Teleph		Park, NJ 07	035	License N				
Rick Eustaquio				-	36-9145	i	5 Sept. (1997)		0099		01317	10.			
Start Date (10) 03/08/2019					Date (11)				SHA Monitor						
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≥160 sf or ≥260 lf			Renova Demoli				×	D.A.	ull Containme ini-Enclosure		Negative F	ressu	re		
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United Safety LLC			100.00	lauler ID 036820		of Was	ste		Fairless	Land	lfill				
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Lincoln Park, NJ						TBD			Morrisvi	lle, P	А				
Completed by Vanco Petkov		Title Proje	ect Ma	anager		Si	ignature		and of	1	Da 03		2019	1	

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Date of Notification (1)			1	vame o	f Building (	Owner/C	perator (2)	and the same of th		MAR	11	2010	1	
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☐ EPA	☑ Initial									ASBESTO LIC	ENSIL	1	1 6.	
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□ DCA	☐ Emergency (incl	uding			City, NJ 0	7305				000 - 6				
(NJAC 5:23-8)	justification)	2753	1	Name o	f Contact				Tele	phone Num	ber			
	Cancellation		C	harley	Holmes									
				FAC	ILITY INF	ORMA	EXCELLENT STORY							
Name of Facility Where	Abatement is Taking	Place (	3)				1,	Type of Facility						
Private house								School (K-12 Subchapter		er than K-1 2	()			
Street Address							li	🛛 Other (i.e., p	rivate			dings		
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Jersey City, NJ 07305 County (6)	)	-		County	Code (7) (S	STATE 115	SE ONLY)	Current Use (Pr	ior if b	eina demoli	shed)			-
Hudson				County	0000 (1) (0	,,,,,,	JE ONE ()	ourrone obo (i i	.01 11 6	ang acmon	51.50)			Ì
Name of Monitoring Fire	m Hired by Building O	wner (8	3) A	SCM N	lo.	Name o	f Abatemer	nt Contractor (9)	1					
						Gr Tecl								
Street Address						Street A								_
						576 Va	lley Rd #2	283						
City. State, Zip Code							ate, Zip Co					34.55		
					-	Wayne.	NJ 07470	)						
Project Manager for Mo	nitoring Firm		Telep	hone N		Telepho			Li	cense No.	-			
						973-63	8-1777		01	127				
Start Date (10)	Schedu		115		10 00	Name o	of OSHA Mo	onitor						
	/ 19 0.	3 /	17	_ / _	19	Enviro	vision Cor	sultants,Inc						
Occupancy Status Duri	전: <sup>7</sup> 시기 : : : : : : : : : : : : : : : : : : :					Street /	Address							
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Scope of Work (Check	all that apply)					H		and decontami			re press	uie		
>3 sf or >3 If > 160 sf or >260 If		Frank.	novatio			×	Mini-Encl	osure	Topt	with Mogativ	o Droce	uro		
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Location			Normal				escription o				D	D	ш	ш
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(13	3)		(12)	T		other	miscellane	ous)					ate	
		Yes	No	N/A					-		12			-
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10.00 and 10.00														
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Name of Registered W	laste Hauler		NJE	EP Waste	Hauler ID No.	Cubic Y	ards of Wast	e Name of Reg	istere	d Landfill				
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Gr Tech LLC - City, State				103318	13		al Date	City. State				-		
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Wayne, NJ 07470 Completed By (Print or	Type) Title	2						Tullytown,		Ti	Date			
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Date of Notification (1)		NOT	(Pursua	State of New . ON OR ASBES ALTO NUAD 8:6	TOS ABATE	20)	VТ	Dr.	EC	E		7 [	1
03/07/2019			Name	of Building Ow	vner/Operato	or (2)		11111	MAD	1 1	20.	10	+ + + + + + + + + + + + + + + + + + +
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7,	ation		Stree	Address								-	
EPA Initial Amend	5 1							A	ASBEST	OS C	TINC	01.8	
DO!	led lment #			State, Zip Code				KONTO CATALONIA	Li	CEKS	HCC -		
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DOH justifica	ation)			of Contact				Tel	ephone N	Vumbe	r		
Cance	lauon		100000000000000000000000000000000000000	Adams				-		_			
Name of Facility Where Abatement is	Taking Place	(3)	- FA	CILITY INFORI	MATION	Tur	o of Facility	743					
House		(-)				1 y	e of Facility	, ,					
Street Address						H	School (K-	12)		40)			
						X	Subchapte Other (i.e.	private 8	er tnan K & comme	-12) rcial bu	ildina	s hor	nes
City (5)							etc.)						1100,
Nutley						Squ	uare Feet	# of	Floors		Bldg.	Age	
County (6)			Count	/ Code (7)		0							
Essex			(STATE	USE ONLY)		Cur	rent Use (Pri	or if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Build	ding Owner (	8)	ASC	M No.	Name				(0)				
, , , , , , , , , , , , , , , , , , , ,	anig outlier (	0)	ASC	IVI INO.	Rizo		oatement Cor	ntractor	(9)				
Street Address													
					Street		<sub>ess</sub> ton Ave.						
City, State, Zip Code													
							Zip Code NJ 07026						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph								
			гоюрги	one ivo.	7 PRODUCT 9500		-8006		License	No.			
Start Date (10)	Schedu	ıled Co	mpletion	Date (11)			SHA Monitor		01369				
03/09/2019	03/12			Date (11)	Rizov								
Occupancy Status During Abatement (C					Street								
Facility Closed/Vacated During En	5	100			A CONTRACTOR OF THE		on Ave.						
Abatement Performed Outside of N	Normal Facili	ty Hour	ment 'S				Zip Code						
Other - Describe:							VJ 07026						
Scope of Work (Check All That Apply)					Garii	eiu i	NJ 07026						
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≥160 sf or ≥260 lf		Renova Demoli			-	Fu	III Containme ni-Enclosure	nt with I	Negative	Pressu	ıre		
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		s Locat										emen	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description (					-	13	/ре	
TO BE ABATED	IVI	aintena	nce/	Asbestos C	ontaining Ma nal systems	ateria	I (ACM)		ount	_		m	-
In Facility	Cus	todial ( (12)	Staff?	su	rfacing, VAT	, ог	auon,		ecify or LF)	Rem	Re	ıcar	incl
(13)		\/	1		er miscellane			0.000	ono <del>stat</del> i <b>X</b> i	Removal	Repair	Encapsulate	Enclosure
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				- 1				120	, L1	X			
ame of Registered Waste Hauler		100000	JDEP W		ic Yards		Name of R	egistere	d Landfill				
zov LLC			auler ID	No. of W	/aste		Fairless						
ty, State		100	037825					THIIS L	anuilli				
arfield NJ					osal Date		City, State						
empleted by	Title			TBI			Morisville	e, PA					
eksandra Rizova	Owne	or.			Signature	1			Da				
	OWITE	-1			2/10	70	is:		0.3	3/07/2	019		1

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Date of Notification (1) 03/08/19			Name Miz C	of Buildin Construc	g Owner	/Operator	(2)		TÜ	1	M	AR	11	20	19
Agencies Notified Type Notification			Street	Address 2nd Stre		to 202			-	A	SBE	STO	S C	TMC	3 10
EPA Initial Amended Amendmen	.72		City, St	tate, Zip (	Code							LIC	ENS	H.C.	
Emergency	(including	g		wood, N		)1			1 7-1						
DCA justification Cancellation			Miz C	onstruc	ction					ephone 2-620					
Name of Facility Where Abatement is Takir	g Place (	(3)	FAC	ILITY INI	FORMAT	TION	Туре	e of Facility	(4)						
Street Address  City (5)							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe private 8	& comn	nercia	al buil	100	20	ies,
Lakewood							Squa	are Feet	# of	Floors	8	E	Bldg.	Age	
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name o	of Aba	atement Co	ntractor SSIOI	(9) NALS	;				
Street Address						Street /		ss DOVE C	OLIDT						
City, State, Zip Code						City, St	ate, Z	Zip Code OD, NJ 0					-		
Project Manager for Monitoring Firm			Telepho			Telepho 732-6	one N	lo.		Licen:		),			
Start Date (10) 03/18/19	Schedul 03/21/		mpletion	Date (11)				HA Monitor D PROFE	SSION	NAIS	<u> </u>			,	
Occupancy Status During Abatement (Chec						Street A	Addre	SS		17120	W				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten / Hours	nent s			City, Sta	ate, Z	DOVE CO ip Code OD, NJ 0		_					-
Scope of Work (Check All That Apply)						LANL	. ۷۷ Ο	OD, NJ U	0/01		t .				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription of aining Ma systems cing, VAT niscellane	aterial insula , or	(ACM)	(Sp	nount becify or LF)		Removal	Repair	e Encapsulate	Enclosure
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Full Demolition of Home					De	molition	1					x			
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City, State NEWARK, NJ						al Date		City, State		ΡΔ					-
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Si	ignature			IVI		Date 03/0		9		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 3/6/2019 Frank Esposito Agencies Notified Type Notification Street Address [ ]EPA MAR 11 2019 [X] Initial Notification [ ]DEP City, State, Zip Code [ ]Amended Clifton, NJ,07011 [X] DOL ASBESTOS CONTROL & Notification [X] DOH LICENSIN Name of Contact Telephone Number [X] EMERGENCY [ ]DCA Alison Munro [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) [ ]School (K-12) Street Address [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City County County Code (7) Clifton (STATE USE ONLY) Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/AAZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 0.3 -06-19 03-07 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation [X]Mini-Enclosure [ ]≥160 sf or ≥260 lf [ ]Demolition [X]Glovebag Procedure [ ]Non-Friable Procedure Abatement Type Location Location of Normally Description of Asbestos-Containing Used Asbestos-Containing NCAPS Amount NCHOSD REP Material (ACM) Solely By Main-tenance/ MOV Material (ACM) (Specify TO BE ABATED (i.e., thermal systems SF or In Facility insulation, surfacing, VAT, Custodial LF) (13)Staff (12) A or other miscellaneous) Yes No N/A R E Basement X Pipe Insulation 75 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.0 Tri - State City, State Disposal Date City, State Montclair, NJ 07042 3/8/19 Bronx, NY, 10474 Completed By (Print or Type) Title Signature Date Constantine Vivian President 3/6/2019

state of New Jersey

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\ _	hiobby	Initial   Dep		2040	1							
	Date of Notification (1)	19		Name	of Building Owner	Operato	/ .		17	7	<del>2018</del>	
		13.1		Street	Address / 1	200	coval-		STOS	COI	19/0	18.
	□ DEP □ Amended	#	12.	City, St	tate, Zip Code	1.1	Severi	11+ 0	70	2	<u> </u>	G-1,144
	DOH Emergency justification	(including	3	Name	of Contact	11	iela l	Telephone No	/ C	<u> </u>	9	-
				FAC	ODIA K	ION		908-	40	56	5	510
		1		llin	(Basem	ent)	School (K- Subchapte Other (i.e.	12) er 8 (Other than K-	2) cial bui	ldings	, hom	ies,
	City (5) Winfield	٨)	7	_ ^	7036			# of Floors		_		
	County (6)			County (STATE	Code (7)		Current Use (Pr	ior if being demolis	hed)	_/	07	_
		-		ASC	M No.	Name	of Abatement Co	6 1	0			
Ì	Street Address		300			Street	- 000	<u> </u>	116	\$	In	) L
-	City, State, Zip Code	A	E CONTRACTO	AO	699	City, S	tate, Zip Code	337	- A	90		
	Project Manager for Monitori a Firm	IN F		Telepho	ne No.	20 40	2000, 6 00	License N	10.	8	15	5
-	Start Date (10)		ed Con	609	758-3365 Date (11)			Chancel Chancel	0.	34	4	
	Occupancy Status During Abatement (Chec		5-	18	3-19	Street	EPC Tec	hnologies	I	nc		
	Facility Closed/Vacated During Entire I	Period of	Abaten	nent		City, S	tate, Zip Code	337				-
	Scope of Work (Check All That Apply)					[Vc	w Egypt	NJ	28	53	3	
	≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf						Mini-Enclosur Glovebag Pro	e cedure				
1		Is	Locati	on			Non-Exempte	d (*) and Non-Friat	le Pro			-
		Use	Normall ed Sole	y ly by				Amount	-	Ту		
	TO BE ABATED In Facility	4	todial S		(i.e. thermal surfac	systems ing, VA	insulation, T; or	(Specify	Remo	Repa	Encaps	Enclosure
	(1.5)	Yes	No	N/A	outern	iscellan	eous)		val	air	ulate	sure
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	Name of Registered Waste Hauler						1					
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Date of Notification (1) 03/05/2019				of Bui <b>ldi</b> ng I Kasdar		Operator	(2)				MAI	7 1	1	2019	And in contract or con-
Agencies Notified Type Notification			Street /	Address					los	t <sub>m</sub> l.	141 U			2010	
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DEP Amended Amendment				ate, Zip C Orange		7079			_	Administration of the		ICE	MSII		
➤ DOH Emergency justification)		-		of Contact		. 0.0			Те	lephone	Num	per			
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Name of Facility Where Abatement is Takin	n Place (	3)	FAC	ILITY INF	ORMAT	ION	Time	of Facility (4)							
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Street Address							П	Subchapter 8 Other (i.e. pri etc.)	(Oth	er than & comn	K-12) nercial	build	dings,	home	es,
City (5) South Orange							Squa N/A	ire Feet	# o N//	f Floors A	3	111000	ldg. A	lge	
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Name of Monitoring Firm Hired by Building (N/A	Owner (8	)	ASCI	M No.				tement Contr		(9)					
Street Address						Street 11 R		ss gren Avenu	ie					- 30 11 12 12	
City, State, Zip Code						City, S	tate, Z	ip Code IJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3	one N	0.		Licens 0131	se No.				
Start Date (10) 03/15/2019	Schedul 03/16/		npletion	Date (11)				HA Monitor ement, Inc.	2		(1/5)				
Occupancy Status During Abatement (Check	c Only O	ne)				Street	Addres	ss							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	eriod of al Facilit	Abaten y Hours	nent S					gren Avenu ip Code	ie						
Scope of Work (Check All That Apply)					_	Toto	wa, N	IJ 07512							
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City, State Totowa, NJ					Dispos TBD	al Date		City, State Morrisville	D /	Δ					
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City, State, Zip Code									ip Code J 07512						
Project Manager for Monitoring	g Firm			Telepho	ne No.			hone No 345-8			License 01311	No.			
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 7286

Date of Notification (1)					f Building					F	es de	E	<u></u>		1 17/1	
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Facility Closed/Vaca							City, S	State, Z	ip Code				-	_		-
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<sup>\*</sup> Do not use this form for subsetim insensure exempted activities.

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Oty, state Newark, N.J. 07105			2	14/12	or Pen A	mui. BA 05070			,	-
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# CH5594



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:15)

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Name of Facility Where Abater Polk Residence	nent is Te	king Pl	950 (	3)			Type of Facility	4)		-			
Street Address	-						School (K-12	)					
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City (5)							School (K-12 Subchapter # Other (I.e., pr	ivate and a	comme	rclai	bulldi	ngs,	
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County (6)							2,177	2		- 1	Bidg.	Age	
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Management & Enviro. C	DA DAIGH	g Own	er (8)	ASC	M No.	Name of Abstern	ent Contractor (9)			-		_	
Street Address	OUSTIGL	g Ser	Vice	8		Shade Enviro	onmental, LLC						
PO Box 341			ALCOHOLD A			Street Address			-				
City, State, Zip Code		-	_//_		ALL THE SWOOT STORY	523 Cutler A	renue						
Chesterfield, NJ 08515						City, State, Zip Or	rde		_		-	-	-
Project Manager for Monitoring (	Threes.		100			Maple Shade	NJ 98052						
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no ch		NOTIF	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)	D)	<u>L</u>		<u> </u>			
Date of Notification (1) 02/26/2019			Name of Mayb	of Building rook Gar	Owner/ rdens	Operator Inc	(2)		MAI	7 11	-20	19	-	#
Agencies Notified Type Notification				Address Riverside	Drive				ASBES	TOS C	01.		2	1
▼ EPA     ▼ Initial     Amended     Amendmen			City, St	ate, Zip Co York, NY	ode	4		CONTRACTOR NOTICE		TOTAL				
DOH justification)  DCA Cancellation	,			of Contact Tarzik					Telepho 21287	one Nun '34919				
Name of Facility Where Apatement is Takir	n Place /	3)	FAC	ILITY INFO	ORMAT	ION	T	-1114 - (4)						
Maybrook Gardens - Building 12	19 1 1000 (0	<i>&gt;)</i>					Type of Fa	ol (K-12)						
Street Address 25 Mayorook Drive							Subch	napter 8	(Other th			dings	, hom	es,
City (5) Maywood							Square Fee	et	# of Flo	ors	1000	Bldg. A	Age	
County (6) Bergen				Code (7) USE ONLY)	)		Current Us Resident		f being d	emolish	ed)			
Name of Monitoring Firm Hired by Building Crown Air Services LLC	Owner (8)		ASC	VI No.			of Abatemer estways So							
Street Address 478 Albany Street							Address Washingto	n Aver	nue					
City, State, Zip Code Brooklyn, NY 11203							tate, Zip Coo klyn, NY 1							
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 582600		0.000	ense No	).			
Start Date (10) 03/18/2019	Schedule 04/12/2		npletion	Date (11)			of OSHA Mo	- T. C. S.	Corp					
Occupancy Status During Abatement (Chec							Address							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abatem Hours	nent			City, St	Vashingto	le	nue		<u> </u>			
Scope of Work (Check All That Apply)					-	Brook	klyn, NY 1	1205						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Cont Mini-Encl Glovebag Non-Exer	osure Proced	ure				-	
	1910	Locati	00000				Tron and	I.p.tou (	, 4114 110	TT TIGOL		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormali d Sole ntenar odial S (12)	ly by nce/		os Cont thermal surfac		aterial (ACM insulation, , or	)	Amour (Speci SF or L	fy	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								_		ite	е
(3) Misc Crawl Spaces	X				-	Insulat Insulat			275 Li	nf	X			
	Basement X								240 Li		X			
Meter Room	X				Pipe	Insulat	ion		150 Li	nf	X			
Name of Registered Waste Hauler		l NI	JDEP W	aste	Cubic '	Varde	Non	e of De	viotors - 1	onde!!				
Newark Carting Inc	<u> </u>	H	auler ID 506		of Was		100000000000000000000000000000000000000	A COLOR	gistered L RE Fa					
City, State Newark, NJ 07102					Dispos	al Date	City,	State						
Completed by Mendy Gorodetsky	Title Office	r			Si	gnature		1		Date 02/		2019		

no Ch	,		ICATIO	N OF ASBESTOS t to NJAC 8:60 as	ABATE		m	EG	E		7 E	Ī	
Date of Notification (1) 02/26/2019				of Building Owner rook Gardens		r (2)	1	HAD	1 1	20	10		$\parallel$
Agencies Notified Type Notification  EPA IX Initial				Address Riverside Drive			From Lead	MAR			13		
DEP Amended Amendment		_		ate, Zip Code York, NY 1002	4			ASBEST(	OS C	ONT	F	ader Sur	1
Emergency ( justification)  DCA  Emergency ( justification)  Cancellation	including			of Contact Tarzik				Telephor 212873					
Name of Facility Where Adatement is Taking	Place (3	3)	FAC	ILITY INFORMAT	TION	Type o	f Facility (4	1					
Maybrook Gardens - Building 13						Parameter .	chool (K-12	8					
Street Address 25 Maybrook Drive						St X O	ubchapter 8	Other that ivate & com	n K-12 merci	2) al buil	dings,	nome	<b>∋</b> S,
City (5) Maywood						Square		# of Floor	rs	1.022	ildg. Ag	ge	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current		if being de	molish	ned)			
Name of Monitoring Firm Hired by Building C Crown Air Services LLC	wner (8)		ASC	M No.			ment Cont Solution						
Street Address 478 Albany Street				*******	The state of the s	Address Washin	gton Ave	enue					
City, State, Zip Code Brooklyn, NY 11203					City, S	tate, Zip							
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	one No. 582600		Licer 013	nse N	D.			
	Schedule 04/19/2		npletion	Date (11)			Monitor Solution	is Corp					
Occupancy Status During Abatement (Check	Only On	e)				Address		.с сс.р					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of A	baten	nent				gton Ave	nue					
Other – Describe:	n r acinty	riours			105	tate, Zip klyn, N	Code Y 11205						
Scope of Work (Check All That Apply)  ≥3 si or ≥3 If  ≥160 sf or ≥260 If	THE REAL PROPERTY.	enova emolit			X	Mini-l Glove	Enclosure bag Proce	it with Nega dure (*) and Non-					
	11000	Locati									Abater Typ		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mair	l Solel ntenar odial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa		aterial (A insulation T, or		Amount (Specify SF or LF		Removal		Encapsulate	Enclosure
(6) Misc C:awl Spaces	Yes	No	N/A	Die	land de			5541				Ф	
(0) Misc C.awi Spaces				Pipe	Insula	ion		551 Lni	Ī	X			
Name of Registered Waste Hauler Newark Carting Inc			JDEP W auler ID		Yards ste			egistered La					
City, State		45	506	5	-10			n RE Fac	ility				
Newark, NJ 07102				Dispos	sal Date	1	City, State						
Completed by Mendy Golfodetsky	Title Óffice	•		S	ignature	1	1	)	Date 02/	e /26/2	019		

no ch				ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE		(D)-	EC	EI	$\mathbb{V}$	E	In
Date of Notification (1) 02/26/2019					of Building Owner/ rook Gardens		r (2)		MAD	1 1	2046	3	
Agencies Notified  X EPA	Type Notification				Address Riverside Drive				n a en		2015		- Transcore
DEP DOL	Initial Amended Amendment				ate, Zip Code York, NY 1002	4		The state of the s	ASBEST	08 00	an antique	Participation of the Participa	b
DOH DCA	Emergency ( justification) Cancellation	includin	3	Name o	of Contact Tarzik				lephone N 287349				7.5
				FAC	ILITY INFORMAT	ION					W. C. C. C.		
Name of Facility Where A Maybrook Gardens		g Place (	3)				Type of Facilit						
Street Address 25 Maybrook Drive							Subchap	ter 8 (Oth	er than K		dings,	home	es,
City (5) Maywood							Square Feet	# 0	f Floors		Bldg. A	ge	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Current Use (F Residential	Prior if be	ing demol	ished)			
Name of Monitoring Firm Crown Air Services !	Hired by Building C	)wner (8	)	ASC	M No.		of Abatement C						
Street Address 478 Albany Street						Street	Address Washington		•				
City, State, Zip Code Brooklyn, NY 11203						City, S	tate, Zip Code klyn, NY 112						
Project Manager for Monit	toring Firm			Telepho	ne No.	Teleph	none No. 1582600		License 01340	No.			
Start Date (10) 03/25/2019		Schedu 04/19/		npletion	Date (11)	Name	of OSHA Monito	7881					
Occupancy Status During							Address		л Р	OWN III			
포 Facility Closed/Vaca	ed During Entire P	eriod of	Abaten	ent		132 \	Washington A	Avenue					
Abatement Performe Other – Describe:		al Facilit	y Hours				tate, Zip Code klyn, NY 112	05					
Scope of Work (Check All	That Apply)					2000							
20 sf or ≥3 if 2160 sf or ≥260 if			Renova Demolit			×	Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ure ocedure	A. 1. 7. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			<b>.</b>	
		Is	Locati	on				1		10.01.10	Abate	ment	
Location of			Normali d Sole			scription		2400			Ty	Эе	$\vdash$
Assestos-Containing M <u>TO BE ABA</u> In Facility (13)	TED	Ma	intenar todial S (12)	ice/			insulation, T, or	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						=	1.558	ate	e.
(6) Misc Crawl	Spaces	Х			Pipe	Insula	tion	54	5 Lnf	Х			
Vietar Ru	om	Х			Pipe	Insula	tion	91	0 Lnf	Х			
Baseme	nt	X			Pipe	Insula	tion	14	0 Lnf	Х			
Name of Registered Wasis	a Haurer		l N	DEP W	aste Cubic	Yards	Name	f Registe	red Landf	ill			
Newark Carring Inc			H	uler ID			land the second second	. 25	E Facility				
City, State Newark, NJ 07102					Dispos	al-Qate	City, Sta	ate					
Completed by Mianus Gorudersky		Title Office	er		Ø	ignature	30	1	100	ate 2/26/2	2019		
				****		1	- 0	1					

## NOTIFICATION OF ASBESTOS ABATEMENT

Cilounda		(	Pursua	nt to NJ	AC 8:60 and 5:1	6)					
Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)	H WAF	11	201	9	11
03 /06 /	19		M	GC Cons	truction			2/.1	4	)_	
Agencies Notified Type Notifie	cation		Stree	et Address			ASBEST	OS CC	INI	2	ende
			87	-93 Marc	y Avenue			CENSI			
☑ DOLWD ☐ Amende			_	State, Zip					-		
☑ DOH   Amenda     ☐ DCA   ☐ Emerge		ding	Ea	st Orang	e, NJ 07017						
(NJAC 5:23-8) justificati		anig	Nam	e of Conta	ct		Telephone Nu	mber			
☐ Cancella	ation		Sa	I Conte			973-865-08	378			
		+	FA	CILITY II	NFORMATION				7727		
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)				
Residence						☐ School (K-1:					
Street Address							8 (Other than K- private and comm		uilding	js,	
City (5)						Square Feet	# of Floors	В	ldg. A	ae	
Lavallette						2500 sf	2		65	5	
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Ocean						Residence					
Name of Monitoring Firm Hired by Bui	lding Own	er (8)	ASCN	No.	Name of Abateme	ent Contractor (9)	)				
N/A					Guardian Co	ntracting, Inc.					
Street Address					Street Address					2000	
City Chats 7: Out					1889 Route 9						
City, State, Zip Code					City, State, Zip Co						
Project Manager for Monitoring Firm		1 =	11		37	New Jersey 08					
Project Manager for Monitoring Firm		16	elephone	No.	Telephone No.		License No.				
Start Date (10)	Scheduled	Comr	lotion D	to (11)	732-349-9932	-	00624				
_03_ / 19 / 19			20 /		Name of OSHA N						
Occupancy Status During Abatement (					E.M.S.L. Ana	iyticai		5-4111112			
☐ Facility Closed/Vacated During Enti			tement		Street Address						
☐ Abatement Performed Outside of N	ormal Fac	ility Ho	urs - De:	scribe	1056 Stelton						
Time of Abatement:AM	PM/	PI	Λ	_AM	City, State, Zip Co	oae New Jersey 08	054				
Scope of Work (Check all that apply)					r iscataway, i	New Jersey Uo	004				
			705		☐ Full Cont	tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		Renova Demoli	ation tion		☐ Mini-Enc	losure g Procedure					
		DOM:	uon			mpted (*) and No	n-Friable Proced	ure			
		Is Loc						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	n L	Norm Ised So	lally olely by	Asha	Description o		2 2	R	Z.	Ш	ш
TO BE ABATED	. ] [	Mainter			stos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	ncal	nclo
IN Facility (13)	0	ustodia 12)	I Staff?		surfacing, VAT,	, or	SF or LF)	val	~	Encapsulate	Enclosure
(13)	Ye		-	1	other miscellane	ous)				ate	
exterior-front house	. 0			asbesto	os siding		1600 sf				
exterior-rear house				asbesto	os siding		300 sf		П	П	П
	П						1				
		Ti							닏		
Name of Registered Waste Hauler			NIDER	Masta	Oubie Vender of	IN 65				Ш	
Guardian Contracting, Inc.			NJDEP ! Hauler II	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
City, State			20223	3	3 Disposal Data	TENOTE AND ENGINEERING					
Toms River, New Jersey					Disposal Date 03/20/19	City, State	Dongerd				
Completed By (Print or Type)	Title					Tullytown,	Pennsylvania	-			
Nicholas Fernicola	The state of the s	ct Ma	nager		Signature			Date	/12	7	

													_	Pr	int F
Ch3038		NOTIF	Pulsuan	tete of N NOF AS I to NJAC	8:60 a	nd 12:12	gh)	т	D	E (	SE		V		1
Date of Notification (1) 3-3-2019				of Building Aidwood			r (2)			M A	4R 1	1 2	019	)	1
Agencies Notified Type Notification  EPA Initial	1			Address Broadwa	ıy				_	ASBES	STOS	OON		. 6	1_
EPA Initial Amended  DEP Amended  Amendment	t #		0000000 000	ate, Zip C					-		LICEN	CHI	-	n He	1
➤ DOH justification  DCA Cancellation	)	9	Name o	of Contact					10.00	elephon		er			
			-	ILITY INF		ION									
Name of Facility Where Abatement is Takin Commercial	ng Place	(3)		1-11111	0.111171		Тур	e of Facilit	# 600500						
Street Address 575-577 Jackson Avenue							×	School (F Subchap Other (i.e etc.)	ter 8 (C			ouildir	ngs.	home	es.
City (5) Jersey City, NJ 07304							Squ 187	are Feet	2	of Floor	S	Bld 57	g. A +	ge	
County (6) Hudson				Code (7) USE ONL	r)		Cur	rent Use (F	Prior if b	eing den	nolished	)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.				atement C		250000000000000000000000000000000000000	s, LLC				
Street Address						Street 235		ess nia Aver	nue						
City, State, Zip Code						City, S	itate,	Zip Code ity, NJ 0							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-3	none l	No.		Licen 0117	ise No.				
Start Date (10) 3-13-2019	Schedu 3-16-2		mpletion	Date (11)				SHA Monito		_					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street									
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Other – Describe:	Period of nal Facilit	Abaten y Hours	nent s			City, S	tate,	nia Aven Zip Code							
Scope of Work (Check All That Apply)						Jerse	ey C	ity, NJ 0	7304						
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	-	Renova Demolit	and the same of th			×	M G	ull Contain ini-Enclosu lovebag Pr on-Exempt	ire ocedur	e			dure	12	
Location of	100	Locati Normal	145 (Sept. 1)			12.722	7000				7,000			ment	ā
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfa	scription laining M systems cing, VA niscellan	lateria insu T. or			Amount (Specify SF or LF)	No.	Bemous	Renair	Encapsulate	Enclosure
Roof	163	X	N/A		Roofi	ng Mat	erial		1	095 SF	: X	+	+		
												1			
	+							**********	ļ			-			
Name of Registered Waste Hauler Green Environmental Services, LLC	)	Н	JDEP W auler ID 034889	No.	Cubic of Was			Name of Fairles	100	tered Lar	ndfill				
City, State ersey City, NJ						al Date		City, Sta		PA					
Completed by Liliana Serrano	Title	e Mar	ager			ignature		ζ.		,	Date	010	)		

	L		l II	(Pursu	fON OF A ant to NJ	SBESTO AC 8:60	OS ABATI and 12:12	EMENT 20) /	1/100	. /	10	1/02	7	)
Date of Notification (1) 3/6/19				Nam	e of Buildi	ing Owne	er/Operato	or (2)	RUL	1	10	W		
Agencies Notified	I + 11 115			Nou	uvelle LL	_C			[F	7 [	2 6	R	П	חח
	Type Notificati	on		1000 1000 1000	et Address					7	<u> </u>	<u>_</u> <u>_</u>		V
EPA DEP	× Initial			-	Anders		nue			3				
X DOL	Amended Amendme				State, Zip		07040				MAI	7 1	1 2	2019
× DOH	☐ Emergend	y (includ	ing		side Pa		07010			took			1 2	013
DCA	justificatio Cancellati	n) on		2000 months	or Conta nk D'Ant				Tele	phone I	Numbe	r		
		2000			CILITY IN		TION		973	3-7269	0488	OS (	CON	, -,
Name of Facility Where	Abatement is Tak	ing Place	e (3)		OILIT II	II ORIVIA	TION	Type of Facili	V (4)	-	L.	LEN	Sair :	
home														
Street Address								School (I	(-12) ter 8 (Othe	r than K	-12)			
								X Other (i.e	private &	comme	rcial b	uilding	s, ho	mes,
City (5) Bogota								etc.) Square Feet	# of	Floors		Blda	Age	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								3500	3	. 10010		70	Age	
County (6) Bergen				Count	y Code (7 E USE ONL	)		Current Use (F	Prior if bein	a demol	ished)			_
	I ffeed to D. 11 ff					-Y)		home	8		/			
Name of Monitoring Firm	Hirea by Building	Owner (	(8)	ASC	CM No.		Name	of Abatement C	ontractor (	9)				
Street Address								Environmen	tal Servo	ies, LL	.C			
								Address	NOME PERSON AND					
City, State, Zip Code								Sate Drive, P	O Box 4	83				
								tate, Zip Code						
Project Manager for Monit	oring Firm		Teleph	one No.			wood, NJ 07							
	30 January 1980			Тоюри	one No.			one No. 764-2276		License	No.			
Start Date (10)		Schedi	uled Co	mpletion	Date (11	)		of OSHA Monito	11.8	703				
3/15/19		4/15/	19		(, ,	<b>'</b>	ivalile (	JI OSHA WOMIO	F.					
Occupancy Status During	Abatement (Che	ck Only C	One)			1-17-17	Street A	Address						
× Facility Closed/Vacat	ed During Entire	Period of	Abate	ment										
Abatement Performe Other – Describe:	d Outside of Norr	mal Facili	ty Hour	'S			City, St	ate, Zip Code						
								an w						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova				×	Full Containm	ent with N	egative	Pressi	IFA		
			Demoli	tion			×	Mini-Enclosur	e	-gaaro	10000	110		
								Glovebag Pro Non-Exempte	cedure d (*) and N	lon-Frial	hle Pro	redu	re	
,		1	s Locat	UERR							1		emen	t
Location o Asbestos-Containing M	f		Norma ed Sole			Des	scription o	of				T	/ре	
TO BE ABAT	ED	Ma	aintena	nce/	Asbes	tos Cont	aining Ma	terial (ACM)	Amo				m	
In Facility		Cus	todial ( (12)	Staff?	(1.6.	surfac	systems i	nsulation,	(Spe SF or		Removal	Z.	Encapsulate	Enclosure
(13)			(12)			other m	niscellane	ous)	01 01	Li )	nova	Repair	psul	losu
		Yes	No	N/A							<u>n</u>		ate	Ге
	basement						insulatio	on	100	LF	x			
throughout ce		Х		р	laster		3,000		x					
throughout w	throughout walls						laster				10000			
				X		þ	idolei		7,000	SF	Х			
lame of Registered Waste	Hauler		N	JDEP W	aste	Cubic Y	/arda							
lewark Carting	vark Carting						rards te	1	Registered Central S		, I on	4fil		
ity, State							al Date			aillar)	y Lan	uiiii		
lewark, NJ						TBD	ai Date	City, State						
completed by		Title					gnature	Pen Arg	Jyi PA	1.5				
. Scott Higgins		Presi	dent			0,0	, luture	//		Dat	te 3/19			



Clock 18654

Date of Notification (1)			Name	of Building	Owner/	Operato	r (2)		Q(		100	<u>u</u> -	)/		- (
3/6/19			Alexa	andro Re	evilla		101		Page 1	1		I [	3 1	1//	ß
Agencies Notified Type Notification	1		Street	Address						沜屵	. W	_[	<u> </u>	V	
EPA X Initial Amended			City St	tate, Zip C	-4-					1)					
X DOL Amendmer				ny, NJ (						Ш	MA	R	11	201	9
■ Emergency justification	(including			of Contact					Tel	ephone	Num	her			
DCA Cancellation			Alexa	ndro Re	evilla				Name and Address of the Owner, where the Owner, which is the Ow	3-7/05			3 00	Mitter	۹ ۱۰
Name of Escility Where Abetement is Tabi	- DI (6		FAC	ILITY INF	ORMAT	ION				, (	t	İCE	NSI:		
Name of Facility Where Abatement is Taki home	ng Place (3	3)					Тур	e of Facility (4	)		2				
Street Address								School (K-12 Subchapter 8	(Oth	ou than	V 40				
							×	Other (i.e. pri	ivate 8	er man & comn	nercia	) I bui	ldings	, hom	es,
City (5)							Sau	etc.) are Feet		Floors			Bldg.		-
Harrison							200		2	1 10013	•	- 1	72	-ye	
County (6)				Code (7)	<del>3 </del>		Curr	ent Use (Prior	if bei	ng dem	nolishe	ed)			
Essex				USE ONLY	)	_	hor								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				atement Contr						- (12)	
Street Address						Street	-	ironmental	Serv	cies,	LLC				
								Drive, PO I	Box 4	183					
City, State, Zip Code								Zip Code	DOX	100			-		
								d, NJ 0741	8						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph				Licen	se No					
Start Date (10)	0-1-11					973-	3.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			703					
3/18/19	3/30/19		npietion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Cher						Street	Addre	ess							
X Facility Closed/Vacated During Entire	Period of A	haten	nent			0000	, 100, 0	.00							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	5			City, S	tate, 2	Zip Code						100	
								-40							
Scope of Work (Check All That Apply)							7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Property .	enova emolit					Fu	II Containmen ni-Enclosure	t with	Negati	ve Pre	essu	re		
						×	GI	ovebag Proced	dure						
						×	J No	n-Exempted (	*) and	Non-F	riable		1X5247 W		
Location of	1	Locati ormal			-		- 20							emen pe	
Asbestos-Containing Material (ACM)	Used	Sole	ly by	Asbes	Des tos Cont	scription aining M	ot lateria	I (ACM)	Ar	nount				_	
TO BE ABATED In Facility	100000000000000000000000000000000000000	odial S	100000000000000000000000000000000000000	(i.e.	thermal	systems	insul	ation,	(S	pecify		Ren	Re	nca	Enc
(13)		(12)				niscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>m</u>		ate	re
basement			х		pipe	insulat	tion		90	) LF	١,	x			
exterior		х			nalt sidi				00 SF	-	x				
						9		2,00		- 1	n.				
									VI 		-	-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards		Name of Re	nietor	ad I an	dfill				
Newark Carting		Н	auler ID	DATE:	of Was	200		Grand Ce				Lan	dfill		
City, State	0.	.000			al Date	_	City, State			- 1					
Newark, NJ								Pen Argy	I PA						
Completed by	Title				Si	gnature		1			Date				
A. Scott Higgins	Presid	lent						1/1			3/6/	19			

moch

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Check #2451

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

							711)]		UU		-11	11
Date of Notification (1)		Name	of Bu	uilding	Owner / Opera	tor (2)	13					-
03/06/2019		EMR	Cam	den	Iron & Metals	Inc		MAR 1	1 201	Q	$\parallel \cup$	//
Agencies Notified Type Notification EPA	- 1	Street					Print Spice.	391711				1
☐ DEP ☐ Initial		City, S			venue		-			-	<u>l .</u> ,	_
DOL Amended					08031			ASBESTOS C		. 0		
□ DOH □ Emergency	ŀ	Name	of Co	ntact	00001		Description Description	No. of the Control of	thris Maria	onol		
☐ DCA ☐ Cancellation		Robe			,				Teleph <b>856-6</b> 1			рег
					FORMATION	~			000-0	17-0	02	
Name of Facility Where Abatement is Taking F	Place (3	3)	OIL!!	Y IIVI	Type of Fac	ilih, /A\						
Warehouse	(0	-,			School	(K-12)						
Street Address						pter 8 (Oth	er than	K-12)				
1423 Ferry Ave					Other (i	.e. private	& com	nercial buildin	as, hor	nes.	etc.)	
011 (5)					Square Fee		of Floor		Bldg. Ag			
City (5) County (6)	Co	unty C	ode (	7)	10,00			1		50-	Ь	
Camden Camden					Current Use	(Prior if be	ing de	molished)				
Name of Monitoring Firm Hired by Building Own	ner (8)		ASC	M No		atement Co	ontracto	or (9)		-		
Street Address					Alpha Env Street Addre		ai, LLC	3				
					PO Box 82							
City, State & Zip Code					City, State &					-		
Project Manager C. M. V. J.					Trenton, N	J 08650						
Project Manager for Monitoring Firm	Telep	hone I	Numb	er	Telephone N 609-847-29			License N	umber 012	))		
Scheduled Start Date (10) Scheduled Cor 03/07/2019 Scheduled Cor	npletio	n Date	e (11)		Name of OS EMSL Ana	HA Monitor	•		0122		-	
Occupancy Status During Abatement (Check or	nly one	)	-	-	Street Addre							
Lacility Closed/Vacated During Entire P	eriod o	of Abat			200 Route		1					
Abatement Performed Outside of Norma	al Hou	rs - 7	am to	3pm	City, State &							
Describe:					Cinnamins	on, NJ 08	077					
Facility Occupied During Abatement Scope of Work (Check all that apply)			-									
scope of work (Check all that apply)						Full Containment with Negative						
≥3 sf or ≥3 lf	N	Reno	vation	1		☐ Full	i-Enclo		egative	Pres	sure	
≥160 sf ≥260 If	H		olition			E		Procedures				
										_	141	
Location of	ls L	ocatio	n l		Description	Non	i-Exem	pted and Non-				
Asbestos-Containing	Norma	ally Us	sed		Asbestos-Con			Amount (Specify	ADa	iteme	ent T	ype
Material (ACM) TO BE ABATED		lely by			Material (A		SF or LF)			ш	ш	
in Facility			(i.e., thermal s	ystems			Ren	Re	ncar	ncl		
(13)		(12)	all!	1	or other miscell				Remova	Repair	Encapsulate	Enclsoure
			N/A			4110040)			=		ate	ē
Varehouse					Pipe insula	tion	1,	300 LF				
lame of Registered Waste Hauler		NJDI	EP W	aste	Cubic Yards	Name of F	Paniete	red Landfill				
			er ID		of Waste	Trainic of I	rogiste	rou Landiii				
Service Transport Group		2099	90		40	Minerva	Land	Fill				
City, State					Disposal Date	City, State	)			-		
lew Castle DE					various	Waynest	oura C	ЭН				
ompleted By (Print or Type)		Title			Signature		3		Date	201120		$\dashv$
lod Richardson		Proj	ect ager		Rod Richardson				03/0	6/20	19	

				П	П								Pr	int F
Print F  State of New Jersey  NoTHERATION OF ASSESTOS ABATEMENT (Fursuant to NJAS 8:60 and 12:120)  Date of Notification (1)  Name of Building Owner/Operator (2)  EMR Camden Iron & Metals Inc.  NAR 1 1 2010														
Date of Notification (1) 03/02/2019								MAR	1 1 1	2019		$\parallel$		
Agencies Notified Type Notifica	ation		Street A					WAD		2013		1		
X EPA X Initial DEP Amende DOL Amende	ment #			ite, Zip Co awr NJ 0				ASBEST	OS C		P			-
➤ DOH justifica  DCA Cancell		T	Section of the section of	f Contact t Speed					- C.	ephone Nur 6-617-37				
			FACI	LITY INFO	DRMATI	ON					-			
Name of Facility Where Abatement is Warehouse Street Address 1450 Ferry Avenue	Taking Place (3	)							2) 8 (Oth	er than K-1: & commerci		dings,	home	es,
City (5)							Square	tc.) e Feet	# 0	f Floors	В	ldg. A		-
Camden County (6)			County (	Code (7)			10,00		1	ing demolisi		0+		
Camden			(STATÉ L	USE ONĹY)			Ware	ehouse		(E)	iea)			
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCN	A No.				ement Cor ronment						
Street Address							Addres Box 8							
City, State, Zip Code						37.30	State, Zinton N.	Code J 08650						
Project Manager for Monitoring Firm		T	Telepho	ne No.		30.90	none No			License N 01222	lo.			
Start Date (10) 03/12/2019	Schedule 03/17/2		npletion l	Date (11)			of OSH	A Monitor lytical						
Occupancy Status During Abatement (	Check Only On	e)				Street	Addres	s						-
Facility Closed/Vacated During Er Abatement Performed Outside of	ntire Period of A Normal Facility	Nours Hours	nent S				Route State, Zip	130 Nor Code	tn					
Other - Describe:						Cinn	namins	on NJ 08	8077					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	lenova emolit				×	Mini Glov	i-Enclosure vebag Prod	e cedure	n Negative F			e	
1	100000	Locati	0.5000									Abate Ty	ment pe	ţ
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	M) Use Mai	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfa		/laterial s insula T, or		(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Warehouse	Yes	No X	N/A		Windo	w Cau	ılkina		7	00 LF	X			
Office		X				VAT	9			00 SF	X			
Name of Registered Waste Hauler		- N	IJDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfill				
Service Transport Group		Н	lauler ID 0990		of Was			Minerva						
City, State New Castle, DE					Dispos	sal Date us		City, State Wayne		, OH				

Completed by

Kelly Sisk

Date

03/02/2019

Signature

Project Manager

Chull	4631		NOTIF	CATION OF AS (Pursuant to N.)	BESTOS ABATE A.C. 1:26-2.12	EMENT	D	E	G E		E	
Date of Notification (1)		1			Name of Build	ding Owner	/Operator (2)	M.	AR 1	1 201	9	111
2/20/19 Agencies Notified		Motification	T		Paulsboro Re	efining Com	pany	-			-	
() EPA		Notification (X) Initial N	170-1100- 1000/		Street Addres 800 Billingspo			ASBE	STOS	CONTR	C1 8.	
() DEP (X) DOL (X) DOH		() Amended () Cancell () Emerger	ed	ion	City, State, Zi Paulsboro, N.		la succession		Live	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
() DCA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Name of Con Ravi Jarecha			Tel. N 856-22				
				FACILITY IN	NFORMATION			1 000 2		•		
Name of Facility Where Ab Paulsboro Refining Compa	atement is T	aking Place (	<u>(3)</u>		Type of Facili ( ) School (K- ( ) Subchapte	-12) er 8 (other t	han K-12)					
Street Address 800 Billingsport Rd				3	(X) Other (i.e		commercial bl	· · · · · · · · · · · · · · · · · · ·		c.		
City (5) Paulsboro	County (6) Gloucester		County ( (State U		Bldg. Age N	I/A prior if bein	g demolished)	Oil Re	finery			
Name of Monitoring Firm H	ired by Bldg	Owner (8)	ASCM N	lo.			Name of Co	ontractor	(9)			
Street Address					Street Addres		Mansfield In	idustriai,	inc.			
,					26 Colonial Av City State, Zip							
Project Manager for Monito	ring Firm	Telephone	Mumbor		Woodbury NJ	08096						
	ang ram				Telephone Nu 856-224-4392			Licens 00857	e Num	ber		
Scheduled Start Date (10) 3/4/19		Scheduled ( 3/31/19	Completion	Date (11)	Name of OSH Mansfield Indu				1.00 C C C C C C C C C C C C C C C C C C			
Occupancy Status During A  ( ) Facility Closed/Vacated ( ) Abatement Performed C	<b>During Entir</b>	e Period of A	batement	- 18	Street Address 26 Colonial Av	<u>s</u>						
(X) Other – Describe – Ren area	noval of ACM	l within restric	cted work a	area in outside	City, State, Zir Woodbury NJ							
Source of Work (Check all t	hat apply)											
() Demolition (X) Renova () Large Proj. (160 SF or >: () Full Containment with Ne Location of Asbestos-	260 LF ACM egative Press	sure (X) N	lini-Enclos	ure (X) Glov	vebag Procedure	9	<25 SF or <10					
Containing Material (ACM) Facility (13)		by Maint./Cus		thermal system surfacing, VAT misc.)	ns insulation,	Amount (	(Specify SF or	LF)	Abate Rem.	Rep.		Enclose
Small sections of Pipe	- 123	7/2/84	IVA	Service &		45015				тер.	Спсар	Liidose
Insulation Throughout CU 7		X		TSI – Gloveba	5	~150 LF			X			
Small sections of Insulation on Vessels at CU 7		X		TSI – Mini Con	tainments	~50 SF			X			
Name of Reg. Waste Haule Waste Management, Inc.		NJDEP Was 17273	te Hauler I	D#	Cubic Yards of <3 CY	f Waste				Landfill bunty Lan	dfill	
<u>City, State</u> South Harrison, NJ							Disp. Date Various			City, State South Ha		NJ
Completed by (Print or Type	2)	Title			Signature			Date				
ANDREW GREEN		MANAGER -	- Mansfield	I Industrial, Inc	- Male Site p	perations S	Supervisor	2-20-19	)			
Aail to: NIDEP-DSHW-RRI	PTP T	elenhone 600	0.084 6630					· · · · · · · · · · · · · · · · · · ·		)CS\ASB	ESTOS	

401 E. State St., PO 414 Trenton, NJ 08625-0414

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

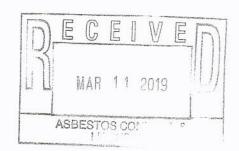
PAIL

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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stan (	006	Ö
	ALD (	AD 006

	otification (						Building Ov							
	/ _22 /	/19				STEVENS Street Add	INSTITUTE	E OF TECH	INOLOGY	1B	EG	EI	W IS I	5
Agencies	Notified /	Type of No	otificat	ion			POINT ON	HUDSON	31	)),	<u>E</u> <u>6</u>			n
√genoies	EPA		Initial				, Zip Code			In			111	11
			Amen	ded			, NJ 07030				21.0	440		1
~	DOH			dment #		Name of C	Contact			Telephor		er     Z	013 117	11
V	DOL				justification	ROBERT	MAFFIA			201-216	3542			
			Cance	llation		OIL ITY IN	FORMATIO	N		-	ASBEST	OS CON	11010	-
					FA	ACILITY IN	FORMATIO	'N		Total Million Committee	LI	CENSIL	in the Ci	
	acility Whe				Place (3)		Type of Fa	cility (4)						
STEVENS JACOBUS	INSTITUTE	E OF TECH	NOLO	3Y				School (K	-12)					
Street Add							- CO 100		er 8 (Other t	than K-12	2)			ı
	POINT ON	HUDSON							, private & o					ı
									mes, etc.)					1
City (5)	or.	County (6)	)		County Code (	7)	Square Fe		# Of Floors		Building	g Age 40+		ı
HOBOKEN	N	HUDSON						000 se (Prior if	being demo		1	40.		L
							MULTI PUI		being dem	ononou				ı
Name of N	Monitoring	Firm Hired	by Blo	g. Owne	er (8)	ASCM NO	Name of A	batement	Contractor	(9)				1
HILLMAN	N ENVIRON	MENTAL	750	-	es 20									L
									RACTING GI	ROUP, IN	C			1
Street Add 1600 Rout							Street Add	iress						ı
	e, Zip Code						32 Williams	s Parkway						ı
	07038-1597							, Zip Code						1
Project M	ngr. For Mo	onitoring F	irm		Telephone Nu	mber		***************************************						ı
MIKE NEF	1 - 11 to 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				908-688-7800			ver, NJ 079	36					1
12020	Start Date	,	ě .		letetion Date (1		Telephone	Number		License	Number			
	/18	/19	-	05/		19	073.88	4-8682			0	0860		ı
Occupano	cy Status D	uring Abate	ement	(Check )	Only 1)		_	SHA Moni	tor			0000		1
<b></b> ✓					ire Period of				RACTING GI	ROUP, IN	IC			
	Abatemen						Street Add	iress						
			d Outs	ide of N	ormal Facility		00 14/111	D - 1						ı
	Hours - D	escribe: escribe:	0.004	M C:OOD	Μ.		32 Williams	, Zip Code						1
	Other - De	escribe	MON-		IVI			ver, NJ 079						ı
Scope of	Work (Che	ck All That	Apply)											1
	Damalitia				Denovation	[7]	Full Conto	inmont wit	th Negative	Droceur				١
	Demolitio >3sf or >3			<b>√</b>	Renovation	V	Mini - Enc		iii wegative	riessuie	<b>*</b>			١
V	≥160 sf or						77777	Procedure	E					ı
	10 <del>77</del>	_				~	Non-Exem	pted (*) an	d Non-Frial	ble Proce	dure			ı
	T	,				December	6			Abateme	nt Tuno			1
100 000	Location o estos Conta		100	ls ation	Δο	Descripti bestos - C				R	I Type	E	E	1
1,000,000,000	Material (AC	300 Jan 100 <del>100</del>	000000	mally		Material (			Amount	E	R	N	N	1
0.00	O BE ABAT	1.5		sed	(1.	e., thermal			(Specify	M	E	С	С	ı
	in Facility	,	S	olely			facing, VAT		SF or LF)	0	P	Α	L	ı
	(13)		5555	Main-	ore	other misc	ellaneous)			V	A	P	0	1
			30.505	ance/						A	I R	S	s U	1
l			100,400,10	todial ff (12)						L	\ \ \	L	R	1
				NO N/A							<del>                                     </del>	1		1
2ND FLO	OR			J 📗	PIPE & FITTIN	G			450 LF	<b>V</b>				
	OR RESTR	OOMS		<b>7</b>	MIRROR MAS	ΓIC			30 SF	<b>V</b>				1
2ND FLO					MASTIC				810 SF	7				4
2ND FLO		141 / 11		<b>J</b>	VAT/MASTIC	0.11	In		2,600 SF	1				-
	Registered			INC	NJDEP Waste	Cubic Yards		Registered LANDFILL						1
NORTHS	TAR CONTI	MOTING G	NOUP	, INC		of Waste	VILLESS	CANDEILL	-9'					
City, State	e					Disposal	City. State	)		- 100				7
	NOVER, NJ	I				Date	MORRISV							
0	d b . 75 :				I			lo:- / ·/				ID-4-		-
STEVEN	ed by (Print	or Type)			Title PROJECT MAI	NAGER		Signature	1			Date		
I VEN	UTILLO				I NOSLOT WA	WOLK		1 /60	Tax	08			03/08/19	a

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Normally (I.e. Asb (I.e. Clie Clie (I.e. Clie (I.e. Clie Clie Clie Clie Clie Clie Clie Clie	Description of estos - Containing Material (ACM) Amount, thermal systems (Specify tion, surfacing, VAT, her miscellaneous)	Abateme R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSUR
	YES NO N/A					
2ND FLOOR	☐ ☑ ☐ VAPOR BARRIE		7			
1ST FLOOR	☐ ☐ PIPE & FITTING		<b>V</b>			
1ST FLOOR	☐ ☐ ☐ HEAT SHIELD	375 SF	7			
1ST FLOOR RESTROOMS	☐ ☐ ☐ ☐ ☐ MIRROR MASTI	W. C.	1			
1ST FLOOR	☐ ☑ ☐ VAPOR BARRIE	R 4,000 SF	7			
BASEMENT	☐ ☐ PIPE & FITTING	685 LF	7			
BASEMENT	☐ ☐ CEILING TILE/M	ASTIC 860 SF	J			
BASEMENT	U VAPOR BARRIE	R 4,000 SF	1			
BASEMENT	□ □ VAT/MASTIC	2,525 SF	7			
BASEMENT	☐ ☐ MIRROR MASTI	C 60 SF	1			
SUB BASEMENT	☐ PIPE & FITTING	140 LF	7			
SUB BASEMENT	☐ VAPOR BARRIE	R 1,800 SF	1			
EXTERIOR	☐ ☐ FLASHING	390 SF	7			
EXTERIOR	☐ ☑ ☐ CAULK	1,079 LF	V			
EXTERIOR	☐ ☐ TAR	50 SF	7			
		9				
						ПП



B & G proj. #:

2019-48

State of NJ Notification of Asbestos Abatement (Pursuant to NJA6 8:60-7 and 12:120-7)
Notification of Asbestos Abatement
(Pursuant to NJAG 8:60-7 and 12:120-7)

Check # 9177 Date of Notification (1) Name of Building Owner/Operator (2) 10 |3 |/|<sup>0</sup> |<sup>7</sup> |/|1 |9 | Township of Fairfield Agencies Notified Type Notification Street Address ☐ EPA X 230 Fairfield Road Initial MAR 1 1 2019 ☐ DEP City, State, Zip Code Amendment X DOL Fairfield, NJ 07004 X DOH Name of Contact elephone Number Cancellation ☐ DCA Joe Catenaro 973-882-2700 x 2500 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Police Headquaters (non sub-chapter 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 230 Fairfield Road Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Fairfield Essex police headquaters Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. Omega Environmental Services Inc. 00120 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 280 Huyler Street City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 Stan Blackman 00378 201-489-8700 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 03/18/2019 03/20/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure 3 sf or > 3 lf≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A Throughout 1st floor pipe (wrap & cut) 90 If X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 2 cy Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 03/20/2019 Pen Argyl, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 03/07/2019

B & G proj. #:

2019-47

Notification of Asbestos Abatement (Pursuant to NJA6 8:60-7 and 12:120-7)

Check # 9176

	-							CHECK	# 3170			_
Date of Notification	(1)		Name of Bu	ilding Own	er/Operator (2)	)			- @ F	1 1/1	P	-
10 13 1/10 17	J/ <u>I1  9  </u>		Stanley		•				CE			
Agencies Notified	Type Notificat	ion	Street Addre	ss								
∐ EPA	X Initial	- 11						to despite a so participar a s	MAR 11	201	9	$\  \mathbf{U} \ $
DEP	1 10 00 ( <u>0.100</u>		City, State, 2	Zip Code				Int 126	1417.111	201		
X DOL	Amend	ment	Paramu	s, NJ 07	652			AG	SBESTOS CO	75.7	^ ' R	L
X DOH			lame of Cor	ntact					ne NumberNS	11.0		
☐ DCA	☐ Cancella	ation	Stanley	Fink								
				FAC	ILITY INFORM	IATION	l					
Name of facility wh	ere abatement i	s taking pl	ace (3)					Type of Facility				
Stanley Fink									ol (K - 12)	than V	(10)	
Street Address									apter 8 (Other (Private/Comm		12)	
								Bldgs.	Homes, etc.		lala. A	
City (5)		I Cou	nty (6)			Cou	nty Code (7)	Square Feet	# of Floors	В	ldg. A	ge
	07050					70.0007777	te use only)	Current Use (P	rior if being de	molish	ed)	
Paramus, NJ	2011 2000000		rgen			<u> </u>		residential				
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement					
Street Address						_	B & G Restorat	tion, Inc.				
Street Address							105 Ryerson F	Road	9			
City, State, Zip Code	9					-	City, State, Zip Code					
200 200 200 200 200 200 200 200 200 200							Lincoln Park,	NJ 07035			25-110-01	E.
Project Manager for	Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-686	so.	License Num			
							Name of OSHA Mon		00378	)		
Scheduled Start Dat	te (10)		d. Completio	n Date (1	1)		B & G Restora					
03/18/2019		10000000	20/2019	power and the			Street Address	The state of the s				
Occupancy Status D							105 Ryerson R					
Facility closed Abatement pe	rformed outside						City, State, Zip Code					
Describe: Other-Describ						-	Lincoln Park, N	J 07035				
Scope of Work (che		v)					rap & cut				23	
Demolition	X	Renovation	on			_	ull Containment w/ne	gative pressure	Glovebag p	roced	ure	
3  sf or  > 3  If		≥160 sf or	>260 If				fini-enclosure		Non-friable			
Location of		Is locatio	n normally u		/				R	R	E	E
asbestos-con		by mainte staff(12)	maintenance/custodial Description of asbestos-containing material (ACM)		Amount	e m	e p	n	n			
material to be abated in facil		Yes			(Specify S LF)	o v	a	а	L			
Fround FI Den & L	ounds: Dec		1	X	VAT (no n	acetic	\	205.05	e Iso	1	р	-
stairs to kitchen	Lauriury Rini			X	VAT (no r			265 SF 25 SF	X	쓔	H	ዙ
stairs to baseme	nt			X	VAT (no r		/	15 SF	X	H	片	H
- 47												
Registered Waste Harachester B & G Restorati	auler ion, Inc.		EP Hauler I 19563	D# C	ubic Yards of \ 4	Vaste	Name of Registered Grand Central					
City, State Lincoln Park, N				Disposal D	Pate 3/21/2019		City, State Pen Argyl, PA				,	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Treasu	rer	Signature	(	Gordana Luna		Date 03/07/20	19		
						17 10 70						

Ch 014505		NOTIF	CAPIO	tare of Ne NOE ASE Vto Nd AC	ESTOS	ABATE	MENT	г		E	G [		V	in Fo
Date of Notification (1) 03-05-19			Name o	of Building	Owner/0	Operator	(2)				WAR	11	2019	
Agencies Notified Type Notification  EPA Initial				Address Hadley	Rd.					ASB	ESTO L!	S CO	NT.	. 8.
DEP Amended Amendment		[		ate, Zip C Plainfie					ipvevoesan			AARTH LICE		
□ Emergency justification)     □ DCA     □ Cancellatior				of Contact Giovane						ohone N -579-0				
Name of Facility Where Abatement is Takin	a Place /	2/	FAC	ILITY INF	ORMATI	ON	T	- 5 E - 105 (A)						
PSEG 16th Ave Substation	ig Flace (	3)					Туре	e of Facility (4) School (K-12						
Street Address 399 16th Ave							×	Subchapter 8 Other (i.e. pri etc.)	(Other	than K comme	-12) rcial bu	ildings	s, hom	es,
City (5) Jersey City							Squa N/A	are Feet	# of F N/A	loors	7 100	Bldg. N/A	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY	)			ent Use (Prior tching yard		g demol	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI N/A	M No.				atement Contr vironmental			nc.			
Street Address N/A						Street 17 O		ess ock Rd						
City, State, Zip Code N/A		22						Zip Code NY 11980						
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 631-9				icense				
Start Date (10) 03-19-19	Schedule 05-18-		npletion	Date (11)				HA Monitor rironmental	Servi	ces, In	ıc.			
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street		22				**********		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Electrical circuit cabi	nal Facility	Abatem / Hours	ent			City, S	tate, Z	ck Rd Zip Code						
Scope of Work (Check All That Apply)						тарі	iarik,	NT 11960	11980					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mi Gl	III Containmen ni-Enclosure ovebag Proce on-Exempted (	dure	87				
Location of	1	Location	у		Des	cription		in-Exempted (	) and i	NOTI-FTE	able FI	Abat	ement ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure								
Switching yard	Yes	No	N/A		Tron	oito ni							ate	O)
Switching yard			X		ııar	site pi	he		60	LF	×	-		
Name of Registered Waste Hauler			JDEP W		Cubic `		124	Name of Re	gistere	d Landf	fill			
/eolia ES Technical Solutions			JD080	No. 331369	of Was			Fairless L	andfil	I				
City, State Boston, MA					Dispos TBD	al Date		City, State Morrisville	e, PA	19067	7			
Completed by Raymond Tutiven	Title Supe	rvisor	12		Si	gnature	1-	Titis		- 1	Date 03-05-	19		

Ch ley 1370 -03
Date of Notification (1)

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

1 - 1				52575			.	111	II MAD 1	1 /	1040		
Date of Notification (1)  1 / 22 /	19			of Buildin		ner/Operator (2	2)	LI I	H MAR 1	1 (	2019		
					artire	IS LLU		HELITY CHAIN	1000000				
Agencies Notified Type Notifica ☐ Initial	ation			t Address Riverside	Drive	Suite 500		TOWN SEE	ASBESTOS LICEN	CON		ε.	en come l'acce
☑ DOLWD ☑ Amended			City.	State, Zip (	Code		7				+		
☑ DOH Amendme	1.5			mden NJ		3							
DCA Emergent justification		ing	1000	of Contac	116 = 1354			T	elephone Number	or			
Cancellat			rum	or contac				'	1 800 971-677				
			FA	CILITY IN	NFOR	MATION							
Name of Facility Where Abatement is T	aking Pla	ce (3)					Type of Facility	y (4)					
The Victor Bldg							School (K-1		Oth th 14 40)				
Street Address									Other than K-12) ate and commerc	ial bu	ildina	IS.	
201 N. Front Street							homes, etc					-1	
City (5)							Square Feet		# of Floors	Bl	dg. Ag	ge	
Camden							90,000		7	- 2	100 -	F	
County (6)			Cou	nty Code (7	7)(STAT	TE USE ONLY)	Current Use (F	rior	if being demolish	ed)			
Camden													
Name of Monitoring Firm Hired by Build	ling Owne	er (8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9	9)	-				
Pennoni					DI	ELTA/BJDS	, INC						
Street Address		No Asset			Stre	et Address						37 77	
515 Grove Street, Suite 1B					13	345 INDUST	RIAL BLVD.						
City, State, Zip Code					City,	State, Zip Co	ode						
Haddon Heights, NJ 08035					1	L	ON PA 18966	3					
Project Manager for Monitoring Firm		Те	lephone	No.		phone No.			License No.			77	
Alan Lloyd		8	356-656	-2875		15 322-2900			00783				
Start Date (10)	cheduled	Comp	etion Da	ite (11)	Nam	ne of OSHA M	onitor			-			
2/1/_19			31 /	10111111111111111111	Cı	riterion Lab	s						
Occupancy Status During Abatement (0	Check onl	v one)			Stre	et Address		-	-				
☐ Facility Closed/Vacated During Entir			ement		0.0000000000000000000000000000000000000	0 Street Ro	ad						
☐ Abatement Performed Outside of No				scribe		State, Zip Co						_	
Time of Abatement: 7AM-4PM/	PM	AN	1		1000	ensalem Pa							
Scope of Work (Check all that apply)						onouiom i u	10020						
☐ ≥3 sf or ≥3 lf	M	Renova	tion			□ Full Conta     □ Mini-Encl     □ Mi	ainment with Ne	egati	ve Pressure				
≥ 25 f of ≥ 3 ff ≥ 260 sf or ≥ 260 lf		Demoli	ion			☐ Milil-Erici							
	07.150					☐ Non-Exer	mpted (*) and N	on-F	riable Procedure	}			
		Is Loc								Ab	ateme	ent T	ype
Location of Asbestos-Containing Material (ACM	, lu	Norm sed Sc		Acho		Description of Containing Mat			Amount	Z,	R	Щ	Щ
TO BE ABATED	, l	<b>Mainter</b>	ance/			mal systems i			Amount (Specify	Removal	Repair	ıcar	ıclo
IN Facility	C	ustodia (12	Staff?		SL	urfacing, VAT,	or		SF or LF)	val	-	Encapsulate	Enclosure
(13)	Ye		1	1	oth	er miscellaned	ous)					ate	w
1 <sup>st</sup> Floor Office				Pipe in:	sulati	ion		+	160 LF		П	П	П
1 <sup>st</sup> Floor				Radiato					75 SF			$\frac{\Box}{\Box}$	
Basement						ove Plaster	Ceilina	$\vdash$	600 LF			$\frac{1}{\Box}$	
Basement					0.000	ed Plaster C			12,000 SF		П	$\overline{\Box}$	П
Name of Registered Waste Hauler			NJDEP			c Yards of	Name of Reg	ister				_	
SERVICE TRANSPORT GROUP	i		Hauler I	D No.	Was		MINERVA						
City, State			2033	,	Disp	osal Date	City, State						
58 PYLES LANE NEW CASTLE	DE						WAYNES	BUF	RG, OHIO				
Completed By (Print or Type)	Title		Victoria III.			Signature	1	50	Date	9			
CHRISTINE DEL VISCIO	2-1-0-20	. ADM	IINISTE	RATOR		7 /h -	+ 1)	1)	/ 1 7 -2		5-1	2	:0
						VI IN	due I	11	Macro 3	1 - (	) -	XU	11

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS NO USED 5 MAINT	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF	Z #	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL REPAIR		PSULATE	ENCAPSULATE ENCLOSURE		¥ <sup>E</sup>
Victor Building Warehouse	YES	NO N/A	N/A								
Victor Building Warehouse			×	Old Roof below newer roof	32,000 sf	×	_				
Through out			×	Wire Insulation	500 LF	×					
1st FI Cafeteria			×	Residual 9 X 9 Mastic	150 SF	×					
1st fl small office			×	Residual 9 X 9 Mastic	100 SF	×					
2nd Fl Large Rm 40sf under			,		9						
2nd El largo Bra carta chainnan			× ,		600 st	×	+	1			
About Coilings and Old Boof			× ;	9X9 Miastic	040 SE	×	+	T	I		
Above Cellings and Old Root		I	×		840 ST	×	+	1			
Above Large Storage 4" dia			×	Block Pipe Insulation	50 lf	×					
Above Large Storage 1' dia			×	Block Pipe Insulation	50 If	×					
2nd floor Tool Shop			×	Block Pipe Insulation	35 lf	×					
2nd floor Tool Shop Closet			×	Block Pipe Insulation	3 If	×					
2nd floor office after bathrm			×	9x9 Gray Floor Tile and Mastic	360 sf	×					
1st FI , in pile debris in cafeteria			×	cove base mastic	50 If	×					
1st Floor Cafeteria/Kitchen Side			×	Mastic on bottom of drywall	600 sf	×				-	
1st fl Cafeteria /kitchen side floor tile continues under									A	M	
walls and mastic			×	9x9 Floor Tile	900 st	×			BEST(	MAR	EG
1st fl,entryway to stairs and into walk-in freezers			×	Residual 12 x 12 Mastic	1,275 sf	×				11 2	EI
10									2	2019	VE
											F

ENCAPSULATE ENCLOSURE													N. P.	MAH	1	
REMOVAL REPAIR		×	×	×	×	×	×									The second named in column 2 is not the owner, the owne
SPECIFY SF OR LF		600 sf	1,350 sf	32 If	250 If	1,420 lf	32,000 sf									The same of the sa
IS LOCATION  NORMALLY  ASBESTOS CONTAING MATERIAL (ACM)  USED SOLEY BY  (IE, THERMAL SYSTEMS INSULATION  MAINTENANCE/  SURFACING, VAT, OR  CUSTODIAL STAFF?  OTHER MISCELLANEOUS)		9x9 Red floor tile and Mastic	Mastic associated with non-ACM Kitchen sheet flooring	Door Frame Caulk	Exterior Window Caulk	Exterior Window Glazing	Roofing Material									
IS LOCATION IORMALLY S SOLEY BY NTENANCE/	NO N/A	×	×	×	×	×	×									
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAF	YES NO	$\vdash$	-					H	-	_	H	_			-	
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	Victor Building Warehouse Y	1st fl Superintendent's Office	1st fl Kitchen	Exterior	Exterior	Exterior	Top Roof									

NOTIFICATION OF ASBESTOS ABATEMENT 1370-03 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 22 / Millennial Partners LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 ASBESTOS CON ☑ DOLWD □ Amended City, State, Zip Code M DOH Amendment #2 Camden NJ 08103 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 100 + County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni DELTA/BJDS, INC Street Address Street Address 515 Grove Street, Suite 1B 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 \_ 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/\_\_\_\_PM-\_\_\_AM Bensalem Pa 19020 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Asbestos-Containing Material (ACM) Removal Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 1st Floor Office M Pipe insulation 160 LF  $\boxtimes$ 1st Floor X Radiator Insulation 75 SF M П Basement X П Pipe Ins. above Plaster Ceiling 600 LF M Basement M AND П Contaminated Plaster Ceiling 12,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Title Signature CHRISTINE DEL VISCIO 2-15-2019 ASST. ADMINISTRATOR

State of New Jersey

1370-0	3		NOT				BESTOS A C 8:60 an			D)	EG		<u> </u>							
Date of Notification (1)						of Buildin	g Owner/Ope	erator (	2)	1					111					
1/22/_19					1		artners LL	· · · · · ·			MAF	7 11	20	19	14					
Agencies Notified Type Notification						t Address									1					
☐ EPA ☐ Initial ☐ DOLWD ☐ Amended ☐							Drive Suite	500	0 ASBESTOS CONTRACTOR											
					City, S	State, Zip (	Code		LICTUS											
⊠ DOH								Camden NJ 08103							TOTAL COMMUNICACIÓN CONTRACTOR DE CONTRACTOR					
DCA (NJAC 5:23-8)	icy (inc ion)	gniouk		Name	of Contac	t	Telephone Number													
	☐ Cancella									1 800 971-6773										
					FA	CILITY IN	FORMATION	ON												
Name of Facility Where Ab	patement is	Taking	Place	(3)					Type of Facility	(4)					-					
The Victor Bldg									School (K-12		3									
Street Address						Subchapter 8														
201 N. Front Street							Other (i.e., pi     homes, etc.)	private and commercial buildings,												
City (5)				Square I						Floors	BI	Bldg. Age								
Camden								90,000 7				100 +								
County (6)	Cour	ntv Code (7	)(STATE USE (	ONLY)	Current Use (Pri			hed)												
Camden					,	,,				9	,									
Name of Monitoring Firm H	dina O	wner (	8)	ASCM	No.	Name of Al	ent Contractor (9)	(9)												
Vertex		1.0.0.0			X-7															
Street Address					DELTA/BJDS, INC Street Address															
700 Turner Way Suite	1345 INDUSTRIAL BLVD.																			
City, State, Zip Code			City, State,	A A STATE OF THE S						$\rightarrow$										
Aston Pa 19014								ON PA 18966												
Project Manager for Monito	phone	No.	Telephone	No.	License No.						$\neg$									
David Brown	10-558	-8902	215 322	-2900	1 F T T T T															
Start Date (10)	tion Date (11) Name of OSHA				onitor															
/ / /	_ / _	19_	Criterio	n Lab	S															
Occupancy Status During A			Street Addr	ess																
☐ Facility Closed/Vacated During Entire Period of Abater							400 Stre													
☐ Abatement Performed Outside of Normal Facility Hour Time of Abatement: 7AM-4PM/PMAM					s - Des	cribe	City, State, Zip Code													
Time of Abatement. 1A			Bensale	m Pa	a 19020															
Scope of Work (Check all t	hat apply)					, 27.2	N -													
≥3 sf or ≥3 lf		⊠ Rer	novati	on	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure															
≥160 sf or ≥260 lf	n																			
							∐ No	n-Exer	mpted (*) and No	n-Friab	le Proced	lure			_					
Location		2553	Locat orma			Description of				Ab	Abatement Type									
Asbestos-Containing Material (ACM)  TO BE ABATED  Used Sole Maintenan					ely by	Asbes	stos Containi			Amount		Re	Repair	E	<u>B</u>					
						(i.e.	, thermal sys				Specify	Removal	pair	ape	Enclosure					
IN Facility (13)			Oust	(12)	otan:		surfacing other misc			SI	F or LF)	a		Encapsulate	ure					
(10)			Yes	No	N/A		Outer IIII30	charic	ous)					te						
1 <sup>st</sup> Floor Office				$\boxtimes$		Pipe ins	ulation			1	60 LF									
1st Floor				$\boxtimes$		Radiato	r-Insulation	n		75-SF										
											7.7			П	П					
				П	П										금					
Name of Registered Waste	JDEP V	Vaste	Cubic Yards	s of	Name of Regis	tered I	andfill			니										
SERVICE TRANSPORT GROUP						No.		Name of Registered Landfill MINERVA LANDFILL												
City, State					20990		Disposal Da	ate	City, State											
58 PYLES LANE NEW	/ CASTLE	DE					O 0		WAYNESB	URĢ,	OHIO									
Completed By (Print or Typ			Signati	yre		-		Date												
Completed By (Print or Type)  CHRISTINE DEL VISCIO  Title  ASST. ADMINISTRATOR							[7]	m.	1021)	WILL	a	Z	6-1	201	9					

State of New Jersey

90 ga							ew Jersey		MEGE		EM			
NOTIFICA														
1370-03		(Pi	ırsuar	it to NJA	C 8:60 and 5:1	6)	[]].							
Date of Notification (1)							g Owner/Operator ( artners LLC	(2)	ILI MAR 1	1 2019	127			
Agencies Notified	Type Notific			Street	Address									
⊠ EPA	☑ Initial						Drive Suite 500	ASBESTOS CONTRACTAR.						
⊠ DOLWD	☐ Amended			City, S	State, Zip C	Code	2012		Maria con contra					
⊠ DOH	Amendment #  Emergency (including					nden NJ	08103	-						
☐ DCA ☐ Emergency (including justification)						of Contac	t		Telephone Number					
☐ Cancellation									1 800 971-6773					
					FA	CILITY IN	FORMATION	14						
Name of Facility Where A	batement is 7	Taking I	Place	(3)			]	Type of Facil	acility (4)					
The Victor Bldg								School (K-12)						
Street Address									bchapter 8 (Other than K-12) ner (i.e., private and commercial buildings,					
201 N. Front Street						(5)		homes, et						
City (5)								Square Feet	1	Bldg. A	· 1			
Camden								90,000	7	100	+			
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Camden	line of her Death	dia a Ou		0) [	ACCM	Na	None of Abotem	ant Contractor	(0)					
Name of Monitoring Firm I Vertex	nired by Build	ing Ov	vner (	0)	ASCM	INO.	Name of Abatement Contractor (9)  DELTA/BJDS. INC							
Street Address							Street Address							
700 Turner Way Suit	e 105						12.000 1200 1200 1200 1200 1200 1200 120	STRIAL BLVD.						
City, State, Zip Code							City, State, Zip Co							
Aston Pa 19014						18		PTON PA 18966						
Project Manager for Monitoring Firm Tele						No.	Telephone No.		License No.					
						-8902	215 322-2900 00783							
Start Date (10)	5	Schedu	led C	omple	tion Da	te (11)	Name of OSHA Monitor							
<u>2</u> / <u>1</u> /	19	3	_ /	31	_ / _	19	Criterion Lab	s			-			
Occupancy Status During	Abatement (0	Check o	only o	ne)			Street Address	******************						
☐ Facility Closed/Vacated	d During Entir	e Perio	od of	Abate	ment		400 Street Ro							
Abatement Performed					s - Des	cribe	City, State, Zip Co	Market and the second s						
Time of Abatement: 7A	NVI-4-PIVI/	PIVI-		_AIVI			Bensalem Pa	19020			8			
Scope of Work (Check all	that apply)	88					⊠ Eull Cont	tainment with N	Negative Pressure					
≥3 sf or ≥3 lf		D	☑ Re	novati	on		☐ Mini-Enc	losure	vegative Flessule					
≥160 sf or ≥260 lf			] De	molitic	on		TO.							
	(4)		Is	Locat	ion	1	□ Non-Exe	ilipieu ( ) aliu i	Non-Friable Procedur	1	ent Type			
Location of	of	.	N	lorma	lly		Description o	f			1 1			
Asbestos-Containing Material (ACM) Used Sol							stos Containing Ma		Amount	Repair	incl			
IN Facility Custod						(1.6	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>		(Specify SF or LF)	Repair	Enclosure Encapsulate			
(13)	V	(12)	LAUA	1	other miscellane	ous)		-	late					
ust = 1 Osc		_	Yes	No	N/A	Di i			46015					
1 <sup>st</sup> Floor Office						Pipe ins	sulation		160 LF					
		1												
		1												
		1					A Committee of the Comm							
Name of Registered Waste	Hauler			10000	JDEP V		Cubic Yards of	Name of Re	gistered Landfill					
						No.	Waste	MINERV	A LANDFILL					
City, State					20990		Disposal Date	City, State						
58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO									SBURG, OHIO					
Completed By (Print or Type) Title							Signature	1 ~	Da					
CHRISTINE DEL VIS	CIO	AS	ST.	ADMI	NISTR	ATOR	11 km	inter a	DUMA	-77-	19105			