Mar.12.2019 06:09 AM ;	A. Mad						126203	321		(C		AGE	. W
CK1995 B	AIT	, Ac	TIPHA (Publ	TION OF AN	. / I - ''Y		ENT .		DOIC	MA		24	000
A COLOR	fien .	-		1.5 A	Cu	NUBL	EK					¥	713
	d boot #	,	CES	Miles	W.A	par	DE 1	3-10%	777720	1	7	/	770
DOA Demosit			12	24			- ~	Military and	Splane R		2	-	
WYNBEEK	Are Ass	(8)		2-Duiles	i. '1						-	-	
STREET ASSESSMENT		7=			-		Beltoni Galanti Coher ()		ar fran 10 A ganungs	12) 04)	رزوان	igis, Ind	rings,
COUNTRAL PARK			Coun	Olera or		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	145	y. 86	Piggits		**	12	
Printed at Michael Man Hard by Branch			-	Windley		0	126	Phor Was	ng domesi	File			-
	4 Owner	4) -	AS	CAN NO.	-	Number of	10-1-	State of Street					-
BOTH ADDITION				-		A May	Dunitach	ng Ino.					
CAY, 86 18, 24 Code						165 Vr	www. Waland Ave	b.			Bankup	The realization of the last of	
			ART COLOR			G.J. 8	No Code		Nation and the		-		
Project Manager for Monthstring Firm		-	Telepi	vone Ne.	-	Telephone	Perk, N.	١.	lagP-philosopopopopopopo				
3/12/19	1 Same	CO A				201-202	-5841		CO188	Q.		1.0	
3/12/19			-7/19	Dale (11)	. 1	Name of C	Light.	V		-		وخياناكما	
Company Law Dainy Assument (on	TIL: NY	760)	-		-	Wroth Add	Environm	The second named in column 2 is not the owner, the owner, where the owner, which is the owner	Wees in	D.		The section of	
Pacific Globad/Vacable During Shift Ababhmant Performed Cuable of No. Other - Departup;	Period of	Abass V Hous	PARTY.		į		ler Street				•		
			-		. [Gray, Mister	Zip Cleda Mack, N.J.	OTO AA	State of the last		_		
Source of Work (Glood: All That Apply)	,		- Contraction of the last of t			1 de Anada (d	Many Miles	07000		-		-	
THEORY WINDS	1	Sameli Sameli	Man Son		ž		ul Cambion Ini-Endopu Novebag Pro Ini-Endopu						
Lacation of	h	Locat	iden .].					1.71	P.Pa			_
Adhesing Consisting Manufact (ACM)	Uad		by by	Asterios	Dente	ription of Wing Maters	el differen			-	7		
In Facility (18)	Gue	belle I		0.0. 610		VAT, 07	inthun,	Arm (Ap)	MARTI MORTY	7	50	8	Tr.
	Yes	Ne	NIA	00	John Lary	lagitar agus)	. 400 0	,		1	1	
GASEM GAT			X		PIP	· A		-				-	
			-		111	-		. //	OLL	1			
4			-	7				1					
THE ROOM OF THE PARTY WHITE PROPERTY.								-			Marky		
Newark Carting, Inc.		1	O EP VE	9	ele ye Westy	Ma n	History of		Lappon		_		_
Cly. Sala		04	ce		/		Grend (Dentral 6	anitary!	.and			
Newark, N.J. 07105				Oli	79	dia .	Pon Are						-
R. MoDoneid	Tille	dant		- 10		1200	FIN Arg	yl, FA Q	1072				
	Prest				17	C#1>	PM	25	Date	lin	1	0	7

ABBUT PROMAN

^{*} Do not use title form for asbesies timescure commercial extinting.

CN 1988 PATI	D	NOT	IFICATIO (Pursuar	ON OF AS	BESTOS C 8:60 a	S ABATE nd 12:12	MENT 0)		E		0	\mathbb{V}	
Date of Notification (1) 3/13/19				of Buildir		/Operato	r (2)			n 1			Accept differen
Agencies Notified Type Notification	1			Address				-111-1	M/	AR I	8 2	019	- 1
EPA Initial								. . .	†				
DEP Amended Amendmer	nt #			state, Zip (Bank, N		4			A			1	, 1 ⁺ 1
☐ Emergency	(includir	ng		of Contac		1		T-	laubaaa N	7		o res	(± (1)
DCA justification Cancellatio			100000000000000000000000000000000000000	ert Busc	15			l le	lephone N	vumber			
Name of Facility Where Abatement is Taki	na Dinas	(2)	FAC	CILITY IN	FORMAT	TION							
Residential Home	ny Flace	(3)					Type of Facility						
Street Address							School (K Subchapte Other (i.e.	er 8 (Oth	ner than K	-12)	ildina	: hon	nec
City (5)							etc.)						100,
Red Bank							Square Feet 2200	1 1	of Floors		Bldg. 65 +		
County (6) Monmouth				Code (7)			Current Use (P		ing demol	- 21			
Name of Monitoring Firm Hired by Building	Owner (8	3)		M No.	.,	Name	Residential of Abatement Co		- (0)				
Project Manager							tages Abaten		(9)				
Street Address	PORE VS. PER						Address						
City, State, Zip Code							N. Midland Av	/e.					
	piect Manager for Monitoring Firm						lle Brook, NJ	07663					
Project Manager for Monitoring Firm	oject Manager for Monitoring Firm						one No.		License	No.			
Start Date (10)	Schedu	led Co	moletion	Date (11)	\	1 1000000	600-3184 of OSHA Monitor		01305				
3/16/19	3/21/1	19	mpicaon	Date (11)	/ S	ivaille (OSHA MONITOR						
Occupancy Status During Abatement (Chec						Street /	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)					_								
≥3 sf or ≥3 If	[V]	Danau	-4:			হ							
× ≥160 sf or ≥260 lf	-	Renova Demoli				Ä	Full Containm Mini-Enclosur	ent with e	Negative	Pressu	ire		
						Н	Glovebag Pro Non-Exempte		d Non-Fria	ble Pro	cedu	·e	
	100	s Locat									Abat	ement	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ely by	Achor		scription o	of aterial (ACM)			-	1	ре	
TO BE ABATED In Facility		aintena todial S			thermal	systems	insulation,	(S	mount pecify	R	ת	Enc	En
(13)		(12)				cing, VAT niscellane		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	"	late	Ire
Living Room		×				VAT		53	0 SF	x			
Bedrooms		x				VAT		28	1 SF	×			
Kitchen		x				VAT		27	0 SF	×			
Den		х				VAT		19	1 SF	x			
Name of Registered Waste Hauler			JDEP W		Cubic of Was		Name of I	-00-00- 0 0-00-00-00					
All Stages Abatement		10,5000	036592		5 yd		Grand (Centra	l Sanita	ry Lar	dfill		
City, State Saddle Brook, NJ					Disposa TBD	al Date	City, State Pen Arg						
Completed by	Title		-			gnature;	1 CITAIS	gy1, FA		ate			
Richard Cristofol	Presi	ident				Ph			328	/13/19)		

State of New Jersey

15 1583	MA	1.87	NOT		ATIO		BE	STOS ABAT		1 200	E (<u></u>	E		V
Date of Notification (1)	V V	0 1	4	(11				8:60 and 5:16				e ame	tie to accep	T a roy e e	***
30	02 / _	20	140		1			wner/Operator (2	2)		MA	AR	18	20	10
Agencies Notified			3 P.F			tthew C	on	way						20	15
Agencies Notified ☑ EPA	Type Notific	ation			Stree	et Address					moto:		- 4 2		
☑ DOLWD	☐ Amended	d			City	Chata Zin (C add				V	11.	Med.	77	
☑ DOH	Amendm				0.53856	State, Zip (tion i		241500	11-41 1-17-94	to the state
DCA (NUAC 5:22.8)	☐ Emergen justificati		cluding	J		e of Contac		NJ 07042		1		201			
(NJAC 5:23-8)	☐ Cancellar				100000					Telephone N	Numbe	r			
						thew C					- (
Name of Facility Where A	hatament is "	Takin	~ Dlace	(2)	FA	CILITY IN	1FO	RMATION	F 10th	2.45				-	
Conway Residen		lakiin	Jriace	(3)					Type of Facility						
Street Address	ce								☐ School (K-1.☐ Subchapter		K-12)				
Olicel Address									Other (i.e., p	orivate and con		al bu	iildings	S,	
City (5)									homes, etc. Square Feet	,		TDI	- Ac		
Maplewood, NJ 0	7042								1372	# of Floors	i		dg. Ag	e	
County (6)	1 U-12		_		Con	nty Code (7	7\/ST	ATE USE ONLY)	Current Use (P	2	aliah	80)		
Essex					000	ity Code (i)(01,	ATE USE UNLI)	Residence		Monsin	30)			
Name of Monitoring Firm I	Hired by Build	ding ()wner ((8)	ASCM	No	N:	me of Ahateme	ent Contractor (9						
N/A	mod by De	JII 19 -	, miles		N/A	140.			ssional Ser						
Street Address					INIT		_		SSIUlial Oci	VICES COI	þ				
N/A	off cot / fudicos														
City, State, Zip Code								ty, State, Zip Co					1		
N/A								oodland P		0742	2/				
Project Manager for Monit	oring Firm			Tele	ephone	No.	_	elephone No.	ain ivo	License No	500000				
N/A	J			N/A			- Constitution	73-938-526	36	02003	J.				
Start Date (10)	5	Sched	luled C	0.0000000000000000000000000000000000000	0050	ate (11)	10000000	ame of OSHA Me		02000					222.57
03 / 25 /						2019	1 22	rsenije Ada							
Occupancy Status During							_	reet Address	IIIIOV						
☐ Facility Closed/Vacated					ment		1	50 Rifle Ca	mn Rd	1765					
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hour	rs - Des	cribe		y, State, Zip Co							1117-1-1
Time of Abatement:	AM	PN	Λ/	_PM-	_	AM	A comment	oodland P		0742	24				
Scope of Work (Check all	that apply)							oodidiid i	uik ito	0172					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	(100 m) (100		☑ Rei					✓ Mini-Enclosed ☐ Glovebag	ainment with Ne osure Procedure npted (*) and No						
			0.5000	Locat								Aba	ateme	nt Ty	/pe
Location of Asbestos-Containing M		1)	755-755	lorma d Sole		Acho	otoo	Description of		A	Ī	Re	R	面	Щ
TO BE ABAT		,	Mai	intena	ince/		., the	Containing Mat ermal systems in	nsulation,	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	1		Cust	odial ((12)	Stan?			surfacing, VAT,		SF or LF))	/al		sula	sure
(13)			Yes	No	N/A	1	Ot	ther miscellaneo	us)					ate	
Basement Recreati	onal Roor	m	П			ACM C	`eil	ing Plaster		220	-			П	
Basement Furnac	A CONTRACTOR OF THE STATE OF TH							ng Plaster		230	_	Ø		귀	$\overline{}$
Basement Recreati	10. 10.000	m					_	&Mastic		220	_	V		귀	
	01101 11001					7101111	iic	CIVICISTIC .		220			귀	爿	
Name of Registered Waste	- Hauler		ш		J LJ IJDEP \	Maste	Cul	bic Yards of	Name of Regis	stored Landfill		ш	ш	ш	ш
		0		Н	lauler II	O No.	210000000	iste							
Acme Professiona City, State	II Service	es C	orp	00	038176		-	ards	Fairless L	andfill					
tonia d istrictiones neces								posal Date	City, State						
Woodland Park, N Completed By (Print or Typ		Title					03	3-27-2019	Morrisville	s PA	Τ= .				
Completed by (Print or Typ Arseniie Adamov	Je)	Title	side	nt				Signature	ije adar	nov	Date	1./	201	۵	

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-45 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 3 /1 3 /1 9 larry banta Agencies Notified Type Notification Street Address Initial EPA. Amended DEP City, State, Zip Code Amendment #: DOL M Emergency north Haledon, nj 07506 (including DOH Name of Contact Telephone Number justification) DCA larry banta Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) larry banta Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) north Haledon PASSAIC Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 3/15/19 03/29/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial е е n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material (acm) to be (Specify SF or material (ACM) 0 C a a abated in facility (13) L Yes N/A No V p PIPE INSULATION 30 1 ft M basement basement bare heating pipes 381ft X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 03/16/19 TULLYTOWN, PA

Signature

Date

03/13/19

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

0 K D/10	572	PAJ	NOT!	FICATIO	State of N N OF AS t to NJA	BESTOS	ABATE	MENT	1	E	C	E		
Date of Notification (1) 3/13/2019	010			Name	of Building				7		MAR	18	20	10
Agencies Notified	Type Notification			PSE(3 Address				1542	1.3				ı J
EPA		I.S.		5.000	Hadley	Road				<u> </u>	. The second	2 .		
DEP	Initial Amended				ate, Zip C					4.7:			1 11.22 1 10.22 (10.00)	
X DOL	Amendmen Emergency			South	n Plainfi	eld NJ								
DOH DOA	justification)	g		of Contact					lephone N				7.
DCA	Cancellatio	1			na Lautz		1011		97	73-303-3	582			
Name of Facility Where	Abatement is Taki	ng Place	(3)	PAC	ILITY INF	ORMAI	ION	Type of Facility	(4)			-		
PSEG Leonia Subs	tation							School (K-						
Street Address								Subchapte	er 8 (Oth	er than K-	12)			
500 Willow Tree Ro	l.							Other (i.e. etc.)	private	& commerc	cial bu	ildings	, hon	ies,
Leonia NJ, 07605								Square Feet N/A		f Floors		Bldg.	Age	
County (6)				County	Code (7)			Current Use (Pr	N/	1041		N/A		
Bergen					USE ONL	n		Switching Ya	ard	ing demons	snea)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	vi No.		Name	of Abatement Co		(9)		-		
N/A				N/A	. "		WRS	Environmen	tal Ser	vices				
Street Address N/A								Address					ni Circ	
City, State, Zip Code							1	Id Dock Rd. tate, Zip Code						
N/A		22/2					Yaph	nank NY 1198	0					
Project Manager for Moni N/A	toring Firm			Telepho	ine No.	,		one No. 924-8111		License I	Vo.			
Start Date (10)		Schedu	ied Co	mpletion	Date (11)			of OSHA Monitor		01100				
3/22/2019		4/30/2			100		WRS	Environment	tal Ser	vices				
Occupancy Status During			500					Address						
Facility Closed/Vaca Abatement Performe Other – Describe: E	d Outside of Norm	nal Facilit	v Hour	nent s			City, St	ld Dock Rd				-		
Scope of Work (Check All							Yaph	ank NY 1198	0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 if		- permanent	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
		1.0	Locat										emen	t
Location Asbestos-Containing N	37		Norma ed Sole		Aabaa	Des	scription	of aterial (ACM)			-	1)	pe	
TO BE ABA	TED	7.000	intena todial		(i.e.	thermal	systems	insulation,	(S	mount pecify	20	וד	Enc	四
(13)	У		(12)			surfac other n	cing, VAT niscellan	r, or eous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							/al		llate	ure
Switching `	Yard			X	Т	ransite	Floor F	Panels	60	Osqft	x			
														\vdash
									=					\vdash
Name of Registered Waste	e Hauler		1000	JDEP W		Cubic '		Name of	Register	red Landfill				\vdash
Veolia ES Technical S	Solutions		17,000	auler ID JD0806	No. 631369	of Was	ste	GROW	S- Fai	riess Lar	dfill			
City, State Boston, MA							al Date	City, State						
Completed by		Title				TBD	ignature	Morrisv	ille , P		to			
Pedro Guerra	8	10.000	ervisi	y -		31	griature	11/2		Da ق	ite 3/13/1	10		

State of NJ

D&S Proj. #: 19-43	PAI	No (Pu	otification of A irsuant to NJ	AC 8	stos Abatement 3:60 and 12:120)	The state of the s		G	EI	W	in in a	
Date of Notification (1)	Nam	e of Building (Owner/Operator	(2)		111	11:	MAR	18	2010		
	nei	I haymes				4				-010		kewati
Agencies Notified Type Noti		t Address		_			Leanne		-			
☐ DEP ☐ Amende	d										100	
→ DOL Amendmen	nt #: City,	State, Zip Cod	le						19 2	u rawije.	0.	33
Emerger	ncy rid	gewood, nj	07450									
DOH (includin justificati	Q INITIAL	of Contact					Tolonh	N				
DCA Cancella	- 11	tthleen mcco	ırmack				relepn	one Nur	nber			
								J-	100			
Name of facility where abateme	nt is taking place (3)	ACILITY INFORI	MATI	ON							
	in to taking place (5)				Type o	f Facility	y (4) ool (K -	40)			
neil haymes Street Address						11 -	-		250		NESS ON	USSA
Street Address								chapter t r (Privat				2)
(a)							Bldgs	s./Home	s, etc.	Herei	21	
City (5)	County (6)		To	ounty Code (7)	Square	Feet	# of F	loors	T	Bldg	. Age
uld	7,00				tate use only)		411					
ridgewood Name of Monitoring Firm Hired b	bergen				,,	Currer	it Use (Prior if b	eing de	emolis	hed))
or mornioning i inti Filled b	by Bidg. Owner (8)		ASCM No.		Name of Abateme	nt Contracto	r (9)			_		
Street Address					D & S RESTO	RATION,	INC.					
					Street Address						_	
City, State, Zip Code					20 California							
					City, State, Zip Cod					=1		
Project Manager for Monitoring Fir	m	Phone Num	her	-	Paterson, NJ (7503						
		l mono man			Telephone Number 973-345-8020			Licens	se Nun			
Start Date (10)	Sched, Com	pletion Date (1	11)	_	Name of OSHA Mo				01169)		
03/12/19	***	piction bate (11)		D & S Restora							
Occupancy Status During Abateme	03/29/19				Street Address	ion, me.						
☐ Facility closed/vacated during	entire period of a	hatomont			20 California A	venue						
Abatement performed outside	e of normal facility	hours-			City, State, Zip Code					_		
Describe: NORMAL NORMAL				_								
Scope of Work (check all that app					Paterson, NJ 0	7503						
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$						Full Contain	ment w	//negativ	e press	sure		
≥160 sf or ≥260 lf	Demolition				Ä	Mini-enclos Glovebag p						
Location of	Is location norma	ally used solely				Non-Exemp	ted (*)	e and Non	-friable	proc	edur	e
asbestos-containing	by maintenance/	custodial							I R	R	E	E
material (acm) to be abated in facility (13)	staff(12)		Description material (A	of a	sbestos-containing	52.72%	ount ecify S	E or	m	е	n	n
iddinty (13)	Yes No	N/A				LF)		ı UI	o v	a	а	C
basement	X		PIPE INSUL	ΔΤΙ	ON	21.10			е	r	р	
					OI1	211ft						
				_					111	닏		10
									님	닖	닏	닏
Registered Waste Hauler									 	붜	님	11
D & S RESTORATION, INC.	NJDEP Haule 13506		ubic Yards of Wa	ste	Name of Registered	Landfill				Ш	Ш	
City, State		Disposal Da	yd.		TULLYTOWN,	RESOURC	E REC	COVER	Y			
PATERSON, NJ 07503		03/13/19			City, State	Activacy Innovative Commen						
Completed by (Print or Type)	Title	-1	Signature		TULLYTOWN,	PA						
BOGDAN JOLDZIC	PRESIDENT							Date 03/11/	10			
ASB-41 *	Do not use this for	m for asbestos	s licensure exem	pted	activities.			03/11/	17			

State of New Jersey **IFICATION OF ASBESTOS ABATEMENT** (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 03/14/2019 The Port Authority of New York & New Jersey Agencies Notified Type Notification Street Address 70 Brewster Road **EPA** Initial City, State, Zip Code DEP Amended Amendment #03 × DOL Newark, NJ 07114 Emergency (including Name of Contact Telephone Number × DOH justification) Michael DaCosta 973-961-6390 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Airport School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 350 Scargo Earhart Drive etc.) City (5) Square Feet # of Floors Bldg. Age Newark N/A 35+ N/A Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Union Underground Fuel Piping Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Matrix New World Engineering Brandenburg Industrial Service Company Street Address Street Address 26 Columbia Turnpike 2217 Spillman Drive City, State, Zip Code City, State, Zip Code Florham Park, NJ 07932 Bethlehem, PA 18015 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-240-1800 610-691-1800 00721 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/11/2019 Brandenburg 03/14/2019 Occupancy Status During Abatement (Check Only One) Street Address 2217 Spillman Drive Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Piping is subsurface outdoors Bethlehem PA 18015 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Underground Fuel Piping X Black Tar Mastic/Paper 4000 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brandenburg Industrial Service Co Minerva Landfill 500 21838 Disposal Date City, State City, State Bethlehem, PA 2/12/19-3/14/19 Waynesburg, OH

Date 03/14/2019

Signature

Environmental Manager

Stephen Carne

Completed by

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

Check # 25819

Date of Notification (1) 3/14/201	PAUL			Name	of Buildin	g Owner/		r (2) uncewitch		E	7 1		W	
Agencies Notified Typ	e Notification			Street	Address			2.100111011						
X EPA X	Initial			a .						MA	R I	8	2019)
□ DEP □	Amended	91106		City, S	tate, Zip	Code	200000	No. 10 Versions 1	12 12					
× DOL □	Amendment Emergency		<u> </u>				Was	hington, NJ 078	382	· ·				
⊠ DOH	justification)		9	Name	of Contac	-				hone Nu				- 4
DCA DCA	Cancellation	1				e Kunc			(908) 79	98-7	176	71 P. P. V	5 -
Name of Facility Where Abate	ment is Takin	n Place	(3)	FAC	ILITY IN	FORMAT	ION	T						
	dential	9 1 1400	(0)					Type of Facility (100					
Street Address		- 202133						School (K-1 Subchapter		than K 1	2)			
								X Other (i.e. p	rivate & c	ommerci	al bui	ldings	, hom	ies,
City (5)								etc.) Square Feet	# of F	loore		Dida	٨٥٥	
Port Mu	rray, NJ 07	7865						1500	10 200000	2	- 1 '	3ldg 90 -		
County (6)				County	Code (7)			Current Use (Price		Ŧ.	ned)	-		
Warren				(STATE	USE ONL	Y)			ouse		.54)			
Name of Monitoring Firm Hired		Owner (8)	ASC	M No.		Name	of Abatement Con	tractor (9))			-	
ME	CS							ens Environme			Inc.			
Street Address	2 244							Address						
	30x 341						POE	30x 322						
City, State, Zip Code	rfield NIO	0515						tate, Zip Code						
	rfield, NJ 0		Telepho				town, NJ 0850	1						
Bill Weisgarhe	t Manager for Monitoring Firm Bill Weisgarber					0	537.00 (5)	one No.	10000	icense N	0.			
Start Date (10)	,,	Cabadul			98-407			259-9688	0	0493				
3/25/2019			3	129/20	Date (11) 19)	Name MEC	of OSHA Monitor S						
Occupancy Status During Abat								Address						
× Facility Closed/Vacated D	uring Entire P	eriod of	Abaten	nent			PO B	ox 341						
Abatement Performed Out Other – Describe: 8 am t	itside of Norm o 4 pm	al Facility	y Hours	5				tate, Zip Code						
Scope of Work (Check All That							Ches	terfield, NJ 085	515					
	. Арріу)						_	1						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				-	Full Containmen	nt with Ne	egative P	ressu	re		
			Jemoni	1011				Mini-Enclosure Glovebag Proce	edure					
		1			Γ		x	Non-Exempted	(*) and N	on-Friabl	e Pro	cedur	е	
			Locati										ement	
Location of Asbestos-Containing Mater	ial (ACM)	Use	Normal d Sole	ly ly by			cription				_	I y	ре	
TO BE ABATED	iai (ACIVI)	Ma	intenar	nce/	Asbes (i.e	tos Conta thermal	aining M systems	aterial (ACM) insulation,	Amou (Spec	100.00	71		Ē	Ш
In Facility (13)		Cus	todial S (12)	starr?		surfac	ing, VA7	Γ, or	SF or		Remova	Repair	cap	nclo
(10)						otner m	niscellan	eous)			oval	air.	Encapsulate	Enclosure
		Yes	No	N/A									te	LD.
Kitchen / Mud Ro	om		Х				VAT		500	sf	Х			
Name of Registered Waste Hau	ulos		1											
Stevens Environmental Se			100	JDEP W auler ID		Cubic \ of Was		Name of R		Landfill				1
	ervices		70,83	18292		0.0000000000000000000000000000000000000	2	Fairless	Landfill					
City, State Allentown, NJ				10		Disposa 4/2/2		City, State Morrisvill	e. PA					
Completed by		Title				100000	gnature/	1	J, 1.A	Date				
Mahlon E. Stevens		Proje	ct Ma	nager			1	111 /	7			2019	9	



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

Check # 25818

rall				to NJAC				40 Jr 4 1 4 1 2	T. E			W	13.5	
Date of Notification (1) 3/14/2019			Name o	of Building	Owner/		(2) allagh	ier	La Comme		71 11	100		The state of the s
Agencies Notified Type Notification			Street A	Address				5		MAR	18	2019)	
EPA Initial		-	0:4 04	-1- 7: 0					i h			275155000		Ť.
DEP Amended DOL Amendment #			City, Sta	ate, Zip Co		Maplew	ood.	NJ 0704	0		a of			طد د
Emergency (i	ncluding	-	Name o	f Contact	-				Telepho	one Nur	nber	and the	A	
DCA Cancellation				Steph	nen Ga	allaghe	r		' '	A		•		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMAT	ION	Type	of Facility (4)					
Residential	, ,,,,,,	٥,						School (K-1	1000 1000					
Street Address							×	Subchapter Other (i.e. p	8 (Other th	an K-12 mmerci	2) al buil	dings,	home	es,
City (5) Maplewood, NJ 0704	10						Squa	re Feet 800	# of Flo	0.000		ldg. A 80 +		
County (6) Union				Code (7) USE ONLY)	_	Curre	ent Use (Prid	or if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building O MECS	wner (8))	ASCI	И No.				tement Cor nvironme		rices, l	nc.			
Street Address PO Box 341						Street PO E								
City, State, Zip Code Chesterfield, NJ 08	3515			-5		100000000000000000000000000000000000000		ip Code , NJ 0850	1					
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 2	ne No. 98-4070	ľ	Teleph 609 2				ense N 493	0.			
Start Date (10) 3/25/2019	Schedul		pletion 29/20	Date (11) 19		Name MEC		HA Monitor						
Occupancy Status During Abatement (Check	Only O	ne)				Street								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: 8 am to 4 pm	eriod of a Il Facility	Abatem / Hours	ent		_		tate, Z	ip Code eld, NJ 08	515					
Scope of Work (Check All That Apply)									22-00-700					
≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova: Demoliti				×	Mir	ll Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
	ls	Locati	on									Abate	ment	
Location of Asbestos-Containing Material (ACM)		Normall d Solel		Ashaa		scription taining M		(404)				Ту	pe	
TO BE ABATED In Facility (13)	99 02	intenar todial S (12)			thermal surfa	systems cing, VA niscellan	insula T, or		(Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e e	
Basement		X		Th	ermal	Pipe In	sulat	ion	75 lf	f	Х			
Name of Decistored Ministration		- 1												
Name of Registered Waste Hauler Stevens Environmental Services		0.000	JDEP W auler ID 18292	No.	of Wa	Yards ste 2			Registered I Landfill	Landfill				
City, State Allentown, NJ					72000	sal Date /2019	,	City, State Morrisvi			-9-0402			
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager		S	Signature		7	/	Dat		/2019	9	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3-15-19 FEDERAL REALTY INVESTMENT TRUST Agencies Notified Type Notification Street Address 1626 E. JEFFERSON STREET **EPA** Initial × DEP X City, State, Zip Code Amended × DOL Amendment #1 ROCKVILLE, MD 20852 Emergency (including × Name of Contact DOH justification) Telephone Number × DCA Cancellation RIC WOODIE 301-998-8286 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCER MALL School (K-12) Street Address Subchapter 8 (Other than K-12) US HIGHWAY 1 & MERCER MALL US Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age LAWRENCEVILLE 20,000 +/-50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) MERCER STORE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) VERTEX COMPANIES PEPPER ENVIRONMENTAL SERVICES Street Address Street Address 700 TURNER INDUSTRIAL WAY 2251 FRALEY STREET City, State, Zip Code City, State, Zip Code **ASTON, PA 19014** PHILA., PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. DON HEIM 610-787-0402 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3-20-19 3-31-19 **VERTEX COMPANIES** Occupancy Status During Abatement (Check Only One) Street Address 700 TURNER INDUSTRIAL WAY Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **ASTON, PA 19014** Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PACE 16(NEXT TO HEAVENLY HA X VAT 1,200 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP MINERVA City, State Disposal Date City, State YARDLEY, PA LIBSON, OH

Completed by

JENNIFER NIVEN

Date

3-15-19

Signature

DIR. OF OPERATIONS

								_		
143929 PAII		IFICATIO	tate of New Jers N OF ASBESTO t to NJAC 8:60 a	SABATE		EC	E		Pr	dint l
Date of Notification (1) 3/15/19		and the second distance of the second	of Building Owne Projects	r/Operato	(2)	MAI	R 1	8 2	2019	
Agencies Notified Type Notifica	tion	Street /				· .	- 4	μ		
✓ EPA Initial ✓ DEP Amende ✓ DOL Amendr		City, St	ate, Zip Code	0004		***************************************	1 No. 194		TUPNY	No.
✓ DOH Emerge justificat	ncy (including ion)	Name o	York, NY 1		• .	Telephone Nur				
DCA Cancella		-	Tomlan & E		ennington	215-533-1	200			
Name of Facility Where Abatement is T Former Henry Bonsall Elem Street Address 1575 Mt. Ephraim Ave		ol						ldings	, hom	es.
City (5) Camden, NJ					Square Feet 100,000	# of Floors		3ldg. <i>F</i> 75+		
County (6) Camden		County (STATE	Code (7) USE ONLY)			ior if being demolish	1			
Name of Monitoring Firm Hired by Build Whitman	ing Owner (8)	ASCN 001		0.0000000000000000000000000000000000000	of Abatement Co	ntractor (9) cialty Contrac	ting			***************************************
Street Address 7 Pleasant Hill Rd.		A		Street	Address acrue Ave, S					
City, State, Zip Code Cranbury, NJ 08512				100000	tate, Zip Code Mills, PA 1	9342				450 V.MILW
Project Manager for Monitoring Firm Kevin T. Lovely		Telepho	ne No. 90-5858	Teleph	none No. 364-9622	License N 0110				
Start Date (10) 3/25/19	Scheduled Co			-	of OSHA Monitor					
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N	ire Period of Abate			3370	Address Progress D tate, Zip Code	rive		,		
Other - Describe: Scope of Work (Check All That Apply)				Bens	alem, PA 1	9020				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo				Mini-Enclosure Glovebag Pro	•			e	
	ls Loca Norm							Abate	ement pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Used Sel	lely by ance/ Staff?	Asbestos Co (i.e. therm: surf		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
<i>€50</i> #	Yes No	N/A			100		<u> </u>		ate	ଜି

10 If 1916 Building 3rd floor north pipe insulation- wrap and cut X Х 10 Lf 1922 Building bathroom behind stage Pipe Insulation - Wrap and Cut Х X 70 If х pipe insulation - wrap and cut 1916 building 3rd floor west X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Mercer Group International Tulleytown Resources Recovery Landfill 1 City, State City, State Disposal Date As Required Tulleytown, PA 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637

Title

Sr. Estimator

Signature 2 AM VAVAVAVAVA

Date

3/15/19

Completed by

Jack Tomasura

09 Mar 2000 10:56PM NJ Asbestos Control 609.633.0664

page 1

03/12/2019 11:18AM 2013297440

BEST REMOVAL INC

CKSOOT PAGE 02/B

PAU	МО	(Purpu	unt to	f as NJA	BESTOS ARAT C 2:50 and 12:	(me)			JED LY LE	0 2
to al Notification (1)	_		Narro	of Bull	Ang Owner Operato	COT	-		WANT	8 20
2/12/	19		Street	T.	ERICO			1		
ncy Nothed	No Manuscon	1	- 部分中41	ASSIFE			1			_
PA -	Es britisi	1	CBy S	defer 2	Sp Code		1 16		- (
EF SOL	Amended Amendment #		Day, 4		Front.	NJ	LE	17015		-
OL	Summer (Lucinque	19	Name	of Cor	rinci			Telaphone Hum	inde f	•
IOH	bustification)		ed i		COTIC	- 8	W-519			
IGA .	Concession				MOTAMENORM			2700		
			FAG	HILL	168-CARROWALING ME	1 Type o	feelby	(4)		-
or Address	betement in Taking Pin OCNICO	(0) (0) (0) (0)		the top		12 8ct	col (K-12	COUNCE THEM K-1: Note: & constraint	h al balldings.	
					<u> </u>	Found	nation of the last	ë of Moore	Bidg, Age	
y (6)	-	Charles Co.		1 .	***		,000	1. 1	1940	
01	L'PTON.					10000	est Upa (li	der if being demo	intald)	
Aunty (E)			Cess	LITY OO	de (7) (STATE USE	Contra	34	CERT	*	1
IA	SSAIC _	ν.			Norm of No	Anthony Co			and the same of th	
no of Manipoint Firm	Hired by Building Owl	net ASI	M No.							
)					Best I	SMO.	27 77	-		
met Address.				ii.			0 4 450 7	- 0+	92	
Salar Littler	200712				450 Sc	B-Code	RIARI	36		
State, In Code					Tin also	a a ck	. N.	7, 07601		
44.4					Telephone	196CK	1	Ficacita Mer		
raject Manager for Mr	nikoling Firm	Tolo	apara l	wo.	201-3	29-74	44	00388	3	-
			-	has	Name of Or	MA MANDE	lef.			*
Ment Date (10)	Scheduled	Contraletion	g Carrier (11)	Omeg	a Env	iron	nental_		
3/1.	3/19 3)	195/1)			Street Adds					
	ing Absterners (Check				280	Huy1	er S	t		-
T Feditiv Closed/Visit	ted During Entire Paris	ed of Abetim	Fract		City, Santa,	Zip Code			07506	
M ANAMANAMA PANGETT	ed Outside of Normal F	SQUEN HOM	001	4	S.	Hacke	nsac	k,N.J.	0/600	
S.Comi Director:	D-Bo Arc. Kt			_				AN Negative Proc		*
Scope of Week (Chee	(Will dates white as		_		under II	-Wiles Poo	losure.		£.	
223 pt or 2 3 ff			E	(None				and Non-Frieble	Precedere	
© ≥ 160 st or ≥ 260 st		100000000000000000000000000000000000000				\$40th-\$508	Theres C	E(10) 10(01) 1 1	A	Type
-		ls	Locatio	п	(i) (i) (ii)			1	Н	1900
Ashestes-Cords TO H	etim of Ining Maintel (ACM) LABATEC Facility (13)	Use	entally Ealet Herst West Est (12)	DOM:	g.e., thereal to	ipilon of Ang Medici 1992 tim itsi 15. VAT, o 150 ignorus	Company 11.	Ame (Gpe	OLAN .	Eucoperdada Regide
85 82	51	Yes	No	NIA					SLPZ	
BASETLE	A)-			0	THE MAL SUST	SH VN	W 1477	100	9 4	1
DASSIFE					'					
-			T	T						111
		-	1	1	1			1		أسلبا
Name of Registered Best Re	Waste Healer movel Inc		Mo.	109	Wester 2	1/29	Mine	Registered Land TVB Ents	rprises	, LLC
City, Bluts					Chiposi	Date	City, Sta	nesburg.	oh. 4468	8
Hacken	sack , N.J.	0760	1		The second secon	14/19	WEY	Heannry.	Date	-1.0
Completed by	Tige				Signet	T. 2	سطم	ama	3/	12/17
J. Major	270	Estima	tor			XCI	- Personal Property of	-	•	
ASI-41	3110	Do not use	this fo	un for	sobostes licersure o	Pontage of	-	-		

PA		Ν		ICATION	N OF ASB	ESTOS	ABATE		Cl	00	. 1	2/	10	(0)	
Date of Notification (1) 3/12/19					of Building Michael		S 22			~	FR	C	n n		
Agencies Notified	Type Notification			Street A	Address	1	V-1-10				<u> </u>	5	U t	y i	22
X EPA	× Initial			111 C	entral A	venue	, B-7			500					
DEP	Amended	ST-120			ate, Zip Co					1 (:	MAD	1	- 20	10	
× DOL	Amendment Emergency		- [Newa	rk, NJ C	7102				1 11	MAR	1	3 4	119	l ka
× DOH	justification)	(including			of Contact						ephone Nur				1
DCA	Cancellation	1		Marga	aret Piec	zurko				97	3-877-50	00	- 1		12
Name of English Where A	hatamant in Tabia	- DI /0		FAC	ILITY INFO	ORMAT	ION	т _					1.44		
Name of Facility Where A Saint Michael's Med		ig Place (3)					Туре	of Facility (4)					
Street Address	dical Certici								School (K-12						
111 Central Avenue									Subchapter 8 Other (i.e. pr				annin	home	es
	; 			***********					etc.)						
City (5) Newark								100	re Feet		f Floors		Bldg. A	ge	
								15,0		4			78		
County (6) Union					Code (7) USE ONLY)		100000000000000000000000000000000000000	ent Use (Prior		ing demolish	ed)			
The state of the s	15-11-5-21	0 (0)						100000	dical cente						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.				atement Cont						
Street Address									ronmental	Sen	rices, LLC			54	
Street Address								Addre		+- D					
City, State, Zip Code									83, 4 E Ga	ite D	rive				
Oity, Gtate, Zip Code							2000000		tip Code d, NJ 0741	Q					
Project Manager for Moni	toring Firm		- 1	Telepho	no No			hone N	all comes reconcilia	0	I inner N				
2000	toring i iiii						1230000000	-764 - 2			License N 703	ο,			
Start Date (10) 3/25/19		Schedule 4/5/19	d Con	npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Chec	k Only One	e)				Street	Addre	SS			110-120	3099	7-11-1-	
Facility Closed/Vaca Abatement Performe Other – Describe: b	ed Outside of Norn	nal Facility	baten Hours	nent			City, S	State, Z	ip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	enova emolit				2	Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	· ·			3	
		la l	4'					,0	II-Excilipted	() air	u Non-i nab	6110	Abate		
Location	of	25,000	Locati ormal			D-								ре	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Used Mair	d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		Material s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement mecha	anical room					<u></u>	lmal -	dia -			0.1.5				
Dasement mecha	anicai room			X		pipe	insula	ition		2	0 LF	Х			
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red I andfill				
Newark Carting	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (Н	auler ID 4509		of Was			The second second	30	al Sanitary	Lar	ndfill		
City, State Newark NJ			- 1 - 1 - 1				sal Date		City, State Pen Argy	/I PA	\ \		10%		

A. Scott Higgins

Completed by

Title

President

Date

3/12/19

Signature

State of New Jersey

Property.	rall		NOTI	FICATIO Pursuan	N OF AS	BESTOS C 8:60 ar	ABATE nd 12:12	MEN 0)		10	h is	2/01	15	-	
Date of Notification (1)					of Building			r (2)		<u> </u>		7000	90		der de
3/12/19					ige Env	ironme	ntal			111	一层	C	E		7
Agencies Notified	Type Notification				Address Davidso	n Augn				11.				-	-
EPA DEP	X Initial Amended				ate, Zip C		ue			11.					
⊠ DOL	Amendment				erset, N		73				111	MAR	18	201	9
⊠ DOH	Emergency justification)		9		of Contact					Te	lephone N	umber		000	
DCA	Cancellation			Xerxe	s Antia						8-875-9		200		1
Name of Facility Where	Abstament is Takin	- Di	(2)	FAC	ILITY INF	ORMAT	ION							· 4.5	
Zucker's Citgo	Abatement is Takir	ig Place (3)					Тур	of Facility (06.50					
Street Address								H	School (K-1 Subchapter	(2)	or than K	10\			
2050 Springfield Av	/enue							×	Other (i.e. p	private	& commer	cial bu	ldings	, hom	ies,
City (5)									etc.) are Feet		f Floors		700.00		
Union								250		2	1 110015		Bldg 60	age	
County (6)					Code (7)			Curr	ent Use (Pri	- 1	ina demoli				
Union				(STATE	USE ONLY	Y)			station		9				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	И No.				atement Cor				×==		
Street Address									ironmenta	Serv	rices, LL	.C			
							Street PO F		ss 83, 4 E G	ate D	rive				
City, State, Zip Code								Zip Code		1110					
	7							d, NJ 074	18						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph				License	No.				
Start Data (40)							973-	764-2	2276		703				
Start Date (10) 3/22/19		Schedul 4/4/19		mpletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Chec						Street	Addro	00					-175-7	
➤ Facility Closed/Vaca			300	ment			Street	Addre	55						
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	y Hour	S			City, S	tate, Z	ip Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf		×	Renova	ation] _F ,,	II Containme	nt with	Nonativo	Droom	150		
≥160 sf or ≥260 lf		-	Demoli					Mi	ni-Enclosure		rvegative	riessi	ll E		
							×	No	ovebag Proc n-Exempted	edure (*) and	d Non-Fria	ble Pro	cedur	e	
		Is	Locat	tion						7.7			2500	ement	
Location			Norma ed Sole			Des	scription	of					Ty	ре	
Asbestos-Containing TO BE ABA			intena		Asbes	tos Cont thermal	aining M	lateria	(ACM)		mount	_		Щ	
In Facilit		Cus	todial (12)		(1.6.		systems cing, VA		ation,		pecify or LF)	Remova	Repair	сар	nclo
(13)			(12)			other n	niscellan	eous)				ova	pair	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	0
roof				х		roofir	ng mate	erial		1,0	00 SF	x			
										- Mesos					
												+			
Name of Registered Wast	e Hauler		I	JDEP W	aste	Cubic '	Yards		Name of F	Register	red Landfi	1			
Tony's Cleanup & Ha	uling			lauler ID I 7787	No.	of Was	ste		Chrin Bi				ndfill		
City, State				1101		TBD	al Date		City, State		Junio	у са	MIIII		
Bridgewater NJ						TBD	ui Dale		Easton						
Completed by		Title		0.00			ignature		/	520	In	ate			
A. Scott Higgins		Presi	dent						11			/12/10	2		

President

3/12/19

State of New Jersey

PAID	N		ICATION	OF ASB	ESTOS	ABATE		P	Re	ak	18	360	69	1
Date of Notification (1) 3/12/19				f Building east Pov			r (2)			E F	2 E	3 1	1/7	
Agencies Notified Type Notification		+	Street A				-			15 1	a !r	- 11	- Mi	77
EPA X Initial			PO Bo	ox 6803										
DEP Amended				ate, Zip Co						MA	R 1	8	2019	
Emergency (-		sburg, N	NJ					!			2010	
DOH justification) DCA Cancellation				f Contact Vargas						ephone Nur 8-379-79				15.4
Cancellation				LITY INF		ION			00	0-319-19	70			110
Name of Facility Where Abatement is Taking	Place (3)		17101	Ell I livi	ORMA	ON	Туре	of Facility (4	4)					
home								School (K-1	2)					
Street Address								Subchapter	8 (Oth				¥	
								Other (i.e. p etc.)	rivate (s commerci	ai buli	aings,	nome	es,
City (5)							100000000000000000000000000000000000000	re Feet	100000000000000000000000000000000000000	f Floors	1 1 1	Bldg. A	\ge	
Phillipsburg County (6)							2000	24	2			36	- 00-	
Warren				Code (7) USE ONLY)		333	nt Use (Pric	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (Jwner (8)		ASCN	4 No		Nomo	hom	tement Con	trootor	(0)				
The second state of the se	>wiici (0)		AJOIN	1110.		1		ronmental		200				
Street Address				_			t Addres			1000, EE0				_
						POI	Box 48	83, 4 E G	ate D	rive				
City, State, Zip Code						City, S	State, Z	ip Code						
18						Gler	nwood	, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.		0.20	hone No -764-2			License N 703	0.			
Start Date (10) 3/21/19	Scheduled 3/29/19	Con	pletion I	Date (11)		Name	of OSH	A Monitor			155.77.67			
Occupancy Status During Abatement (Check	Only One)				Street	Addres	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: attic	eriod of Ab al Facility F	atem	ent			City, S	State, Zi	p Code						
					//. 									
Scope of Work (Check All That Apply)	[V] _						7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				×	Min Glo	I Containme ni-Enclosure vebag Proc n-Exempted	edure				0	
	le l	ocati	on				_ 1101	LXCIIIpted	() ain	3 NOTH Hab		9-01	ement	
Location of	No	rmall	ly		De	scription	n of					Ту	ре	
Asbestos-Containing Material (ACM)	Used Main				tos Cont	aining N	Material			mount			Ш	m
TO BE ABATED In Facility	Custo		Staff?	(i.e.	thermal surfa	system cing, VA		ition,		pecify or LF)	Rem	Repair	псар	inclo
(13)		(12)				niscellar				- /	Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A								_		te	æ
attic behind right rear bedroom		0.1	х		pipe	insula	ition		1	5 LF	х			
		•												
							76-12							
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Varda		Name of F	Porist	rod Lor Jen				
Newark Carting		H	auler ID		of Was					red Landfill	.1 -	ر الدورا		
		04	4509		TBD			100000000000000000000000000000000000000		al Sanitary	/ Lar	Idilli		
City, State Newark NJ					Dispos TBD	al Date		City, State Pen Arg			1985	a a mendel Tilan		

Completed by

A. Scott Higgins

Title

President

Date

3/12/19

Signature

CK9734 P	AU		CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE				EC	E		7	ong -
Date of Notification (1)				f Building		Operator	r (2)	200						111
3.12.19				k Layto	n			į		MAF	7 18	20	19	السأ
Agencies Notified Type Notification			Street A	Address				į.					-	-
DEP Amended		Ī	City, Sta	ate, Zip C	ode					1			-	
X DOL Amendmen				lair NJ										
Emergency justification			Name o	f Contact			-		Tel	lephone N	umber			
DCA Cancellation			Derric	k Layto	n				AT 1	•				
			FACI	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takir Same	ng Place (3	3)					Туре	of Facility (4	1)					
Street Address								School (K-1			40)			
Same								Subchapter Other (i.e. p				Idinas	, hom	es.
City (5)								etc.)						
							300	re Feet 3	2	f Floors		Bldg 112	Age	
County (6) Essex				Code (7) USE ONLY	n			nt Use (Prio idence	r if bei	ing demoli	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	I No.		Name		tement Con	tractor	(9)				
A.E.S.L			0021					ronmenta						
Street Address						Street	Addres	SS		nd w		===		_
2200 Patterson Plank Rd. Unit 7							l Heg	erman St						
City, State, Zip Code							ip Code							
North Bergen NJ 07047								nia PA 19	136					
Project Manager for Monitoring Firm Carmelo Altamonte			Telephor	ne No. 34-6583	1		one No 333-5			License 01328	No.			
Start Date (10)	Schedule	ed Cor		Date (11)				A Monitor		01320). 			
3.13.19	3.14.19		piotioii i	Dute (11)		A.E.S		IA WOULD						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	SS	-					
Facility Closed/Vacated During Entire	Period of A	Abater	nent			Sam	е							
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	3			City, S Sam		p Code						
Scope of Work (Check All That Apply)						Carri								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Personal	Renova Demoli				×	Mir Glo	Containme i-Enclosure vebag Proce -Exempted	edure				re	
	Is	Locat	ion										emen	t
Location of		Normal d Sole	16 11	10 00 10		scription					-	1	уре	1
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	intena	nce/		tos Cont thermal					mount Specify	70		E	ш
In Facility	Cust	todial s (12)	Staff?	(1.0.	surfac	cing, VA	T, or	don,		or LF)	Remova	Repair	cap	nclo
(13)	-	(12)			other n	niscellan	eous)				oval	ar.	Encapsulate	Enclosure
	Yes	No	N/A										te	
Basement		Х				VAT			7	00sf	Х			
Kitchen		Х				VAT			1	80sf	×			
									CONTRACT.					
Name of Registered Waste Hauler		10000	JDEP W		Cubic			Name of R	egiste	red Landf	ill		I	
Century Waste Services			auler ID 2787	No.	of Was	ste		Waste N	lana	gement				
City, State					Dispos	al Date		City, State						
Elizabeth NJ						Tullytown PA								
Completed by	Title	e				ignature	7	ard Te			ate			
Anthony Jones	ect Manager An					11-16	aus d' 18	761 €	7 3	3.12.1	9			

	000					
- 1	D,	in	4	0	rin	2

CK 1078	3 PAIL	D	NOTIF	FICATIO	tate of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE	EMENT (0)	EC	E		M	
Date of Notification (1)					of Building Owne			11 11 14 1	n 1	0 0	1010	
Agencies Notified	Type Notification			Street	N(GW Address	110	RITZ	MA MA	ñ I	8 2	2019	j.
□ EPA	Initial			Oli Odi i	iddi coo							
DEP DOL	Amended				ate, Zip Code	4. 1					Ş.	
	Amendment Emergency (g		MAN	\mathcal{L}	J 08		•			
DOH DCA	justification) Cancellation				of Contact	170	RITZ	Telephone Nu	mber			- 1
					ILITY INFORMA	ORDER DE STATE DE LA CONTRACTOR DE LA CO	/(// 2	-				
Name of Facility Where A		Place	(3)				Type of Facility	(4)				
Street Address	46						School (K-					
or est Address		į.					Other (i.e.	er 8 (Other than K-1 private & commerc	2) ial bui	dinas	, hom	es.
City (5)							etc.) Square Feet	# of Floors				
PITMAN							/200	# OI Floors		Bldg. A رسار	855	
County (6)			7		Code (7)		Current Use (Pr	ior if being demolis	hed)	10,	T	
				(STATE	USE ONLY)							
Name of Monitoring Firm		170		ASCI	M No.		of Abatement Co					
ATIAS ENG Street Address	INSPEC	7/00	5			1-11	VITAR CO	NSTRUCTI	cal			
POBOX 116							Address 30 × 1/50	27				
City, State, Zip Code						City, S	State, Zip Code	7				
PHILA PA	19116					ALI	1 1	19/16				
Project Manager for Monit	oring Firm			Telepho		1 10 10 10	none No.	License N		- 6 - 1 - 6		
Start Date (10)		0-1	X	167-7	24-4693	26	7-784-469	4 0127	76			
11-1-19		Scriedu -//	ed Cor	npietion	Date (11)	Name	of OSHA Monitor	Our				
Occupancy Status During	Abatement (Check	Only O	ne)	/_		Street	Address 2	2/				
Facility Closed/Vacat	ed During Entire P	eriod of	Abaten	nent			HEVERI	x Pl				
Abatement Performe Other – Describe:	d Outside of Norma	al Facilit	y Hours	3			state, Zip Code				-	
Scope of Work (Check All	That A L A					11-	1/A, /A	19/16		200000		
	rnat Apply)					-	7			#10 tacde2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit			Ė	 Mini-Enclosur 		ressu	re		
					W		Glovebag Pro Non-Exempte	cedure d (*) and Non-Friab	le Pro	cedur	e	
		100	s Locati	57.00						Abate	ement	
Location of			Normal ed Sole		D	escription	of		-	Ту	pe	
Asbestos-Containing N TO BE ABA	TED .	Ma	aintenar	nce/	Asbestos Co (i.e. therm	ntaining N al systems	faterial (ACM) s insulation,	Amount (Specify	Z)		En	m
In Facility (13)	/	Cus	todial S (12)	stan?	surf	acing, VA miscellar	T, or	SF or LF)	Remova	Repair	caps	Enclosure
(1.5)		Yes	No	N/A	other	miscellal	leous)		val	ai-	Encapsulate	sure
1		163	140	IN/A		- /			-			
4///				W.	VERM	1001	115	400SF	0			
									-			
				-					ļ			
Name of Registered Waste	Hauler		I NI	JDEP W	lasta Cut-							
			100000	auler ID		c Yards aste		Registered Landfill	1.			
FRYMAR CON- City, State	STRUCTI	cur	C	036	759	/		TERN BE	RK	5	C	· .
PHILL I	ON				Dispo	osal Date	City, Stat		2			
Completed by	15	Title				Signature	MINU:	SPORO 1-	71			
EFRAIM L	LUA	V.	PI	856	,	E	Ke 1		·/ 🕽	-/	5	

State of Ne NOTIFICATION OF ASB (Pursuant to NJAC 8:60 and 5:16)

nara em la Terra de Caractera d		- I - Didney	-	-	
w Jersey	7.1	17	(2)		1 0 0
BESTOS ABATEMENT	11.7	G	(6		\ <i>\\\\\</i>
C 0.C0 5.4C)	3 1 1	THE THE P. LEW			14

Date of Notification (1) 3	NO CK	NOT					TOS ABAT :60 and 5:16					7					
Second	1	19		The state of the s			[24] [1] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1		MA	IR 18	201	9	The second second				
SOLWD Amended Amende		cation		Street	Address				-Amel.								
Country (6)				219	North F	uller	ton Ave						-				
County (S)			110	City, S	State, Zip C	Code						63					
Cancellation Name of Contact NAME Telephone Number (973) 783-5600			100000000000000000000000000000000000000	Moi	ntclair, N	J 07	042										
Street Address	(NJAC 5:23-8) justifica	ion)	5	Name	of Contac	t			Telephone Nu	ımber							
Name of Facility Where Abatement is Taking Place (3) Short	☐ Cancell	ation		N/A					(973) 783-	5600							
Street Address				FAC	CILITY IN	FOR	RMATION										
Subchapter 8 (City for this Nr.12)	Name of Facility Where Abatement is	Taking Place	(3)					Type of Facility	(4)								
219 North Fullerton Ave	Montclair Twp Public Works B	Building								F21							
Assession	Street Address			H=712				☐ Subchapter 8 (Other than K-12)									
Montclair	219 North Fullerton Ave									iorolar be	ildirig.	,					
County (6) Essex	City (5)							Square Feet	# of Floors	BI	dg. Ag	е					
Name of Monitoring Firm Hired by Building Owner (8)	Montclair							+-25,000	2		+-50						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	County (6)			Coun	ty Code (7)(STA	TE USE ONLY)	ONLY) Current Use (Prior if being demolished)									
Hillmann Consulting	Essex																
Street Address	Name of Monitoring Firm Hired by Bu	lding Owner	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)									
1123 BEAVER STREET City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Craig Abrams Start Date (10) 3 / 18 / 19 Scheduled Completion Date (11) 3 / 21 / 19 Scheduled Completion Date (11) BRISTOL, PA 19007 PRISTOL ENVIRONMENTAL, INC Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Start Date (10) 3 / 21 / 19 BRISTOL ENVIRONMENTAL, INC Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Time of Abatement: 7:30AM 4:30PM/ PM. AM Scope of Work (Check all that apply) □ 23 of or ≥3 if □ 23 of or ≥260 if □ Demolition Asbestos-Containing Material (ACM) IN Facility (13) Variation Lobby □ 1st Location of Asbestos-Containing Material (ACM) IN Facility (13) 1st Floor Lobby □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hillmann Consulting					В	RISTOL EN	ENVIRONMENTAL, INC.									
City, State, Zip Code	Street Address					Stre	eet Address	5									
Union, NJ 07083	1600 Route 22 East					1	123 BEAVER	R STREET									
Project Manager for Monitoring Firm Craig Abrams	City, State, Zip Code			55		City	, State, Zip Co	ode									
Start Date (10)	Union, NJ 07083					В	RISTOL, PA	19007									
Start Date (10)	Project Manager for Monitoring Firm		Tele	phone l	No.	Tele	ephone No.		License No.								
3	Craig Abrams		90	8-477	-3014	2	15-788-6040		00509								
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 1123 BEAVER STREET	190,000					Nan	ne of OSHA M	lonitor									
Facility Closed/Vacated During Entire Period of Abatement Terformed Outside of Normal Facility Hours - Describe Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-4:30PM PM- AM	_3_ / _18_ / _19_	3/	21	/ _	19	В	RISTOL EN	VIRONMENTA	L, INC								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-4:30PM/ PM- AM City, State, Zip Code BRISTOL, PA 19007	Occupancy Status During Abatement	(Check only	one)			Stre	eet Address										
Time of Abatement: 7:30 AM-4:30 PM PM AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Saf or 23 if Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) a						1	123 BEAVER	RSTREET									
Scope of Work (Check all that apply) Stope of Work (Check all that apply) Stope of Work (Check all that Non-Friable Procedure Stope of Work (Check all that apply) Stope of Work (Check all that Non-Friable Procedure Stope of Wo					cribe	City	, State, Zip Co	ode					\neg				
≥3 sf or ≥3 lf	Time of Abatement: 7:30AM-4:30	PM/P	M	AM		BRISTOL, PA 19007											
Search 23 If Search 25 If Sea	Scope of Work (Check all that apply)						<u></u>	40 40 70 800 900 80 900									
Secondarion of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Secondarion of Asbestos-Containing Material (ACM) Secondarion of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Secondarion of Asbestos-Containing Material (ACM) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Amount (Specify SF or LF) Secondarion of Asbestos-Containing Material (ACM) Secondarion of Asbes	□ >3 sf or >3 lf	⊠ R¢	anovati	on													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Floor Lobby 2nd Floor Lobby 2nd Floor Lobby Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA Singulated By (Print of Type) Title																	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Floor Lobby 2nd Floor Lob							Non-Exer	mpted (*) and No	n-Friable Proce	dure							
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A 1st Floor Lobby 2nd Floor Lobby 2nd Floor Lobby Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Linoleum & Master (Cubic Yards of		1 22								Ab	ateme	ent T	уре				
SF or LF) Secondary Secon		1			Asha	etoe (Amount	Re	Re	En	ш				
SF or LF) Secondary Secon	TO BE ABATED	Ma								mo	pair	cap	clos				
Yes No N/A		Cus		Stan?					SF or LF)	<u>a</u>		sula	sure				
1st Floor Lobby	(13)	Yes	T	N/A	1	Oli	iei miscellane	ous)				ite					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA Title Disposal Date TBD Name of Registered Landfill MINERVA LANDFILL City, State WaYNESBURG, OH	1st Floor Lobby		-		VAT/Ma	stic			422 SF								
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA Disposal Date TBD Name of Registered Landfill Waste Waste Waste Waynesburg, OH Signature	2 nd Floor Lobby				Linoleu	oleum & Mastic 395 SF						П					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA NJDEP Waste Hauler ID No. 20990 Disposal Date TBD WAYNESBURG, OH Signature			П	In							П	П	П				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State YARDLEY, PA NJDEP Waste Hauler ID No. 20990 Disposal Date TBD Waynesburg, OH Signature			$\frac{1}{1}$														
SERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Waste MINERVA LANDFILL Disposal Date YARDLEY, PA TBD WAYNESBURG, OH Signature	Name of Registered Waste Hauler		IN		l Vaste	Cuh	oic Yards of	Name of Regis	stered Landfill								
City, State YARDLEY, PA Disposal Date TBD WAYNESBURG, OH Completed By (Print or Type) Title			lauler II	No.	-0.733.5		The second secon										
Completed By (Print or Type) Title Signature	City, State					Disposal Date City, State											
Completed By (Print or Type) Dillan DeCaro Title Estimator Signature Fillan DeCaro Julian 19 Caro J	YARDLEY, PA					Т	BD	WAYNESE	BURG, OH								
Dillan DeCaro Estimator Willan De Caro / jl 3/13/19	Completed By (Print or Type)	Title				_	Signature		1	Date ,	/						
	Dillan DeCaro	Dillan DeCaro Estimator Hill								3/10	3/1	9					

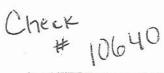
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Jul # 3533

Date of Notification (1)	8		19				ing Owner/Operator Twp Public Worl		E	7 6		W	
Agencies Notified ☐ EPA ☐ DOLWD 4855 ☐ DOH 4848	Type Not Initial Amen	ded			2 City	, State, Zip	Fullerton Ave		M	AR 1	8	2019)
□ DCA **	☐ Emerg	gency (includ	ing			NJ 07042		1				
(NJAC 5:23-8)	justific Cance					ne of Conta	act		Telephone Nu				2 3
	L Cance	mation				/A			(973) 783-5	600	2.7	eve a co	100
Name of Facility Where A	hatement	is Taki	na Pla	ce (3)	F.	ACILITY	INFORMATION	1= 4= 111					
Montclair Twp Publi				(0)	1			Type of Facilit		20			
219 North Fullerton	Ave							Other (i.e.,	private and comm	2) ercial b	ouildir	ıgs,	
City (5)								Square Feet	# of Floors	E	3ldg. /	Age	-
Montclair				2000	11000			+-25,000	2		+-50		
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	rior if being demol	ished)			
Essex	lies d to 5	.11.11	_	/2:				Township	Building				
Name of Monitoring Firm I Hillmann Consulting		uilding	Owne	r (8)	ASC	/I No.	Name of Abatem	함께 없는 살이 없는 사람이 없었다. 그 사람이 되었다면서	•				
Street Address	3							IVIRONMENTA	AL, INC.				
1600 Route 22 East							Street Address						
City, State, Zip Code							1123 BEAVE						
Union, NJ 07083							City, State, Zip C						
Project Manager for Monito	orina Firm			Te	lephone	No	BRISTOL, PA	4 19007	1				
Craig Abrams				1	20	7-3014	215-788-6040	1	License No.				
Start Date (10)		Sche	duled			ate (11)	Name of OSHA N		00509				- 3
3/18/	19					19		VIRONMENTA	L. INC				
Occupancy Status During A					mont		Street Address		,				
Abatement Performed C Time of Abatement:	Outside of I	Norma	I Facil	ity Hou	ırs - De	scribe M	City, State, Zip Co	ode				×	
Scope of Work (Check all to	hat apply)		-				BRISTOL, PA	19007					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ R	enovat emoliti	tion on		☐ Mini-Enc	a Procedure	gative Pressure	re			
				s Loca							patem	ent T	vn
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	aterial (ACI	M)	Us Ma	Norma ed Sola aintena todial (12)	ely by ance/ Staff?	Asbe (i.e	Description o stos Containing Ma s., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1000
st Floor Lobby		-	Yes	No	N/A	VATES.				_		Ť	
					-	VAT/Ma			422 SF				
nd Floor Lobby						Linoleu	m & Mastic		395 SF	\boxtimes			П
				Ш									1
													1
ame of Registered Waste I SERVICE TRANSPOR		P, INC	: .	110000	JDEP \ auler II 20990	No.	Cubic Yards of Waste	Name of Regis					
ty, State YARDLEY, PA					20000		Disposal Date TBD	City, State WAYNESB	HE LIFE WAR STONE HELIPOS PSONO HELIPOS				7.5
ompleted By (Print or Type)	Title			<u> </u>		Signature	WALKESB					
	/	1					Signature	0 0	O Da	te			

PAJO

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



Agencies Notified Type Notification Street Address Part	
□ DEP □ Amended City, State, Zip Code	- 11
DEP Amended City, State, Zip Code	A TO STATE
DOL Amendment#	ti -
Emergency (including News 12 14 14 14 14 14 14 14 14 14 14 14 14 14	7
DOH justification) Name of Contact Cancellation DCA DCA DCA DCA DCA DCA DCA DC	
FACILITY INFORMATION	_
Sixia Faul Day	
Street Address Street Address Subchapter 8 (Other than K-12)	
Other (i.e. private & commercial buildings, hor etc.)	es,
City (5) Highland Park NJ 08904 Square Feet # of Floors Bldg. Age	_
County (6) Middle Se x: County Code (7) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Name of Abatement Contractor (9)	2.3
Street Address Street Address	26
City, State, Zip Code City, State, Zip Code City, State, Zip Code	3
Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. License No. 609 758-3365 609 758-3365	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) Street Address Street Address	
Facility Closed/Vacated During Entire Period of Abatement P-0 . Box 337	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	_
Vew Egypt NJ 08533	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf	
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Is Location Abatemen	t
Location of Normally Description of Type	
	m
In Facility Custodial Staff? Surfacing, VAT, or SF or LF)	Enclosure
(12)	1 5
Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (13) Custodial Staff? (14) Custodial Staff? SF or LF) Custodial Staff? SF or LF) Custodial Staff? Custodial Staff? SF or LF) Custodial Staff? Custodial Staff?	6
Yes No N/A	re
Yes No N/A Pipe Insulation 20 LF X	ē
Tes No N/A	re
Tes No N/A	re l
Basement X Pipe Insulation 20 LF X	re
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste J. Name of Registered Landfill	
Name of Registered Waste Hauler EPC Technologies No NA Pipe Insulation 20 IF X NJDEP Waste Hauler Cubic Yards of Waste 2 Name of Registered Landfill Waste Management of Waste 17000	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste J. Name of Registered Landfill	2/4

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

Check # 10642

PATT	101		it to NJAC 8:60 ar			EG	厚		N/7	
Date of Notification (1) 3 - 10 - 4	10 a	Name	of Building Owner/	Operator	(2)	ita (?	11-	Ü	V)	12-11
Agencies Notified Type Notification	4017	Street	Address _	aship	of Ko	weitan		0.00	210	The state of the s
□ EPA 📜 Initial	i ta san	-1-15	304	Ren	osylvani	a Ave	1	3 21)19	
DDL Amended Amendment	#	City, St	tate, Zip Code		Λ1.7T		7	. 19	- 1	
DOH Emergency (i	including	Name	Flemins	+00	100	0882			_	
☐ DCA ☐ Cancellation			ike Kasi	•		908 310		9	82	
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMAT	1	Type of Facility	(4)				
Street Address Street	DNIeli	1.25	Vacant	-)	☐ School (K-					
		1			Other (i.e. etc.)	r 8 (Other than K-1 private & commerc	2) ial bui	dings	, hom	es,
City (5) Flemington	N	7	0887		Square Feet	# of Floors	E	Bldg. /	Age Ot	
County (6) 2/. 1	1 4	County	Code (7) USE ONLY)		Current Use (Pri	or if being demolisi	hed)	0	07	_
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	M No. a	Name o	of Abatement Con	tamily ntractor (9)	DV	10/	ling	
Street Address	gies		n/A		.PC Te	chnolec	196		Í	36
P.O. Box 3.	37		6	Street A	Address O. BOX	337				
City, State, Zip Code	NJ	09	533		ate, Zip Code	TIA SA	A	94	2	2
Project Manager for Monitoring Firm		Telepho		Telepho	one No.	License N	0.		# W	59
Start Date (10)	Scheduled Co	609	758-3365 Date (11)		758-334 of OSHA Monitor	5 0)	DY		
/1/42 2 JO19	Mar	29	.2019			hnologies	I	nc		
Occupancy Status During Abatement (Check	S 5			Street A	ddress	~				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abate al Facility Hou	ment rs			ate, Zip Code	337				-
Scope of Work (Check All That Apply)				Ne	w Egypt	NJC	285	53	3	
≥3 sf or ≥3 lf	.□ Renov	ation			Full Container	oot with Negative C				
≥160 sf or ≥260 lf	Demol				Mini-Enclosure		ressu	re		
	1		1	 文	Glovebag Prod Non-Exempted	d (*) and Non-Friab	le Pro	cedur	е	
Location of	Is Loca Norma		D	,					ement rpe	í
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solo Maintena		Asbestos Cont		iterial (ACM)	Amount			Ū	
In Facility (13)	Custodial (12)			ing, VAT	, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A	other n	niscellane	ous)		val	air	ulate	sure
Basement	X		Dina		led to	120 LF	X'			
Exterior Walls	1	X	Sidior	Shi	sles	1400 SF	X			
			3	<i>/</i>	100	7 100 01	1			
		32								
Name of Registered Waste Hauler	F	NJDEP W Hauler ID			en Branco	Registered Landfill				
City, State		1700		al Date	City, State	e Manages	nenl	101	E P	H
New Equat 1	TU		1	J9-1			A			
Steve Schenker	Presid	ant.	Si	gnature	DSOL.	Dai	te Z -	14	1-10	9

CK 38964

PAID

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



Data of N. 115 11 113						111.1				11 11
Date of Notification (1) 03/14/19 ck	#2890	4			Name of Building Owner Delbarton School	/Operator (2)	MA	D 1 - 0	010	
Agencies Notified	12000	Notification	Type		Street Address 230 Mendham Road		: IVIA	K 1 g 2	119	April T
⊠ EPA		☐ Initial No		n	City, State, Zip Code					5
□ DCA ☑ DOL		□ Amende		e	Morristown, NJ 07960					
□ DEP		iustification		fication (including	Name of Contact		Teleph	one Number		
⊠DOH		☐ Cancelle			Fr. Michael Tidd O.S.B	<u>3.</u>	973-53	8-3231 x	3020	
Name of Facility Where Abateme	ont in T	akina Dlass	(2)	FACILITY IN	FORMATION					
Delbarton School Trinity	Hall	aking Place	(3)		Type of Facility (4) ☐ School (K-12)					
Street Address 230 Mendham Road					Subchapter 8 (other Other (i.e. private & Sq. Feet: # of Floors: 3	commercial b	uildings., 1960's)	
City (E)	(0)				Current Use (prior if bein	g demolished			iah Sch	lool
City (5) Count Morristown	y (6) Mor	rie		ty Code (7) e Use Only)					3	
MOTTIStOWII	IVIOI	115	Jolait	e Use Only)						
Name of Monitoring Firm Hired b	y Bldg.	Owner (8)	ASCN	/ No.	Name of Contractor (9)					
Envirovision Consultants			1							
Street Address					Panoramic Window & D	oor Systems	Inc.			
20-21 Wagaraw Road					Street Address 712 Sergeantsville Road	d				
					7 12 ourgeantsvine read	u				
City, State, Zip Code Fairlawn NJ					City State, Zip Code	777.2				
Project Manager for Monitoring F	irm	Telephone I	Number		Stockton, NJ 08559 Telephone Number		License	Number		
Fred Larson	-	973-636-91			P (732)926-0900 x102		01237	TYUTTDET		
Scheduled Start Date (10)		Cobodulad (2	Vi D-1- (44)						
03/15/19		03/16/19	<u>Jompiei</u>	tion Date (11)	Name of OSHA Monitor					
					IAQ CONO LLO					
Occupancy Status During Abater x Facility Closed/Vacated During	nent (C	heck only or	<u>ne)</u>		Street Address					
□Abatement Performed Outside	of Norr	nal Facility F	atemen lours –	T.	87 Main Street					
□Other – Describe:					City, State, Zip Code					
Dother - Describe:					Linesia Daule N.L. 07005					
					Lincoln Park, NJ 07035					
Source of Work (Check all that ap	ply)									
≥ 3 sf or > 3	If			⊠ Ren	ovation	□ Mini-End	laares			
≥ 160 sf or > 260				□ Demolitio		Glovebag Pro	900.733 T			
	3 48				_	Non-Friable P				
Location of Asbestos-		ation Norma	lly	Description of As	sbestos Containing Material	Amou		Abatemen	t Type	
Containing Material (ACM) in Facility (13)		Solely by /Custodial S	taff2	(ACM) (i.e. therr surfacing, VAT, o	mal systems insulation,		fy SF or	Remove Repa	is Engal	
2 1 2	(12)	, o dotodiai o	can:	Surfacing, VAT, C	of other misc.)	LF)		ixemove Kepa	п споар с	inclose
Eutonia Danal	YES	NO	NA 🔀							
Exterior Panels associated with curtain		ACM T	ACM TRANSITE & CAULK 45 SF 🗵							
wall window system										
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of Waste		Name of	Registered	Landfill	
Panoramic Window & Dr Suc In	Panoramic Window & Dr Sys Inc							os. Sanitary L		1
i anoranne window & Dr Sys In	anoraline window & Dr Sys Inc					Dianes-I D		011 0		
						Disposal Da	ate	City, S Easton		
									1	
Completed by (Print or Type) Title					Signature		Date			
Mark M Jovic		PM			Mast In	/	03/14/19) i		
					1000					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 03/12/2019 Michael Lukas MAR 2019 Agencies Notified Type Notification Street Address **EPA** × Initial × DEP City, State, Zip Code Amended DOL Amendment # Clinton, TN 37716 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Michael Lukas FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bloomfield N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/22/2019 03/23/2019 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 11 Rosengren Avenue Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Encapsulate Custodial Staff? (Specify Enclosure Removal In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 215 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. D&S Abatement, Inc. of Waste Fairless Landfill 20996 TBD City, State Disposal Date City, State Totowa, NJ TBD Morrisville, PA Completed by Signature Date Oliver Hegedis Project Manager 03/12/2019

State of New Jersey



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

ECEIV

MAR 1 8 2019

Date of Notification (1)	1			ding Owner/Operat REUTER	« (2) COWSTR	CUCTIONI	-00	- + ·		
Agencies Notified Type No.	otification		Street Addre	1959 N	BEECH	HAM RI)			
DEP Ame	nded ndment#	-	City, State, Zi	Code	4 M S TOL		(')	50	790	 .
DOH justit	rgency (inclu fication) estation		Name of Con		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Telephone Nu	_	OL C		
	T.		FACILITY I	NEORMATION						
Name of Facility Where Abatement	is Taking Pt	ace (3)			Type of Facili	1960 -1000000				
RESIDE	NE				School (K-	er 8 (Other than K.	-12)			
Street Address			<u> </u>		DOTHER (i.e., homes, etc	private & comme c.)	rcial bu	ikling	\$.	
City (5) OCEAN	C1-	ty			Square Feet	# of Floors		Bldg SZ	Age) 1	
County (6)	AY		County Code USE ONLY)	(7) (STATE		Prior If being demo	Eshed)			==
Name of Monitoring Firm Hired by B		Y AS	SOM No.	1 .	nent Contractor (_		_
(8) N/A	-			Street Address	LEMCO	INC				_
Street Address		*		30 eet Address	1 S. SPL	RUCE AU	_			
City, State, Zip Code				City, State, Zip C		ADE N.	J 08	505	. 2	
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No. 856-77		License No	'3 ን	1		
Start Date (10)	Scheduled	Completion	Date (11)	Name of OSHA N		1				=
3-71-19	3-	31-19			NIA					=
Occupancy Status During Abatemen	(Check only	y one) f Abatemer	n!	Street Address						_
Facility Closed/Vacated During Er Abatement Performed Outside of	Normal Facili	ity Hours		City, State, Zip Co	∞de					
Other - Describe:									_	=
Scope of Work (Check all that apply)				☐ Full Con	tainment with Ne	gative Pressure				
>3 sf or ≥3 H ≤160 sf or ≥260 H		enovation emotition		Gioveba	g Procedure	a Eriabia Daara	122			
DE 5100 21 O1 5500 II	10	Location	1	Non-Exe	mpteo (*) and No	on-Friable Procedi		bater		
	N	ormally Solely by		Description of			_	Typ	æ	_
Location of Asbestos-Containing Material (ACM	Main	ntenance/ ustocial	Asbes	os Containing Mate thermal systems in	erial (ACM) sulation,	Amount (Specify	R	D D	Enc	Enc
TO BE ABATED IN Facility	"	Staff?	(1.0	surfacing, VAT, other miscellaneou	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No N/	A .				5		ale	0
	16	X		CANSITE		1000 50	X.			
SIDING	-	-	1						_	_
		$\neg \neg$					4	-	4	\dashv
				Cubic Yards	Name of Regis	tered Landfill	للل	لــــــــــــــــــــــــــــــــــــــ		\dashv
larne of Registered Waste Hauler		Haules	Waste ID No.	of Waste	Ch	A(INI)	A			
KLEMCO INC		1179	04	Disposal Date	City State	10	<u> </u>	_		
MAPLE SHAWE W	. I				_ Was	1 BINE	W.	1		=
Completed By	Tribe On C			Signature 30	The	-3-	11-	9		_
MICHAEL KUMM	PRES			-						

PAJD

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

2 10641

			(PL	irsuant i	10 NJAC 8:50	and 12:120	J)	Wa.		SI	7	5	7	7
Date of Notification (1)	3-14-1	q			Building Owne		(2) A	16	ohe,	- ·	7 -		1 1	1
Agencies Notified	Type Notification	. 7.	, ;	Street A		7.3	4	' _		·	D	1:0	201	10
□ EPA □ DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Code	ou i l	A	mba	, N=	T	ee O &	38	79	19
DOH DCA	☐ Emergency (ir justification) ☐ Cancellation	cluding		Name of	1 Co	ben		.	Telephone	Numb	er	er sid		pt s se
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFORMA	ATION	Type of F	acility (4)						
Street Address	le Fan	ily	Z) VYC	lling		☐ Subo		(Other than I		wildi	inaa	homo	
							etc.)		ate & comm	er Glai i				.5,
City (5) Sout 1	· Amboy		N.		18879		Square Fe		# of Floors		3	dg. A	ge } † -	-
County (6) Midd					JSE ONLY)				f being dem	olished)			
Name of Monitoring Firm	n Hired by Building O	•		ASCM	No.	Name	of Abateme	Company (ctor (9)	1	25	,	In	1
Street Address	Box 3	IT						ox z	137	W.				
City, State, Zip Code	evat.	NI		08	533	City S	State, Zip C	ode	+ N]	01	35	3	3
Project Manager for Mo	ibriggFirm		100	Telephoi	ne No. 758- 336		hone No. 758-	7 1 4	Licens	e No.		9	4	
Start Date (10)	26-19	Schedule 3		pletion I	Date (11)	Name	OF OSHA N	:	nologi	es	I	ıc	- 4	
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Address	2	707					
	cated During Entire Poned Cutside of Norma				*	City, S	State, Zip C		25 F ALT	0	9.5	33	3	
Scope of Work (Check A	All That Apply)							(P.	/00				_	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		/	Renova Demolit			7	☐ Mini-Er ☑ Gloveb	nclosure ag Proced	t with Negati dure *) and Non-F				9	
		le	Locati	on	•		1 11011-12	xempted () and Hon-	Tidbic		Abate	ment	10
Locatio	n of	1	Normal	ly		Description				-	-	Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED	Ma	ed Sole iintenar todial S (12)	nce/	(i.e. then				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
R.c.	1		140	1071	.D	7.	ı i		loo i s	- †	v			
Basene	27	X			Pipe	151	Llatic	27	loo Li	- 1	X			
4														
Name of Registered Wa	ste Hauler			JDEP W		bic Yards	N	ame of Re	egistered Lar	ndfill				
EPC Tec	chnologies	•	H	lauler ID	00	Waste -		Naste	Manag	jen	ent	L	E {	A
City, State New E	gypt	NJ	N		3	- 1	-19/		syille	P				
Steve Sche	in Keir	Title Pize	sid	ent		Signatur	www. 25	Ole	h	Date	3-	14	-1	G

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 13 19 Township of Deptford MAR 18 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 1011 Cooper Street **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #4 Deptford, NJ 08096 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **Donald Banks** 856-686-2218 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Deptford Municipal Building** School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1011 Cooper Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Deptford 50,000 2 96 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Municipal Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor

03/_11_/_19_	03/	1	2 /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (C					Street Address						
 ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Nor 					200 Route 13		= www.				
Time of Abatement:AM	_PM/	PM		AM	City, State, Zip Co						
Scope of Work (Check all that apply)										A	New York
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		emoliti	on		☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure mpted (*) and No		dure			
	1 200	Loca						Ab	atem	nent T	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	intena	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		outer micoonano	000)				te	
2 nd Floor Storage Room		\boxtimes		Floor	Tile and Mastic		414 SF	\boxtimes			
					-						
					-		(3)				
Name of Registered Waste Hauler Freehold Cartage		1 283	NJDEP V Hauler III	O No.	Cubic Yards of Waste	Name of Regis					
City, State Freehold, NJ			10000	THE PARTY OF THE P	Disposal Date 03/12/2019	City, State Morrisville	, PA	- Steet Warn		-	***
Completed By (Print or Type) Christina Lynch	Title Vice Pr	eside	ent of (Operatio	Signature ons			Date	лa		

31319

PAID

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

Check # 1856

Date of Notification (1)				Name of Building Owner / Operator (2)													
March 13, 2019 Agencies Notified Type Notification				Greg	Gregory and Colleen Gewirtz							EOEIN					
TEPA	Type Notifica	Street	Street Address							E GRUWE							
DEP																	
⊠DOL	☐ Initial				City, State & Zip Code MAR 1 8 2010												
		Freehold, NJ 07728											- ADMINIST				
DOH Amended Amendment #					Freehold, NS 07728							ramo .					
DCA Cancellation					of Conta	act							Telepho	ne Nu	ımbe	er	
					Colleen Gewirtz				to Pacific								
				FA	CILITY	' INFO	RM.	ATION	1								
Name of Facility Where Abatement is Taking Place (3) Surf City Hotel					Type of Facility (4) School (K-12)												
Street Address							10	Subch	napter 8 (Oth	er than	K-12)						
800 Long Beach Boulevard							Other (i.e., private & commercial buildings, home, etc.)										
0%.75					Square Feet				et #	# of Floors Bldg. Age							
City (5) Surf City		Current Use					3 100+ years										
							Current Use (Prior if being demolished) Hotel										
County (6) County Code (7) USE ONLY																	
Name of Monitoring Fire	m Hired by B	uilding Ow	/ner (8)		ASCN	l No.			patement Co	ntractor	(9)						
Street Address							Synatech, Inc. Street Address										
							2000	Radio	57.65								
City, State & Zip Code							-		& Zip Code								
Project Manager for Me	nitorina Circo		T-						Harbor, NJ	08087							
Project Manager for Monitoring Firm Telephone Number							Telephone Number License Number 609-296-6916 00817										
Scheduled Start Date (10) March 25, 2019 Scheduled Completion Date (11) April 25, 2019							Name of OSHA Monitor Synatech, Inc.										
Occupancy Status During Abatement (Check only one) Facility Closed/ <u>Vacated</u> During Entire Period of A					nt		Street Address 829 Radio Road										
Abatement Performed Outside of Normal Hours							City, State & Zip Code										
Other – Describe:							Little Egg Harbor, NJ 08087										
Facility Occupied During Abatement								- 00									
Scope of Work (Check	all that apply)															
7 ×2 of arx 2 is							Full Containment with Negative Pressure										
					enovation emolition			Mini-Enclosure									
∑ ≥160 sf or ≥260 lf					п		☐ Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure										
Locat	tion of		la Lagati	on Name	lls I la a d			<u> </u>		npted(*)	and N	on-Friable I					
Location of Is Location Normal Asbestos-Containing Material (ACM) Solely by Maintena							As		otion of Containing		Amoi	unt (Specify		atem	ent T	Гуре	
TO BE ABATED Cu				Custodial Staff? (12)			Material (ACM)					F or LF)					
IN Facility (13)							(i.e., thermal systems insulation, surfacing, VAT			.					ш		
Χ.	,								cellaneous)				Re	Z.	nca	Enclosure	
									68.65.0389 (6).7 (7).7 (Remova	Repair	psu	los	
			Yes	No	N/A								/al	=	Encapsulate	ure	
2 nd and 3 rd Floors					X Siding					5,	300 SF	X		Г	Т		
											-		-				
Name of Registered Waste Hauler NJDEP W					Ioubia Vanda (11)			Vaste Name of Registere									
Ha			Hauler II	No.		Cubic Yards of				-	red Lar	dfill					
Synatech, Inc. 27 City, State				429	29 14 Disposal Date			Fairless Hills			A 15-						
					Dispus	ai Dale			City, Stat	е							
Little Egg Harbor, NJ					April 25, 2019			Morrisville, PA									
Completed By Title					Signature						Date						
Diane Aloia Executive Administ					1	and	2 6	alora			arch 11	3. 2019					