### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

UK 5312			(P	ursua	ant to NJ	AC 8:60 and 5:1	6)	TO MAD	0 5	001	^	or section of
Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)	III MAR	<u>C                                    </u>	_///	9	- Ban
3/2	22 / _	19		Ka	ashiv Bio	sciences	/ Job a	#1902-2405 Ch	k. #5	313	. 4	
	ype Notifica	ation		Stree	et Address						-	
F7	Initial			99	5 US HW	Y 202/206				Springer	Acceptance	
☑ DOLWD ☐	Amended Amendme			City,	State, Zip	Code			_			
	] Emergend		-	Br	idgewate	r, NJ 08807						
(NJAC 5:23-8)	justificatio	on)	9	Nam	e of Contac	ot		Telephone Num	ber			
	] Cancellati	ion		Ro	ny Cabre	era		732-900-227				
				FA	CILITY IN	NFORMATION						
Name of Facility Where Aba		aking Plac	e (3)				Type of Facility	(4)				
Kashiv Pharmaceutic	als						School (K-12	2)				
Street Address							Subchapter 8	Other than K-12	)			
995 US HWY 202/206							homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	\qe	
Bridgewater							146,000 SF	3		1970		
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)			
Somerset							Commerica	Building				
Name of Monitoring Firm Hir		ing Owner	(8)	ASCM	No.	Name of Abateme						
Horizon Enviromental Street Address						Asbestos and	d Mold Service	s, Corp.				
						Street Address		Para para				
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code Thorofare, NJ 08086						City, State, Zip Co						
Project Manager for Monitori	5:		1= .			Hainesport, N	IJ 08036					
Dave or Steve Flaniga				phone		Telephone No.		License No.				
Start Date (10)		shadulad C		_	3-0800	609-702-0400		00862				
_4 / _2 / _^	19	cheduled C			19 19	Name of OSHA M	1000 11 to 400 1					
				_ ′ ·		EMSL Analyti	cal, Inc.					
Occupancy Status During Ab  Facility Closed/Vacated D						Street Address	A CHARLESTON TAN					
Abatement Performed Ou	tside of Nor	mal Facility	Abate / Hou	ment 's - Des	cribe	200 U.S. Rout						
Time of Abatement:	_AM	_PM/	_PM-	3 - Des	AM	City, State, Zip Co						
Scope of Work (Check all tha						Cinnaminson	, NJ 08077					
	it apply)					⊠ Full-Genta	ainment-with Nea	ative Pressure E	nela	8:75	4	
$\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If		⊠ Re	novati molitic				osure	ative i ressure Z	10.0	.50	_	
23 _ 100 01 01 <u>2</u> 200 11		⊔ъе	molitic	n		☐ Glovebag	Procedure	n-Friable Procedur				
		Is	Locat	ion		LI HOIT EXCIT	inpiced ( ) and Noi	i-Friable Frocedur	_	-4	t T	
Location of			lorma			Description of				atem		T
Asbestos-Containing Mate			d Sole			tos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	<b>-</b> 8	Cust	odial	Staff?	(1.6.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>	or	(Specify SF or LF)	ova	ai-	sde	nso
(13)			(12)	T	-	other miscellaneo	ous)	J. J. L. ,	-		ılate	9
1st Floor Utility Room		Yes	No	N/A								
2 <sup>nd</sup> Fl Janitor & Women's	Vootibul				2000 500 2000 500	e and Mastic		392 SF				
Men's Vestibule	vestibule					e and Mastic		52 SF				
Men's vestibule					Floor tile	e and Mastic		22 SF				
Name of Posisters 114/2-1-11	•											
Name of Registered Waste H	auler		0.000	JDEP V auler ID	20000000000000000000000000000000000000	Cubic Yards of Waste	Name of Registe	ered Landfill				
Waste Management			93500	17273	00/19/20/74/0	5	Grand Cent	ral				
City, State						Disposal Date	City, State					$\neg$
Lafayette, NJ						4/5/19	Penn Argyle	e, PA				
Completed By (Print or Type)	T	Γitle				Signature	0/1	Dat	е	30		
Kaysi Gruner		Office A	ssist	ant		Fell An	IX	13	3/2	21	19	)
NH-/17									1 10	11. 1	- 1	

MAD 2 E 2010

Date of Notification (1)	U	PALES.	B.F	- 3	1				III MAR 2	5 /	2019	Same Cod An	1
3 /	22 /	19	,				ng Owner/Operator armella L. Carus	**************************************	#4000 044= 0	,	-046		
Agencies Notified							armena L. Carus	0 / Joi	b #1903-2415 Cl	1K. #	5312		
⊠ EPA	Type Notific	cation			Stree	t Address					.7000, 1		
☑ DOLWD	☐ Amende	ed			Oite	01.1.7							
☑ DHSS	Amenda			_		State, Zip							
DCA	☐ Emerge		ncludin	g	-		NJ 08016						
(NJAC 5:23-8)	justificat				18.4557.000	e of Contac	70)		Telephone Num	ber			
	L Cancella	ation					ruso, Executor			-			
Name of Eacility Whore	Abatamant in	Table	DI	(0)	FA	CILITY IN	NFORMATION						
Name of Facility Where A		rakin	g Place	e (3)				Type of Facility					
Street Address	Ly	_						School (K-12	2) 8 (Other than K-12	١			
ou cot riddiess								Other (i.e., p	rivate and commer	cial b	uildin	ıgs,	
City (5)								homes, etc.)					
Burlington								Square Feet 1,300 +/-	# of Floors	В	ldg. A		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)		3		192	9	
Burlington					Joou	nty code (/	(STATE USE ONLY)	Residential	ior if being demolis	hed)			
Name of Monitoring Firm	Hired by Buil	ldina (	Owner	(8)	ASCM	No	Name of Abateme						
Finog Enviromenta				(-)				d Mold Service					
Street Address							Street Address	a Mola Sel Vice	:5, Согр.				
617 Stokes Road							3859 Sylon B	loulevard					
City, State, Zip Code		7.4					City, State, Zip Co				-		
Medford, NJ 08055							Hainesport, N						
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
Rebecca Rubnitz				8	88-715	-2211	609-702-0400		00862				
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
_4_/_1_/			4 /	5	/ .	19	EMSL Analyti	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Enti	ire Per	riod of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Time of Abatement:	Outside of N	ormal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
			/" <u> </u>			Alvi	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						П г.: II 0						
≥3 sf or ≥3 lf			⊠ Re				☐ Full Cont	ainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag						
			le	Loca	ion		☐ Non-Exer	mpted (*) and Nor	n-Friable Procedur	1			
Location	of		1	Norma	lly		Description of	f			_	ent T	
Asbestos-Containing N TO BE ABA		۱)		d Sole intena			stos Containing Mat	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure
IN Facilit			2000	todial	Staff?	(i.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>	nsulation,	(Specify SF or LF)	SVOL	air	apsi	losu
(13)	5)/			(12)		1	other miscellaned		31 01 21 )	=		Encapsulate	ē
			Yes	No	N/A							(D	
Basement						Pipe Ins	sulation		280 LF				
											П		
Name and the second			П							-	-		
			=		-						Ш	П	
Name of Registered Wast	e Haules				IDED!	Manta	0.11.77						
Waste Management				100	JDEP \ auler I[		Cubic Yards of Waste	Name of Regist					
City, State					17273		5	Grand Cent	trai				
Lafayette, NJ							Disposal Date	City, State					
A CHARLES AND A COLD TO A COLD COLD		T			suu.u		4/5/19	Penn Argyl	e, PA				
Completed By (Print or Ty Kaysi Gruner	pe)	Title	·	! 4	4		Signature	4/1	Dat	e	~ 1		
Naysi Gruner		U	fice A	ASSIT	ınt		John Ma	1 MX	/   3	12	1	1 4	

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

Print Form

### State of New Jersey

1001	NOTI	FICAT Pursu	TION OF ant to N	ASBESTO IJAC 8:60	OS ABATEM and 12:120	MENT )					-	A TOTAL OF
te of Notification (1)		Nan	ne of Bu	ilding Own	er/Operator pike Autho	(2) ority		MAR 2	5 201	9	less	3
encies Notified Type Notification		Stre	et Addre	ess			ve Bridge	State 7				
EPA Initial Amended		City	, State,	Zip Code ange, NJ	N. N. N. W. W. W.							
DOL Amendment # Emergency (incl	uding		me of Co		-			Telephone Num	oer			
DOH justification) DCA Cancellation			an Wer					7327505300				4
2011			FACILIT	Y INFORM	IATION	Type	e of Facility (4)					$\exists$
ame of Facility Where Abatement is Taking P GSP Interchange 145 Central Ave Br	lace (3) ridge						School (K-12)	(Other than K-12	)			
reet Address GSP Interchange 145 Central Ave Bi	ridge	V)				×	Other (i.e. privetc.)	# of Floors	I building	s, ho		4
ity (5) East Orange						N/A						
ounty (6)		Co (S	ounty Co	de (7) E ONLY) _		Br	idge Utilities					
lame of Monitoring Firm Hired by Building Ow	mer (8)		ASCM N	No.	Geo	orge		struction Co., I	nc.			
Street Address					62		wbrook Roa	d				
City, State, Zip Code					City, Hov	State well,	, Zip Code NJ 07731					
Project Manager for Monitoring Firm		Te	elephone	e No.	732		-2089	License N 01055	0.			
Start Date (10)	Scheduled April 12	Comp	oletion D	ate (11)	Nam	ne of C	SHA Monitor					
April 1, 2019 Occupancy Status During Abatement (Check		68			Stre	et Ado	Iress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Bridge / Road Recons	eriod of Ab	ateme			City	, State	e, Zip Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	☐ Re	enovat	ion	0.	·	×	Mini-Enclosure	ent with Negative e cedure d (*) and Non-Fria			9	
	1						NOII-Excilipto	- ( )		Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	Location formall d Solel ntenar odial S (12)	y ly by nce/	Asbesto (i.e. 1	Descrip os Containir thermal syst surfacing, other misce	ng Mat tems in VAT,	erial (ACM) isulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Na .	Yes	No	N/A		TOLL	N/ra=		240 LF	X			T
Water Main	1		X		TSI V uminous F		Coating	240 LF	Х			
Gas Main			X	Bitt	Iminous F	-ipe (	Joanny					I
					0.12.7	rdo	Name 0	f Registered Land	Ifill			
Name of Registered Waste Hauler George Harms Construction Co., Ir	nc.	H	NJDEP V Hauler ID 15885		of Waste TBD	us	Waste	Management				
City, State					Disposal TBD	Date	City, Sta Tullyto	ate own, PA				
Howell, NJ Completed by	Title		nginee		Sign	ature	MI.		Date 3/20	100/	la	

CK 0/10590AI	D		CATION	ate of New OF ASB to NJAC	ESTOS	ABATE		T :		EC	7	F	1	7	-
Date of Notification (1) 03-21-19			Name o	f Building	Owner/C	perator	(2)	<u>.</u>		MΑ	R	2.5	201	Q	And the second s
Agencies Notified Type Notification			Street A 4000 I	ddress Hadley F	Rd.				1.0	1111	11.1		- fald (	<del>J</del>	key
EPA X Initial DEP Amended Amendment #	±			ate, Zip Co		-			1	e de la composition della comp					reto!
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding		Name o	f Contact / Gazick						ephone 6-628-	Num	ber	9179		
Gardenation				LITY INFO		ON			100	0 020 .	2-71				
Name of Facility Where Abatement is Taking Manhole #4	Place (3	3)					Тур	oe of Facility (4	50						
Street Address 180 Furler St.							×	Subchapter Other (i.e. p etc.)					lings,	home	es,
City (5) Totowa							Squ N//	uare Feet A	# o N//	f Floors A	rerai		ldg. A	ge	
County (6) Passaic		- 1		Code (7) USE ONLY	)			rrent Use (Prio anhole	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCN N/A	/I No.				batement Con vironmenta			nc.				
Street Address N/A						Street 17 O		ress Jock Rd							
City, State, Zip Code N/A			9					Zip Code c, NY 11980	)						
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 631-9		No. -8111	- C	License 01136					
	Schedul 05-01-		pletion	Date (11)				SHA Monitor vironmenta	l Ser	vices, I	nc.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	2		ent			Street 17 O		ress lock Rd							
Abatement Performed Outside of Normal Other – Describe: Exterior street	al Facility	Hours			_	7-1-1-1-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Zip Code c, NY 11980	)		<del></del>	==-			
Scope of Work (Check All That Apply)															110012
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	N	Full Containme Mini-Enclosure Blovebag Proc Non-Exempted	edure					a.	
	Is	Locati	on										Abate	ement	
Location of		Normalled Sole				cription						-	1 y	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		thermal surfac		s inst		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	1
Street			X		Coa	l tar wi	rap		3	6 LF		x			
											11				
Name of Registered Waste Hauler		m 1 (2000)	JDEP W		Cubic			Name of F	Registe	red Lan	dfill				
Veolia ES Technical Solutions		100.00	auler ID 01699	NO.	of Was			EQ							
City, State Flanders, NJ					TBD	al Date		City, State Michiga							
Completed by Raymond Tutiven	Title Proje	ct Ma	nager		S	gnature Gym		LTIN	 .i.	7	Date 03-	21-1	19		

State of NJ Notification of Asbestos Abatement

Check # 9193



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

Date of Notification (1)							E	PE	n n/	1 125	2 10 7 1
10 13 1/12 12 1/11 19		Alecia G		er/Operator (2	)		Ę	CE	II W	Lin	7
Agencies Notified Type Notific  EPA DEP  DEP  DEP  M DOL Amer		Street Addre		7042			Loan	MAR 2 5	201	9.	
X DOH		Name of Co					l Telephone	Number	7719.		
	ellation	Alecia								*	
			FAC	ILITY INFORM	MATION						
Name of facility where abatement Alecia Grant	nt is taking p	place (3)					Type of Facility (4	(K - 12)			
								pter 8 (Other		12)	
Street Address							Bldgs./l-	Private/Comm Homes, etc.		J= A.	
City (5)	I Co	unty (6)			I Cou	nty Code (7)	Square Feet #	f of Floors	l Bit	dg. Ag	je
Montclair, NJ 07042		ssex			100.000.000.000	te use only)	Current Use (Pri	or if being der	nolishe	d)	
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)		ASCM No.		Name of Abatement C	Contractor (9)				
						B & G Restoration	on, Inc.				
Street Address						Street Address 105 Ryerson Ro	oad				
City, State, Zip Code						City, State, Zip Code Lincoln Park, N	J 07035				
Project Manager for Monitoring F	irm	PI	none Numb	per		Telephone Number (973)696-6869	)	License Num 00378			
Scheduled Start Date (10)	Sch	ed. Completi	on Date (1	1)	-	Name of OSHA Monit					
04/01/2019	04	/02/2019				B & G Restoration Street Address	on, inc.				
Occupancy Status During Abaten  Facility closed/vacated duri  Abatement performed outsi Describe:	ng entire pe	eriod of abate				105 Ryerson Ro City, State, Zip Code Lincoln Park, No					
Other-Describe: Scope of Work (check all that ap	anhu)				긖					- 11	-
	Renova ] ≥160 sf o	or <u>≥</u> 260 If			F	vrap & cut ull Containment w/neg flini-enclosure	ative pressure	Glovebag p	proce	dure	
Location of asbestos-containing material to be		ion normally ntenance/cus				sbestos-containing	Amount (Specify SI	e m	R e p	E n c a	E n c
abated in facility (13)	Yes	No	N/A				LF)	v e	i	p	L
aundry room area			×	pipe insu	lation		3 LF	X	부		뷰
aundry & gas meter area			×	pipe			32 lf		#	X	ዙ
		4		-					卄	片	ዙ
	-	4	-	<del> </del>					卅	片	片
Registered Waste Hauler B & G Restoration, Inc.	NJ	DEP Hauler 19563	ID#	Cubic Yards of	Waste	Name of Registered Grand Central			<u> </u>		1-
City, State Lincoln Park, NJ			Disposal I	Date 4/02/2019		City, State Pen Argyl, PA					25
Completed by (Print or Type) Gordana Luna	Title Secret	tary/Treas	urer	Signature		Gordana Luna		Date 03/22/20	19		

2019-61

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

Check # 9194

Date of Notification	(1)	LLN	Jame of B	uilding Own	er/Operator (	2)		F	O P	7 1	3.0	<del> </del>	
0 13 1/12 12	1/119		Greg W		iei/Operator (	2)		E	C E I	]	$\mathbb{W}_{-}$	-5	
Agencies Notified	Type Notificat	ion S	treet Add	ress		-						-	1 11
∐ EPA	X Initial								IAR 25	20	)19	2	IJ!
☐ DEP	□ Amond			Zip Code								1	
X DOL	Amendr			Orange, N	IJ 07052			Antonio de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición dela compo		NAME OF THE OWNER,		***	
X DOH	Cancella	11.	ame of Co					Telephone	Number	7-2	ma		
☐ DCA			Greg \	Vells					-	_			
8				FAC	ILITY INFOR	MOITAM	I						
Name of facility wh	ere abatement i	s taking pla	ace (3)					Type of Facility (4	(K - 12)				
Greg Wells									pter 8 (Othe	er th	an K-	12)	
Street Address								X Other (F	Private/Com			•	
									formes, etc.	Т	Blo	g. Ag	ge
City (5)		Cour	nty (6)			Cou	nty Code (7)					3500 332	
West Orange	, NJ 07052	Es	sex			(Sta	te use only)	Current Use (Pri residential	or if being d	lemo	olishe	d)	
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement C	ontractor (9)				Will (9)	
	, W						B & G Restoration	on, Inc.					
Street Address							Street Address 105 Ryerson Ro	oad					
City, State, Zip Code	e						City, State, Zip Code			-	1000		
							Lincoln Park, N	IJ 07035					
Project Manager for	Monitoring Firm		F	hone Numb	oer		Telephone Number (973)696-6869		License No 003		er		
Scheduled Start Date	te (10)	Sched	i. Comple	tion Date (1	1)		Name of OSHA Monit						
04/02/2019		04/0	03/2019				B & G Restoration	on, Inc.					
Occupancy Status D	During Abatemer	nt (Check o	only one)	The Sales of Control			105 Ryerson Ro	ad					
Facility closed							City, State, Zip Code						
Describe:	erformed outside	of normal	facility ho	urs-			Lincoln Park, N.	1.07035					
Other-Describ								07000		_		- 51	_
Scope of Work (che	eck all that apply	() Renovation	ND.			_	vrap & cut full Containment w/neg	ative pressure	Gloveba	a nr	ocodu	ro	
>3 sf or >3 lf	_	>160 sf or				77	/lini-enclosure	ative pressure	Non-frial				
				used solel	vl	E .				R	R	E	1_
Location of asbestos-con			enance/cu		1000 100	tion of a	sbestos-containing	Amount		e m	e p	n	E n
material to be abated in faci		Yes	No	N/A	materia	(ACM)		(Specify SI		0 V	a	а	C
		103	NO		1	1-43		1515		е	Ė	Р	
basement			<u></u>	X	pipe insu	llation		15 LF 35 LF		X	님	X	H
Dasement				+-	T Pipe			- OO E1		Ħ	ㅐ	H	H
					1		,				Ħ	百	
Registered Waste H B & G Restorat			EP Hauler 19563		Subic Yards of	Waste	Name of Registered Grand Central						
City, State Lincoln Park, N	11			Disposal I	Date 4/03/2019		City, State Pen Argyl, PA						
Completed by (Print Gordana Luna		Title Secreta	ry/Treas	surer	Signature		Gordana Luna		Date 03/22/	201	9		

(K2006 AID	N		ATION	te of New OF ASBE to NJAC 8	STOS	ABATE		ı <b>r</b>		EC	El	W	200	
Date of Notification (1) 3/22/19		110		Building C Lucas	)wner/C	perator	(2)	9 (0.774)		WAR	2 5	2010		And the second s
Agencies Notified Type Notification	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	5	Street Ad	ddress						WAR	<del>2 0</del>	2019		lessors.
EPA		1 2 2		te, Zip Coo					<u></u>					
Emergency (in justification)	cluding	N	lame of	Contact	7002				Tel	ephone Nu	mber	Jerra.		
DCA Cancellation				Lucas	RMATI	ON			-		•			
Name of Facility Where Abatement is Taking I Residential Home	Place (3	)					Ту	pe of Facility	040000 040000		D/11232-0-G			
Street Address			<u> </u>				×	Other (i.e.	r 8 (Oth	er than K-1 & commerc		lings,	home	es,
City (5)								etc.) uare Feet	1000000	f Floors	100000	ldg. A		
Paramus County (6)	7.		County (	Code (7)	775		0.78	I 00 irrent Use (Pr	2 ior if bei	na demolis	100	5 +/-		
Bergen		6		ISE ONLY)	<del></del>		R	esidential l	Home	CT2:			- 8	
Name of Monitoring Firm Hired by Building Ov Project Manager	vner (8)		ASCN	l No.				es Abatem		(9)				
Street Address						Street 280		lress Midland Av	re.					
City, State, Zip Code			302					, Zip Code Brook, NJ	07663					
Project Manager for Monitoring Firm		1	elephor	ne No.		Teleph	none			License N	No.			
	Schedule 3/30/19		pletion l	Date (11)		Name	of C	SHA Monito	r					
Occupancy Status During Abatement (Check		NO.				Street	Add	Iress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 8A.M to 4 P.M			ent		_	City, S	State	, Zip Code						
Scope of Work (Check All That Apply)	_		1000				7				In contract values			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renovat Demoliti				É	1	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
		Location										Abate	ement	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma Cus	Normalled Solel intenantodial S (12)	y by ce/ taff?		os Con thermal surfa		Mate s ins		(3	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A			VAT			3	40 SF	×	-		
Dasement		X				7/(1				10 01	1			
Name of Registered Waste Hauler		NI	JDEP W	laste	Cubic	Yards		Name	f Regist	ered Landfi	11			
All Stages Abatement		H	auler ID 036592	No.	of Wa			0.555		al Sanita		ndfill		
City, State Saddle Brook, NJ	7 77 77					sal Date	9	City, Sta	ate Irgyl, P	A				
Completed by Richard Cristofol	Title Pres	ident				Signatur	e//	11/1/			ate 3/22/1	9		



Chk#3538

Date of Notification (1) 3 /2	1/_	19				ing Owner/Operator own Board of Edu			C I	F	M	7
⊠ EPA ⊠	pe Notificat Initial Amended Amendmer		_	12 City	State, Zip	Warren Street		M	AR	2 5	201	9
	Emergency	(includi	ng			wn, NJ 07840		E Streets 244				
(NJAC 5:23-8)	justification				ne of Conta			Telephone Nur	nber			-
·   L	Cancellation	on		D	oug DeM	atteo		908-852-28	00			* -
				F	ACILITY I	NFORMATION			diameter.			_
Name of Facility Where Abat		king Plac	ce (3)				Type of Facility	(4)				
Hackettstown High Sc	hool						School (K-1	2)				
Street Address 599 Warren Street							Other (i.e., homes, etc.	8 (Other than K-1 private and comm.)	2) ercial l	buildir	ngs,	
City (5)							Square Feet	# of Floors	- E	3ldg.	Aae	_
Hackettstown							+-75,000	+-2		+-5		
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)			-
Warren							High School					
Name of Monitoring Firm Hire		g Owner	(8)	ASCA	No.	Name of Abatem	ent Contractor (9	)				-
Environmental Connec	tion, Inc			000	30		VIRONMENTA					
Street Address						Street Address			MARKE			_
120 North Warren Stree	et					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Monitorin	g Firm	9	Tel	ephone	No.	Telephone No.		License No.				_
Roland Jones			6	09-39	2-4200	215-788-6040	ř.	00509				
Start Date (10)	Sch	neduled (	Comple	etion Da	ate (11)	Name of OSHA M	lonitor	33333				_
_4_ / _1_ / _1	9_   .	_4	/ _1	3_/	_19_	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Aba						Street Address						
☐ Facility Closed/Vacated Dt	iring Entire	Period of	Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed Out	side of Norn	nal Facili	ty Hou	rs - De	scribe	City, State, Zip Co						_
Time of Abatement:		PM/ <u>3:31</u>	<u> PM-1</u>	2:00A	M	BRISTOL, PA						
Scope of Work (Check all that	apply)								-			
⊇ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedu	re			
Not-real-real-real-real-real-real-real-real			Loca							atem	ent T	- VI
Location of Asbestos-Containing Mater	rial (ACM)		Norma			Description of			-	_	1	T
TO BE ABATED	iai (AOIVI)	Ma	intena	ance/		stos Containing Mat ., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	
IN Facility (13)		Cus	todial (12)			surfacing, VAT,	or	SF or LF)	oval	=	nsd	1
(10)		Yes	No	N/A	1	other miscellaned	ous)				late	
uditorium					VAT & I	Mastic		5,700 SF			П	H
									П			t
			П						12			-
		+=	1		-					Ш	Ш	
me of Registered Waste Ha	ulor		Щ									1
SERVICE TRANSPORT		VC.	10000	JDEP \ auler I[	A CONTRACTOR OF THE PARTY OF TH	Cubic Yards of Waste	Name of Regis					
y, State				20990	)	30 Cu Yd	MINERVA L	ANDFILL				
ARDLEY, PA						Disposal Date	City, State					
mpleted By (Print or Type)						TBD	WAYNESB	URG, OH				
Dillan DeCaro	1	tle Estimat				Signature	0 0	Da	te			_
							7 1 77	The same of the sa			9	

### PAID

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

Chk #3538

Date of Notification (1)				Name	e of Buildin	g Owner/Operator (	(2)	7.11.1843 E1889 2.16.274(1)	E 6		П	n n
3/21	_ /	19				wn Board of Edu				E	IJ	W
	Notificati	ion		Stree	t Address			in in				
☑ EPA ☑ Ini				120	0 North V	Varren Street			AAA	R 2	ŗ,	2019
Parallel and Color	nended			City,	State, Zip	Code		- Fid 144	1917.1	11 4	J ,	2013
	nendmen		2	3		vn, NJ 07840		1.	•			
	nergency stification	(including	g		e of Contac			Telephone Ni	imhor	-		1
	ancellatio	100			ug DeMa			908-852-2	Steading and	1.00		1
								900-052-2	.000			
Name of Facility (Allege Of the			(0)	FA	CILITY IN	NFORMATION	<u> </u>					
Name of Facility Where Abatem		King Place	e (3)				Type of Facility (	07.5				
Hackettstown High Scho	01						School (K-12		10)			
Street Address							Subchapter 8 Other (i.e., pr			uildin	as	
599 Warren Street							homes, etc.)		11010101	anani.	90,	
City (5)							Square Feet	# of Floors	E	ldg. A	ge	
Hackettstown							+-75,000	+-2		+-50	1	
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			-
Warren							High School					
Name of Monitoring Firm Hired b	y Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme						
Environmental Connection	on, Inc			0003	30		VIRONMENTAL	INC				
Street Address						Street Address		.,				
120 North Warren Street						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co					_	
Trenton, NJ 08608												
Project Manager for Monitoring F	Firm		Tal	anhana	Ne	BRISTOL, PA	19007	1.:				
Roland Jones	11111			ephone		Telephone No.		License No.				
Start Date (10)	Cole	hadulad O		09-392		215-788-6040		00509				
_4_ / _15_ / _19	(4)	heduled C				Name of OSHA M		4000000000				
	-   -	5 /		/ .	19_	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During Abates						Street Address						
☐ Facility Closed/Vacated Durin	ig Entire I	Period of	Abate	ment		1123 BEAVER	R STREET					
Abatement Performed Outsid Time of Abatement:A	e of Norm	nal Facility	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
		_FIVI/ <u>3.30</u>	rivi- <u>i</u>	<u>2.00</u> AN	/1	BRISTOL, PA	19007					
Scope of Work (Check all that ap	ply)					500000 00 00 00 00 00 00 00 00 00 00 00						
☐ ≥3 sf or ≥3 lf		⊠ Re	novat	ion		Full Cont	ainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ De				Mini-Encl     Glovebag						
		-37520				☐ Non-Exer	mpted (*) and Non	-Friable Proced	dure			
		1 100	Loca							atem	ent T	vpe
Location of			Norma	ally ely by		Description of				1		
Asbestos-Containing Material TO BE ABATED	(ACM)			ince/		stos Containing Mat		Amount	em	Repair	nca	ncl
IN Facility		Cust		Staff?	(1.6	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	l ≝·	Encapsulate	Enclosure
(13)			(12)			other miscellaned		Or or Er /	=		ılatı	ਰ
		Yes	No	N/A							æ	
Auditorium				$\boxtimes$	Acousti	c Ceiling Plaster	r	6,300 SF	$\boxtimes$			
Auditorium North Mech. Clo	2010 CA CA			$\boxtimes$	Acousti	c Wall Plaster		600 SF	$\boxtimes$			
Auditorium West Mechanica	al Close	et 🗆		$\boxtimes$	Pipe Fit	ting Insulation		10 LF	$\boxtimes$			
Name of Registered Waste Haule	er		N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill				-
SERVICE TRANSPORT GR	ROUP, II	NC.	H	20990	211222333	Waste	MINERVA L					
City, State						Disposal Date	City, State					
YARDLEY, PA						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type)	Ti	itle				Signature			Date		Charles	
Dillan DeCaro		Estimat	or				DOCARO /	S. 100	3 5	1-1	19	

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

Chik#3539

Date of Notification (1)	19 A Ja. 28,				Name	of Buildin	g Owner/Operato	(2)						
3 /	21 /	19			1000000		nmunications	(2)			F		VII	1
Agencies Notified	Type Notific	ation		- 5000	Stree	t Address	Valorita Book (C.C.) and task to the Telephone of the Control of t		1112	NO - 2				7
⊠ EPA	☐ Initial	ation					ntgomery St			1 4 4 200	۰.	4 02200	210242	
□ DOLWD	☐ Amende	d				State, Zip (	The state of the s			MAR	2	20	)19	- 1
⊠ DOH	Amendm													1
□ DCA	Emerger	ncy (in	cluding	g	_		PA 15212				9			
(NJAC 5:23-8)	justificati					of Contac	1700		Telephon					
	L Cancella	шоп				thony Po			412-63	33-4021	Contract	- 141	******	(E) E1   1
Name of Facility Where	∧ h = t = t :- :	T-1-1	Di	(0)	FA	CILITY IN	IFORMATION	1=						
Name of Facility Where A			Place	(3)				Type of Fac	The second second					
Street Address	a Central Of	nce	^					School (I	(-12) ter 8 (Other tha	ın K-12)				
178 East Ridgewoo	d Avenue							Other (i.e	e., private and c	commerci	al bu	ilding	s,	
City (5)								Square Fee		ore	Blo	lg. Ag	10	
Ridgewood								39,780	3	210	19 .	-50		
County (6)					Cour	nty Code (7	)(STATE USE ONLY	Current Use	(Prior if being o	demolish	ed)			
Bergen								Verizon						
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCM	No.	Name of Abater	nent Contracto	(9)					
USA Environmenta	I, Inc						BRISTOL E	NVIRONMEN	TAL, INC.					
Street Address							Street Address							
8436 Enterprise Av	е						1123 BEAV	ER STREET						
City, State, Zip Code							City, State, Zip	Code						
Philadelphia, PA 19							BRISTOL, F	A 19007						
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License	No.				
Mark Jenkins				2	15-365	-5810	215-788-604	0	00509	9				
Start Date (10)					etion Da	- 10 W N	Name of OSHA	Monitor					30-00	
4/_8/	19		4 /	1	7_ / .	19	BRISTOL E	VIRONMEN	TAL, INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate	ed During Enti	re Per	riod of	Abate	ment		1123 BEAVI	R STREET						
Abatement Performed Time of Abatement: _	Outside of No AM-	ormal PN	Facility 1/5:00	y Hou PM-1	rs - Des :30AM	scribe	City, State, Zip							
Scope of Work (Check all							BRISTOL, P	A 19007						
									Negative Press	ure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	novat	ion		⊠ Mini-Er							
			□ 06	monu	OII		☐ Non-Ex	ag Procedure empted (*) and	Non-Friable Pr	ocedure				
			Is	Loca	tion				T		1000	teme	ent T	vpe
Location				Norma	illy ely by		Description						_	1
Asbestos-Containing I TO BE ABA		1)		inten			stos Containing N ., thermal systems		Amou		em	Repair	nca	nclo
IN Facilit			Cus		Staff?	(1.6	surfacing, VA		(Speci SF or L		Removal	₹.	Encapsulate	Enclosure
(13)				(12)	T	-	other miscellan	eous)		·			late	G.
Basement Air Dryer A	\ raa		Yes	No	N/A	40.401	/ A T / B # / ' _			_				
Basement Passage W							/AT/Mastic		220 S					
Basement Ash Vault	vay								132 S				븨	
Basement Storage Ro		-	_		-		AT/Mastic		90 SI				믜	
Name of Registered Wast			Ц		LIDEBY		AT/Mastic	None - C	30 S			Ц		Ш
SERVICE TRANSPO		, INC	<b>:</b> .		lauler II	O No.	Cubic Yards of Waste		egistered Landfi					
City, State					20990	)	Disposal Date	City, State						
YARDLEY, PA							TBD		SBURG, OH					
Completed By (Print or Ty	rpe)	Title			-		Signature <sub>a</sub>			Date		-		
Dillan DeCaro		10000	stimat	tor			Dille	m DeCa	no/me	- 3		2/-	19	

CV 2058 PAI		NOTIFIC	CATION	ate of Nev OF ASBE to NJAC 8	ESTOS	ABATEN	TENT				Ē (	7 [		W	in in the second
Date of Notification (1)			Name o	f Building (	Owner/C	Operator (	(2)		1 7						
03/22/2019			, 0	MACI	G	ORCZ	YCA				MΔ	R 7	) [	2010	
Agencies Notified Type Notification		1	Street A	ddress					T	1.34	141/-	11-4	7,	4019	
EPA X Initial Amended			210. 01.	1. 71. 0.	-1-					Louis	eur .				
X DOL Amendment #,		0.00	500 500	ite, Zlp Co		W to	T 0	0070		€*			N. E.		- 4
DOH Emergency (in justification)	cluding	-		f Contact	HAID	OTIK	17 C	8879	Tele	nhon	e Num	her		2-W.IF.	(4)
DCA Cancellation			CRAI	G G	680	ZYCA					 2 (10)1	-	4 4/10	MID.	
Name of Facility Where Abatement is Taking	Place /3			LITY INFO			···								
RESIDENCE	1 1000 (0	/.		N. N.			<u></u>	Facility (4)							
Street Address								thool (K-12) bchapter 8		er Ihar	K-12	Y			
							D 01	her (i.e. priv	vate 8	comi	mercia	l build	dings,	home	S,
City (5)							Square		# of	Floor	S	ТВ	ldg. A	oe .	
SOUTH AMBOY							n				-			5	
County (6) MIDDLESEX			County (	Code (7) USE ONLY)			Current	Use (Prior	if beir	ng der	nolish	ed)			
Name of Monitoring Firm Hired by Building Ov	WDOT (8)	31 3		00000000			,	RESIDE	X	5					
N/A-	witer (o)		ASCN	I No.		VMC	of Abate Comp	ment Contr any, Inc	actor	(9)					44.000000
Street Address	-						Address	arry, mo		-					
		1 1					Plaget	Ave							
City, State, Zip Code							ate, Zip n, NJ (							-	
Project Manager for Monitoring Firm			Telepho	ne No.	-		one No.			Linos	nse No				
11							253-88	28		007		).			
Start Date (10)	Schedule	d Com	pletion	Date (11)				Monitor							
Occupancy Status During Abatement (Check	04	105	150	ग्रम	(25%)		Co. In								
					,	Street A	Address								+-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe:	riod of A I Facility	Abatem Hours	ent			City, St	ate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 II	X) F	Renovat	ion		(3)										
≥160 sf or ≥260 lf	- Common of	emoliti	on -				-Mini-	Containmen Enclosure		Nega	tive Pr	essu	re		
							Glove	ebag Proce Exempted (	dure	l Non	Edabl	o Dro	oodus.		
•		Location							) and	111011	1 11001	100		ment	
Location of		Vormall d Solel			De	scription	of						Ту	oe	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	ice/	Asbest	tos Con	taining M. I systems	aterial (	ACM)		mount		-		Ē.	m
In Facility (13)	Cusi	odial S (12)	taff?	(1,0.	surfa	cing, VA7	r, or	011,		pecify or LF		Remova	Repair	Encapsulate	Enclosure
(10)					other r	niscellan	eous)					oval	air	sula	SUCE
	Yes	No	N/A									0.00		e l	W.
BASEMENT			X	PIPE	INSI	SCATIC	UIC		10	0 1	-F	X			
-														*	
Name of Registered Waste Hauler			JDEP W		100000000000000000000000000000000000000	Yards		Name of Re	egiste	red La	andfill				
Newark Carting, Inc			auler ID 3409	INO.	of Wa	ste .		IESI Land	dfill		v.				
City, State Newark, NJ					Dispo	sal Date		City, State						-	
Completed by	Title				L	Nam-1		Bethlehe	m, P	Α					
Voytek Roszkowski	Presi	dent				Signature		de - ale	J. 1		Dat		22/	710	16

CK-2658	E.S.			OF ASBE									M	1,
Date of Notification (1)  O3/22/2019  Agencies Notified Type Notification	. 且是声	1		Building O EN dress		RPH'			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AAR-	25	201	9
DDH Initial Amended Amendment # Emergency (in justification) Cancellation	cluding	-	PIVE Name of C	G GC	YSA DECSY	ICA	7	0770		phone Nur	mber		2 24	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIO	ON	Type o	of Facility (4	)			i		$\neg$
RESIDENCE . Street Address							S	chool (K-12 tubchapter to other (i.e. prote.)	B (Othe			lings,	home	s,
City (5) RIVER PLAZA							Square	e Feet	# of	Floors	В	ldg. A	ge	
County (6) MONMOUTH			County C	ode (7) SE ONLY)			Currer	nt Use (Prio	r if bei	ng ,demolis	hed)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	No.				ement Cont		(9)		-		
Street Address		' ,					Addres Piaget							
City, State, Zip Code	<del></del>					City, S	tate, Zi						.,	
Project Manager for Monitoring Firm	,		Telephon	e No.		Teleph	none No 253-88	),		License N	10.			
04/02/2019	04/0	3/2	pletion D	Pate (11)		VMC	Co. I							
Cocupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of A	batem	ent				Addres							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova Jemoliti					Min Glo	Containme i-Enclosure Vebag Prod n-Exempted	edure				e	
Localian of		Locati										Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by		os Cont thermal surfa		/laterial s insula tT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
HSEMENT	Yes	No	N/A	210						N 1 F	X		(O)	
DADCINEO!				717	= 11	250	ATIC	310	- ic	OLF				
						•								
Name of Registered Waste Hauler Freehold Cartage, Inc		H	JDEP W lauler ID 5939	TOTAL TO	Cubic of Wa	Yards ste		Name of GROW		ered Landfi	11	<u> </u>	63	
City, State Freehold, NJ					Dispo	sal Date	9	City, State Morrisv		PA				
Completed by Voytek Roszkowski	Title Pres	ident				Signatur	e. C	5	, L	To	ate	25/	20	19

State of New Jersey

### State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-48 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 3 /1 8 /1 9 joe agoada Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency montclair, nj 07042 $\boxtimes$ DOH (including Name of Contact Telephone Number justification) DCA joe agoada Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) joe agoada Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) montclair Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) 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. 03/20/19 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-Describe: 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 Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of R E Е by maintenance/custodial е asbestos-containing е n Amount Description of asbestos-containing staff(12) m n material (acm) to be p C (Specify SF or material (ACM) C 0 abated in facility (13) a LF) Yes No N/A V p BASEMENT PIPE INSULATION 130 l ft X under porch PIPE INSULATION 15 l ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 03/20/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 03/18/19 ASB-41 Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-50 (Rursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 13 1/11 18 1/11 19 david lender Agencies Notified Type Notification Street Address M Initial Amended DEP City, State, Zip Code Amendment #: DOL hackensack, nj 07601 (including DOH Name of Contact justification) Telephone Number DCA Cancellation david lender **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) david lender 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) hackensack Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) 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 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 04/01/19 04/22/19 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-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure 3 sf or >3 If □ Renovation Mini-enclosure
Glovebag proce ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial E asbestos-containing е e n staff(12) Description of asbestos-containing Amount material (acm) to be m n p material (ACM) (Specify SF or C abated in facility (13) C 0 a Yes a No LF) N/A V р BASEMENT PIPE INSULATION 460 l ft M BASEMENT plaster 210 sq ft X basement crawl space PIPE INSULATION 80 Ift X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 10 vds TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 04/05/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 03/18/19 Do not use this form for asbestos licensure exempted activities. ASB-41

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Date of Notification (1) 3/21/19		91.0		Building C ny Amato		Operator	(2)			MAR	2 5	2019	)	
Agencies Notified Type Notification		5	Street A	ddress				- T	i					Manufact."
EPA Initial			City Cto	to Zin Co	do				ر مصاد أ			177.	- Ind	,
DEP Amended Amendment #				te, Zip Coo nt, NJ 07					e inc.					
Emergency (in justification)	cluding			Contact					Tele	ephone N		0.3500000		
DCA Cancellation			Stever	n Amato	X.				-			204.7		
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	RMAT	ION	Tvn	e of Facility (	4)		-			
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Street Address								Subchapter	8 (Oth			Idina	a har	
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Name of Monitoring Firm Hired by Building On Project Manager	wner (8)		ASCN	No.				oatement Cor es Abatem		(9)				
Street Address						Street	_							
								lidland Av	э.					
City, State, Zip Code						0.000		Zip Code Brook, NJ (	7663					
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph				License				
				2 ( (44)			4571 (47) 450	-3184		01305				
	3/26/19		pletion	Date (11)		Name	01 0	SHA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addr	ress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent			City, S	State,	Zip Code						
Other - Describe: 8A.M to 4 P.M														
Scope of Work (Check All That Apply)	X F					5	त -	II Cantainm	a a t	Mogative	Droop	uro		
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All Stages Abatement		6599	auler ID 036592		of Wa	iste		Grand	Centr	al Sanita	ary La	andf	II	
City, State Saddle Brook, NJ					Dispo	sal Date	?	City, Sta		A				
Completed by	Title					Signatur	e /	7,	21		Date	-		
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							- e	tc.)	1 41 -4	FI	In	Ida A	~~	
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County (6) Middlesex			County C STATE U	SE ONLY) _				sfer Pipe		ng demonsi	ieu)			
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City, State, Zip Code		2.500					tate, Zip					-		
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Project Manager for Monitoring Firm		17	Telephor	e No.			one No	N. Santon Children St. Co.		License N	lo.			
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Start Date (10)	Seheduled	Com	pletion E	Date (11)		Name	of OSH	A Monitor						100-10
03/05/2019	03/22/20				/	Tige	r Envir	onmenta	ıl					
Occupancy Status During Abatement (Check	Only One)					Street	Address	3						
Facility Closed/Vacated During Entire P	eriod of Ab	atem	ent			234	20th A	ve						
Abatement Performed Outside of Norma  Other – Describe: Abatement in a lay de	al Facility H						tate, Zip k, NJ 0							
Scope of Work (Check All That Apply)						Diloi	۲, ۱۷۵ ۵	70724						
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Do not use this form for asbestos licensure exempted activities.



CK#453

Date of Notification (1)	22 / 1	19			Name o		Owner/Operator (2	2)	ECE		M		
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(NJAC 5:23-8)	justification)		nig	1	Name o	of Contact			Telephone Number		J.		-
**************************************	☐ Cancellation				Johr	ny De Lo	os Santos		301-802-5112				
					FAC	ILITY INF	FORMATION						
Name of Facility Where	Abatement is Tak	ing Pla	ice (3	1				Type of Facility (	(4)				
Verizon				93				School (K-12					
Street Address								☐ Subchapter 8	(Other than K-12)				
5 Walker Avenue								Other (i.e., property)     homes, etc.)	rivate and commercia	al buil	aings	*	
City (5)								Square Feet	# of Floors	Bidg	g. Ag	Э	1
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Name of Monitoring Firm	n Hired by Building	g Owne	er (8)	A	ASCM N	10.	Name of Abateme	ent Contractor (9)	11000				
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Philadelphia, PA 1	9153						Staten Island						
Project Manager for Mon			- 17	ele	ohone N	lo.	Telephone No.		License No.				
Mark Jenkins	,				5-365-		718-605-6256	5	00774				
Start Date (10)	Sah	heduled	d Can	ipiei	ion Dal	e (11)	Name of OSHA N	Tunitor					
03/25/					_ / _		Testor Tech						
Occupancy Status Durin	ng Abatement (Ch	eck on	lv one	2)			Street Address						
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Abatement Performe	ed Outside of Norr	mal Fac	cility F	lour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	AM	_PM/ <u>5</u> :	:00PI	Л- <u>1:</u>	<u>30</u> AM		LIC NY 1110						
Scope of Work (Check a	all that apply)						☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		$\boxtimes$	Rend	vati	on		Mini-End	closure ig Procedure					
≥160 sf or ≥260 If		Ц	Dem	SHEIC	n		☐ Non-Exe	empted (*) and N	on-Friable Procedure	•			
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Newark Carting				1	lauler II NJ-56		Waste 5	G.R.O.W.	S., Inc.				
City, State					140-00		Disposal Date	City, State					
Hackettstown, NJ							03/28/2019	Morrisvill	e,PA				
Completed By (Print or	Type)	Title	-				Signature	1/1/	Da	te			-
Ralph Barnhardt			ject	Mar	nager		Antilla 1	11/	1 2	3	27	2 -	19
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Date of Notification (1)		/		-	Name	of Buildin	on Ow	vner/Operator (	2)		U L	Aprel -		
03/		19	_			rizon	ig Ov	viiei/Operator (	-/	MAR 2.5	2010	e a de adjusta en este e administrationales	Sammer Control	1
Agencies Notified  EPA	Type Notifica					t Address erizon W			1 11	WAII 2	4919			
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(NJAC 5:23-8)	☐ Emergen justification		auaing	1		of Contac	_			Telephone No				
	☐ Cancellat				Jo	hnny De	Los	Santos		301-802-5				
					FA	CILITY IN	NFO	RMATION						
Name of Facility Where A Verizon	Abatement is T	aking	Place	(3)					Type of Facility (4					
A CONTRACTOR OF THE PROPERTY O									School (K-12) Subchapter 8		12)			
Street Address 5 Walker Avenue									Other (i.e., priv			uilding	js,	
City (5)									Square Feet	# of Floors	B	dg. A	ae	
Allentown, NJ									10,000	3		50	90	
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Monmouth														
Name of Monitoring Firm		_	,	8)	ASCM	No.	Na	ime of Abateme	ent Contractor (9)					
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Philadelphia, PA 19							1	Staten Island	NY 10309					
Project Manager for Mon. Mark Jenkins	itoring Firm				ephone		100	lephone No.		License No.				
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Occupancy Status During  Facility Closed/Vacate							1	reet Address						
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Time of Abatement:	AM	PM	/5:00	PM-1	:30AM	301100		ty, State, Zip Ci LIC NY 11101						
Scope of Work (Check al	I that apply)				3.00		1	LIC NY 11101	I					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		0.00	⊠ Re □ De	0.00				☐ Mini-End	tainment with Nega closure g Procedure empted (*) and Non-					
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ASB-41 MAY 11

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

### NOTIFICATION OF ASBESTOS ABATEMENT Check#3296 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 19 / Norma Jones Agencies Notified Type Notification Street Address ☐ EPA X Initial DOLWD. Amended X DHSS City, State, Zip Code Amendment # ☐ DCA Emergency (including Montclair, NJ 07043 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Norma Jones FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair, NJ 07043 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_03\_\_\_/\_\_28\_\_/\_\_19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_PM\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf Renovation Mini-Enclosure 2 > 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Asbestos Containing Material (ACM) Repair TO BE ABATED Amount Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement $\boxtimes$ Pipe insulation 45 LF Garage X Pipe insulation 105 LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic ente wenad Owner 03/19/19 ASB-41

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12/21/18 VERIZON COMMUNICATIONS MAR 2 5 2019 Agencies Notified Type Notification Street Address **EPA** 301 Philadelphia Avenue DEP Initial City, State & Zip Code X DOL X Amended-#2-3/18/19 Egg Harbor City, New Jersey 08215  $\boxtimes$ DOH Emergency Name of Contact DCA Telephone Number Cancellation Johnny De Los Santos 347-886-6714 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) VERIZON - EGG HARBOR CITY CENTRAL OFFICE School (K-12) Street Address Subchapter 8 (Other than K-12) 301 Philadelphia Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 20000 Egg Harbor City Atlantic Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 Scheduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor 3/21/19 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply)

<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>			novat moliti			Mini-E	ontainment with N nclosure Bag Procedures				
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PATRICK T. DeCARO		ES	TIM	nato	or	Patrick	T.	De Can	n/M	1/9/19	)		

Date of Notification (1) Name of Building Owner / Operator (2) 12/21/18 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address **EPA** 301 Philadelphia Avenue DEP Initial DOL4947 City, State & Zip Code  $\boxtimes$ Amended Egg Harbor City, New Jersey 08215 DOH 4930 Emergency Name of Contact Telephone Number DCA Cancellation Johnny De Los Santos 347-886-6714 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) VERIZON - EGG HARBOR CITY CENTRAL OFFICE School (K-12) Street Address Subchapter 8 (Other than K-12) 301 Philadelphia Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 20000 Egg Harbor City Current Use (Prior if being demolished) Atlantic COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/8/19 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A Yes No 1st Floor - Near AC Unit 2-1 VAT/Mastic 90 SF 1st Floor - Near AC Unit 2-2 VAT/Mastic 203 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste BRISTOL ENVIRONMENTAL INC. 18706 ATLANTIC COUNTY UTILITY AUTHORITY City, State Disposal Date City, State BRISTOL, PA TBD EGG HARBOR TWP, NJ Completed By (Print or Type) Title Date PATRICK T. DeCARO atrick T. No Carol GR Estimator 12/21/18

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 7354

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City, State, Zip Code							576 Valley Rd	#283				ř			
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Project Manager for Monito	ring Firm			Tele	phone	Na.	Wayne, NJ 074	170		License No					_
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							Disposai Deta	City, S			- No				
ayne, NJ 07470		Title					TED	Tullyto	rwo, PA						•
omolered By I Daint A. T.			100				Signature	-			Date	-			
Completed By (Print or Type Jevosc	3)	Own					- //	the Wa			Dave				

	PAUL	NC	TIFIC/ (Pur	ATION C suant to	F ASBEST NJAC 8:60	OS A	12:120	MENT )	Clase	nd-	18	6	81	0		
Date of Notification (1) 3/19/19					Building Owi gency Re			(2)				ه ا	E		V!	
Agencies Notified	Type Notification		100.70	treet Add	dress Bloomfield	Ave	enue						0	_		
EPA DEP  DOL	Initial Amended Amendment #				e, Zip Code e NJ 07	109					M	AH	2 !	5 21	119	Defendant of an
	Emergency (in	cluding	-	ame of 0		103				Teler	ohone Nu	ımbe	۲.		. 8	-
DOH DCA	justification) Cancellation		1	Manny						973	.751.10	000	x. 5	29		11.
DCA	Caricellation				ITY INFORI	ITAN	ON				111-1-1		3.67	gra arena	enga e	
Name of Facility Where home	Abatement is Taking I	Place (3)						Пѕ	f Facility (4 chool (K-12	2)						
Street Address								X O	ubchapter ( ther (i.e. pr tc.)	8 (Othe rivate &	r than K- commer	12) cial b	uildir	ngs, h	omes	
City (5)								Square 1300	e Feet	# of 2	Floors		Bld 72	g. Ag	е	
Bloomfield County (6)				County C	ode (7) SE ONLY)			Curren	nt Use (Prio	I STORA	g demoli	shed	)			
Essex			(5					home		tractor /	'Ω\					
Name of Monitoring Fire	m Hired by Building Ov	wner (8)		ASCM	No.		ABS	Envir	ement Con onmental			.C				
Street Address								Addres Box 48	s 33, 4 E G	ate Dr	rive					
City, State, Zip Code						0.550		State, Zij	Code NJ 074	18						
Project Manager for Mo	onitoring Firm		T	Telephon	e No.		Telep	hone No -764-2	).		License	No.				
Start Date (10)		Schedule	d Com	pletion D	Date (11)		25-00-000		IA Monitor	1						
3/28/19		4/8/19			***		Stroo	t Addres							-	
A 100 TH				ent			Silee	i Addres	5							
Abatement Perfor	ccupancy Status During Abatement (Check Only C Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facili Other – Describe: basement					_	City,	State, Zi	p Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	p i		Renova Demoliti					Mir	l Containm ni-Enclosure ovebag Pro	е	Negativ	e Pre	essur	е		
								No	n-Exempte	d (*) an	d Non-Fr	iable				
		1000	Locati	2000		ח	escriptio	on of							ment pe	
Asbestos-Containi TO BE A In Fa	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					s Co herma surf	ntaining al syster acing, V	Material	ation,	(:	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
base	ment			X		pip	e insu	lation			30 LF		X			
Name of Registered V			H	NJDEP V Hauler ID	No.		ic Yards /aste		THE SECRETARY OF SECRETARY		ered Lan		Lar	ndfill		
City, State			1	04248			osal Da	ite	City, Sta	ate		-11			AŠ4TCATI	
Glenwood NJ Completed by		Title				101	Signati	ure	//	a y i i		Dat				
A. Scott Higgins		Pres	sident	t								3/	19/1	9		

### PAID

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

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[B. ( 111 ) B			-//					401	120	70	/	
Date of Notification (1) 3/19/19					Owner/Operation			Tr	3 A	F	1 17 17	····
Agencies Notified Type N	Notification			Address	ponse reali	<u></u>		11:11:11		E	11/1	1
<b>□</b>	nitial				Street, Suite	2						- 3
DEP A	mended		City, S	tate, Zip C	ode			111	MAR	2 -	2010	9
	mendment # mergency (includin	na	Morri	istown, N	J 07960				MAII	2 5	2013	9
DOH ju	stification)	9		of Contact				Telephor	M-	4 0		
	ancellation			Egan	ODMATION			801-28	5-5222	11 172	35	. I
Name of Facility Where Abateme	ent is Taking Place	(3)	FAC	JILITY INF	ORMATION	Type	of Facility (4	4)				+
home						Francis	School (K-1	· ·				
Street Address							Subchapter	8 (Other than	n K-12)			
0.1 (5)						×	Other (i.e. p etc.)	rivate & com	mercial b	uilding	s, hom	ies,
City (5)						Squa	e Feet	# of Floor	s	Bldg.	Age	
County (6)			0 1			1900		2		76		
Passaic			(STATE	Code (7) USE ONLY	)			or if being der	molished	)		
Name of Monitoring Firm Hired by	y Building Owner (8	3)		M No.	· · · · · · · · · · · · · · · · · · ·	hom	e tement Con	trootes (C)				
	. J =	**	1.00					Services,	HC			
Street Address						t Addres		JUI VIUES,				
							33, 4 E G	ate Drive				
City, State, Zip Code						State, Zi				2.50		
Droingt Manager for Maria II					Glei	nwood	NJ 074	18				
Project Manager for Monitoring Fi	irm		Telepho	one No.		hone No			nse No.			
Start Date (10)	Schodu	lod Co	moletica	Date (11)		-764-2	143288	703				
3/29/19	4/8/19		ripiedon	Date (11)	Name	e of OSH	A Monitor					
Occupancy Status During Abatem	nent (Check Only C	ne)			Street	t Addres	s					
Facility Closed/Vacated Durin	ng Entire Period of	Abater	ment			.,	-					
Abatement Performed Outsid  Other – Describe: basement	de of Normal Facilit	y Hour	s		City, S	State, Zi	Code					
					_							
Scope of Work (Check All That Ap	oply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	process	Renova			2	Full	Containmer	nt with Negat	tive Press	sure		
		Demoli	lion				-Enclosure rebag Proce	dure				
								(*) and Non-	Friable P	rocedu	re	
		s Locat									ement	
Location of Asbestos-Containing Material	7.7	Normal ed Sole			Description	n of			-	1	уре	
TO BE ABATED	(ACIVI) Ma	aintena todial S	nce/	Asbest (i.e.	os Containing N thermal system	Aaterial ( s insulat	ACM)	Amount (Specify	7	.	四	ш
In Facility (13)	Cus	(12)	Stair?		surfacing, VA	T, or	,	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	V				other miscellar	neous)			oval	air	sulat	sure
L-comment	Yes	No	N/A								ie	
basement			Х		floor tile	9		700 SF	х			
kitchen			Х		floor tile	)		144 SF	х			
Name of Registered Waste Hauler			JDEP W		Cubic Yards		Name of Re	egistered Lar	ndfill			
Tonys Cleanup & Hauling			auler ID 7787	No.	of Waste TBD		Chrin Bro	others Sar	nitary La	andfill		
City, State					Disposal Date		City, State		,			
Bridgewater					TBD		Easton P	PΑ				
Completed by	Title				Signature		7		Date			
A. Scott Higgins	Pres	ident				1	1		3/19/1	19		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOUR		(	Pursu	ant to NJ	AC 8:60 and 5:	16)	E	E		W	-
Date of Notification (1)					ing Owner/Operator	(2)	\$ - J	A 6 42	11.		180
	19		V	erizon Co	ommunications	Ī		D 0	1020	2000	
Agencies Notified Type Notified	fication		Stre	eet Address			LI MA	H 2	5 2	919	- 1
<ul><li>☑ EPA</li><li>☑ Initial</li><li>☑ Amend</li></ul>	lad		1	5 East Mo	ontgomery St	£\$	į				1
	ment # <u>1-3/</u>	18/19	City	, State, Zip	Code		* Internal		V		5.5
☐ DCA ☐ Emerge	ency (includ		Р		, PA 15212				. 1		
(NJAC 5:23-8) justifica		878	The second	ne of Conta	777		Telephone N				
Cancel	lation		A	nthony Po	orta		412-633-4	021			
Name of Equility Where Abeter			F.	ACILITY I	NFORMATION						
Name of Facility Where Abatement is Verizon Herbertsville Central		ice (3)				Type of Facility (					1
Street Address	Office					School (K-12)	/OII II II				
411 Van Zile Road						☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K- vate and comm	·12) nercial l	huildir	nae	
City (5)						homes, etc.)		noroiar i	Junun	195,	
Brick						Square Feet	# of Floors	E	Bldg.	Age	
County (6)			100	·	71/07475	+-20,800	2		+-5	)	
Ocean			Col	unty Code (	7)(STATE USE ONLY)		r if being demo	olished)			
Name of Monitoring Firm Hired by Bu	ildina Owne	r (8)	ASCN	A No.	I Nove - f Al - f	Verizon					
TTI Environmental, Inc	namy Owne	1 (0)	ASCI	n NO.		ent Contractor (9)	1423				
Street Address			L			VIRONMENTAL	, INC.				
1253 North Church Street	*				Street Address	DOTDEET				ALT:	
City, State, Zip Code					1123 BEAVE						
Moorestown, NJ 08057					City, State, Zip Co					- Alexander	
Project Manager for Monitoring Firm		Te	lephone	a No	BRISTOL, PA	19007					
Kris Smith				3-8218	Telephone No. 215-788-6040		License No.				
Start Date (10)	Scheduled				Name of OSHA M		00509				
3 /11 /19				19							
Occupancy Status During Abatement						VIRONMENTAL,	INC				
☐ Facility Closed/Vacated During Ent	ire Period o	f Ahati	ement		Street Address						
Abatement Performed Outside of N	lormal Facil	itv Hou	rs - De	scribe	1123 BEAVER						
Time of Abatement:AM	PM/ <u>5:0</u>	0PM-1	:00AM	1	City, State, Zip Co						
Scope of Work (Check all that apply)					BRISTOL, PA	19007			- 20		
□ >3 sf or >3 lf					☐ Full Cont	ainment with Negat	tive Pressure				
\(\text{\geq}\) \(\text{\geq}	-	enova emoliti			Mini-Encl	osure					
		Citionu	OH		☐ Glovebag	Procedure npted (*) and Non-	Friable Proced	uro			
		s Loca				- Pro- ( ) una rion	Thable Froced			t T	
Location of Asbestos-Containing Material (ACN		Norma ed Sol			Description of				atem		-
TO BE ABATED	M	aintena	ance/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility	Cus		Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	lova	ai-	apsı	nso
(13)	Yes	(12) No	N/A	-	other miscellaneo	ous)	J. 0, 21 )	1-		Encapsulate	9
Basement Power Area			-	\/A T/B#						(O	
Basement Meter Room				VAT/Ma:			526 SF				
Cable Vault Frame Area				VAT/Mas			120 SF				
Cable Vault Frame Area	$ \parallel$			VAT/Mas	stic		10 SF	$\boxtimes$			
Name of Decisters 199											
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	INC	10.00	JDEP \ lauler I[	CONTRACTOR OF THE PROPERTY OF	Cubic Yards of Waste	Name of Register					
City, State	, 1140.		20990	)		MINERVA LA	NDFILL				
Yardley, PA					Disposal Date	City, State					
Completed By (Print or Type)	Titlo				TBD	WAYNESBUR	RG, OH				
Dillan DeCaro	Title Estima	tor			Signature	000	/ 3 D	ate /	. /		
	_ouina	.01			Willan	De Cars.	11	3/1	1//	4	

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Date of Notification (1)				Ne	mo of Duile	li== 010	(0)	0/0/011		, 0	<b>へ</b> /	
1	_ / _	19				ling Owner/Operator ommunications	(2)	. []	P	F	7	V!
	mended			Ŀ	reet Addres 15 East M y, State, Zij	ontgomery St			/AR	2 5	20	110
	mendme	-	<del></del>		581	, PA 15212						
	mergeno stificatio	y (includ n)	ling		me of Cont	Maria de la Caración de Caraci		Telephone Nur		1 1		
	ancellatio			1	Anthony P			412-633-40			44.	(5%)
	V 85-100		22.5			INFORMATION		412-000-40	21	100, 21, 41	1 - 245	Properties.
Name of Facility Where Abatem			ice (3)		7.012111	OranATION	Type of Facilit	v (4)				
Verizon Herbertsville Ce	ntral Of	fice					School (K-	12)				
Street Address						37. 13. 4	☐ Subchapter	8 (Other than K-1	2)	2 80000		
411 Van Zile Road						13.5	homes, etc	private and comme	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Bldg.	Age	-
Brick							+-20,800	2		+-5		
County (6) Ocean				Co	ounty Code	(7)(STATE USE ONLY)	31 32 33 33 33 33 33 33 33 33 33 33 33 33	Prior if being demol	ished)			-
	D. II.II		(0)			8	Verizon					
Name of Monitoring Firm Hired to TTI Environmental, Inc	by Bullair	ig Owne	r (8)	ASC	M No.	Name of Abatem	•	V.				_
Street Address					<u> Salma-sya-y</u>		IVIRONMENTA	AL, INC.				
1253 North Church Street						Street Address					Wes	
City, State, Zip Code	•	-				1123 BEAVE						
Moorestown, NJ 08057						City, State, Zip C		or I content a war lead?				
Project Manager for Monitoring F	irm		Тъ	lephon	e No	BRISTOL, PA	19007					
Kris Smith			10000	7 TO 10 TO 1	3-8218	215-788-6040	1	License No.				
Start Date (10)	Sch	neduled			Date (11)	Name of OSHA N		00509				
_3 / _11 / _19					19		VIRONMENTA	L. INC				
Occupancy Status During Abater						Street Address		,				
Facility Closed/Vacated Durin	g Entire I	Period o	f Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Outside Time of Abatement:AN	of Norm	nal Facili	NOM 4	rs - De	escribe	City, State, Zip Co	ode					_
		PIVI/ <u>5.0</u>	UPIVI-1	1:00AN	Л	BRISTOL, PA	19007					
Scope of Work (Check all that ap	ply)					57 = 40						
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if			enovat emoliti				Procedure	gative Pressure	re			
(i)		1440	s Loca							atem	ent T	Γvr
Location of Asbestos-Containing Material	(ACM)	Use	Norma ed Sole	ely by	Asha	Description o stos Containing Ma	f	**		_	T	1
TO BE ABATED	(,	Ma	aintena stodial	ance/	(i.e	., thermal systems i	nsulation,	Amount (Specify	Remova	Repair	Encapsulate	
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellaned	or-	SF or LF)	val	=	lusd	
		Yes	No	N/A		other miscellanet	ous)				ate	
asement Power Area					VAT/Ma	stic		526 SF		П		1
asement Meter Room					VAT/Ma	stic		120 SF				1
able Vault Frame Area				$\boxtimes$	VAT/Ma	stic		10 SF				1
										П	П	1
ame of Registered Waste Hauler SERVICE TRANSPORT GR		IC.	2.0	JDEP auler I		Cubic Yards of Waste	Name of Regis		12	1		1
y, State	,			2099	0	Dienosal Data	MINERVA I	-ANDFILL				
rardley, PA						Disposal Date TBD	City, State					
mpleted By (Print or Type)	Tit	le .				AND THE PERSON NAMED OF TH	WAYNESB	UKG, OH				
							25710-					_
Dillan DeCaro		e Estimat	or			Signature	DeCaro	/ O Dat	e ) - 5			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO OK				(Pursi	uant to N	JAC 8:60 and 5	:16)	J			
Date of Notification (1)				Na	me of Build	ding Owner/Operato	r (2)	- 60	3 P	- []	1//
/13	. /	19				ommunications	,		7 11-	Ü	11
	Votificati	ion		Str	eet Addres	s		HIN!			
⊠ EPA ⊠ Init				1	5 East M	ontgomery Stree	ot .	MA MA	R 2	5 2	019
	ended endmen	. 44 21	140146	014	y, State, Zi			1 - 120	Math. 1999	-, -	9.10
	ergency	(includ	ling	2 I		n, PA 15212		· Image			- 8
(NJAC 5:23-8) just	ification	)	ing	-	me of Cont			Tolophone N			3 - 0 - 0
☐ Car	cellatio	n		A	nthony F	Porta		Telephone Nu 412-633-4			and the contract of
				F	ACILITY	INFORMATION		412-033-4	UZ I		_
Name of Facility Where Abateme	nt is Tak	king Pla	ace (3)	)			Type of Facility	(4)			
Verizon Bridgeton C.O.							School (K-1				
Street Address							→ Subchapter	8 (Other than K-	12)		
76-90 North Pearl Street							homes, etc.	private and comm	nercial	buildii	ngs,
City (5)				120.707			Square Feet	# of Floors		Dide	^
Bridgeton							25,287	2	1	Bldg +-5	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		rior if being demo	liah ad)		U
Cumberland							Verizon	ii beilig deino	nsnea)		
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	И No.	Name of Abatem	ent Contractor (9	)			
USA Environmental	•						IVIRONMENTA				
Street Address						Street Address		,	_		
8436 Enterprise Ave						1123 BEAVE	R STREET				
City, State, Zip Code						City, State, Zip C					
Philadelphia, PA 19153						BRISTOL, PA					
Project Manager for Monitoring Fin	m		Te	lephone	No.	Telephone No.		License No.			
Mark Jenkins			:	215 36	5 5810	215-788-6040	)	00509			
Start Date (10)	Sche	eduled			ate (11)	Name of OSHA N	Monitor	00303			
3/4/19	4	ON		040			VIRONMENTA	LINC			
Occupancy Status During Abateme	nt (Che	ck only	one)			Street Address					
Facility Closed/Vacated During	Entire P	eriod o	f Abate	ement		1123 BEAVE	RSTREET				
Abatement Performed Outside of	of Norma	al Facili	ity Hou	ırs - De	scribe	City, State, Zip Co					
Time of Abatement:AM-		NV.5:0	<u>U</u> PM- <u>¼</u>	2:00AM	I	BRISTOL, PA					
Scope of Work (Check all that apply	/)					,					
] ≥3 sf or ≥3 lf		⊠ R	enova	tion		⊠ Full Cont	ainment with Neg	ative Pressure			
≥160 sf or ≥260 If			emoliti			⊠ Mini-Enc ☐ Glovebad	losure Procedure				
						☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	ıre		
Landing			s Loca							atem	ont T
Location of Asbestos-Containing Material (A	CM)	Use	Norma ed Sol	ely by		Description o	f			1	
TO BE ABATED	· · · · · · ·	Ma	aintena	ance/	(i.e	stos Containing Mai	terial (ACM)	Amount	Rem	Repair	nca
IN Facility (13)		Cus	todiai (12)	Staff?		surfacing, VAT,	or	(Specify SF or LF)	Remova	₩.	psu
(.5)		Yes	No	N/A	-	other miscellaned	ous)		-		Encapsulate
asement Diesel Oil Storage I	Room			N/A	Dina E	tingo		Q288.000.000			U
SMT Diesel Engine Room &			=		Pipe Fit			8 LF			
asement Diesel Engine Roor					VAT & N			420 SF			
asement Boiler Room					Pipe Fit			35 LF			
ame of Registered Waste Hauler					VAT & N			200 SF			
SERVICE TRANSPORT GRO	IIP IN	0		IJDEP V lauler ID		Cubic Yards of Waste	Name of Registe				
	J. , 1140	J.		20990		***************************************	MINERVA L	ANDFILL			
						Disposal Date	City, State				
ty, State					1	TBD	WAYNESBU	IRG OH			
ty, State YARDLEY, PA								ito, on			
ty, State YARDLEY, PA Dimpleted By (Print or Type) Dillan DeCaro	Title	stimat	tor			Signature	Ol Care/	D	te 3//	15	1,

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Data of Natification (1)			•		٠,٠٠	0.00 and 5.	10)	71 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 6		F F 6	emver e
Date of Notification (1)	22					Owner/Operato	r (2)		3 ( 7	5	W	1.
	/	-	\	erizon C	omn	nunications			Providence of the second			
	tification		Str	eet Address	s			11171				
☐ EPA ☐ Initial ☐ Initial			1	5 East Me	ontg	gomery Stree	t	11	MAR	25	201	9
	nded ndment # <u>1-3</u>	140140	0.4	y, State, Zip								
	gency (inclu	dina	2	ittsburgh				h.	241			
(NJAC 5:23-8) justifi	cation)	unig		ne of Conta				Tolonhan	- M			
☐ Cance	ellation		A	nthony P	orta	1		Telephon				
			F			ORMATION		412-63	33-4021			
Name of Facility Where Abatement	is Taking PI	ace (3)		AOILITT	ii C	OKWATION	Tree of E					
Verizon Bridgeton C.O.	5.	, ,					Type of Facili					
Street Address							School (K-	12) r 8 (Other tha	n K 12)			
76-90 North Pearl Street							Other (i.e.,	private and co	ommercia	l buil	dinas.	
City (5)							nomes, et	C.)			3-1	
Bridgeton							Square Feet	# of Floo	ors	Bldg	J. Age	
County (6)			I Co	untu Cada	/7\/07		25,287	2			-50	
Cumberland			00	unity Code (	(1)(51	TATE USE ONLY)	V	Prior if being d	lemolishe	d)		
Name of Monitoring Firm Hired by B	uilding Own	ar (8)	LASCA	/ NI=	1		Verizon					
USA Environmental	anding Own	SI (O)	ASC	VI NO.			ent Contractor (					
Street Address							IVIRONMENT	AL, INC.				
8436 Enterprise Ave						treet Address						
City, State, Zip Code					_	1123 BEAVE						
Philadelphia, PA 19153						ty, State, Zip C						
Project Manager for Monitoring Firm				<i>S.</i>		BRISTOL, PA	19007					
Mark Jenkins			lephone		Te	elephone No.		License N	Vo.			
Start Date (10)			215 36		1 2	215-788-6040	).	00509				
	Scheduled	Comp	letion D	ate (11)	Na	me of OSHA N	lonitor			-		
3 / 4 / 19	-OL	H	POLI		E	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatement	(Check only	one)		,		reet Address				-		
Facility Closed/Vacated During Er	tire Period o	of Abat	ement		1	1123 BEAVER	R STREET					
Abatement Performed Outside of	Normal Faci	lity Hou	ırs - De	scribe		y, State, Zip Co						
Time of Abatement:AM	PIVI/5:U	UPM-2	2:00AM			BRISTOL, PA						
Scope of Work (Check all that apply)							10007					
☐ ≥3 sf or ≥3 If							ainment with Ne	gative Pressu	re			
≥160 sf or ≥260 lf		lenova emolit	tion			☐ Mini-Encl	osure					
						☐ Glovebag	npted (*) and No	n Friable Des				
		s Loca					inprod ( ) and rec	II-Mable Pro				
Location of		Norma ed Sol				Description of	ŧ.		1		ment '	Гуре
Asbestos-Containing Material (AC <u>TO BE ABATED</u>	M)   OS	aintena		Asbes	stos (	Containing Mat	erial (ACM)	Amount	t   3	7 6	E	I I
IN Facility	Cu	stodial	Staff?	(i.e.	., the	rmal systems in urfacing, VAT,	nsulation,	(Specify	/   5	Napall Napall	cap	Enclosure
(13)		(12)	_			ner miscellaneo		SF or LF	.) [	-	Encapsulate	ure
	Yes	No	N/A								te	1
Basement Boiler Room				Pipe Fitt	tings	s		75 LF		,  -	+-	+
Basement Boiler Room								15 LF				
		+=	-	Header I	ınsu	liation		12 LF				
								_		I		In
										-		1
ame of Registered Waste Hauler		N	JDEP V	Vaste	Cubi	ic Yards of	Name of Pasis	torad I ton				
SERVICE TRANSPORT GROUP	P, INC.	10.00	auler ID	No.	Was		Name of Regis					
ity, State			20990		D:-		MINERVA	LANDFILL				
YARDLEY, PA						osal Date	City, State					
ompleted By (Print or Type)	T:41-				TE		WAYNESB	URG, OH				
Dillan DeCaro	Title					Signature			Date			-
B-41	Estima	tor										
J-41									I.			

ahl#2515

						NJAC 8:60 and 5	. 10)		77 4	-	15	-
Date of Notification (1)	260				Name of Bui	ilding Owner/Operato	or (2)	Chk	٠/ ر	00	13	-
	13 /	19	_		Verizon (	Communications	n (2)		S N	0 15		W
Agencies Notified	Type Notific	ation		-	Street Addre			i kit	the risk	- 1	1)	107
Ø EPA4831	☑ Initial			1			52	231 311				1/4-5
☑ DOLWD 5081	☐ Amende			1	Tity State 7	Nontgomery Street	et		MA	R 2	5 2	inti
DCA	Amendm	ent#_		1	City, State, Z			1	7.70		1 4	VI
(NJAC 5:23-8)	☐ Emergen justificati	cy (inc	luding	A	lame of Con	h, PA 15212		Line				
•	☐ Cancellat	ion		1,				Telephone	Numbe	er	=12	
					Anthony I			412-633				
Name of Facility Where A	hatement in T	'alda - I	21		FACILITY	INFORMATION						200
Verizon Bridgeton (	CO	aking i	lace (3	3)			Type of Fac	ility (4)				
Street Address	5.0.						School (	(-12)				
76-90 North Pearl St	troot						☐ L Subchan	ter 8 (Other than I	K-12)			
City (5)	ueet						homes, e	Drivate and con	nmercia	al buil	dings	
Bridgeton							Square Feet	,,,,				
County (6)							25,287	1 10013			J. Age	
Cumberland			1923	C	ounty Code	(7)(STATE USE ONLY)		(Dries if Let		+-	50	
							Verizon	(Prior if being den	nolishe	d)		
Name of Monitoring Firm F	lired by Buildi	ng Owr	er (8)	ASC	CM No.	Name of Abatem	ent Contract	(0)				
USA Environmental						BRISTOI EN	VIDONIBATE	(9)				
Street Address						Street Address	AIVONINEN	AL, INC.				
8436 Enterprise Ave						1123 BEAVE	P STDEET					
City, State, Zip Code		-				City, State, Zip Co						
Philadelphia, PA 1918	53											
Project Manager for Monitor	ring Firm		Te	lephor	ne No	BRISTOL, PA	19007					
Mark Jenkins					55 5810			License No.				_
tart Date (10)	Sch	eduled	Comp	etion [	Date (11)	215-788-6040		00509				
_3 / _4 / _	19	3	1 2	0 /	19	Name of OSHA Mo						
ccupancy Status During At	batement (Ch	ack onl				BRISTOL ENV	IRONMENT.	AL, INC				
I Facility Closed/Vacated F	During Entire 5					Street Address				-		_
L'indicition Lenotthea Of	litside of Norm	01 [			and the	1123 BEAVER						
	ΔΜ		ODA S	:00AN	A	City, State, Zip Coo	ie					
Time of Abatement:		PM/ <u>5:</u> (	UPIVI-Z									
		PM/ <u>5:</u> (	OPIVI-Z			BRISTOL, PA						
cope of Work (Check all that		PM/ <u>5:(</u>	<u> </u>				19007					_
cope of Work (Check all that		PM/ <u>5:L</u>	enovat	ion			19007	gative Pressure				
		PM/ <u>5:L</u>		ion		□ Full Contai     □ Mini-Enclo	inment with Ne	gative Pressure		-		
cope of Work (Check all that		M/ <u>5:C</u>	enovat emolitic	ion on		□ Full Contai     □ Mini-Enclo	inment with Ne		ITA			
eope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if	at apply)	M/ <u>5:C</u>	enovat emolition	ion on		⊠ Full Contai ⊠ Mini-Enclos □ Glovebag F □ Non-Exem	inment with Ne	gative Pressure on-Friable Procedu				
eope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate	at apply)		enovat emolition s Locat Norma	ion on ion lly		□ Full Contai     □ Mini-Enclo     □ Glovebag F     □ Non-Exem	inment with Ne sure Procedure pted (*) and No		At	1	ent T	/pe
eope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED	at apply)		enovat emolition s Locat Norma ed Sole	ion ion illy ely by	Asbest	☐ Full Contai ☐ Mini-Encloi ☐ Glovebag I ☐ Non-Exemption of the Containing Mater thermal systems insert the systems in the system in the systems in the systems in the sys	inment with Ne sure Procedure pted (*) and No	on-Friable Procedu	At	1	T	
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Expe of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Sement Diesel Oil Store	erial (ACM)  Tage Room  The Mall	Us M. Cus	enovat emolitic s Locat Norma ed Sole aintena todial \$ (12) No	ion liy ly by nce/ Staff?	Asbest (i.e., Pipe Fitti VAT & Ma	Full Contai Mini-Enclo Glovebag F Non-Exem  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	inment with Ne sure Procedure pted (*) and No rial (ACM) ulation,	Amount (Specify SF or LF)	Removal	1	T	
cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  sement Diesel Oil Stor.  MT Diesel Engine Rook	erial (ACM)  Tage Room  The Mall	Us M. Cus	enovat emolitie s Locat Norma ed Sole aintena ttodial \$ (12) No	ion ion lly lly by nce/ Staff?  N/A	Asbest (i.e., Pipe Fitti VAT & Ma	Full Contai Mini-Enclor Glovebag F Non-Exempton of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	inment with Ne sure Procedure pted (*) and No rial (ACM) ulation,	Amount (Specify SF or LF)	At Removal	1	T	
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Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Sement Diesel Oil Storm  MT Diesel Engine Room sement Boiler Room e of Registered Waste Hau	at apply)  erial (ACM)  age Room  m & Hall  Room	Us M. Cus	enovat emolitie s Locat Norma ed Sole aintena stodial \$ (12) No	ion ion lly lly by nce/ Staff?  N/A	Asbest (i.e., Pipe Fitti VAT & Ma Pipe Fittir VAT & Ma	Full Contai Mini-Enclo Glovebag F Non-Exem  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  ngs  astic  ngs  ubic Yards of N	inment with Ne sure Procedure pted (*) and No ial (ACM) ulation,	Amount (Specify SF or LF)  8 LF  420 SF  35 LF  200 SF	Removal 🛛	1	T	
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Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Sement Diesel Engine Room Sement Boiler Room of Registered Waste Hate RVICE TRANSPORT (State	at apply)  erial (ACM)  age Room  m & Hall  Room	Us M. Cus	enovat emolitie s Locat Norma ed Sole aintena ttodial \$ (12) No	ion ion lly lly by nce/ Staff?  N/A	Asbest (i.e., Pipe Fittin VAT & Ma Pipe Fittin VAT & Ma Vaste C No. V	□ Full Contai □ Mini-Encloi □ Glovebag F □ Non-Exempl  Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous esticengs  asticengs  ustic ubic Yards of /aste	inment with Ne sure Procedure pted (*) and No rial (ACM) ulation, s)	Amount (Specify SF or LF)  8 LF  420 SF  200 SF  ered Landfill	At Removal	Repair	T	
Location of Asbestos-Containing Mate  TO BE ABATED IN Facility (13)  Sement Diesel Oil Store  MT Diesel Engine Room sement Boiler Room e of Registered Waste Hate ERVICE TRANSPORT Of State  LRDLEY, PA	at apply)  erial (ACM)  age Room  m & Hall  Room	Us M. Cus	enovat emolitie s Locat Norma ed Sole aintena ttodial \$ (12) No	ion ion lly lly by nce/ Staff?  N/A	Asbest (i.e., Pipe Fittin VAT & Ma Pipe Fittin VAT & Ma Vaste C No. Di	□ Full Contai □ Mini-Encloi □ Glovebag F □ Non-Exem □ Non-Exem □ Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  ngs □ stic □ ubic Yards of //aste □ isposal Date □ C	inment with Ne sure Procedure pted (*) and No interest in the sure pted (*) and No in	Amount (Specify SF or LF)  8 LF  420 SF  35 LF  200 SF ered Landfill ANDFILL	At Removal	Repair	T	
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Sement Diesel Engine Room Sement Boiler Room of Registered Waste Hate RVICE TRANSPORT (State	at apply)  erial (ACM)  age Room  m & Hall  Room	Us M. Cus	enovat emolitie s Locat Norma ed Sole aintena ttodial \$ (12) No	ion ion lly lly by nce/ Staff?  N/A	Asbest (i.e., Pipe Fittin VAT & Ma Pipe Fittin VAT & Ma Vaste C No. Di	□ Full Contai □ Mini-Encloi □ Glovebag F □ Non-Exem □ Non-Exem □ Description of tos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  ngs □ stic □ ubic Yards of //aste □ isposal Date □ C	inment with Ne sure Procedure pted (*) and No rial (ACM) ulation, s)	Amount (Specify SF or LF)  8 LF  420 SF  35 LF  200 SF ered Landfill ANDFILL	At Removal	Repair	T	

Pa. 2

## State of New Jersey

(9)		Î	NOTIF	ICAT (Purs	ION OF A	SBESTOS AB	ATEMENT :16)		9	E II	<u>\</u>	7 5
Date of Notification (1)	13 /	19			ame of Buil	ding Owner/Operato			7 1			1.
Agencies Notified	Type Notifica	tion		-	treet Addres			MA NA	AR	25	201	9
⊠ EPA	☑ Initial	11011					A. 1880					-
⊠ DOLWD	☐ Amended				15 East M	ontgomery Stree	et	and territories of				38 -
⊠ DOH	Amendme				ty, State, Zi			24	-		15.	
DCA (NJAC 5:23-8)	☐ Emergend	y (incl	uding	-		n, PA 15212				in the	in.	-
(110/10 0.20-0)	☐ Cancellati			0.755	ame of Cont			Telephone Nu	ımber			
					Anthony F			412-633-4				
Name of Facility Whore A	h-4				FACILITY	INFORMATION						
Name of Facility Where A Verizon Bridgeton (	toatement is 1	aking P	lace (3	)			Type of Facility	(4)				
Street Address	5.0.						School (K-12	2)				
	•						Subchapter 8	Other than K	12)			
76-90 North Pearl S	treet						Other (i.e., proposed homes, etc.)	rivate and comm	nercial	build	ings,	
City (5)							Square Feet	# of Floors		5		
Bridgeton							25,287	2		Bldg.		
County (6)				Co	ounty Code	(7)(STATE USE ONLY)		100		+-5	U	
Cumberland						. ,, /	Current Use (Pric	or it being demo	lished	)		
Name of Monitoring Firm I	lired by Buildir	g Own	er (8)	ASC	M No.	Name of Abatom	ent Contractor (9)					
USA Environmental						RRISTOL EN	Contractor (9)	2000				
Street Address						Street Address	VIRONMENTAL	, INC.				
8436 Enterprise Ave												
City, State, Zip Code	-		_			1123 BEAVE						
Philadelphia, PA 191	53					City, State, Zip Co						
Project Manager for Monito			To	lephon	o Nio	BRISTOL, PA	19007					
Mark Jenkins					5 5810	Telephone No.		License No.			7.	
Start Date (10)	Sch	edulad			ate (11)	215-788-6040		00509				
_3 / _4 /						Name of OSHA M						
	_		1_2	.0_ /	19	BRISTOL EN	VIRONMENTAL,	INC				
Occupancy Status During A	During E	ck onl	y one)			Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed O	During Entire F	'eriod (	of Abate	ement	000000000000000000000000000000000000000	1123 BEAVER	STREET					
Time of Abatement:	AM-	ai raci PM/5:0	INPM-2	irs - De	scribe	City, State, Zip Co	de					
			<u> </u>			BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)											
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			lenovat emoliti			Glovebag	Procedure					
		T	s Loca	tion		□ NOII-Exem	npted (*) and Non-F	Friable Procedur	re	Marie Salar	20	
Location of			Norma	lly	1	Description of	444		Ab	patem	ent T	уре
Asbestos-Containing Mat <u>TO BE ABATE</u>	terial (ACM)	M	ed Sole aintena	ely by	Asbes	tos Containing Mate	erial (ACM)	Amount	Re	Re	Ш	m
IN Facility	<u> </u>	Cus	stodial	Staff?	(i.e.,	thermal systems in	sulation	(Specify	Removal	Repair	าเวล	nclo
(13)			(12)			surfacing, VAT, other miscellaneou	or (e)	SF or LF)	val	-	Encapsulate	Enclosure
		Yes	No	N/A		The modellaneou	15)		1		ate	Ф
asement Boiler Room					Pipe Fitt	inge			-			
asement Boiler Room			-	-				75 LF				
				$\boxtimes$	Header I	nsulation		12 LF		П		П
				П							Ш	Ш
ame of Registered Waste H	auler			JDEP V	Vaste 1	Cubic Yards of						
SERVICE TRANSPORT		Э.	Ha	auler ID	No.	Vaste	Name of Registere	d Landfill				
y, State	,			20990		20072	MINERVA LAI	MDFILL				
YARDLEY, PA							City, State					
mpleted By (Print or Type)						TBD	WAYNESBUR	G, OH				
Dillan DeCaro	Title					Signature		Date				
	E	stimat	or			Dillan	De Caro/			2	0	
13 DOISUO						119 Can	Delwo/	yn 2	1.	3-1	7	

ASB-41 JAN 13 DD/8110

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

	- The Parish	TORK TORK WAR	-	-	
	13	(1)	E	П	NA
1.	Line	11.7	11-	IJ	140

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Date of Notification (1)  03 /	40 /	4			N	ame	e of Buildin	ng O	wner/Operator	(2)		ian o	54.18			
		19	9			Ne	w Jersey	/ De	partment of	Military & Vete	ran Affairs	MAH Z	5	20	19	1.1.1
Agencies Notified  EPA	Type Notif	ication			100000		t Address		ossiuu D		Linear					
□ DOLWD	☐ Amend	ed			-				ossing Road	1	1 1		- 42			
⊠ DOH	Amenda			_			State, Zip (								e	
DCA	☐ Emerge	ency (in	ncludir	ng	-	_			NJ 08648							
(NJAC 5:23-8)	justifica						of Contac				Telephone	Numbe	r			
	L Cancell	ation				Wil	lliam McE	Brid	е		609-530	)-7136				
Name of Facility Where A	Ahatement is	Takin	a Diag	0 /2)		FA	CILITY IN	VFO	RMATION							
Westfield Field Mai				e (3)						Type of Facility	* **					
Street Address	internative .	Siloh								School (K-12		K 12\				
500 Rahway Avenu	е									Other (i.e., p	rivate and co	mmerci	al bi	uildin	gs,	
City (5)										Square Feet	# of Floor		П	da /		
Westfield										50,000	2	5		ldg. <i>A</i> <b>80</b>	\ge	
County (6)	14				C	our	nty Code (7	7)(ST,	ATE USE ONLY)	Current Use (Pr	ior if being de	emolishe	ed)			
Union			-							Maintenanc	e Shop					
Name of Monitoring Firm		ilding (	Owner	(8)	AS	CM.	No.	Na	me of Abatem	ent Contractor (9)						_
TTI Environmental,	Inc.							5	Shade Enviro	onmental, LLC						
Street Address	- 110-011-0-11							Str	reet Address							
1253 North Church	Street							6	323 Cutler A	venue						
City, State, Zip Code								Cit	y, State, Zip C	ode						i de la constantina
Moorestown, NJ 08	057							n	Maple Shade	, NJ 08052						
Project Manager for Moni	toring Firm			Te	lepho	ne l	No.	-	lephone No.		License N	lo.			-	-
Mike Stocku				8	356-8	340-	-8800	8	356-755-0099	É	00842					
Start Date (10)							te (11)	Na	me of OSHA N	lonitor			1000			
//					)5_	/_	19	E	MSL Analyt	ical, Inc.						
Occupancy Status During								Str	eet Address	***************************************		3 11				
☐ Facility Closed/Vacate	d During Ent	ire Pe	riod of	Abat	emen	t	·	2	00 Route 13	0 North						
Abatement Performed Time of Abatement:	AM-	Iormai PN	Facilit √I/	y Hou PN	urs - [ //-	Desc A	cribe AM	2000	y, State, Zip Co							
Scope of Work (Check all								C	innaminson	, NJ 08077						
≥3 sf or >3 If			□ D-		<i>u</i>				☐ Full Cont	ainment with Neg	ative Pressur	re				
≥160 sf or ≥260 lf			⊠ Re	nova molit					☐ Mini-Enc ☐ Glovebag							
									Non-Exer     Non-Exer	mpted (*) and Nor	n-Friable Prod	cedure				
1				Loca Norm									Aba	atem	ent T	уре
Location of Asbestos-Containing N		<i>(</i> 1)			lely b	y	Ashes	etne i	Description of Containing Mar		A		Z,	R	m-	m.
TO BE ABAT	ΓED				ance/			, the	rmal systems i	nsulation,	Amount (Specify		Removal	Repair	ıcaı	nclo
IN Facility (13)	/		Cusi	(12	Staff	1		S	urfacing, VAT,	or	SF or LF	)	val	-	Encapsulate	Enclosure
(13)			Yes	No		/A		otr	ner miscellaned	ous)					ate	(D
Room 106				$\boxtimes$			Floor Til	le ai	nd Mastic		750 SF		X		П	
Room 106A				$\boxtimes$			Floor Til	le ai	nd Mastic		150 SF		X			П
Room 106B				$\boxtimes$			Floor Til	le ar	nd Mastic		240 SF	-				
Room 105	46			$\boxtimes$			Floor Til	le ar	nd Mastic	-	150 SF					
Name of Registered Waste	Hauler				NJDE				ic Yards of	Name of Regist						
Freehold Cartage				0.00	Haule	r ID		Was		Fairless Lai						
City, State		*			159	33		Disp	osal Date	City, State			_			
Freehold, NJ									1/05/2019	Morrisville,	PA					
Completed By (Print or Typ	ne)	Title							Signature	mornovine,		Deta	-			
Christina Lynch			ce Pr	eside	ent o	fΩ	perations		1			Date	l des			
CD 44		V 1		Joint		. 0	perauoni	3	Music			3-1	8.	19		

Date of Notification (1)	11 (	及且是罗		Name of	Building	Owner/0	Operator	(2)	01	1.7	PA	TP	TIT	di i	-
3/19/19					hare No			(2)		15		II.	\	));	
Agencies Notified	Type Notification			Street A	ddress					7.5%	1				111
EPA DEP	☐ Initial .			500 N	7th St						MA	R 2	E 21	nia.	distance of
	Amended				te, Zip Co						993271		) =	71-0	H011
DOL	Amendment Emergency		-		en NJ 0	8102					Lose	-			
DOH .	justification)	10 1000 100			Contact						ephone Nu				V
☐ DCA	Cancellation	-		Dave	LITY INFO	DMAT	ION			85	6-546-00	טוט.	Jun - 14		
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITTINFO	JKWAI	ION	Туре	of Facility (4	1)					
Town House Unit 8	559								School (K-1	2)					
Street Address		14			110000	· · · · · · · · · · · · · · · · · · ·			Subchapter	8 (Oth	er than K-	12)			
599 Pearl Street									Other (i.e. p etc.)	rivate	& commerc	cial buil	dings	home	es,
City (5)								_	re Feet	#0	f Floors	E	Bldg. A	\ge	
Camden NJ 08102	!							100	0	2			35+		
County (6)				County	Code (7) USE ONLY	1		Curre	ent Use (Pric	or if bei	ng demolis	shed)			
Camden		- (8)						L							
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCN	l No.		1	of Aba	atement Con	tractor	(9)				
Street Address								Addre							
0.000710000								Box 3							
City, State, Zip Code									ip Code						
							17500		lin NJ 080	91					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepi	hone N	lo.		License I	No.			
								-753-9			00727				
Start Date (10) 3/20/19		3/25/1		npletion	Date (11)				HA Monitor						
	- Ab-t (Ob-						San								-
Occupancy Status Durin			5050				Street	Addre	SS						
	ated During Entire ned Outside of Norr						City, S	State, 7	ip Code	-					
Other - Describe:							0.0,	, tato, <u>-</u>	p oodo						
Scope of Work (Check A	All That Apply)													16653111	
≥3 sf or ≥3 lf	2.22	⊠ F	Renova	ation				Fu	Il Containme	ent with	Negative	Pressu	іге		
≥160 sf or ≥260 lf	31.00		Demoli	tion			F		ni-Enclosure						
	¥i						2	S No	ovebag Proc on-Exempted	(*) an	d Non-Fria	ble Pro	cedu	е	
		Is	Locat	ion										ement	t
Locatio	n of		Norma			De	scription	of					1	/pe	_
Asbestos-Containing TO BE AB			d Sole				taining N I system		I (ACM)	533	mount Specify	71		Ē	m
In Faci		Cus	todial	Staff?	(1.6.	surfa	icing, VA	T, or			or LF)	Remova	Repair	caps	Enclosure
(13)			(12)			other	miscella	neous)				oval	ai-	Encapsulate	sure
		Yes	No	N/A										е	
Through	n-out			X		Floor	tile & r	nastic	:	14	50 SF	х			
													-		
Name of Registered Wa	ste Hauler			JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Landfi	ill			
United Roll Off	-10 1 100101		H	lauler ID		of Wa			G.R.O.						
			2	2459		4									
City, State Elm NJ				*:		3/25/	sal Date /19		City, State		A 19067				
Completed by		Title					Signatur	е	IVIOITISV	ino F		ate			_
Anthony T Perna			ident				1	(_			94 33	3/19/1	9		

g (§	A	CN	
V	U	VAL	
Date	of Notifi	ication (1)	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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11	100	11	11	250

NOC	K_				uant to NJAC 8:60 a				mercanical and an artist of the second			-	1	
Date of Notification	(1)		Name of Building Owner/Operator (2)						MAR 2 F	- 21	)19	-		
3/18/19		City of Passaic						MILLI	1 6	113	1	kers		
Agencies Notified  EPA	Type Notification		Street Address					1				- 10		
	☐ Initial		300 Passaic Street					2.5	215mbu st	100	577	200		
			City, State, Zip Code						**. U		1567			
⊠ DOL	Amendment #1  Emergency (including)		Passaic, NJ 07503				p Comment of the constitutes a							
⊠ DOH	justification)	ıR	Name of Contact					Telephone Numb						
□ DCA	✓ Cancellation		Wayne Alston, c/o SAAR, LLC					908-347-91	59					
				F	ACILITY INFORMAT	TION					-	-	_	
Name of Facility Where Abatement is Taking Place (3)							of Facility (4)							
Passaic Senior Center							School (K-12)							
Street Address							Subchapter 8 (Other than K-12)							
330 Passaic Street							Other (i.e. private & Commercial buildings, homes, etc.)							
City (5)							Other (i.e. p	onvace & comm	ercial buildings, r	iome	, etc.	d.		
Passaic						Squa	re Feet	# of Floors	Bldg. Age					
1 433410						10,000+ 1 50+								
County (6)		County Code (7) (STATE USE ONLY)				ent Use (Prior if be	eing demolished)							
Passaic					USE ONLY)	Senior Home								
Name of Monitoring	Firm Hired by Building Owner (8)		ASCM No.			Name of Abatement Contractor (9)								
							Unicorn Contracting Corp.							
Street Address					Street Address									
						32 \	Willow Way							
City, State, Zip Code							State, Zip Code					_		
						4 33	odland Park,	NI 07424						
Project Manager for I	Monitoring Firm			Telepho	one No.	10000	hone No.	15 07 42 4	License No.					
							-333-9176		01331					
Start Date (10)				Scheduled Completion Date (11)			Name of OSHA Monitor							
3/18/19				3/19/19			Envirovision Consultants, Inc.							
Occupancy Status Dur	ring Abatement (Check Only One)		1-1				t Address	suitaires, iric.				-	_	
☐ Facility Closed/Vacated During Entire Period of Abatement							20-21 Wagaraw Rd., Bldg. 35-E							
Abatement Performed Outside of Normal Facility Hours														
	scribe: 7-4	riours	3413			City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check						Trail	Lawn, NJ U/2	+10		_			_	
≥3 sf or ≥3	If		X	Donou	ation		6 II 6	***						
□ ≥160 sf or ≥260 If								ment with Nega	live Pressure					
2100 31 01		☐ Demolition			Mini-Enclosure									
						$\times$	Glovebag Pro							
			la Lacesia		Т		Non-Exempt	ed (*) and Non-	Friable Procedure	2				
	Location of		Is Location Normally							Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED			sed Solel	y by	Asbesto		cription of ining Material (AC	(M)	Amount		T	Ť	Т	
			laintenan			ermal systems insulation,			(Specity			_		
	In Facility	Cu	stodial St	taff?		surfacing, VAT, or		SF or LF)	R		inca	9		
	(13)	· ·	(12)	T		other m	iscellaneous)			Removal	Repair	Encapsulate	Enclosure	
NA 0		Yes	No	N/A	-					lave	air	ate	ure	
iviens &	Womens Bathrooms		X			Mudd	ed Fitting		60 ea	X				
			-											
										2				
lame of Registered Waste Hauler				NJDEP Waste Hauler ID No.			ards of Waste	Name of Regustered Landfill						
Inicorn Contract	ting Corp.	0035844			5			Fairless Hills Landfill						
ity, State							Disposal Date City, State							
Voodland Park, New Jersey						TBD	1	$\mathcal{D}$	Morrisville, PA					
ompleted by			G.			Signature	1 Date							
Dimo Golcev General Manager							11/11	11.	1		18/19	a		
							1	11/1/	/	13/	10/12	_	_	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

					,,,,	(Pursu	ant to NJAC 8:60 ar	nd 12:	120)				- Mindaham	The games		
Date o	f Notification	(1)			Name	of Buildin	ng Owner/Operator (2)			- ,	MAR 2 5 2	019	-		11	
3/18	/19				0.000	of Pas					2		ţ	MET COLO		
Agenci	es Notified	Type N	lotification			Address				25 lemma 20	200	1575 ±0	+ w			
	EPA		Initial		300	Passai	c Street			es es						
	DEP	X	Amended		City, St	ate, Zip C	ode					same .				
X	DOL		Amendment # 1		Pass	aic, NJ	07503									
			Emergency (including		Name	of Contac	t			Telephone Number	r					
X	DOH		justification)		Wayı	ne Alsto	on, c/o SAAR, LLC			908-347-915						
	DCA		Cancellation			-	ACH ITY INCODE AT	TON								
Name o	of Facility Who	ere Abat	tement is Taking Place (3)			r.	ACILITY INFORMAT	1	of English (A)							
	ic Senior (							100000	of Facility (4)							
Street A									School (K-12		13					
	assaic Str	eet								8 (Other than K-	1.000					
								X	Otner (i.e. p	rivate & Comme	rcial buildings, ho	mes,	etc.)			
City (5)								Squar	re Feet	# of Floors	Bldg. Age					
Passa	IC						*.	10,0	000+	1	50÷					
County	(6)						Code (7)	Curre	nt Use (Prior if be	ing demolished)						
Passa	ic					STATE	USE ONLY)	Seni	ior Home							
Name o	f Monitoring	Firm Hir	ed by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9)								
								Unicorn Contracting Corp.								
Street A	ddress							Street	t Address					-	-300	
								32 V	Villow Way							
City, Sta	ite, Zip Code				71		City, S	State, Zip Code			- C EX C - C - C - C					
	ny, state, Lip code							Woo	odland Park, I	NJ 07424						
Project	Manager for I	Monitor	ing Firm			Telepho	one No.		hone No.		License No.		77.5			
								973-	-333-9176		01331					
Start Da	te (10)				Schedu	ed Comp	letion Date (11)	Name	of OSHA Monitor							
3/18/	19				3/19/			Envi	rovision Cons	ultants, Inc.						
Occupar	ncy Status Du	ring Aba	atement (Check Only One)					1	Address							
	Facility Clo	sed/V	acated During Entire Peri	od of Ab	atemer	nt		20-2	1 Wagaraw F	ld., Bldg. 35-E						
			ormed Outside of Normal						itate, Zip Code	, 8			100		-	
X	Other - De								Lawn, NJ 074	110						
Scope of	Work (Check							1		, 20						
X	≥3 sf or ≥3	If			X	Renov	ation	☐ Full Containment with Negative Pressure								
1117	≥160 sf or		f			Demol		Mini-Enclosure								
			•			o cino		Glovebag Procedure								
											Friable Procedure					
				T	Is Locatio	n	T		Non Exempt	co ( ) and Hon-i	Tiable Frocedure	T	Abate	ement	t	
		Loca	tion of		Normally			Desc	cription of				Ту	pe	_	
	Asbestos		ning Material (ACM)		sed Solely Iaintenan				ining Material (A)		Amount					
		Personal	ABATED acility		stodial St	558 <b>5</b> 85	(i.e. th		systems insulation ing, VAT, or	6	(Specity			En	_	
			13)		(12)		1		riscellaneous)		SF or LF)	Ren	æ	ede	nclo	
				Yes	No	N/A	1					Removal	Repair	Encapsulate	Enclosure	
	Mens &	Wom	ens Bathrooms		Х		1	Mudd	led Fitting		60 ea	X	-	-		
Weild & Weillelis Betillooms																
												1				
Name of Registered Waste Hauler					NJDEP W	/aste Hau	ler ID No.	Cubic Yards of Waste Name of Regustered Landfill				1				
					00358	44		5 Fairless Hills Landfill								
ity, Stat	e				************			Disposal Date City, State						_		
Woodl	and Park,	New.	Jersey					TBD Morrisville, PA								
omplete	100			Title				Signature								
	Golcev			Gener	al Man	ager			ar.	-/-/	3/18/19					
				A	-				4.4			1.	0724			

Dimo Golcev

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

14004V	FAJ		(1	ursu	ant to NJ	AC 8:60 and 5:1	16)	11 11	4AD 2 E 2010				
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)	N	MAR 2 5 2019				
	<del>.7</del> / _	19		M	arcus L. \	Ward Home		/ Job #1902-2	409 Chk. #5290				
	ype Notificati	on		Stre	et Address			J.					
F7	Initial			48	314 Outlo	ok Drive, Suite 2	01		A PROPERTY OF THE PROPERTY OF				
⊠ DHSS	Amended Amendmen	+ #			State, Zip								
	Emergency		_	W	all Towns	ship, NJ 07753							
(NJAC 5:23-8)	justification		ig		ne of Conta			Telephone Nu	mhor				
	] Cancellation	า		He	eather Fal	lkoff		732-430-36					
				F	ACILITY II	NFORMATION							
Name of Facility Where Aba			ce (3)				Type of Facility	(4)					
Winchester Gardens -	Hardin Ga	rdens					School (K-1	2)					
Street Address							Subchapter	8 (Other than K-1	2)				
333 Elmwood Avenue							homes, etc.	rivate and comm	ercial buildings,				
City (5)							Square Feet	# of Floors	Bldg. Age				
Maplewood							473,763	5					
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)		ior if being demo	89				
Essex								sing/Assisted					
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCN	1 No.	Name of Abateme			Livilig				
Criterion Laboratories						The second secon	d Mold Service						
Street Address						Street Address	a Mola Service	ces, corp.					
3370 Progress Drive, S	Suite J					3859 Sylon B	ouloverd.						
City, State, Zip Code						City, State, Zip Co							
Bensalem, PA 19020													
Project Manager for Monitoring	na Firm		Tel	ephone	No	Hainesport, N	13 08036	1					
Mike Panepresso	3			. B	1-1300			License No.					
Start Date (10)	Sch	adulad (			ate (11)	609-702-0400		00862					
_3 / 4 / 1					19	Name of OSHA M EMSL Analyti							
Occupancy Status During Aba	atement (Che					Street Address							
Facility Closed/Vacated Di	uring Entire F	eriod of	Abate	ment		200 U.S. Rout	a 120 Na						
Abatement Performed Out	side of Norm	al Facilit	v Hou	rs - Des	scribe	City, State, Zip Co							
Time of Abatement:	_AMI	PM/	PM		_AM	Cinnaminson							
Scope of Work (Check all that	apply)					- Innamison	, 110 00077						
≥3 sf or >3 If		Mρ	navat	:		☐ Full Conta	ainment with Neg	ative Pressure					
☐ ≥160 sf or ≥260 lf		⊠ Re □ De	moliti	on		Mini-Encle     Glovebag	Osure						
						☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	ire				
	of .		Loca						Abatement Typ				
Location of Asbestos-Containing Mate	rial (ACM)		Norma			Description of							
TO BE ABATED			intena		Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Encaps Repair Remov				
IN Facility		Cus		Staff?	(1.6.	surfacing, VAT,	or	(Specify SF or LF)	Encapsuli Repair				
(13)		Vac	(12)	T and a second	-	other miscellaneo	us)	3. 3. 2. )	Encapsulate Repair Removal				
IId Poof Coation		Yes	No	N/A	Company	!4! I							
Old Roof Section				$\boxtimes$	nanels	itious Layer on t	op of	36 SF					
				-									
lome of Daniel			Ц										
lame of Registered Waste Ha Freehold Cartage, Inc.	uler		119 500	JDEP V		Cubic Yards of	Name of Regist	ered Landfill					
Freehold Cartago Inc			H	auler II 02265		Waste 5	GROWS La	ndfill					
ity, State						Disposal Date	City, State						
								PA 19067					
ity, State	Titl	e				Disposal Date 3/5/19	City, State Morrisville,		sto.				
ity, State Freehold, NJ	0.000	e Office (	oord			Disposal Date		Da	nte 2-27-19				

CK5559	TPA	M	D "	011	(P	ursi	on OF A	SBESTOS AE JAC 8:60 and	BATEMENT 5:16)		EC			Ŋ.	72 72 72 72 72
Date of Notification (1)	•					Na	me of Build	ling Owner/Opera	tor (2)	1.55					
	19	/ _	19	_		H	doulihan's	s Restaurants,	Inc		MAR	2 5	20	10	
Agencies Notified	Type No	otificat	ion				eet Address			i i and	IMULI	۷ )	20	19	1
⊠ EPA	☑ Initia	ıl					5 Main St			Ĭ,	Same				Ī,
☑ DOLWD	☐ Ame						, State, Zip				Arria III	1 10			
DCA		ndmer				1 / //						10.14	7 40		
(NJAC 5:23-8)	☐ Eme	rgency	(inclu	ding			fillburn, None of Conta								
(5)	☐ Cano					1	ete Cosei			Te	lephone Nu	ımber			
						_			1-	9	73-886-1	062			
Name of Facility Where A	hatement	t is Tal	dina Di		0	F	ACILITY I	NFORMATION				-2.4(1).1(1)			
J. Gilbert's Restaur	ant (For	more	ang Pi	ace (	3)				Type of Faci	lity (4)				-	
J. Gilbert's Restaur Street Address	ant (FOI	mer C	narii	e Br	own	's R	estaurant	:)	School (K	(-12)					
35 Main Street									Subchapt	er 8 (Oth	ner than K-	12)			
City (5)									Other (i.e. homes, e	, private tc.)	and comm	nercia	build	ings,	
Millburn			3				7.7		Square Feet		of Floors		Bldg.	Λαο	
County (6)									65,000	10000	2		50	- 5	
Essex						Cor	inty Code (	7)(STATE USE ONL)	Current Use (			lichoo		-	
									Restaura	nt	reing detho	usneo	1)		
Name of Monitoring Firm	Hired by B	Building	g Owne	er (8)	F	SCN	I No.	Name of Abate	ment Contractor						
IRIS Environmental	Laborate	ories							ronmental, LL						
Street Address								Street Address	- Commontan, EL						
2333 Route 22 West								623 Cutler	Avenue						
City, State, Zip Code								City, State, Zip							
Union, NJ 07083									le, NJ 08052						
Project Manager for Monito	oring Firm			T	elep	hone	No	Telephone No.	e, NJ 00052						
Rick Eustaquio							3-6679	856-755-009			ense No.				
Start Date (10)		Sche	duled	Com			ate (11)			0	0842				
04 /01 /	19		04	1	19	1	19	Name of OSHA						- 17	
Occupancy Status During A	Ahatement	t (Char	ok only			- :			nmental Labor	atories					
☐ Facility Closed/Vacated	During Fr	ntire D	ariod o	f Aba	)			Street Address						_	
Abatement Performed C	outside of	Norma	I Facil	ity He	ouro.	Dee	orib e	2333 Route							
Time of Abatement:	AM	P	M/	P	M-	Des	AM	City, State, Zip C							
Scope of Work (Check all the								Union, NJ 07							
	iat apply)							_							
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			⊠R	enova	ation				tainment with Ne	gative P	ressure				
△ ≥ 100 St Of ≥260 If				emoli	ition				a Procedure						
H. 27732			T 1		-4"			Non-Exe     Non-Exe	empted (*) and No	n-Friabl	e Procedu	re			
Location of				s Loc Norm								1	atem	ent T	vne
Asbestos-Containing Ma	terial (ACI	M)	Use	ed Sc	olely	by	Ashaet	Description of tos Containing Ma	of			1000		T	T
TO BE ABATE IN Facility	D		Cus	ainter todia	ance	e/	(i.e.,	thermal systems	insulation	201517	mount	em	Repair	nca	inc
(13)			Cus	(12		Π?		surfacing, VAT	or		pecify or LF)	Removal	ai-	aps	Enclosure
3 - 5			Yes	No		N/A		other miscellane	ous)		,	=		Encapsulate	Гe
Basement					-		D: .							Ф	
Basement								ılation		16	0 LF				
st Floor Ground Level								ngs Insulation	-	15	5 LF				
st Floor Main Dining Ar	ea ·				1	-	Plaster		-	2,6	00 SF				
ame of Registered Waste H			Ц				Glue Dots				00 SF				П
Freehold Cartage Haul						P W	100	Cubic Yards of Vaste	Name of Regist		ndfill				_
						939	V	20	Fairless Landfill						
Freehold, NJ						Disposal Date City, State							_		
						04/19/2019 Morrisville, PA									
Completed By (Print or Type) Title						Signature									
Christina Lynch		Vic	e Pre	side	sident of Operations										
2 /1						- 1		( White)	///		1 3	19	119		

KRO37 PAI	D	NOTII (I	FICATIO Pursuar	ON OF AS	BESTOS C 8:60 at	ABATE nd 12:12	MENT (0)	Γ 		EG	E		W/	ia S	A I
Date of Notification (1) 03/19/2019				of Buildin em & M			r (2)	and the second of the second o		= 9	1,42	U	¥	-20-1	and the same of th
Agencies Notified Type Notificatio	n		S	Address		- Carr		11	100	MAI	R 2	5 2	019	1	
X EPA X Initial Amended Amendment				tate, Zip (				ļ		- C. Maria				-	
Emergency				ey City,		07		(2)	ı'.				i i plenuži		
DOH justification Cancellation				of Contac afa Ozti					T	elephor	ne Nu	nber			
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Time	of Facility	1						
House		(0)					Туре	of Facility School (K							
Street Address							×	Subchapt Other (i.e etc.)	er 8 (Ot	her tha	n K-12 merci	2) al buil	dings	, hom	nes,
City (5) Jersey City							Squa N/A	are Feet	11,000,000	of Floor	'S	111 111	Bldg. /	Age	
County (6) Hudson			County (STATE	Code (7)	Y)		Curre	ent Use (P	Prior if be	eing de	molish	red)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name D&S	of Aba	atement C tement,	ontracto	or (9)					
Street Address						Street	Addre	ss							
City, State, Zip Code						City, S	tate, Z	gren Ave Zip Code							
Project Manager for Monitoring Firm		Telepho	ne No		Teleph		J 07512	2	1						
	Project Manager for Monitoring Firm							8685		013	nse No 11	0.			
Start Date (10) 03/29/2019	Schedu 03/30/	led Con 2019	npletion	Date (11)	)			HA Monito ement, I							
Occupancy Status During Abatement (Che	ck Only O	ne)				Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of nal Facilit	Abatem y Hours	nent					gren Ave	enue						
Other – Describe: Occupied								J 07512	2						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	F1	2000				-	T Fell Contribution with the								
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Rear Flat Roof Name of Registered Waste Hauler	X	JDEP W	laata		oofing			- 200	10 SF		Х				
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### Check#3299

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

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Date of Notification (1)			Na	ame of I	Building Ov	vner/Operator (2	)	MAR 2	5 201	19	Control to the Control of the Contro	4
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₫ DHSS	Amendment #	idina	Во	ound B	rook, NJ	08805						_
DCA (NJAC 5:23-8)	Emergency (incluing justification)	Jung	1 1 1 1 1 1 1 1		Contact			Telephone Number	ŧΓ			
(110110 0.20 0)	☐ Cancellation		St	ephen	Foran			5				_
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lame of Facility Where	Abatement is Taking F	Place (3)					Type of Facility (4	)				
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rivate house Street Address							Subchapter 8 ( Other (i.e., priv	Other than K-1 2)	ial buildi	ngs,		
street Address							homes, etc.)	ato and comme				
28v /5)							Square Feet	# of Floors	Bldg.	Age		
City (5)	0.5											
ound Brook, NJ 0886 County (6)	03			County	Code (7) (S7	ATE USE ONLY)	Current Use (Prio	r if being demolis	ned)			
5. 3.				S-54-04								
omerset Name of Monitoring Firn	n Hired by Building Ov	wner (8)	I A	SCM No	). I	Name of Abateme	ent Contractor (9)					
tunio or mornioring					C	ir Tech LLC						
Street Address						Street Address						
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Project Manager for Mo	nitorina Firm		Telep	hone N		Telephone No.		License No.				
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Start Date (10)	Sched	uled Cor	npleti	on Date		Name of OSHA	Monitor					
03 / 30	/ 19 0					Envirovision C	onsultants.Inc					
Occupancy Status Duri						Street Address	Onsartanto,					
▼ Facility Closed/Vaca	ated During Entire Per	iod of A	o, baten	nent		0-21 Wagaray	v Road, Bldg .# 3	35E				
Abatament Perform	ed Outside of Normal	Facility	Hours	- Desc	ribe	City, State, Zip (						
Time of Abatement:	AMPf	M/	_PM		8.6	Fair Lawn, NJ	07410					
Scope of Work (Check	all that apply)					Clean	up and decontamin	ation with negativ	e pressu	ıre		
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17	Mar 2000 10:47PM NJ Asb	estos Control 609.633.0664
	OK 9 19 3- B & G proj. #: 2019-59	Notification of
	Date of Notification (1)	Name of Building Owner/Opera Bob & Kathy Mortimer

Type Notification

Initial

Cancellation

Amendment

×

Agencies Notified

EPA

DIEP

X DOL

F DOH

OCA

Street Address

Paterson

Street Address

City, State, Zip Code

Protect Manager for Monitoring Firm

Scope of Work (check all that apply)

Scheduled Start Date (10)

03/21/2019

Ozacribe: Other-Describe:

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Basement

MECTO 18 EC

Location of

meterial to be

abated in fecility (13)

8 & G Restoration, Inc.

Completed by (Print or Type) Gordana Luna

City, State Lincoln Park, NJ

19563

Title Secretary/Treasurer

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03/22/2019

Signature

City (5)

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Bob & Kathy Mortimer

Bob & Kathy Mortimer Street Address City, State, Zip Code Paterson, NJ 07503 Name of Contact Bob & Kathy Mortimer FACILITY INFORMATION Name of facility where absternent is taking place (3) County (8) Passaic Name of Mondaring Firm Hirad by Bidg. Owner (8) School Compission Date (11) 03/21/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacabled during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 WIRD & CUI Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure \_\_ ≥160 af or ≥260 if is location normally used solely E by maintenance/custodis! œ Π Amount a Description of asbestos-containing m (Specify SF or ataff(12) Ps Ġ C material (ACM) 0 20 Yes N/A p 11011 pipe insulation Yards of Was arre of Registered Landfill Grand Central Landfill

City, State

Pen Argyl, PA

dan Luna

03/20/2019

### B & G proj. #: 2019-59

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

\*\*\*Emergency\*\*\*

Check # 9192

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Date of Notification	(1)	Name of	Building C	Owner/C	perator (2)			4 7 1	EC		W	22 140 7 1			
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☐ DCA	☐ Cancellatio	n Bob	& Kathy	Morti	mer									_	
			F	FACILIT	TY INFORMA	TION									
Name of facility w	here abatement is to	aking place (3)						Туре	of Facility (	4) I (K - 12)					
Bob & Kathy										apter 8 (Of	her tha	n K-1	2)		
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Street Address							**	Sai		/Homes, et		Bldg	. Age	_	
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Paterson		Passaic						res	sidential					_	
Name of Monitori	ng Firm Hired by Blo	ig. Owner (8)		1	ASCM No.		Name of Abatemer	nt Contra	actor (9)						
n/a						_	B & G Restora	ation, I	nc.						
Street Address							Street Address 105 Ryerson	Poad							
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City, State, Zip Co	ode						City, State, Zip Cod Lincoln Park		7035						
			I Dhana I	Numbo		_	Telephone Numbe	720 - 51 - 17 - 17		License	Numbe	er			
Project Manager f	or Monitoring Firm		Phone I	Numbe			(973)696-68	869		00	378				
			1	-4- /44\		_	Name of OSHA M	onitor							
Scheduled Start D		Sched. Com		ate (11)			B & G Restor	ration,	Inc.		-				
03/21/2019		03/21/20					Street Address	D							
Occupancy Statu	s During Abatement	(Check only or	ne)				105 Ryerson								
Facility clos	sed/vacated during of performed outside of	ntire period of	abatemen / hours-	it.			City, State, Zip Code								
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City, State Lincoln Par			Disposal Date City, State 03/22/2019 Pen Argyl,												
Completed by (I	Print or Type)	Title Secretary/T	Signature Gordana Sur					Date 03/20/2019							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 03/18/2019 State of New Jersey Department of Transportation Chedi Agencies Notified Type Notification Street Address 1035 Parkway Avenue M **EPA** Initial ☑ DEP П Amended City, State, Zip Code ☑ DOL Amendment # Trenton, New Jersey 08625 Emergency (including ☑ DOH Name of Contact iustification) Telephone Number □ DCA Sheryl M Quatermas Cancellation 609-530-5472 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Red Lion Maintenance Yard, Maintenance Bldg School (K-12) Street Address Subchapter 8 (Other than K-12) 1839 NJ 70 Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors South Hampton, New Jersey 08088 Bldg. Age 10.000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Burlington (STATE USE ONLY) Maintenance Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management, Inc. 00057 Lilich Corporation Street Address Street Address 344 West State Street 246 Union Boulevard City, State, Zip Code City, State, Zip Code Trenton, New Jersey 08618 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. William Weisgarber, Jr. 609-392-4200 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/01/2019 04/15/2019 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf Renovation ☐ Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure П Glove Bag Procedure / Limited Containment & Tent X Non-Exempted (\*) and Non-Friable Procedure Amount Is Location Abatement (Specify Normally Type Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ TO BE ABATED thermal systems insulation, surfacing, Encapsulate Enclosure Custodial Staff? Remova In Facility Repair VAT, or (12)(13)other miscellaneous) Yes No N/A 107 - Mechanical Room X Stone Pattern Resilient Countertop & Assoc 8 SF X Yellow Adhesive R1, R2, R3 - Roofs X Black Tar Roof Coating and Tar Contaminated 2,350 SF X Wood Roof Sheathing (Multi Layered) R1 - Roof at Chimney X Black Tar Flashing at Chimney 4 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 30 Fairless Landfill City, State Disposal Date City, State Totowa, New Jersey 04/15/2019 Morrisville, PA Completed by Title Signature Date Adriana Olejarova President 03/18/2019

ASB-41 (R-06-08)

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

UK1428 PAI		OTIF (F	ICATIO Pursuan	t to NJAC	BESTOS 8:60 an	ABATEMENT d 12:120)		*					
Date of Notification (1) 03/18/2019						Operator (2) epartment of	Transportation	IS C	Check I	to.	142	8	
Agencies Notified Type Notification  IN EPA IN Initial				Address Parkway	Avenue				<del>)  [</del>	ll .	Vi.		
<ul> <li>☑ DEP</li> <li>☑ Amended</li> <li>Amendment #</li> </ul>				ate, Zip C n, New J		)8625		MA	R 25	20	)19		1
☐ Emergency (i justification) ☐ DCA ☐ Cancellation	ncluding			of Contact M Quate				elephone N 09-530-54			461	(1)	
Name of Facility Where Abatement is Takin NJ DOT Red Lion Maintenance Yard,	ng Place (3)		FAC	ILITY INF	ORMAT	Type of Fac	cility (4)		-4		111,4		
Street Address 1839 NJ 70	ouit buill					☐ School ☐ Subcha ☐ Other (i	(K-12) opter 8 (Other than e. private & com	n K-12) mercial buil	ldings, h	omes	s, etc	c.)	
City (5) South Hampton, New Jersey 08088						Square Fee 10,000	t #	of Floors		Bldg. 50+	Age		
County (6) Burlington				Code (7) USE ONLY	)	Current Use	(Prior if being de Salt Barn	emolished)					
Name of Monitoring Firm Hired by Building USA Environmental Management, Inc.	Owner (8)		ASCI 0005	M No. 57		Name of Aba	atement Contract oration	or (9)					
Street Address 344 West State Street						Street Addre							
City, State, Zip Code Trenton, New Jersey 08618	H H					City, State, Z Totowa, Ne	Zip Code ew Jersey 0751	2			15-a		
Project Manager for Monitoring Firm William Weisgarber, Jr.			Telepho 609-39	one No 92-4200		Telephone N 973-225-84		License 01104	No.				
Start Date (10) 04/01/2019	Scheduled 04/15/201		mpletion	Date (11)		Name of OS Iris Environ	HA Monitor mental Laborat	ories, LLC	;		A.T. (32.1)		
Occupancy Status During Abatement (Che			ent .			Street Addre 2333 Route							
☐ Abatement Performed Outside of Norm☐ Other – Describe:	al Facility Ho	ours											
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf  ⊠ ≥160 sf or ≥260 lf	⊠ Rei □ Dei	nova				☐ Mi	Containment with Negative Pressure ni-Enclosure ove Bag Procedure / Limited Containment &Te					ent	
M	ls L	ocati	ion			⊠ No	n-Exempted (*) a	Amount (Specify		Aba	tem		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole	mally Solely by Enance/ al Staff?  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing,						(i)		ype	Encapsulate	Enclosure
	Yes	No	N/A						2	<u> </u>		ate	re
R2 - Roof			Black Ta Roof Coating Over Wood/Metal Roof 1700 SF X (Multi Layered)							1			
\hat{k}									+	+			
9										-	+		
Name of Registered Waste Hauler Lilich Corporation		Н	  JDEP W  auler ID 18724		Cubic of Was 20		Name of Regis		fill				
City, State Totowa, New Jersey						sal Date /2019	City, State Morrisville, P	Α					
Completed by Adriana Olejarova	Title Presi	den	t		1	ignature	101	1	Date 03/18/2	2019			

MCK

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

ECEIV

MAR 2 5 2019

Date of Notification (1)		- T	Name of	f Building Owner/C	nerator (2)			WALL Z	<u>, 5</u>	20	IJ	- 1
MARCH 20, 20	9			Ellis Isl	•	10.	1				000-7	- 40
Agencies Notified Type Notification			Street A		circi Li		A			: "	7.	-
☐ EPA Initial		1	31 U	S Highway	206, Su	ite 3E		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7. 54.		
□ DEP ☑ Amended	76			ite, Zip Code					-	Ţ		
M DOL Amendmen Emergency			Augus	sta, New J	ersey 0	7822						
□ DOH justification □ DCA □ Cancellation	)		Name of	Contact			Telepho	ne Number	r	16.4		noute
			FACI	LITY INFORMA	TION					-		
Name of Facility Where Abatement is Taking.			Number of the State of the Stat	2011 1111 0111121		ype of Facility (	4)					
Recreation Shelter - Fe	deral P	rop	erty		1.	School (K-1	2)					
Street Address		7,000	ş			1 Subchapter	8 (Other than rivate & com	K-12) mercial bu	ildin	gs, ho	meş, c	etc.)
City(5) Statue of Liberty Nation	al Monu	men				quare Feet 1312	# of Floo	ors		dg. A		
County (6)		-10	County C	Code (7) USE ONLY)	c	urrent Use (Prio	r if being den	iolished)	_			
Name of Monitoring Firm Hired by KNINKE	executed Do				1	Historic						
Sky Environmental	MATERIAL SOL O .	LINEX	ASCM	1 110.	1	batement Contr						
Street Address						ax Corpor	ration					
140 Boulevard		55.00			Street Add	77 - 2						
City, State, Zip Code					N 20/00 (2000)	oster St	reet					
Mountain Lakes NJ 07046						, Zip Code	T 07057					
Project Manager for Monitoring Firm			Telephon	· ·	Telephone	ington N.				,		
Leonid Shereshevsky				88-4821			Lic	ense No.		e		
Start Date (10)	Scheduled					09-1122 OSHA Monitor		01361				
MARCH 21 ,2019	APRIL				1	JOHA MONITOR						
Occupancy Status During Abatement (Check C	only One)	= '7	710	211	Street Add	lane.						
Facility Closed/Vacated During Entire Po	- Si - Si				Street Add	11622						
Abatement Performed Outside of Normal  Other - Describe: <u>vacant bull</u>	Facility House	ment rs			City, State	e, Zip Code						
Scope of Work (Check All That Apply)				<del></del>		<del></del>						
□ ≥3 sfor≥3 lf □ ≥160 sfor≥260 lf		novatí molitic		V	D 251 C 153	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure			ıra		
7	Ye I	ocatio				Tron Brompies	( / mid : 1011	·	Jecui		ment	
Location of	2070.70	rmally	1050	D.		9					ре	
Asbestos-Containing Material (ACM)		Solely		Asbestos Con		rial (ACM)	Amou					
TO BE ABATED In Facility		dial St		(i.e. thermal syst	tems insulation	on, surfacing,	(Speqi	fy	Re	R	Enca	Enclosure
(13)		(12)			miscellaneou	13)	SF or L	F)	Removal	Repair	ncapsulate	lost
	Yes	No	N/A	550					2	٦	late	ire
roof			x	roof fla	shing		450 sf		x			
exterior elevation		9.	х	window c	aulk		21 lf		x			
exterior walkway		х	ceiling			745 sf		х				
Name of the last o												
Name of Registered Waste Hauler		NJ.	DEP Wa	iste Cubic	Yards	Name of I	Registered La	ndfill				
Century Waste	68		2797	No. of War 20		CBOLIC	Landfi	11				
City, State		13	2131		sal Date	City, State		<u> </u>				
623 Dowd Ave, Elizabeth NJ					· Date		sville	PΔ				
Completed by	d by Title					1	- 4 - 7 7 6	- 42				
Kielczewski Slawomir	Title			1.5	ignature			Date	-		_	

State of New Jersey Initial Notification NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60-7 and 12:120-7) 6598 - N. Check #: 7355 Name of Building Owner/Operator (2) 0 3 / 1 5 / 1 9 **Nutley Properties** Street Address Agencies Notified Type Notification MAR 2 5' 2019 [X] EPA 8 West 40th Street, 11th Floor [X]Initial City, State, Zip Code Notification [X] DEP ] Amended New York, NY 10018 IX1DOL Notification Telephone Number Name of Contact [X] DOH [ ]Cancellation (212) 697-0450 [ ]DCA Marc Popowitz FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ]School (K-12) | ISCHOOL (N-12) | ISubchapter 8 (Other than K-12) | Nother (i.e., private & commer-cial buildings, homes, etc.) **Nutley Properties** Street Address # of Floors Bldg. Age Square Feet 181 Hancox Avenue 20000 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) City (5) Residential buildings Nutley, NJ 07110 Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building ASCM No. Four Strong Builders, Inc. S&S Environmental Sciences, Inc. Street Address Street Address 180 Sargeant Avenue 98 Sand Park Road City. State, Zip Code City, State, Zip Code Clifton, NJ 07013-1935 Cedar Grove, NJ 07009
Project Manager for Monitoring Firm License Number Telephone Number Telephone Number 00807 973-614-0377 973-857-7188 Prakash Khaitan Name of OSHA Monitor Sched.Completion Date (11) Scheduled Start Date (10)  $\frac{|0|3|/|2|6|/|1|9|}{\text{Month}/|Day|/|Xear} \frac{|0|4|/|2|3|/|1|9|}{\text{Month}/|Day|/|Xear}$ Four Strong Builders, Inc. Street Address [ ]Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City, State, Zip Code |Abatement Performed Outside of Normal Facility | Hours - Describe: | Residential buildings | Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure [X]Mini-Enclosure [X]Glovebag Procedure []Non-Friable Procedure [X] Renovation |Demolition )3 sf or >3 lf X1∑160 sf or >260 lf Abatement Type Is Location Description of Asbestos-Containing Normally Location of CAPSU C T. Amount EM Used Asbestos-Containing E (Specify Material (ACM) Solely Material (ACM) TO BE ABATED in Facility (i.e., thermal systems
insulation. surfacing, VAT.
 or other miscellaneous) SF or 0 P 0 by Main-LF) V S tenance/ A Custodial (13) R Staff(12) E Yes No N/A 5.400 LF Pipe Insulation Building No.: A, C, D & E - Crawl Space & Storage Rooms Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Grand Central Sanitary Landfill 4509 Newark Carting, Co. Disposal Date City. State City. State Pan Argyl, PA 18072

n

Signature

Newark, NJ

Bilyana Kulakovska

Completed By (Print or Type)

Title

Office Administrator

Date

3/15/19

Initial Notification NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 6598 - NJ Check #: 7355 Name of Building Owner/Operator (2) 0 | 3 | / | 1 | 5 | / | 1 | 9 | **Nutley Properties** Agencies Notified Type Notification Street Address [X]EPA 8 West 40th Street, 11th Floor [X]Initial Notification City, State, Zip Code [X] DEP [ ]Amended XIDOL New York, NY 10018 Notification Telephone Number Name of Contact [X] DOH [ ]Cancellation (212) 697-0450 [ ]DCA Marc Popowitz FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) K]Other (i.e., private & commer-Nutley Properties Street Address cial buildings, homes, etc.) # of Floors | Bldg. Age 181 Hancox Avenue 50 20000 County Code (7) (STATE USE ONLY) County (6) City (5) Current Use (Prior if being demolished) Nutley, NJ 07110 Residential buildings Essex Name of Abatement Contractor ASCM No. Name of Monitoring Firm Hired by Building Four Strong Builders, Inc. S&S Environmental Sciences, Inc. Street Address Street Address 180 Sargeant Avenue 98 Sand Park Road City, State, Zip Code City, State, Zip Code Clifton, NJ 07013-1935 Cedar Grove, NJ 07009
Project Manager for Monitoring Firm License Number Telephone Number Telephone Number 00807 973-857-7188 973-614-0377 Prakash Khaitan Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) | 0 | 4 | / | 2 | 3 | / | 1 | 9 | | Month / Day / Year Four Strong Builders, Inc. Street Address [ ]Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City. State. Zip Code |Abatement Performed Outside of Normal Facility Hours - Describe: X]Other - Describe: Residential buildings Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |X]Renovation [X]Mini-Enclosure 1Demolition X]Glovebag Procedure [ ]Non-Friable Procedure )>3 sf or >3 lf X17160 sf or >260 lf Type Abatement Is Location Description of Asbestos-Containing Material (ACM) (i.e., thermal systems N N Normally Location of E CAPSU CI. OSU Amount RE Asbestos-Containing Used Material (ACM)
TO BE ABATED
in Facility
(13) M (Specify Solely SF or OV by Maininsulation, surfacing, VAT, or other miscellaneous) LF) tenance/ AIR A Custodial R Staff(12) (es| No N/A E Yes Pipe Insulation 5.400 LF Building No.: A, C, D & E - Crawl Space & Storage Rooms Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Grand Central Sanitary Landfill 4509 Newark Carting, Co. Disposal Date City. State City. State Pan Argyl, PA 18072 Newark, NJ Date Completed By (Print or Type) Bilyana Kulakovska Office Administrator 3/15/19

G4667

ASB-41 JUN 95

Check 2461

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

*K2461	PAID	(P					<u>C.</u> 8:60 and					11 /		3
Date of Notification	(1)			Name	of Bu	ilding	Owner / Operato	r (2)		Ad Ad	AR 2	- 20	10	1
	3/20/2019			Sunc	co P	artne	rs Marketing &	Termi	nals, i	LPEagle Poi	nt Fac	ility	13	ion.
Agencies Notified	Type Notific	cation			Addr				,					
							int Road			Noneman -				
☐ DEP	X Initia					Zip C	Code			1004.0		4. 12		
⊠ DOL			Vestv											
□ DOH     □ DCA		ergency cellation	- 1		of Co Rose	ntact <mark>ndorr</mark>	1				Telepho <b>856-85</b>			er
				FA	CILIT	Y INF	ORMATION		30,000					
Name of Facility Wh	nere Abatem	nent is Taking P	lace (3				Type of Facili	ity (4)						
Eagle Point Facil	lity						School (	K-12)						
Street Address							Subchap							
1250 Crown Poin	t Road						1			nmercial buildin			tc.)	
							Square Feet	#	of Flo	ors (	Bldg. Ag	е		
City (5)		County (6)	Co	unty (	Code (	(7)	n/a			n/a		n/a		- 20
Westville		Gloucester					Current Use (		peing d	emolished)				
							Commercia	1						
Name of Monitoring N/A	Firm Hired	by Building Own	ner (8)		ASC	M No.	Name of Abat Alpha Envir			ctor (9)				
Street Address							Street Addres PO Box 829							
City, State & Zip Co	de						City, State & 2		e					
							Trenton, NJ							
Project Manager for	Monitoring	Firm	Telep	hone	Numb	per	Telephone Nu 609-847-295	umber		License N	lumber 0122	22		
Scheduled Start Date 3/29/201		Scheduled Cor 12/31/2019	npletio	n Dat	te (11)	)	Name of OSH			THE RESIDENCE OF THE PROPERTY				
Occupancy Status I			nly one	e)			Street Addres		ntai					$\neg$
		During Entire P			ateme	nt	PO Box 829	7						
Abatement	Performed C	Outside of Norm	al Ho	ırs –	7am to	3pm	City, State & 2	Zip Code	Э					
Describe:							Trenton NJ	08650						
		Abatement		-										
Scope of Work (Che	eck all that a	pply)												
≥3 sf or ≥3 l	e			Don	ovatio			-		ntainment with N	iegative	Pres	sure	
≥160 sf ≥26			$\boxtimes$		nolition					ag Procedures				1
2 100 31 220	O II			Den	iontioi	1		Name of the last o				_		
			- 1-	4		1	D	harmed	on-Exe	empted and No				
	ocation of os-Containing	na		Locati nally (			Description Asbestos-Conf			Amount (Specify	Ab	ateme	ent I	/pe
	erial (ACM)	'9		olely b			Material (AC			SF or LF)			ш	-
	BE ABATED	1	Main	tenan	ce or		(i.e., thermal sy	stems			Remova	Re	Encapsulate	Enclsoure
ir	Facility		Custo	odial S	Staff?	i	nsulation, surfac		Γ		Von	Repair	nsa	sou
	(13)		Yes	(12) No	N/A		or other miscella	aneous)			<u> </u>	7	ate	ਰ
Exterior Boiler				NO NO			Pipe Insulat Boiler Insula			1200lf				
							Doller Ilisula	uon		5000sf				
Name of Registered	Waste Hau	ler			DEP V		Cubic Yards of Waste	Name	of Regi	stered Landfill				
Service Transpor	rt Group			00	03333	30	100	Miner	va Lai	ndfill				
City, State							Disposal Date	City, St	ate					
New Castle DE							various	Wayne	esbur	g. OH				
Completed By (Print	t or Type)			Titl			Signature	A	/		Date	8		
Rod Richardson					oject inage		1		5		3/20	)/20	19	

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10090		N 10090

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1949	184	138	18	E
15	firm the	2023	198	

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

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	E	G	E		W	

Date of Notification (1)			Name (	of Building Owner/	Operator (	2)	To be presented to the				4/1
3-20-	19		riame (	Townshi	(7	Penb	eeton	0			To be of the second
Agencies Notified Type Notification			Street /	Address	The Sec		MAN.	2.5	201	9	1
☐ EPA	4.5.1	-	City St	ate, Zip Code	bectur	1- Brawns	olivilla Kal		120.0	1.0	- E
DOL Amendment			ony, or	Pembert	as	NIT	0806	8	110		
DOH Emergency (	including	1.	Name o	of Contact	<u> </u>	100	Telephone Nu			-	-
□ DCA □ Cancellation			10		ock		609 89	4-	79	70	
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFORMAT		Type of Facility	(4)				
Single family Du	cellin	. <				☐ School (K					
Street Address		)				□ Subchapte	er 8 (Other than K-1 private & commerc	2)	ldings	hom	
City (5)						etc.)					es, 
Pemberton Twa	Λ	J	08	3015		Square Feet	# of Floors	1	3ldg. /	Age 5+-	
County (6)	- (		County	Code (7)	-	Current Use (P	rior if being demolis	ned)		77	
Burlington				USE ONLY)	_	Single	family 7	)we	11.	10	
Name of Monitoring Firm Hired by Building C			ASC	VI No.	Name of	f Abatement Co	6 1	9	45	7	
Street Address		3		THE STATE OF THE S	Street A	ddress	chables	10	3	In	
P.O. Box 3.	37				850	0. Box	337	2			
City, State, Zip Code	NJ		09	533	City, Sta	ite, Zip Code	TIA LA	n	94	72	2
Project Manager for Monitoring Firm	E & 400	1.	Telepho	ne No.	Telepho	ne No.	License N	0.		200	200
Steve Schenken				758-3365		58-33	5 O		54	4	
1 1 177 2000	A	1.		Date (11)		OSHA Monito				6	
Occupancy Status During Abatement (Check	Only On	<u>در (</u>	00	, 2019	Street A	IC IRC	hnologies	I	nc		
Facility Closed/Vacated During Entire P	eriod of A	Abatem	ent			O. Box	337				
Abatement Performed (*utside of Norma Other – Describe:	al Facility	Hours			City, Sta	te, Zip Code					-
Scope of Work (Check All That Apply)					Nec	u Egypt	NJC	28	53	3	
≥3 sf or ≥3 If			lian.		*	= " 0					
≥160 sf or ≥260 lf	14 4	lenovat emoliti				Mini-Enclosur	nent with Negative F	ressu	re		
					*	Glovebag Pro	cedure ed (*) and Non-Friab	le Pro	cedur	e	
	Is	Locatio	on					Ī	Abate	ement	
Location of		lormall d Solel			scription o			-	1 1	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mai	intenan	ice/	Asbestos Cont (i.e. thermal	aining Mai systems ii	terial (ACM) nsulation,	Amount (Specify	Z		Enc	m
In Facility (13)	Cust	(12)	lall!	surfac	cing, VAT, niscellane	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			340)		/al	=	ılate	ure
exterior walls	2		X	Siding !	Shine	Sies	3300 SF	X			
Interior walls		χ		- 1	ompeu	1	600 LF	X			
							QUU CI				
N											
Name of Registered Waste Hauler		0.000	JDEP Wauler ID			1	Registered Landfill			_	
EPC Technologies	•		1700		12	Was	te Manager	nen	to	s P	H
City, State	VJ			Dispos	al Date	City, Sta	te	A			
Completed by	Title			DY S	ignature	- 0	Da Da	te			$\dashv$
Steve Schenker	Pire	side	int	6	Stere	p)Sche	she	3.	20	-19	

OK 7930	Q PA			CATION	te of New OF ASBE o NJAC 8	STOS	ABATE		A company of the comp		C	E	7	V	5	1			
Date of Notification (1) 03/20/19				Name of	Building C	wner	Operator	(2)			MAR	2	5 20	)19	All the second s				
Agencies Notified T	ype Notification		- 1	Street Ad 324 Hiç	ldress ghland A	venu	ie			lanes.				i i i i i i i i i i i i i i i i i i i	ا شد د				
DEP DOL	Amended Amendment #				te, Zip Cod Franch, N				90	0 88		en en en en Marie france de Marie france de	280 404	news	EE =				
X DOH DCA	Emergency (in justification) Cancellation	cluding		Name of	Contact					100000000000000000000000000000000000000	ephone 3-344-								
				FACIL	ITY INFO	RMA	TION												
Name of Facility Where About 324 Highland Avenue		Place (3	)						of Facility (4 School (K-12	2)									
Street Address 324 Highland Avenue								×	Subchapter Other (i.e. pletc.)	8 (Otherivate 8	comm	K-12) ercial	buildi			s,			
City (5) Long Branch								Squa	re Feet	# of	Floors		Ble	dg. Aq	ge				
County (6) Monmouth				County C (STATE U	ode (7) ISE ONLY)			Curre	ent Use (Pric	r if bei	ng dem	olishe	ed)						
Name of Monitoring Firm H	ired by Building O	wner (8)		ASCM	No.				atement Con D PROFE										
Street Address			-					Addre	ss DOVE CC	URT									
City, State, Zip Code									ip Code OD, NJ 08	3701									
Project Manager for Monito	ring Firm			Telephor	ne No.			none N 668-9			Licens 1200		7						
Start Date (10) 03/31/19	1000	Schedule 04/04/1		npletion [	Date (11)				HA Monitor D PROFE	SSIO	NALS								
Occupancy Status During A								Addre	ss DOVE CO	URT									
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norma	al Facility	Hours	City, State, Zip Code LAKEWOOD, No.															
Scope of Work (Check All 7	That Apply)					-							0.00	882 82					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				2	Mi GI	ull Containme ini-Enclosure ovebag Procon-Exempted	e edure									
*		1000	Locat																
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	Use Ma	Norma d Sole intena todial ( (12)	ely by ince/ Staff?	Asbest (i.e.	Description on taining I all system facing, VA miscella	lation,	(8	mount Specify F or LF)		Removal	Repair	Encapsulat	Enclosure						
		Yes	No	N/A											LU .				
INTERIO				Fl	OOR T	ILE		20	000SF		х								
											-	-							
Name of Registered Waste	Hauler	l	100	NJDEP W			ic Yards		Name of	Registe	ered La	ndfill	-						
NEWARK CARTING				Hauler ID 14509	No.	7	/aste		IESI										
City, State NEWARK, NJ							osal Date 04/19		City, Stat BETHL		И РА								
Completed by JOSEPH PERLSTEIN	1	OWN	NER				Signatur	e				03	te /20/1	Abatement Type  Encapsulate  Repair					

KAULES PAIL			CATION	OF ASBE to NJAC 8	STOS A			IT	2	EG	E		W		
Date of Notification (1) 3/18/2019				Building O				BE !		MAR	2 =	5 /	2019		-
Agencies Notified Type Notification  EPA Initial		- 1	Street Ad 1 MAIN	ddress V STRE	ΕT			×	j.	<b>BO</b> DUT				- 1/	hongers
DEP Amended Amendment #				te, Zip Coo BRIDGI		7095		90		- 11	5 :- v ·		7.*	-	
	ncluding			Contact KOSTY	1				11/2/2005	ephone N 2-634-4			3000		
Name of Facility Where Abatement is Taking VACANT BUILDING	Place (3	)	FACII	LITY INFO	RMATIO	N	Ту	pe of Facility (	100					- v = l	
Street Address 169, 171, 173 AVENEL STREET							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			uildi	ngs, l	nome	s,
City (5)							Sq	etc.) uare Feet	# of	f Floors		Blo	lg. Ag	je	
County (6) MIDDLESEX			County C	Code (7) JSE ONLY)			Cu	rrent Use (Pri	or if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL CONNECTION			ASCM	l No.				batement Cor			NG,	INC	).		
Street Address 120 NORTH WARREN STREET						Street 11 V		lress ELAND AV	ENUE						
City, State, Zip Code TRENTON, NJ 08608						25.0		, Zip Code /A, NJ 0751	2						
Project Manager for Monitoring Firm DOMINICK DERCOLE			Telephor 609-39	ne No. 92-4200		Teleph 973-		No. 6-8700		License 00494					
Start Date (10) 3/20/2019	Schedule 4/3/20		pletion (	Date (11)		SAN	ΛE /	SHA Monitor AS (9) ABO	VE						
Occupancy Status During Abatement (Check			1			Street	Add	Iress							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: CONDEMNED	eriod of A al Facility	Abatem Hours	ent		_	City, S	State	, Zip Code							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti	2100000				4	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	Š				1	
		Locati			Dese	cription	- of					,	Abate Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole intenar todial S (12)	nce/			ining N ystem ng, VA	Mate is ins AT, c	or	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								-	_		w	
	-					************		MOED &			-	-			
	-				POSED						-				
					EEMED						-	_			
Name of Registered Waste Hauler		l Ni	JDEP W		OLLAP:		IAZ		Regist	ered Land	Hill				
TWO BROTHERS CONTRACTING	ĺ	Н	lauler ID 8743		of Wast	e				NAGEN		G	.R.O	.W.	S.
City, State TOTOWA, NJ					Disposa 4/3/20	1,9				LE, PA					
Completed by VIVECA RAMOS	Title PRO	JECT	COOL	RDINAT		gnatur		a Ras	y	_	Date 3/18	/20	19		

(FAX)9737794409

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	to of Notification (1) 18/2019						Building					E I	Ī.	name :	,			
-	encies Natified	Тур	e Notification			Street A	ddress N STRE	ET	-111				المراسة	7				
20	DOL		Amended Amendment		_		os, ze co DBRIDG		07095		WA	IVE	A.D.		11.17			
H	DOH		Emergency justification) Cancellation				Contact KOST	Y				80,000	2-634					
Ne	me of Facility Where	Abeli	ment le Takin	d Place (S	3)	FAC	FIZA INES	TAMAT	ON	Тур	e of Facility	(4)		-				
V	ACANT BUILDING										School (K-	12)		U 481				
100	ee: Address 59, 171, 173 AVE	NEL	STREET							X	Subchepte Other (i.e. pero.)	elavite	er than Beann	K-12) terdial	phild	ings.	home	8,
	Y(5) VENEL				3 3630					•	iara Faat		f Floors			dg. A	) D	
M	unly (6) IDDLESEX					County (	Cade (7) USE ONLY)		_		rent Use (Pri		•	ollehed	i)			
Ns El	me of Monitoring Firm NVIRONMENTAL	Him CO	d by Building	Owner (8) V, INC.	)	ASCA	No.				COTHERS			TING,	IN(	٥.		
	eet Address 20 NORTH WARF	REN	STREET						5trest 11 V		TELAND AV	ENUE	<u> </u>					
	y, Bizite, Zip Code RENTON, NJ 085	aB									Zip Code A, NJ 075	12						
	olari Manager for Mor OMINICK DERCO		g Firm			Talapho 609-39	ns No. 2-4200		Taleph 973		No. -5700		Licen 0048	88 No. 34			12,000	
	nt Date (10) 20/2019			\$0heduk 4/3/20		mpletion I	Date (11)				SHA Monitor IS (9) ABC						7	
	cupancy Status Durin							***	Etrest	Addi	226							
X	Facility Closed/Vac Abetement Perform Other Describe: §	and O	utside of Nom					_	City, 8	tale,	Zip Code							
Sci	ope of Work (Check A 23 of or 23 if 2760 of or 2250 if	u) The	il Apply)		Renovi Semoli					N	ul Containm fini-Enclosur llovebag Pro fon-Exemple	a cadura					1	
			***************************************		Local			Ba	norlation	nf.					-	Abata Ty	mant e	
	Location Asbestos-Containing TO BE AB In Facil (13)	intens todial ( (12)	nce/ Staff?		tos Coni Inermal surfa		Anter	20 CE - CE	(6	vnount Specify For LF)		Hemovai	Repair	Encapsululu	<b>Eardosura</b>			
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	y, State TOWA, NJ					10		Dispoi 4/3/2	sal Date		City, Star		LE, PA	<del></del>				
Co	mpleted by VECA RAMOS			Tille	JEC1	T COOF	RDINAT		inhatura		R	y1-^		3/18		19		

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Date of Notification (1) 3-14-2019		1	Name of	Building Owner erth Amboy	Operato	or (2) gs, LL	.C		MAR	2 -	- 0	040	Documents of the second
Agencies Notified Type Notifica	tion	S	Street Ad					1 1 1	MAN	15	)_/i	319	- Sec
DEP Amende  DOL Amende	nent #	C	City, State	e, Zip Code k, CT 06850				Lineaco		ne. o			2.7
□ Emerge     □ justificat     □ DCA     □ Cancella		N	Name of 0	Contact				Telephon	ne Nun	nber		No. Act.	
				ITY INFORMA	TION			732-99	1-11/	/3			
Name of Facility Where Abatement is T Commercial	aking Place (3)					Тур	e of Facility School (K-	201					
Street Address 225 Elm Street						×	Subchapte	r 8 (Other that private & com			dings	, home	∋s,
City (5) Perth Amboy							are Feet 2 SF	# of Floor	rs		ldg. <i>A</i> 5+	\ge	
County (6) Middlessex			ounty Co	ode (7) SE ONLY)		Curr	ent Use (Pri	or if being der	molish	ed)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.			atement Cor	ntractor (9) tal Service		<u> </u>			
Street Address					Street	t Addre	ess		S, LL				
City, State, Zip Code						_	nia Avenu Zip Code	e					
Project Manager for Monitoring Firm		ΙΤ	elephone	No.			ty, NJ 073						
			550		201-	hone N -333-8	3855	011	nse No 74	).			
Start Date (10) 3-25-2019	Scheduled 4-1-2019		letion Da	ate (11)	15000		HA Monitor vironmen	tal Services	s, LL	С			
Occupancy Status During Abatement (C					-7	Addre		-			-		
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Aba Iormal Facility H	ateme lours	nt		City, S	State, 2	nia Avenu Zip Code						-
Scope of Work (Check All That Apply)					Jers	ey Cı	ty, NJ 073	304					
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Roof		No X	N/A	Roof	ing Ma	terial		7150 SF	F	Х		CD	
				. 1001	ing ma	Corici		7 100 01		Λ			
Name of Registered Waste Hauler Green Environmental Services,		Hau	DEP Was uler ID No 34889	7,550,700	Yards iste		1 - 10000 C 30000 C	Registered La	ndfill				
City, State Jersey City, NJ				Dispo 4-1-2	sal Date		City, State						
Completed by Liliana Serrano	Title Office N	/Jana	ger		Signature		hilds	70.05	Date	e 4-20	)19		