### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification Name of Building Owner / Operator (2) MAR 2 9 2019 12/21/18 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address **EPA** 301 Philadelphia Avenue DEP Initial City, State & Zip Code  $\boxtimes$ DOL Amended-#3-3/22/19 Egg Harbor City, New Jersey 08215 DOH 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.) # of Floors Square Feet 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 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/21/19 3/22/19 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 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 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 of Waste Hauler ID No.

18706

Title

Estimator

Disposal Date

TBD

Signature

City, State

trick Ti DeCaro

EGG HARBOR TWP, NJ

ATLANTIC COUNTY UTILITY AUTHORITY

Date

3/22/19

BRISTOL ENVIRONMENTAL INC.

Completed By (Print or Type)

PATRICK T. DeCARO

City, State

BRISTOL, PA

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 12/21/18		0.0100000	Nar	ne d	of Bu	ilding	Owner / Operat	or (2)	119			2		227	
Agencies Notified	Agencies Notified Type Notification Street							MUNICATION	S		144	n 2	0	2019		
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□ DOL		nded-#2-3/18/	19					y, New Jersey	, 0024	E	3					ž.
□ DOH	_	rgency		Nan	ne c	of Co	ntact	y, New Jersey	0021	5		17-1-		ar ar A I	1	
☐ DCA		cellation		1				Santos			9 (200	0.0000000000000000000000000000000000000		ne N 6-67		er
				F				ORMATION				347	-000	3-07	1-4	
Name of Facility W	here Abatem	ent is Taking F	Place	(3)				Type of Faci	lity (4)							-
VERIZON - EGG	HARBOR C	ITY CENTR	AL O	FFIC	E			School	(K-12)							
Street Address	20							Subcha	pter 8 (	Other than I	<-12)					
301 Philadelphia	Avenue							Other (i.	e. priva	ate & comm	ercial build	ings, h	nom	es, e	tc.)	
0'' (5)								Square Feet		# of Floors		Bldg.	Age	9		
City (5)		County (6)	C	ounty	/ Co	ode (	7)	20000	)	3		"	_			
Egg Harbor City		Atlantic						Current Use	(Prior i	f being dem	olished)					
								COMMUNI								
Name of Monitoring	Firm Hired b	y Building Ow	ner (8	3)	ASCM No. Name of Abatement Contractor (9)											
USA ENVIRONMI	ENTAL MAI	NAGEMENT,	INC.					BRISTOL E	NVIR	ONMENTA	LINC					
Street Address																
	ty, State & Zip Code						1123 BEAVER STREET									
	ty, State & Zip Code HILADELPHIA PA 19153							City, State & Zip Code								
								BRISTOL, I		007						
MARK JENKINS	Worldoning P	11111	250000000000000000000000000000000000000	phon			er	Telephone N			License			55.8		
Scheduled Start Dat	e (10)	Scheduled Cor		-365				215-788-60	707			00	050	9		
3/21/19		Scrieduled Col		6/19	ate	(11)		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC								
Occupancy Status D		ment (Check o								ONMENTA	L INC					
Facility Clos	ed/Vacated [	During Entire F	eriod	of Al	nate	men	nt	Street Addres		DEET						
Abatement F	Performed Ou	utside of Norm	al Ho	– אוורפ	- 7a	m to	3nm	City, State &							_	
Describe:	5:00 PM -	1:30 AM	u	, ui o	r u	111 10	opin	BRISTOL, F								
Facility Occu	upied During	Abatement						DKISTOL, F	A 190	107						
Scope of Work (Che	ck all that ap	ply)	-	-												
		35 TAR							$\boxtimes$	Full Contain	ment with	Negat	ive	Pres	sure	
≥3 sf or ≥3 lf			$\boxtimes$	Re	nov	ation	ı			Full Containment with Negative Pressure Mini-Enclosure						5-
≥160 sf ≥260	) If			De	mol	lition			П	Glove Bag F	Procedures	;				
										Non-Exemp			ble	Proc	edu	re
	cation of			Loca				Description	of		Amount			eme		
	os-Containing erial (ACM)	3		mally		ed		Asbestos-Con			(Specify	-	T	1		700
	E ABATED			olely itenai		0.5		Material (A			SF or LF)		_		Ē	ш
	Facility			odial			ir	i.e., thermal synsulation, surfact					Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)				or other miscella				- 1	SVO	bair	sul	luo
	3-0		Yes	No	N	I/A				,			-		ate	G.
1st Floor - Near A			X	П	T	7		VAT/Mas	tic		90 SF		1	$\neg$		
1st Floor - Near A	C Unit 2-2		X	П	ΤĒ	٦Ť		VAT/Mas			203 SF		<u> </u>	H	H	H
			П	Ī	ΤĒ	T					200 01		읚	H	H	Η
			Ħ	Ħ	Tr	Ħ							╬	H	H	H
						Ħ							╬	H	믬	Η
						7							#	-	H	님
Name of Registered	ame of Registered Waste Hauler					PW	aste	Cubic Yards	Name	of Register	ed Landfii					
59-1-4-500 =	DISTOL FAILUDONING NITAL INC.					NJDEP Waste Cubic Yards Hauler ID No. of Waste										
RISTOL ENVIRONMENTAL INC.					18706 2 ATLANTIC COUNTY UTILITY AUTHO						RIT	Y				
City, State						Disposal Date City, State						•				
BRISTOL, PA								TBD EGG HARBOR TWP, NJ								
Completed By (Print or Type) Title					5	Signature										
PATRICK T. DeCARO Estimator					r	Patrick D. De Cow / 2 3/18/19										
								Valuek 1. Now / S118/19								
PD18086	086									. 6	/					

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

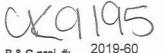
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2)  VERIZON COMMUNICATIONS  Street Address								lane -				
Agencies Notified Type Notification		Stre	et /	Addr	ess			-	A Company	3.	14			
☐ DEP ☐ Initial					& Zip	ia Avenue Code				124		**	1.46.	
□ DOL □ Amended-#1-1/9/1	9					y, New Jersey	0821	5		ı				
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation					ontact e Los	Santos				Telep 347-8				er
			AC	ILIT	Y IN	ORMATION								
Name of Facility Where Abatement is Taking F VERIZON - EGG HARBOR CITY CENTRA			.=			Type of Facil School (				+				
Street Address	AL UI	FFIC					3 35/	Other than K-	12)					
301 Philadelphia Avenue						Other (i.e	e. priva	ate & commer	cial buildir	ngs, h	ome	es, e	tc.)	
	- 1-		_			Square Feet		# of Floors		Bldg. /	\ge			
City (5) County (6) Egg Harbor City Atlantic	Co	ounty	CC	ode (	(7)	Current Use		f being demol	ished)					
						COMMUNIC	CATIC	NS						
Name of Monitoring Firm Hired by Building Own USA ENVIRONMENTAL MANAGEMENT,														
Street Address 8436 ENTERPRISE AVE						Street Addres	ss							
City, State & Zip Code						City, State & .	Zip Co	de						
PHILADELPHIA PA 19153 Project Manager for Monitoring Firm	Tele				per	BRISTOL, F	umber		License					-
MARK JENKINS Scheduled Start Date (10) Scheduled Con	215-					215-788-6040 00509 Name of OSHA Monitor								
1/8/19	ON H	OLE		(11)		BRISTOL ENVIRONMENTAL INC								
Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F			oate	eme	nt	Street Addres		REET	*:					
Abatement Performed Outside of Norm						City, State & 2	Zip Co	de						
Describe: 5:00 PM - 1:30 AM  Facility Occupied During Abatement						BRISTOL, F	PA 190	007						
Scope of Work (Check all that apply)														
\[ ≥3 sf or ≥3 lf		Po	noi	vatio	n		$\bowtie$	Full Containm Mini-Enclosur	nent with I	Negati	ve l	Pres	sure	
≥160 sf ≥260 lf	H			litior			H	Glove Bag Pr						
								Non-Exempte	ed and No		ble	Pro	cedu	re
Location of Asbestos-Containing	350	Loca nally		50		Description Asbestos-Conf			Amount (Specify	A	bat	eme	ent T	ype
Material (ACM)	S	olely	by			Material (AC	CM)	8	F or LF)		,		Ē	ш
TO BE ABATED in Facility	Main Custo			20.000		(i.e., thermal sy insulation, surfac					Removal	Repair	Encapsulate	Enclsoure
(13)	Yes	(12) No		N/A		or other miscella	aneous	s)			Va	Ŧ	ulate	ure
1 <sup>st</sup> Floor – Near AC Unit 2-1			$\dagger$			VAT/Mast	tic		90 SF	D	1			
1st Floor – Near AC Unit 2-2	$\boxtimes$					VAT/Mast	tic		203 SF	D				
	H	H		$\dashv$			- Million		-		#		H	님
								H	H	H				
							163							
Name of Registered Waste Hauler		Hauler ID No. of Waste						gistered Landfill						
BRISTOL ENVIRONMENTAL INC.  City, State		18706 2 ATLANTIC COUNTY UTILITY AUT					THO	ORIT	rY_					
BRISTOL, PA	Disposal Date City, State EGG HARBOR TWP, NJ													
Completed By (Print or Type)	Title Signature Estimator Patrick T. De Caro M. 1/9/19													

PD12026

Chk#3491

Date of Notification (1) 12/21/18	Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS									
Agencies Notified Type Notification	Street Address	WIWUNICATIONS	1 ( 6-1)							
☐ EPA	301 Philadelp	hia Avenue		. []						
□ DEP □ Initial □ Amended	City, State & Zip		1 + 144	MAR 2 9 2019						
		ity, New Jersey 0821	5							
□ DOH 9930 □ Emergency □ DCA □ Cancellation	Name of Contac		i de la companya de l	Telephone Number						
☐ DCA ☐ Cancellation	Johnny De Lo			347-886-6714						
Name of Facility Where Abatement is Taking P	FACILITY IN	IFORMATION								
VERIZON - EGG HARBOR CITY CENTRA	AL OFFICE	Type of Facility (4)	•0							
Street Address			(Other than K-12)							
301 Philadelphia Avenue		Other (i.e. priv	ate & commercial build	lings, homes, etc.)						
	X		E Company							
0.4. (5)		Square Feet	# of Floors	Bldg. Age						
City (5) County (6)	County Code (7)	20000	3							
Egg Harbor City Atlantic			if being demolished)							
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM N	o. Name of Abatemen								
USA ENVIRONMENTAL MANAGEMENT,			ONMENTAL INC							
Street Address		Street Address								
8436 ENTERPRISE AVE		1123 BEAVER S								
City, State & Zip Code PHILADELPHIA PA 19153		City, State & Zip Co								
Project Manager for Monitoring Firm	Telephone Number		BRISTOL, PA 19007 Telephone Number License Number							
MARK JENKINS	215-365-5810	215-788-6040	Liberise	00509						
	npletion Date (11)	Name of OSHA Monitor								
1/8/19 Occupancy Status During Abatement (Check or	1/15/19	BRISTOL ENVIRONMENTAL INC								
Facility Closed/Vacated During Entire Po	eriod of Abatement	Street Address 1123 BEAVER S	TRFFT							
Abatement Performed Outside of Norma										
Describe: 5:00 PM - 1:30 AM		BRISTOL, PA 19	007							
Facility Occupied During Abatement										
Scope of Work (Check all that apply)			Full Containment with	Namativa Dunama						
≥3 sf or ≥3 lf	Renovation	A	Full Containment with Mini-Enclosure	Negative Pressure						
≥160 sf ≥260 lf	Demolition	H	Glove Bag Procedures	s						
			Non-Exempted and No							
Location of	Is Location	Description of	Amount	Abatement Type						
Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos-Containing Material (ACM)	(Specify SF or LF)							
TO BE ABATED	Maintenance or	(i.e., thermal systems	5	Enclsoure Encapsulate Repair Removal						
in Facility (13)	Custodial Staff?	insulation, surfacing, V.		Enclsour ncapsula Repair						
5	Yes No N/A	or other miscellaneous	5)	al late						
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	LILI LI	10.11.1/-1								
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	of Waste	of Registered Landfill							
BRISTOL ENVIRONMENTAL INC.	18706									
City, State		Disposal Date City,								
BRISTOL, PA	1									
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature	0 0 10	Date						
	Latinatu	Hatrick T	De Caro/gr	12/21/18						



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

\*\*\*Fmergency Cleanup\*\*\*

Check # 9195

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Date of Notification	(1)	Name	of Building Ov	ner/Operator (2	2)		is (	5 6 1	W (	MT.					
0 3 1/12 12	<u> </u>	Chri	s Davis												
Agencies Notified	Type Notification	on Street	Address					15 20 1	010		111				
☐ EPA	X Initial						gilli, Mi	AR 2 9 2	2019	koz	-				
☐ DEP		City, S	tate, Zip Code				- Manual -		_		_				
X DOL	☐ Amendm		ehawken, I		ña		12		12.00						
X DOH		Name	of Contact				Telephone	Number	2.00,2	NAME OF TAXABLE PARTY.					
□ DCA	Cancella	tion	ris Davis												
			IIS Davis		-										
			FA	CILITY INFORM	MATION	l									
Name of facility wh	nere abatement is	taking place (3	)				Type of Facility (4	() (K 12)							
Chris Davis							School (K - 12) Subchapter 8 (Other than K-12)								
Street Address								ipter 8 (Otner Private/Comn		-12)					
oli oct / tadicoo								lomes, etc.	200 2000						
							Square Feet	# of Floors	BI	dg. Ag	ge				
City (5)		County (6)	)		1	inty Code (7)			<u> </u>	. 1)					
Weehawken		Hudsor	1		(Sta	ne use only)	Current Use (Pr residential	or if being de	molisne	ea)					
Name of Monitorin	g Firm Hired by E	3ldg. Owner (8)		ASCM No.	-	Name of Abatement C									
	Consultant's					B & G Restoration	on Inc								
Street Address					=	Street Address	), iiio.			_	_				
20-21 Waga	raw Road - B	ldg 35E				105 Ryerson Ro	on Road								
City, State, Zip Cod	le				_	City, State, Zip Code									
Fairlawn,NJ	07410					Lincoln Park, N	IJ 07035								
Project Manager for	r Monitoring Firm		Phone Nur			Telephone Number	()	License Nur							
Fredrick Lar	sen		973-636-	9145		(973)696-6869									
Scheduled Start Da	ate (10)	Sched. Cor	npletion Date	(11)		Name of OSHA Monit B & G Restorati	N .								
03/25/2019		03/30/20	019		-	Street Address	511, 111 <b>6</b> .								
Occupancy Status	During Abatemer	t (Check only o	ne)			105 Ryerson Ro	ad								
Facility close						City, State, Zip Code									
Abatement po	erformed outside	of normal facilit	y hours-												
Other-Descri	be:					Lincoln Park, N.	0/035								
Scope of Work (ch	neck all that apply	/)			'	wrap & cut				1 200 (20					
Demolition	×	Renovation			□ F	Full Containment w/neg	ative pressure	Glovebag	proced	ure					
>3 sf or >3 if		≥160 sf or ≥260	If			Mini-enclosure		Non-friabl	e proce	dure					
Location of		Is location nor		ely				R	2000	E	E				
asbestos-cor material to be		by maintenand staff(12)	æ/custodiai			asbestos-containing	Amount (Specify S	l m	e p	n	n				
abated in fac		Yes	No N/A	1	i (ACM)		LF)	0 0	a	a	C				
								e	· ·	p	1				
First floor, second Basement	and floor, &		X			viping, Hepa vacuur e pressure criticals.			<del></del> 井井	ዙ	11				
Dasement			×	under me	galive	pressure chicais.		—— <u> </u>  -	╫	片	#				
			_		-				+	片	計				
					-					H	情				
Registered Waste H		NJDEP H		Cubic Yards o	f Waste				1 10	1-					
B & G Restora	tion, Inc.	1956		3		Grand Central	Landfill								
City, State Lincoln Park, I	NJ		Disposa	03/29/2019		City, State Pen Argyl, PA				0.3					
Completed by (Prin	nt or Type)	Title		Signature				Date			_				
Gordana Luna	1	Secretary/T	reasurer		Gordana Luna 03/22/2019										

page 1 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2019-60 B & G proj. #: Check \$19195 1 \*\*\*Emergency Cleanup\*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 10 13 1/12 12 1/11 191 Chris Davis Type Notification Agencies Notified Street Address EPA Initial T DEP City, State, Zip Code Amendment E DOL Weehawken, NJ 07085 Telephone Numbe Name of Contact R DOH Cancellation TI DCA Chris Davis FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Chris Davis Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bidga./Homes, stc. Square Feet | # of Floors Bidg, Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Hudson Weehawken residential Vame of Abatement Contractor (5) Name of Monitoring Firm Hired by Bidg. Owner (6) ASCM No. Enviro Vision Consultant's Inc. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 20-21 Wagaraw Road - Bidg 35E City, State, Zip Code City, State, Zip Code Fairlawn, NJ 07410 Lincoln Park, NJ 07035 claphone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Fredrick Larsen 973-636-9145 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Data (10) B & G Restoration, Inc. 03/25/2019 03/30/2019 Street Address Occupancy Status During Absterment (Check only one) 105 Ryerson Road Facility elosed/vacated during entire period of abatement. City, State, Zip Code Abatement performed putalds of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut Demolition Renovation Non-friable procedure Mini-andosure 2 >2 af or >3 if ≥180 af or ≥280 ff is location normally used solely E E Location of by maintenance/outtodisi n Amount ñ Description of sebestos-containing mabeatos-containina m steff(12) (Specify SF of 5 C c. material to be material (ACM) 2 aboled in facility (13) L NA P First floor, second floor, & Cleaning wet wiping. Heps vacuumi 1,398 soft under negative pressure criticals. Basement Grand Central Landfill 19563 B& G Restoration, Inc. City. State Pen Argyl, PA Lincoln Park, NJ 03/29/2019 Gempleted by (Print or Type)
Gordana Luna Signature Andone Suns Secretary/Treasurer 03/22/2019

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Date of Notification (1)			Name of Building ( THE VALLEY HOSF		r (2)		2.0	0.044	
3 / 22 /19			Street Address			MAR	29	2011	1
Agencies Notified Type Notificat			223 NORTH VAN D	IEN AVENUE					
DEP X Amende X DOL Cancella	September 2000	tion #6	City, State, Zip Code RIDGEWOOD, NEV		2				
X DOH On Hold DCA EMERG	ENCY NO	TIFICA	Name of Contact TION GEORGE GANCSO	S	Telephone N 201-447-814				
			FACILITY INFORMATION			69			
Name of Facility Where Abatement is T	aking Pla	ce (3)		Type of Facili	ity (4)				
VALLEY HOSPITAL				School ( Subchap  Other (ie	oter 8 (Other tha	an K-12)	1977 - <b>1</b> 000		
Street Address 670 WINTER AVENUE				Square Feet	# of Floor	s blag	Bld	g. Age	
City (5) County	(6)		County Code (7)	50,000 Current Use (F	Prior if being de	molished		40+	
PARAMUS BERGEN Name of Monitoring Firm Hired by Build	V	(0)	(STATE USE ONLY)	ABANDONED			-)		
COLDEN CORPORATION	aing Own	er (8)	ASCM No.	Name of Abat	ement Contract NMENTAL COF	ctor (9) RPORAT	ION		
Street Address 131 VARICK STREET, SUITE 1022			•	Street Address	3				
City, State, Zip Code				313 SPOOK F					
NEW YORK, N Project Manager for Monitoring Firm				SUFFERN, NE	W YORK 1090				
JIM MIADES		elephon 17-435-3	e Number	Telephone Nui 845-369-7500		icense l	Numb	er	
Expected State Date (10)			etion Date (11)	Name of OSH		1101			
6 / 7 /18 Month Day Year	Month	3	22 /19 Day Year	EMSL #11506					
Occupancy Status During Abatement (Che	eck only o	ne)		Street Address	3				
X Facility Closed/Vacated During Abatement Performed Outside	Entire Pe	riod of A	Abatement Hours - Describe:	307 WEST 38	TH STREET				
X Other - Describe: MONDA				City, State, Zip					
Scope of Work (Check all that apply)			X Full Conta	inment	NEW YORK, N	EW YOR	RK		
Demolition X	Renova	tion	X Mini Enclo	ο,					
>3SF OR LF X >160 SF OR 260 LF				Procedure le Procedure					
Location of		cation	Description of As	bestos-		I A	batem	nent T	vne
Asbestos-containing Material (ACM)		ly used ly by	Containing Materia		Amount		R		
TO BE ABATED	Maint/C		(ie. Thermal sys insulation, surfacir		(Specify SF or LF)	REMOVAL	REPAIR	CAF	CLC
in Facility (13)	Staff		or other miscella		0. 0. 2. /	AL	"	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT	Yes No	X	JOINT COMPOUND	OOMBI ETE	05.000.05		-		D
1ST FLOOR ROOMS 100 & 101	++	×	CEILING TILES	COMPLETE	25,000 SF	X	+	$\vdash$	$\vdash$
1ST FLOOR ROOMS 101 & 102		×	VAT & MASTIC	COMPLETE	1,500 SF	X	+	-	$\vdash$
1ST FLOOR ROOM 182	T	X	BOILER INSULATION	COMPLETE	1,450 SF 100 SF	X			
1ST FLOOR ROOM 182		X	BOILER BREECHING	COMPLETE	80 SF	×	-		Н
1ST FLOOR ROOM 180		Х	ROOF HATCH TAR	COMPLETE	2 SF	X	$\vdash$		$\vdash$
1ST FLOOR THROUGHOUT		x	PIPE INSULATION	COMPLETE	136 LF	X			$\vdash$
1ST FLOOR THROUGHOUT		X	FIBERGLASS CEILING IN				COM	1PLET	F
ADDITION TO SCOPE:						<u> </u>	10011		
1ST FLOOR NORTH WEST CORNER			ACM DEBRIS		500 SF	×			
Name of Registered Waste Hauler	NJDEP		Cubic Yards of Waste	Name of Regist	ered Landfill				
EARTHWATCH WASTE SYSTEMS 464 FRANKLIN STREET	Hauler II 162		700	CUMBERLAND	COUNTY LAN	IDFILL			
City, State BUFFALO, NY 14202			Disposal Date	City State				A. 122-14	
Completed by (Print or Type)   Title			6/07/18 - 12/30/18  Signature	HÁRRÍSBURG,		ato-	77	1 /	10
	CTOR O	FOPE	RATIONS SIGNATURE	X	l Di	atez -	1	-1	7/

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(F	ursua		8:60-7 and 12			114		- 30 M			
Date of Notification (	(1)					1 (A 17 A	ne of Building VALLEY HOS			(2)		14	ΔR	2 9	2019
2 /	20 /19					Stre	et Address				7	TV12	-11	4 3	CUI
Agencies Notified	Type Not	tification	1			223	NORTH VAN	DIEN A	VENUE						
DEP X DOL	X Am	al Notifi ended N ncellatio	Votifi		n #5		, State, Zip Co GEWOOD, NE		SEY 07652		1,			·	
X DOH DCA		Hold ERGEN	ICY	NOTI	FICA		ne of Contact DRGE GANCS	SOS		Telephone 201-447-81		er			
						March Color II	VFORMATION			1201 111 01		-0.0			
Name of Facility Whe	ere Abatement	is Taki	ing l	Place	(3)	7,012.77	TI OTHER		e of Facilit	y (4)					
VALLEY HOSPITAL									School (K Subchapt	er 8 (Other ti	han K-1	2)			
Street Address			-		_			X S	Other (ie.	private & co	mmcl. b	oldgs			
670 WINTER AVENUE	E							1 30	50,000	1 # 01 F10	ors			g. Age 10+	3
City (5) PARAMUS		Inty (6)					nty Code (7) E USE ONLY)	Curi	ent Use (P	rior if being o	demolisi	hed)		01	
Name of Monitoring			g O	wner	(8)	(STATE	ASCM No.		NDONED ne of Abate	ment Contr	actor (	9)			
COLDEN CORPORAT					3.5		ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION								
Street Address 131 VARICK STREET	SUITE 1022						Street Address								
City, State, Zip Code	, 001112 1022	-				313 SPOOK ROCK ROAD City, State, Zip Code									
	NEW YO	W Y	ORK	10013	3				W YORK 10	901					
Project Manager for M	onitoring Firm					Number		Tele	phone Num	nber	Licens	se Nu	ımbe	r	-
JIM MIADES  Expected State Date	(10)	Cobe		435-3		(44)		369-7500		1101					
6 /	7 /18	ľ	SCITE	3a. C		etion Date 30			e of OSHA L #11506	Monitor					
Month Da			Mo	onth		Day	Year	000000000000000000000000000000000000000	) L 11 1 1 0 0 0						
Occupancy Status Dur	ring Abatement sed/Vacated D	(Check	onl	y one	) d of A	botoment			et Address	0.7.0.					
Abatement	Performed Out	tside of	Norr	nal F	acility	Hours - De	scribe:	307	WES1 381	H STREET					
X Other - Des	cribe: MOI	NDAY -	FRIE	DAY 7	АМ-3	:30 PM		City,	State, Zip				1000 E.C		
Scope of Work (Check	all that anniv)						V Jewi Con		NEW YORK, NEW YORK						
Demolition		XF	Rend	vatio	n		X Full Containment X Mini Enclo ,								
>3SF OR L X >160 SF OF							Gloveba	g Proce	edure						
Locatio			le	Locat	ion		X Non-Fria								
Asbestos-c				nally		C	Description of A ontaining Mate	Aspesto erial (AC	s- M)	Amoun	nt			ent T	-
Material				olely i			(ie. Thermal s	systems		(Specif	y [	Ĩ	REPAIR	NC N	NO I
TO BE A		1			todial	in	sulation, surfa	cing, VA	ΛT,	SF or LI	F) [	REMOVAL	AR	ENCAPSUL	5
III I dollii	ty (10)	Y		taff (1 No	N/A		or other miscel	llaneous	5)		ř	2		JUS	ENCLOSUR
1ST FLOOR THROUG	HOUT				х	JOINT CO	MPOUND	COM	IPLETE	25,000 SF	×				
1ST FLOOR ROOMS	100 & 101				Х	CEILING T	ILES	COM	IPLETE	1,500 SF *					
1ST FLOOR ROOMS	101 & 102				х	VAT & MA	STIC	COM	IPLETE	1,450 SF	×				
1ST FLOOR ROOM 18	32				Х	BOILER IN	ISULATION	COM	IPLETE	100 SF	×				
1ST FLOOR ROOM 18	32				Х	BOILER B	REECHING	COM	IPLETE	80 SF	×				
1ST FLOOR ROOM 18	30				Х	ROOF HA	TCH TAR	COM	IPLETE	2 SF	×				
1ST FLOOR THROUGHOUT X P							ILATION	CON	PLETE	136 LF	×				
1ST FLOOR THROUGHOUT X FI						FIBERGLA	SS CEILING I	INSULA	TION/GLUI	EDABS 17,47	78 SF X		COM	PLET	ſΕ
ADDITION TO SCOPE	:														
NI I D I I I I I I I I I I I I I I I I I						ACM DEB	RIS			500 SF	X				
						Cubic Yard	s of Waste	Nam	e of Registe	ered Landfill					
EARTHWATCH WASTE SYSTEMS Hauler ID No. 464 FRANKLIN STREET 16227							700	CUM	REHLAND	COUNTY LA	ANDFIL	L			
City, State Dispo						Disposal D		City,	State				entile.		-
BUFFALO, NY 14202 6/0 Completed by (Print or Type) Title						6/07/18 - 1	2/30/18 Signature /	HAR	RISOURG,	PA	D-4-		1	1	
BENJAMIN SANCHEZ	ROF	OPEF	RATIONS	Oignature /	XX			Date	21	20	)//	19			

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Date of Notification (1)				Name of Buildir		or (2)			!5	IJ
10 /	5 /2018			Street Address			1 1 1			
Agencies Notified	Type Notificati	on		223 NORTH VAI	N DIEN AVENUE			14 A I	R 2	9 2
EPA DEP X DOL	Initial No X Amended Cancella	d Notification	n #4	City, State, Zip C		52	i ist	MAI	7 4	9 4
X DOH	X On Hold	uon		Name of Contact		TT	, i,	Self-self-se		4.1
DCA		ENCY NOTIF	FICATION	ION GEORGE GANC		Telephone 201-447-81		950 K-		
				ACILITY INFORMATIO		201-447-01	41			
Name of Facility Where	Abatement is Ta	aking Place	(3)	ACILITI INFORMATIC	Type of Faci	lity (A)				
VALLEY HOSPITAL		=			School		an K-12)			
Street Address					X Other (in	e. private & cor	nmcl. bld	lgs., h	omes,	etc.)
670 WINTER AVENUE					Square Fee	t # of Floo	ors	Blo	lg. Ag	е
City (5)	County (	6)			50,000	1			40+	
PARAMUS	BERGEN		- 1	County Code (7) (STATE USE ONL)		Prior if being de	emolishe	d)		
Name of Monitoring Fire	m Hired by Build	ling Owner	(8)	ASCM N		tement Contra	1 (0)			
COLDEN CORPORATIO	N		(-)	ASCIVITA		NMENTAL CO	actor (9)	TION		
Street Address					Street Addres		INF ORA	HON		
131 VARICK STREET, S	UITE 1022				313 SPOOK F					
City, State, Zip Code	NEWYORK				City, State, Zi	p Code				
Project Manager for Moni	NEW YORK, N				SUFFERN, N	EW YORK 109	01			
JIM MIADES	toring Firm			Number	Telephone Nu	mber	License	Numb	er	
Expected State Date (10	1		435-356		845-369-7500		1101			
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	7 /18	Sched. Co	ompleti	ion Date (11)	Name of OSH					
4 4 5 C C C C C C C C C C C C C C C C C	Year	Month		30 /19 Day Yea	EMSL #11506	5				
				Duy 100						
Occupancy Status During	Abatement (Che	ck only one)			Street Addres	c				
Occupancy Status During  X Facility Closed	/Vacated During	Entire Period	d of Aha	atement	Street Addres 307 WEST 38					
Occupancy Status During  X Facility Closed  Abatement Pe	I/Vacated During I rformed Outside of	Entire Period of Normal Fa	d of Aba	lours - Describe:	307 WEST 38	TH STREET				
Occupancy Status During X Facility Closed	I/Vacated During I rformed Outside of	Entire Period	d of Aba	lours - Describe:	307 WEST 38 City, State, Zip	TH STREET				
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE VALLEY HOSPITAL /2018 Street Address Agencies Notified Type Notification 223 NORTH VAN DIEN AVENUE 29 FPA Initial Notification City, State, Zip Code DEP Amended Notification #3 RIDGEWOOD, NEW JERSEY 07652 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) VALLEY HOSPITAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 670 WINTER AVENUE 50,000 1 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 131 VARICK STREET, SUITE 1022 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /18 30 /19 EMSL #11506 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR THROUGHOUT JOINT COMPOUND 25,000 SF X 1ST FLOOR ROOMS 100 & 101 **CEILING TILES** 1,500 SF X 1ST FLOOR ROOMS 101 & 102 X VAT & MASTIC 1,450 SF X 1ST FLOOR ROOM 182 **BOILER INSULATION** X 100 SF X 1ST FLOOR ROOM 182 BOILER BREECHING 80 SF X 1ST FLOOR ROOM 180 Х ROOF HATCH TAR 2 SF X ADDITION TO SCOPE: 1ST FLOOR THROUGHOUT PIPE INSULATION 136 LF 1ST FLOOR THROUGHOUT X FIBERGLASS CEILING INSULATION/GLUEDABS 17,478 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill ASBESTOS TRANSPORTATION CO. INC Hauler ID No. 700 GRAND CENTRAL SANITARY LANDFILL 2 MORICHES MIDDLE ISLAND ROAD 1A-371 City, State Disposal Date SHIRLEY, NEW YORK 11967 6/07/18 - 12/30/18 OWNSHIP, PA Completed by (Print or Type) Signature Date

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	14 February		uisual			J-7 and 12:							
Date of Notification (1)						Building LEY HOS		Operator	(2)				
8 / 2 /2018				Str	reet Ac	dress							
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Name of Facility Where Abatement is	Taking	Place	e (3)				Туре	of Facilit					V 1 - 1
VALLEY HOSPITAL							_	School (K Subchapt	er 8 (Other tha	an K-12	)		
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Name of Monitoring Firm Hired by Bu	Iding C	wner	r (8)		A	SCM No.	Name	e of Abate	ment Contra	ctor (9)			
COLDEN CORPORATION Street Address								MENTAL CO	RPORA	TION			
131 VARICK STREET, SUITE 1022							t Address	OCK ROAD					
City, State, Zip Code							State, Zip						
NEW YORK,	NEW Y						SUFF	ERN, NE	W YORK 1090	01			
Project Manager for Monitoring Firm  JIM MIADES		-	ephone I				1	hone Num		License	Numb	er	
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6 / 7 /18	John	eu. C		3 Jace		/19	1 1000000000000000000000000000000000000	of OSHA #11506	Monitor				
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Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. IN 2 MORICHES MIDDLE ISLAND ROAD City, State	C. Haul	EP W er ID IA-37	No. 1	ubic Yar	100	Waste	GRAN	D CENTR	ered Landfill AL SANITAR	Y LAND	FILL		
SHIRLEY, NEW YORK 11967				isposal [ 07/18 -		18	City S	State TO	/ WNSHIP, PA				/
Completed by (Print or Type) Tit BENJAMIN SANCHEZ DII	TIONS	Signa		7			ate	2/	21	/			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE VALLEY HOSPITAL /2018 Street Address Agencies Notified Type Notification 29 223 NORTH VAN DIEN AVENUE MAR EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 RIDGEWOOD, NEW JERSEY 07652 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) VALLEY HOSPITAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 670 WINTER AVENUE 50,000 1 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 131 VARICK STREET, SUITE 1022 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /18 30 /19 EMSL #11506 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR THROUGHOUT JOINT COMPOUND 25,000 SF X 1ST FLOOR ROOMS 100 & 101 **CEILING TILES** 1,500 SF X 1ST FLOOR ROOMS 101 & 102 VAT & MASTIC 1,450 SF X 1ST FLOOR ROOM 182 X BOILER INSULATION 100 SF Χ 1ST FLOOR ROOM 182 BOILER BREECHING 80 SF X 1ST FLOOR ROOM 180 ROOF HATCH TAR 2 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 100 GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD 913 City, State Disposal Date NEWARK, NEW JERSEY 6/07/18 - 12/30/18 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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Date of Notification (1)					THE V	of Building ALLEY HO	SPITAL	r/Operato	r (2)			E	
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Name of Facility Where Abatement i	- T-1:			FACILI	TY INFO	DRMATION						2 "***	4 m - V - Th-
VALLEY HOSPITAL	siaking	Plac	e (3)				Тур	e <b>of Facil</b> School ( Subchar	K-12) oter 8 (Other t	han K-1	12)		
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PARAMUS   BERG	ity (6) SEN			(\$1	County (	Code (7) SE ONLY)	Curr		Prior if being o	demolis	hed)	40+	
Name of Monitoring Firm Hired by B COLDEN CORPORATION	uilding (	Owne	er (8)			ASCM No.			ement Contr	actor /	0)		
Street Address							PAR	ENVIRO	NMENTAL CO	ORPOR	ATION		
131 VARICK STREET, SUITE 1022 City, State, Zip Code							Stree	et Address SPOOK R	OCK ROAD				
NEW YORK	K. NEW	YORK	( 1001	3			City,	State, Zip	Code				
Project Manager for Monitoring Firm				e Numb	er		Teler	hone Nu	W YORK 109				
JIM MIADES			7-435-					369-7500	iibei	1101	e Num	ber	
Expected State Date (10) 6 / 7 /18	Sch	red. (	Comp	etion Da	ate (11)			e of OSHA	A Monitor	1101			
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Scope of Work (Check all that apply)  Demolition >3SF OR LF X >160 SF OR 260 LF	Ren	ovatio	on		X X	Full Cont Mini Encl Glovebag Non-Frial	o , Proced	t dure	NEW YORK,	NEW Y	ORK		
Location of Asbestos-containing		Loca			Descr	ription of As	sbestos			T	Abate	ment 7	Cymo
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in Facility (13)	S	taff (			or oth	ner miscella	ng, va i	,	SF or LF	t / NEWOVAL	E E	ENCAPSUL	ENCLOSUR
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1ST FLOOR ROOM 182			Х	BOILER					100 SF	X	+	+	$\vdash$
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Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	NJDE Haule			Cubic Y	ards of \ 100	Waste	Name GRANI	of Registe D CENTR	ered Landfill AL SANITAR	Y LANI	DFILL		
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Date of Notification (1) 03/11/2018			Name of South	f Building Bergen	Owner/C Jointu	operator re Sch	r (2) 100l	1	1.0	MAR	2.9	201	9	keopr		
Agencies Notified	Type Notification			Street A 400 M	ddress aywood	Avenu	ie		)I	1.343				1,	ė.	
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DOH DCA	Emergency justification) Cancellation	•			Contact Lauren	ZO					ephone Nu 1-845-88					
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Name of Facility Where South Bergen Join		g Place (3)							of Facility (4 School (K-12			-				
Street Address 400 Maywood Aver	nue			81				Z	Subchapter 8 Other (i.e. pr etc.)	8 (Oth			dings,	home	es,	
City (5) Maywood						4		Squa N/A	re Feet	# of N//	Floors A		ildg. A	ge		
County (6) Bergen				County ( (STATE L	Code (7) JSE ONLY	)		Curre	ent Use (Prio 1001	r if bei	ng demolis	hed)				
Name of Monitoring Firm Omega Enviromen		Owner (8)		ASCN 0012					atement Cont ATEMENT	Contractor (9) NT LLC						
Street Address 208 Huyler Street				Street Address 89 Franklin Street												
City, State, Zip Code South Hackensack				City, State, Zip Co Paterson, NJ, C												
Project Manager for Mor Stan Blackman	nitoring Firm			Telephone No. Telephone 973-33						License No. 01274						
Start Date (10) 03/15/2019		Scheduled 03/17/2		npletion I	Date (11)				HA Monitor ATEMENT	r						
Occupancy Status Durin	g Abatement (Chec	k Only One	e)			,		Addre								
Facility Closed/Vac									in Street	<u> </u>						
Abatement Perform Other – Describe:		nal Facility	Hours			_			ip Code NJ,07524							
Scope of Work (Check A	III That Apply)				200000000000000000000000000000000000000		_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	II Containme ni-Enclosure ovebag Proce	edure						
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Name of Registered Was EHW ABATEMENT			Н	IJDEP W lauler ID 037095	No.	of Was	Yards ste		Name of R		RANSF					
City, State PATERSON,NJ					Disposal Date City, State BRONX,NY											
Completed by Victor Espiritu	Completed by Title					S	Signatur	e/	Win	/		ate 3/11/	2019	ĺ		
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Date of Notification (1 03/26/2019	)			Name o	of Building asa Don	Owner/o	Operator	(2)	, <u>i</u>	1.7	MM	Π Ζ .	9 20	19	) kean
Agencies Notified  EPA	Type Notification				Address Roseville	Avenu	ie			, cpa					**
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DOH DCA	Emergency justification) Cancellation		1		f Contact Pagan						ephone   3-672-				
				FAC	ILITY INF	ORMATI	ON								
Name of Facility When Private House	re Abatement is Takir	ng Place (	3)					Туре	of Facility (4	)					
Street Address			*******	-				1	School (K-12 Subchapter 8 Other (i.e. prietc.)	(Othe			ildings	, hom	es,
City (5) Newark								_	re Feet	# of N//	Floors	T	Bldg.	Age	
County (6) Essex	**************************************				Code (7) USE ONLY	)			ent Use (Prior		ng demo	lished)			
Name of Monitoring Fi N/A	rm Hired by Building	Owner (8)	)	ASC	A No.		Name EHV	of Aba	atement Cont ATEMENT	ractor LLC	(9)				
Street Address							11.000000000000000000000000000000000000	Addre	ss KLIN STRE	EET			=53W=7		
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Project Manager for M	onitoring Firm	1-1		Telepho	ne No.			none N 333-5			License 01274				
Start Date (10) 03/28/2019		Schedul 03/29/			Date (11)				HA Monitor ATEMENT	LLC					
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Locati Asbestos-Containii TO BE A In Fa (13	ng Material (ACM) BATED cility	tos Cont thermal surfac		fateria s insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
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Name of Registered W EHW ABATEMEN			H	JDEP W lauler ID 037095	No.	Cubic of Was N/A			Name of R	75				1	
City, State Paterson,NJ		Dispos	al Date		City, State BRONX,										

Title Project Manager

Completed by Victor Espiritu

Date 03/26/2018

Signature

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_5_	Up.	Æ	[]	- W	las Harry	

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Date of Notification (1) 03/25/2019			Name o	of Building aic Coun	Owner/0 ty Wea	Operator atheriz	r (2) ation	Program		1.5; W/	AR .	4 9	201	9
Agencies Notified Type Notification  EPA Initial			Street A 930 R	ddress liver DR						// Zillenen				-, V
DEP Amended Amendment		_		ate, Zip Co a,NJ,07					**************************************		27 16			
DOH justification) Cancellation	including		Name o	f Contact Stone						ephone Nun 3-569-47				
N	51 (6		FACI	LITY INFO	ORMATI	ON							111220	
Name of Facility Where Abatement is Taking Private House	Place (3	5)					Тур	e of Facility of School (K-	NO.					
Street Address								Subchapter Other (i.e. petc.)				dings,	home	es,
City (5) Wayne							Squ N/A	are Feet	# of N/A	Floors		ildg. A N/A	ge	
County (6) Passaic				Code (7) USE ONLY	)		Cur	rent Use (Pri	or if beir	ng demolish	ed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	ЛNo.				atement Co		(9)				
Street Address							Addr RAN	ess IKLIN STF	REET					
City, State, Zip Code								Zip Code ON,NJ,07	524					
Project Manager for Monitoring Firm		T	Telepho	ne No.			hone I -333-	No. -5144		License No 01274	0.	11		
Start Date (10) 04/04/2019	Schedule 04/05/2		pletion	Date (11)				SHA Monitor ATEMEN						
Occupancy Status During Abatement (Check	c Only Or	ne)				Street		ess IKLIN STF	REET					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: OCCUPIE	eriod of A al Facility	Abatem Hours	ent			City, S	State,	Zip Code ON,NJ,07						
Scope of Work (Check All That Apply)						1741	LITO	014,140,07						
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	Is	Locati	on									Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa		Materia s insu AT, or		(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
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EHW ABATEMENT LLC			auler ID 037095		of Was					RANSFE	R			
City, State Paterson,NJ					TBD	sal Date		City, Stat BRON	e X,NY					
Completed by Victor Espiritu	Title Proje	ect Ma	nager		S	ignatur	M	WW	WL	Da 03	te 3/25/	2018		

CK 737			CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		NT			E		W	The second second
Date of Notification (1) 03/04/2019		VI		f Building sa Don		Operator	(2)	1		MA	R 2	9	2019	a de
Agencies Notified Type Notification			Street A	ddress oseville	Avenu	е			*	) January			(4) (1)	-4
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DOH justification)  Cancellation	ncluding			f Contact Pagan						ephone N 3-672-5		- W		
Name of Court Address Alexander Transfer	DI //		FACI	LITY INF	ORMATI	ON					7000			
Name of Facility Where Abatement is Taking Private House	Place (3	3)					Ту	pe of Facility  School (K-						
Street Address							~	Subchapte Other (i.e. etc.)				ilding	s, hom	es,
City (5) East Orange								quare Feet /A	# or N//	Floors A		Bldg. N/A	Age	
County (6) Essex				Code (7) USE ONLY	,			urrent Use (Pr rivate Hous		ng demoli	shed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	/ No.				Abatement Co BATEMEN		(9)				
Street Address						Street 89 F		dress NKLIN STI	REET					
City, State, Zip Code								e, Zip Code SON,NJ,07	524					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		e No. 3-5144		License 01274				
Start Date (10) 03/06/2019	Schedule 03/07/		npletion	Date (11)				DSHA Monitor BATEMEN						
Occupancy Status During Abatement (Check	Only Or	ne)				Street		C 100						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: OCCUPIE	eriod of A	Abatem / Hours	ent			City, S	tate	NKLIN STE	V - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	- Side				
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Name of Registered Waste Hauler EHW ABATEMENT LLC		H	JDEP W auler ID 037095	No.	Cubic of Was N/A					red Landf RANSF				
City, State Paterson,NJ					Dispos	al Date		City, Stat						
Completed by Victor Espiritu	Title Proje	ect Ma	nager		S	ignature	1	h W	and		Date 03/04	/201	9	

	/10 R X X	J. 18. JED - 20				01	(0)	17.	17.0			Marin Hospi	41-	
Date of Notification (1) 3/26/19				ame of t Iulie Fa	Building Owner/ aligno	Operator	(2)		M. N	IAR 2	9 2	2019	parageolism S	) الحصما الما تشارها
Agencies Notified	Type Notification		S	treet Ad	dress			Ů.						
X EPA	☐ Initial			it. Ctat	e, Zip Code				, š			7,100	út	
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□ DOH	Emergency (i	ncluding	1	ame of					Telenhor	ne Numb	er			
DCA	Cancellation		,	Julie Fa					1	<del>-</del>				_
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFORMAT	ION	Туре	of Facility (4)	)					
Residential Home	, ibatomorit io i o i o i i	, ,						School (K-12	)					
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	(Other that ivate & con	an K-12) nmercial	buildi	ngs, h	omes	5,
City (5)								re Feet	# of Floo	ors	100000	lg. Ag ; +/-	е	
Garfield			10	\b0	ada (7)		1900	ent Use (Prior	2 r if being de	emolishe		, .,-		-
County (6) Bergen				County C STATE U	SE ONLY)			idential Ho			,			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	445,000,000		tement Cont						
Project Manager		WALKEY.					-	Abateme	nt				_	_
Street Address							Addre N. Mi	ss dland Ave						
City, State, Zip Code						i la company		ip Code						
Oity, State, 2ip code						Sad	dle Bı	rook, NJ 0						
Project Manager for Mo	nitoring Firm		1	Telephor	e No.		hone N -600-3		1 453.7	ense No 305	١.			
Start Data (10)		Schedule	d Com	nletion [	Date (11)	(1)		HA Monitor						
Start Date (10) 3/29/19		4/1/19	u 00	piodo										
Occupancy Status Durin	ng Abatement (Ched	k Only One	e)			Stree	t Addre	ess						
Facility Closed/Vac	cated During Entire med Outside of Norr	Period of A	batem	ent		City	State 7	Zip Code						
X Other – Describe:	8 A.M to 4 P.M	nai i aciiity	110013			J Oily,								
Scope of Work (Check	All That Apply)						_							
23 sf or ≥3 lf			enovat emoliti			ŀ		ıll Containme ini-Enclosure		gative P	ressur	е		
× ≥160 sf or ≥260 lf		П	CITIONU	011		-	☐ GI	lovebag Procon-Exempted	edure	n-Friah	e Pro	cedure	9	
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TO BE A		Cust	odial S (12)	Staff?	sui	rfacing, V	AT, or	. 1	SF or		Remova	Repair	Encapsulate	Enclosure
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		_		-							-			
		-												
Name of Desisters (1)	lasta Hautar		A	JDEP V	Vaste Cui	bic Yards		Name of	Registered	Landfill				
Name of Registered W			H	lauler ID 03659	No. of \	Vaste		17	Central S			ndfill		
City, State Saddle Brook, NJ					010 Letter	posal Da	te	City, Stat	gyl, PA					
Completed by		Title				Signatu	ire /	11/	1_	1000	ate			
Richard Cristofol		ident			7254	/h/h	1 Turs		3.	/26/1	9			

Date of Notification (1)		Name o	ate of Nev I OF ASB to NJAC	8:60 an	ABATEI d 12:120	)	The second secon		G F	7 18	W. 2019		
3/26/19			None to the same	ew Trop	р					WAN .	- y	2013	
Agencies Notified Type Notificatio	n		Street A	ddress					1,000				
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DOH justification Cancellation	)		Matthe	f Contact ew Trop				Tel	enhone N	dumher			
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City (5) Edison							Square Feet 2350	# o 2	f Floors	- 1	Bldg. 65 +		
County (6) Middlesex				Code (7) USE ONLY			Current Use (F Residential	Home		lished)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	)	ASCN	/ No.			of Abatement C tages Abater		(9)				
Street Address							Address <b>V. Midland A</b>	ve.	1115		0		
City, State, Zip Code							tate, Zip Code Ile Brook, NJ	07663					
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	one No. 600-3184		License 01305				
Start Date (10) 3/31/19	Schedul 4/4/19		npletion I	Date (11)		Name	of OSHA Monito	or					
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Control Describe: 8 A.M to 4 P.M						City, S	tate, Zip Code						
Scope of Work (Check All That Apply)													
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	Yes	No	N/A									e	
Basement	-	x				VAT		53	36 SF	X	-		
	+									-	+		
Name of Registered Waste Hauler All Stages Abatement		H	JDEP W auler ID 036592	No.	Cubic of Wa 3 yd	Yards			ered Land al Sanit		ndfil		
City, State Saddle Brook, NJ					Dispo TBD	sal Date	City, St Pen A	ate Argyl, Pa	A				
Completed by Richard Cristofol								//	choose 10°	Date 3/26/1	9		

CK2027 PAI	0		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE			EG	E			
Date of Notification (1) 3/26/19				f Building Chinigi		Operator	(2)	and the	: MAF	2 9	20	10	
Agencies Notified Type Notification			Street A					1 1 11	i MAI		0 40	IJ	_ los
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DEP Amended				te, Zip Co					-		100	25 W 2.4	114
Amendment #		— L		nus, NJ	07652				311 = 4, 5	ţ		922 S	
DOH justification)	noidaling			Contact				Te	lephone Nu	mber			
DCA Cancellation				Chinigi	10				-				
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMAT	ION	Type of Facility	(4)					
Residential Home	,	•					School (K-	0.000 E					
Street Address							Subchapte	er 8 (Oth	er than K-1				
							Other (i.e. etc.)	private	& commerc	ial bui	ldings	home	es,
City (5)							Square Feet	# 0	f Floors	1	Bldg. A	\ge	
Paramus							2500	2			65 +/		
County (6)			County (	Code (7) JSE ONLY	)		Current Use (Pr		ing demolis	hed)			
Bergen			-				Residential		10)				
Name of Monitoring Firm Hired by Building O Project Manager	wner (8)		ASCN	I NO.		40.000000000000000000000000000000000000	of Abatement Co tages Abatem		(9)				
Street Address						320 (02 -03	Address	icit					
							N. Midland Av	e.					
City, State, Zip Code				-		0.4000000000000000000000000000000000000	State, Zip Code	07000					
Project Manager for Monitoring Firm			Talanha	as Na			dle Brook, NJ	0/663		1-			
Project Manager for Morittoning Pirm			Telephor	ie ivo.		200000000000000000000000000000000000000	none No. 600-3184		01305	NO.			
	Schedule 3/30/19		mpletion (	Date (11)		Name	of OSHA Monitor						
Occupancy Status During Abatement (Check	Only On	ie)				Street	Address						
Facility Closed/Vacated During Entire Polyabete Performed Outside of Normal						City	tate, Zip Code						
× Other – Describe: 8A.M to 4 P.M	ir i domey	1 loui.	•			City, 3	itate, Zip Code						
Scope of Work (Check All That Apply)								-					
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In Facility	Cust	odial (12)	Staff?	(i.e.		cing, VA	s insulation, T, or	S	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	L	(12)			other r	niscellar	neous)			oval	ai-	sular	sure
	Yes	No	N/A									Ф	- 000
Boiler Room		Х				VAT		7	'1 SF	×			
Name of Registered Waste Hauler			JDEP W		The second	Yards	Name of	Registe	ered Landfil	1			
All Stages Abatement		5.0	lauler ID 036592		of Wa	ste	Grand	Centr	al Sanita	ry La	ndfill		
City, State						sal Date			A-2.5				
Saddle Brook, NJ					TBD		Pen A	gyl, P					
Completed by Richard Cristofol	Title Presi	dent			S	Signature	he had	/_		ate /26/1	9		

### State of New Jersey

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Date of Notification (1) March 28, 2019				of Building tic City E				egional O	111 11		AR	2 !	9 21	)19	The state of the s
Agencies Notified Type Notification				Address Harding H	liahwa	v				*Zidaesici			6		1
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		_		of Contact	, 140 0	0000			Tel	ephone I	Numb	er			
DCA Cancellation				O'Donn						9-625-				-	
Name of Facility Where Abatement is Takin Atlantic City Electric Power Pole	g Place (3	3)	FAC	ILITY INFO	ORMATI	ON	Туре	of Facility (	58 a.=	1					
Street Address 2nd Avenue and 95th Street						T	×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			buile	dings	, home	es,
City (5) Stone Harbor							Squa	are Feet	# of NA	Floors		1000	ldg. A	\ge	
County (6) Atlantic				Code (7) USE ONLY)				ent Use (Pri	or if bei	ng demo	lished	1)			
Name of Monitoring Firm Hired by Building Vertex	Owner (8)		ASCI	M No.				atement Cor es, LLC	ntractor	(9)					
Street Address 700 Turner Way						(0)27/2009	B Nat	tional Roa	ıd						
Aston, PA 19014	provide to control of the provided of the control o						n, PA	Zip Code 19341							
Project Manager for Monitoring Firm  Dave Turotsy	t Manager for Monitoring Firm Turotsy						none N 872-8			License 01161					
Start Date (10) 4/8/19	Schedule 4/8/19	ed Con	pletion	Date (11)		Name EMS		HA Monitor				729			
Occupancy Status During Abatement (Chec		87.				Street .		ss 130 Nort	·h						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Segregated Area	Period of A al Facility	Abatem Hours	ent		_	City, S	tate, Z	ip Code son, NJ	.11						
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Power Pole	No	N/A X		Trans	ite con	nduit		5	SF	X					
Name of Registered Waste Hauler PSC Ind Outsource	400	(2),55	JDEP W auler ID		Cubic \ of Was	A SCHOOL STATE OF THE		Name of F				11			
City, State Union, NJ		1			Disposa TBD	al Date		City, State							
Completed by Jack Bally	oject	Manag	ger	200000000	gnature	16	Bally	60		Date 3/28	/19			-	
		27.51		73		MAL	IN /	mely	W)						

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 3-27-19 VIRTUA Agencies Notified Type Notification Street Address MAR 2 9 2019 20 WEST STOW ROAD **EPA** Initial × DEP Amended City, State, Zip Code DOL Amendment # MARLTON, NJ 08053 Emergency (including DOH Name of Contact Telephone Number justification) DCA Cancellation DAVID CRANSTON 215-568-5050 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) KYLE WILL FAMILY HEALTH CENTER School (K-12) Street Address Subchapter 8 (Other than K-12) 1000 ATLANTIC AVENUE Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age CAMDEN 20.000 +/-100 County (6) County Code (7) Current Use (Prior if being demolished) CAMDEN (STATE USE ONLY) OFFICE BLDG. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) VERTEX COMPANIES PEPPER ENVIRONMENTAL SERVICES Street Address Street Address 700 TURNER INDUSTRIAL WAY 2251 FRALEY STREET City, State, Zip Code City, State, Zip Code **ASTON, PA 19014** PHILADELPHIA, PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. DON HEIM 610-787-0402 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4-8-19 7-8-19 VERTEX COMPANIES Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 700 TURNER INDUSTRIAL WAY Abatement Performed Outside of Normal Facility Hours City, State, Zip Code

Other – Describe: WE WILL BE WORK					_	ASTO	N, PA 1901	1				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		en t p Renova Demolit	ation	to de	Mó t	××××	Full Containm Mini-Enclosur Glovebag Pro	ent with Negative			re.	
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				***SE	E ATTA	CHED	SHEET***	in the second	1/			
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					95					-		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		2115	JDEP Wa auler ID I		Cubic Y of Wast		Name of MINER	Registered Landf	ill			
City, State OXFORD VALLEY, PA					Disposa	al Date	City, Stat					
Completed by JENNIFER NIVEN	Title DIR.	OF O	PERAT	TIONS	Sig	nature		D	ate 2	7.	10	)

		ECEIVE MAR 2 9 2019
Material Location	Material Description	Est. Qty.
2nd Floor Rear Patient Ro	oms 1 - 9 & Hallway	
Throughout (within walls & above ceilings)	Pipe insulation/fittings	1500 LF
Throughout	Fire doors (assumed)	T/O
3rd Floor		
Elevator lobby	Residual mastic (Below carpet glue)	300 SF
Sporadic throughout	Pipe insulation	200 LF
Throughout	Fire doors (assumed)	T/O
Stairwells		
Stairwell #8	9" white floor tile w/mastic	400 SF
Stairwell #8	9" floor tile (bottom layer) w/mastic	200 SF
Stairwell #8	Door caulk	T/O
Stairwell #9	Window caulk	T/O
Stairwell #9	Window glazing	T/O
Stairwell #9	Door caulk	T/O
Stairwell #9 Exposed & within cinderblock	Pipe insulation/fittings	60 LF
Throughout	Fire doors (assumed)	T/O
Roof		
3rd floor roof	Tar sealer	1000 SF
3rd floor roof	Rolled roof field (tar/gravel)	7800 SF
Stairwell roof	Rolled silver gravel roof field	300 SF
Lower roof	Roof field (tar/gravel)	300 SF
2nd floor lobby roof (Fuld Labs)	Duct coating	100 SF
2nd floor lobby roof (Fuld Labs)	Capping stone sealer	500 SF
Tus Ojos wing roof	Duct tar coating	200 SF
Connecting hallway Roof	Roof Field (Tar/gravel)	1500 SF
Miscellaneous Exterior		
Throughout	Window caulk	T/O
Throughout	Door caulk	T/O

CK 3344 P	AI		CATIO	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		т .		EC	F		7	
Date of Notification (1) 3/25/2019 CHECK #334	4			of Building ON GRO		Operator	r (2)			MAI	7 2 9	20	19	l l
Agencies Notified Type Notification  EPA Initial			Street A	Address ATERSO	N AVE	ENUE			-	-labber -				2
DEP Amended Amendment		_ [		ate, Zip Co TON, NJ		0								
DOH justification) DCA Cancellation		'	Name o	of Contact					Tel	ephone N	Number			
				ILITY INFO		ION								_
Name of Facility Where Abatement is Takin RESIDENCE	g Place (	3)					Тур	oe of Facility	7 59					
Street Address							×	Subchapter Other (i.e. petc.)				ildings	, hom	ies,
City (5) STANHOPE							1 1	uare Feet	# of 2	f Floors	12.5	Bldg. 49	Age	
County (6) SUSSEX				Code (7) USE ONLY	)		51,357,501	rent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	И No.				patement Corpo					1000	
Street Address							Addr	ess	nation	E				
City, State, Zip Code						City, S	State,	Street Zip Code		-				
Desirat Manager & Marie 1			Telepho					erg, NJ 07	093					
	ect Manager for Monitoring Firm							No. -1700		License 01074				
Start Date (10) 4/5/2019	Schedul 4/10/2		npletion	Date (11)		100000000000000000000000000000000000000		SHA Monitor s above						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addr	ess						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 8 AM	Period of an al Facility	Abatem y Hours	ent			City, S	State,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Constitution of the last of th	Renova Demolit				×	N G	ull Containme lini-Enclosure Blovebag Prod Ion-Exempted	e cedure				re	
	100	Locati			_ 100.4							Aba	emen ype	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac	scription taining M systems cing, VA niscellar	Materi s insu T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		lte	· O
Basement Garage & 1st Floor	х			Joint	Compo	ound	d	10,2	200 SF	х				
										-00				
Name of Pagistered Wests Usuka		1 8.	IDED.:	laats	Call	Ve-J		IN	D- 11		EU			
Name of Registered Waste Hauler Atlantic Carting		H	JDEP W auler ID 3085		Cubic of Was tbd			Name of IESI	Registe	red Land	Till			
City, State Wayne, NJ	1				Dispos	sal Date	É	City, State Bethleh		PA				
Completed by Gina Betances	e Mar	nager		S	Signature	- (	Blue	S-		Date 3/25/2	019			

State of New Jersey

1K3345 PA	JU N			o NJAC 8						en e	🔻	1110	11111000	210W 83	1
Date of Notification (1) 03/25/19 Check #3345				Building O ekemeie				er Flower S	hop		MAF	2	9	2019	
Agencies Notified Type Notification			Street Ad			Most				i Santana	i.e.la			W 10	
EPA Initial				orth Aver	1120125-012	vest				Éven	-i			- 11-0 	Na Sec
EPA Initial DEP Amended DOL Amendment #_				rd, NJ, 0		3				U // 8					
Emergency (inc	cluding			Contact					Tele	phone N	lumb	er		V. 1-2	
DOH justification)  Cancellation				ekemeie											
Name of Facility Where Abatement is Taking F	Place (3)	)	FACIL	ITY INFO	RMAT	TION	Typ	e of Facility (4	1)						
Jack Rekemeier Flower Shop/Reside		,					П	School (K-12							
Street Address							×	Subchapter Other (i.e. pr	8 (Othe	er than K	-12) rcial	buildi	nas.	nome	s.
116 North Avenue West								etc.)				-/	200		
City (5) Cranford							5771.57	are Feet 000+	2	Floors		50	dg. Ag )+	je.	
County (6)			County C			MIN. 1877 S.		rent Use (Pric			lishe	d)			
Union		(		ISE ONLY)	_		- 300	mmercial/F							
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM N/A	No.		EA S		patement Con ices	tractor	(9)					
Street Address N/A						Street 426									
City, State, Zip Code N/A								Zip Code erg, NJ, 070	193						
Project Manager for Monitoring Firm		Ti	elephor	ne No.		Telepi	071-120			License	e No.	0			
N/A			N/A					-1700		01074					
	chedule 3/29/1		pletion [	Date (11)		Name N/A	of O	SHA Monitor							
Occupancy Status During Abatement (Check C	Only On	ne)				Street	Addr	ress				-			
Facility Closed/Vacated During Entire Pe			ent			N/A					-				
Abatement Performed Outside of Normal Other – Describe: 9am	Facility	Hours			_	N/A	State,	Zip Code							
Scope of Work (Check All That Apply)	100000000						_								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renovat Demoliti					V	Full Containme Mini-Enclosure	•	Negativ	e Pr	essur	е		
_	()					[3	× N	Glovebag Prod Non-Exempted	edure d (*) an	d Non-Fi	riable	Prod	cedur	е	
	ls	Location	on										170.0	ment pe	
Location of		Normall ed Solel				escription							' y		
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar todial S	ice/		therm	al system	ns ins		(5	mount Specify		Re	R	Encapsulate	Enc
In Facility (13)	Ous	(12)	itan:			facing, VA r miscella			SF	or LF)		Remova	Repair	psul	Enclosure
, ,	Yes	No	N/A					12				<u>a</u>		ate	ė
Kitchen	Х		ACM	Dou	ble Lay	er Fl	oor Tile	10	00 SF		X				
Name of Registered Waste Hauler		1,150,00	JDEP W		1 2000000000000000000000000000000000000	ic Yards Vaste		Name of			dfill				
Tri-State Transfer Associates		13515	auler ID 9551	NU.	TBI	)		Minerva		erprise					
City, State Bronx, NY					Disp TBI	oosal Date O	е	City, Stat Wayne		, ОН					
Completed by Michael Fajardo	Title														

State of New Jersey

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

K5513	PAID	NO	OTIF					OS ABATI 0 and 5:16		IENT			M.	ž.	
Date of Notification (1)					Name (	of Building	Owne	er/Operator (2	2)		į.	0 - 0	040	1	distant.
	25 /	19			Mary	/ Tetteme	er			: i i	MAR MAR	292	019	1	الم المسلم
Agencies Notified	Type Notificati	ion		1	Street /	Address					la describe		U. (4)	4	
⊠ EPA	⊠ Initial										Parane		1145	Š.	
☑ DOLWD	Amended Amendmer	nt #		1	City, St	ate, Zip Co	ode						; n====================================		7a =
□ DCA	☐ Emergency		dina		Aud	ubon, NJ	081	06							
(NJAC 5:23-8)	justification				Name	of Contact				7	Telephone Nur	mber			
	☐ Cancellatio	n			Judy	/ Tetteme	er					-			
					FAC	ILITY INF	ORI	NATION				5-01 PHILLIAN			
Name of Facility Where	Abatement is Ta	king Pl	lace (	(3)					Typ	pe of Facility (4)					
Tettemer Residence	е									School (K-12)	Other then I/	10\			
Street Address										Subchapter 8 ( Other (i.e., priv			ildings	5,	
						~				homes, etc.)					
City (5)									1000000	uare Feet	# of Floors		lg. Ag	е	
Audubon										1,500	2		99		
County (6)		10 2000			Coun	ty Code (7)	(STAT	E USE ONLY)	252	rrent Use (Prior	if being demo	olished)			
Camden									173	Residence					
Name of Monitoring Firm	Hired by Buildi	ng Owi	ner (8	3) A	ASCM I	No.				Contractor (9)					
Management & En	viro. Consulti	ng Se	ervic	es			Sh	nade Enviro	onm	nental, LLC					
Street Address							Stree	et Address							
PO Box 341								3 Cutler Av							
City, State, Zip Code								State, Zip Co			18)				
Chesterfield, NJ 08	3515					Ma	aple Shade	, N.	J 08052						
Project Manager for Mor	nitoring Firm		3-8-8-61	Telep	ohone I	No.	Tele	phone No.			License No.				
Bill Weisgarber				1000	9-298			6-755-0099			00842				
Start Date (10)		chedule		100				e of OSHA N							
04 /09 /	19	04	_ /	11	11 / 19 EMSL Analytical, Inc.										
Occupancy Status Durin	g Abatement (C	heck o	nly o	ne)			Stree	et Address		10					
□ Facility Closed/Vacat															
Abatement Performe	d Outside of No	rmal Fa	acility	Hours	s - Des	cribe	73	State, Zip Co							
Time of Abatement:	AIVI	PIVI/_		_PIVI		AIVI	Ci	nnaminsor	n, N	IJ 08077					
Scope of Work (Check a	ill that apply)								to in	mant with Nogo	tivo Proceuro				
		$\triangleright$	₹ Rei	novatio	on			☐ Mini-End		ment with Nega ure	live Flessule				
\[ \sum_ \geq 160 \text{ sf or \geq 260 lf}		Ē	Der	nolitio	n			Gloveba				d			
								Non-Exe	empt	ted (*) and Non-	-Friable Proce			-	
				Locati Iormal				Description of	of			8 300	ateme		
Location Asbestos-Containing		,	Use	d Sole	ly by	Asbe	stos C	Containing Ma		al (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE AB	ATED			ntena odial S		(i.e		mal systems			(Specify	Nou	air	aps	osu
IN Faci			Cusi	(12)	olan:			urfacing, VAT er miscellane			SF or LF)	<u>a</u>		ulat	le l
(13)		Γ,	Yes	No	N/A		0111	01 1111000110110		3				Ф	
Kitchen		[		$\boxtimes$		Floor T	ile				150 SF				
		[													
		1													
		1		П	$\Box$										
Name of Registered Wa	ste Hauler			N	JDEP '		1000	ic Yards of	I	Name of Regist	ered Landfill				
Freehold Cartage				Н	15939		Was	ste		Fairless La	ndfill				
City, State					. 555		Disp	oosal Date	(	City, State					
Freehold, NJ							04	4/11/2019		Morrisville,	PA				
Completed By (Print or	Type)	Title						Signature	0			Date			
Christina Lynch		Vic	e Pr	eside	ent of	Operatio	ns	Unit			3/25/19				

MICOK	_			(Pu	rsuan	t to NJA	C 8:60	and 5:10	6)						Constitution (
Date of Notification (1)					Name	of Building	g Owne	r/Operator (	(2)		MAF	29	201	9	les les
3/	8 / _	19			Mor	ntclair Tv	vp Pub	olic Works	S	4."					N. Change
Agencies Notified	Type Notifica	tion			Street	Address					- A.				40
□ EPA						North Fu	ullerto	n Ave							
□ DOLWD   □					0.500,00000	tate, Zip C	TO 8.00 (10.00)	37.03.7							
☑ DOH	_ Amendme		0.00	19		ntclair, N		2							
DCA (NUAC 5:22 8)	☐ Emergence justification		uding		and the second	of Contact	27 29 20 20 20	erzei			Telephone Nur	nber			
(NJAC 5:23-8)	☐ Cancellati				N/A		•				(973) 783-5				
			760 T.C.	-		CILITY IN	IFORM	ATION			(0.0).000				
Name of Facility Where A	batement is T	aking F	Place	(3)	7.00				Тту	pe of Facility (4	)				
Montclair Twp Publ									1	School (K-12)	fo.				
Street Address									10	Subchapter 8					
219 North Fullerton	Ave									Other (i.e., priv homes, etc.)	ate and comm	ercial bu	ilding	s,	
City (5)									Sc	guare Feet	# of Floors	Blo	ig. Ag	16	
Montclair										+-25,000	2		-50	, .	
County (6)		-			Coun	ty Code /7	VSTATE	USE ONLY)	1	urrent Use (Prio					-XVIII
Essex					Coun	ty Code (r	MOINIE	OUL ONLT)		Township Bu		nonca)			
Name of Monitoring Firm	Hired by Build	ling Ou	mer (8	1 (3	ASCM I	No	Name	of Ahatem	1	Contractor (9)	illuling				-
Hillmann Consulting		ing Ov	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	ACCIVI I	140.	1000			RONMENTAL	INC				
Street Address	9							Address		COMMENTAL	, 1110.				
1600 Route 22 East								3 BEAVE	RS	STREET					
City, State, Zip Code								State, Zip C			License No.				
Union, NJ 07083								ISTOL, PA							
Project Manager for Moni	toring Firm			Tolo	phone I	No		hone No.	- 10	3001	License No				
	toring Firm				)8-477			5-788-6040	n		00509				
Craig Abrams		ا المحطاء ا	ad Ca					of OSHA N		itor	00309				_
Start Date (10)3 /20 /					tion Dat					RONMENTAL	, INC				
Occupancy Status During	Abatement (0	Check o	only o	ne)			Street	Address							
☐ Facility Closed/Vacate							112	3 BEAVE	RS	STREET					
Abatement Performed						cribe	City, S	State, Zip C	ode						
Time of Abatement: 7	:30AM- <u>4:30</u> P	PM/	PN	1	AM		BR	ISTOL, PA	A 19	9007					
Scope of Work (Check all	that apply)									and with None	ative Deseause				
≥3 sf or ≥3 If		D	⊠ Rer	ovat	ion			☐ Mini-End		nment with Nega ure	ilive Pressure				
≥160 sf or ≥260 lf		Ì		noliti				Gloveba	ag P	rocedure					
								⊠ Non-Exe	emp	ted (*) and Non	-Friable Proced				
1				Loca orma			-		- 6			Ab	atem		ype
Location Asbestos-Containing I		1)			ely by	Asbe		Description on Intaining Ma		ial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	TED	'			ince/		e., therm	nal systems	ins	ulation,	(Specify	Non	air	aps	losi
IN Facilit	y		Cusi	(12)	Staff?			facing, VAT r miscellane			SF or LF)	<u> </u>		ula	Тe
(13)			Yes	No	N/A		othe	rinscenario	cous	5)				fe	
1st Floor Lobby						VAT/Ma	astic				422 SF				
2 <sup>nd</sup> Floor Lobby				П		Linoleu	ım & N	lastic			395 SF				
				П									П	П	П
Name of Registered Was	te Hauler				JDEP (	Naste	Cubic	Yards of	Tr	Name of Registe	ered I andfill			ш	
SERVICE TRANSPO		, INC.		1.000	lauler II 20990	O No.	Waste			MINERVA L					
City, State							1000	sal Date	(	City, State					
YARDLEY, PA							ТВ	D		WAYNESBU	JRG, OH				
Completed By (Print or Ty	ype)	Title		-1.5-4				Signature		0 0		Date			
Dillan DeCaro		Est	timat	or				1)11 Jan	91	DOP AND	/ (ml	3-0	12	49	

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

CMK. (#3) 3536

Date of Notification (1)					250000		g Owner/Operator (		ECE		11/7	· · · · · · · · · · · · · · · · · · ·	*
3 / _		19			Mic	ontclair T	wp Public Works	•		U	W/	Len	
Agencies Notified  EPA	Type Notific					t Address 9 North F	ullerton Ave			0 0	010		Martine and
☑ DOLWD			2/1/	140	City,	State, Zip	Code		MAR 2	9 2	<del>019</del>	-	Herosen d
□ DCA	☐ Emerger	STATE OF THE PARTY			Mo	ntclair, N	IJ 07042		2 (Salana)			-	
(NJAC 5:23-8)	justificat		o.a.a	9	Name	e of Contac	t		Telephone Numb	er			
	☐ Cancella	ition			N/A	A			(973) 783-560	00	) 		
					FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (	(4)	X.		177	1-2/2
Montclair Twp Publ	lic Works B	uildi	ng					School (K-12					
Street Address									(Other than K-12) ivate and commerce	nial bu	ildina		
219 North Fullerton	Ave							homes, etc.)	ivate and comment	ומו ומו	indirig	5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Montclair								+-25,000	2		+-50		
County (6)					Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Essex					1			Township B	uilding				
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consultin	g						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
1600 Route 22 East							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ 07083							BRISTOL, PA	19007	*				
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Craig Abrams				9	08-477	-3014	215-788-6040	ka	00509				
Start Date (10)	15	Sched	uled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor					
3 /. 20 /	_19_	_3	3_ /	_2	7_ / .	19_	BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During	Abatement (	Check	only o	one)			Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed							City, State, Zip Co	ode					-
Time of Abatement: 7:	:30AM- <u>4:30</u> F	PM/	PI	M	AM		BRISTOL, PA	19007	*				
Scope of Work (Check all	that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De				☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure	<u>.</u>			
			ls	Loca	tion	I		The Control	7 714575 7 70004470	_	ateme	nt T	ivne
Location	of		١	Norma	ally		Description o	f		_			T
Asbestos-Containing N		1)	Use	d Sol	ely by ance/		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA' IN Facilit				odial	Staff?	(i.e	., thermal systems i		(Specify SF or LF)	ova	ai-	psu	uso
(13)	•	-		(12)	_		other miscellane		0. 0. 2. /	-		ilate	-e
			Yes	No	N/A								
1st Floor Lobby						VAT/Ma	stic		422 SF				
2 <sup>nd</sup> Floor Lobby						Linoleu	m & Mastic		395 SF	$\boxtimes$			
Name of Registered Wast	e Hauler			1 1 1 1 2	JDEP \		Cubic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPO	RT GROUP	, INC			lauler II 20990		Waste	MINERVA L	ANDFILL				
City, State							Disposal Date	City, State					
YARDLEY, PA						-	TBD	WAYNESBU	JRG, OH				
Completed By (Print or Ty	pe)	Title					Signature		Date			-	
Dillan DeCaro		Es	timat	or			Dillan	u Decan	2/gn 3	-(	4-	(	Ì

				T &	1	Duilding	Owner/Operator /2	2)		15	1/9					
Date of Notification (1)	8 / 1	9					Owner/Operator (2 o Public Works			150	U . 13					
Agencies Notified	Type Notification	n		S	Street A		lerton Ave		MAR	2 9	20	19	ic.			
☑ DOLWD	⊠ Amended			1		te, Zip Co			1 1							
☑ DOH	Amendment	# <u>1-3/1</u> :	3/19	1	1000	clair, NJ			f property				- 4			
☐ DCA	☐ Emergency (	includin	ng	-		f Contact	01042		Telephone Numbe	r	11.2	and the same				
(NJAC 5:23-8)	justification)			1,	N/A	Contact			(973) 783-560		y in go					
	☐ Cancellation			$\perp$					(0.0).30							
					FACI	LITY INF	ORMATION	- (E -10)	(4)				-			
Name of Facility Where			e (3)					Type of Facility								
Montclair Twp Pub	lic Works Build	ding		- Company			25	School (K-12	(Other than K-12)							
Street Address								Other (i.e., pr	rivate and commerci	al build	dings,					
219 North Fullertor	n Ave							homes, etc.)		LDIJ	A ===		_			
City (5)								Square Feet	# of Floors	-	. Age					
Montclair								+-25,000	2		-50					
County (6)			St. Ven Hill		County	Code (7)	(STATE USE ONLY)		ior if being demolish	ed)						
Essex					1			Township B	N=1							
Name of Monitoring Firm	Hired by Building	Owne	r (8)	A	SCM N	0.	Name of Abateme									
Hillmann Consultir							BRISTOL EN	VIRONMENTA	L, INC.							
Street Address				_	-		Street Address									
1600 Route 22 Eas	t						1123 BEAVE	R STREET								
City, State, Zip Code							City, State, Zip C	ode								
Union, NJ 07083							BRISTOL, PA	19007								
Project Manager for Mor	nitorina Firm		To	elep	hone N	lo.	Telephone No.		License No.							
Craig Abrams					8-477-		215-788-6040	)	00509							
Start Date (10)	Sch	neduled	Comi	oleti	on Date	e (11)	Name of OSHA	Monitor								
3 / 18 /					21 / 19 BRISTOL ENVIRONMENTAL, INC											
Occupancy Status Durin		eck only	y one	)	Street Address											
☐ Facility Closed/Vaca					nent		1123 BEAVE									
Abatement Performe	ed Outside of Norn	nal Fac	ility H	ours	- Desc	ribe	City, State, Zip C									
Time of Abatement:	7:30AM-4:30PM	/	PM		AM		BRISTOL, PA	A 19007	4'							
Scope of Work (Check a	all that apply)							ntainment with Ne	Ingetive Pressure							
□ >2 of or >2 If		M	Renov	atio	on.		☐ Mini-En		gative Flessure							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Demo				☐ Gloveba	ag Procedure								
	~~~						⊠ Non-Ex	empted (*) and N	on-Friable Procedur							
			Is Lo		The second second					Ab	ateme					
Locatio		1	Nor Jsed S			Acho	Description stos Containing M		Amount	Rer	Repair	Enc	Enclosure			
Asbestos-Containing TO BE AB			Mainte	ena	nce/	(i.e	., thermal systems	s insulation,	(Specify	Removal	pair	aps	losi			
IN Fac		C	ustod	ial 3 12)	Staff?		surfacing, VA	T, or	SF or LF)	<u>a</u>		Encapsulate	lre			
(13)	)	Ye		No	N/A		other miscellan	eous)				e e				
1st Floor Lobby				]		VAT/Ma	astic		422 SF	$\boxtimes$						
2 <sup>nd</sup> Floor Lobby	] [	]		Linoleu	ım & Mastic		395 SF									
2 11001 2000,		1		]												
			-	7												
Name of Registered W	aste Hauler			IN	JDEP \	Naste	Cubic Yards of	Name of Reg	istered Landfill							
SERVICE TRANS		INC.		H	lauler II		Waste	MINERVA	LANDFILL							
City, State				_	20990	,	Disposal Date	City, State	-							
YARDLEY, PA							TBD	0	BURG, OH							
Completed By (Print or	Type)	Title					Signature		, D	ate /	/					
Dillan DeCaro	, ,,,,,		mato	r			19:11	en De Care	e / il	3/10	3/1	19				
Dillan Decard				_			105000		11	/	/	•				

ASB-41 JAN 13 DD / 90 / 6

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

Chi# 3533 # 3535

												-	_	
Date of Notification (1)	8 /	19	_				Owner/Operator ( VP Public Works		EG	F	7	[]		
Agencies Notified	Type Notificat	tion				Address	ullerton Ave							
Ø DOLWD 4855	☐ Amended								MAR	20	70	19	-	
Ø DOH 4848	Amendme	nt #		-		tate, Zip C			The state of the s	~		10		
□ DCA	☐ Emergenc		uding		0.000	tclair, N			Tolonhana Numb	-		.4.	* 112	
(NJAC 5:23-8)	justification					of Contact	ı		Telephone Numb					
	☐ Cancellation	on			N/A				(973) 783-560	10	111			
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement is Ta	aking F	Place	(3)				Type of Facility (	(04)					
Montclair Twp Publ	ic Works Bu	ilding	g					School (K-12)	) I (Other than K-12)					
Street Address									ivate and commerc	ial bu	lding	s,		
219 North Fullerton	Ave							homes, etc.)						
City (5)						94		Square Feet	# of Floors	Blo	lg. Aç	e		
Montclair						88		+-25,000	2	1	-50			
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Essex					1			Township B	uilding					
Name of Monitoring Firm	Hired by Buildi	ing Ov	vner (	8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)						
Hillmann Consultin							BRISTOL EN	VIRONMENTAL	L, INC.					
Street Address							Street Address			-				
1600 Route 22 East							1123 BEAVE	R STREET						
City, State, Zip Code			-				City, State, Zip C	ode						
Union, NJ 07083							BRISTOL, PA	19007						
Project Manager for Moni	itoring Firm			Tele	phone I	Vo.	Telephone No.		License No.					
Craig Abrams				90	8-477	3014	215-788-6040	)	00509					
Start Date (10)	S	chedu	led Co	omple	tion Dat	e (11)	Name of OSHA N	/lonitor						
3 / 18 /	19	3	/	_ 21	_ / _	19	BRISTOL EN	VIRONMENTAL	L, INC					
Occupancy Status During	Abatement (C	heck	only o	ne)			Street Address							
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET						
Abatement Performed	Outside of No	rmal F	acility	Hour	s - Des	cribe	City, State, Zip C	ode						
Time of Abatement: _	AM	PM/	4:00	PM- <u>12</u>	2:00AN	i	BRISTOL, PA		**					
Scope of Work (Check all	I that apply)							With 1980-1980-1990						
			_					tainment with Neg	gative Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novati molitic			☐ Mini-End	g Procedure						
≥ 100 31 01 ≥200 II			_ 50						n-Friable Procedur	е				
2				Locat						Ab	atem	ent T	ype	
Location				lorma d Sole			Description		A	Re	Re	En	E	
Asbestos-Containing TO BE ABA		)		intena		Asbe (i.e	stos Containing Ma	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facili			Cust		Staff?	(	surfacing, VAT	, or	SF or LF)	Va.		sula	sure	
(13)	•	-	-	(12)	Т		other miscellane	eous)				ate		
		_	Yes	No	N/A				400.05	12				
1st Floor Lobby		-		Ш		VAT/Ma			422 SF					
2 <sup>nd</sup> Floor Lobby				Linoleu	ım & Mastic		395 SF				닏			
											Ш	Ш	Ш	
Name of Registered Was	te Hauler			17.50	JDEP \		Cubic Yards of	Name of Regis						
SERVICE TRANSPO	ORT GROUP	, INC		1	20990		Waste		LANDFILL					
City, State							Disposal Date	City, State						
YARDLEY, PA					. TBD WAYNESBURG, OH									
Completed By (Print or T	ype)	Title					Signature	0 0	Caro Me 3-8-19					
Dillan DeCaro		Es	tima	tor			1)1000	M De Ca	20/10-3	> -8	-	17		

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1000		_	(Puis	uani	Name of Building O	wner/Onerator (	2)				
Date of Notification (1)					RIVERVIEW MEDIC		-/		0 -	0.04	
3 / 25 /19					Street Address			MAR	29	201	<del>-</del>
Agencies Notified Type Notifica	ation				1 RIVERVIEW PLAZ	ZΑ					
EPA Initial N			tion #	1	City, State, Zip Code RED BANK, NEW JI	RSEY 07701	) particular				- 14
DEP X Amend		IIICa	uon #	+	HED BANK, NEW O		4 4		1000	y.w.	0.00
X DOH x On Hol	ld OFNO	. NO	\TIFIC	ATIC	Name of Contact ON ERIC MATTSON		Telephone Numb 732-450-2689	er			
DCA EMER	GENCI	YINC	JIIFIC		CILITY INFORMATION			no est de			
Name of Facility Where Abatement is	Taking	Pla	ace (3		OILITT II OTHER THOSE	Type of Facility					
						School (K	-12) er 8 (Other than K-	12)			- 1
RIVIERVIEW MEDICAL CENTER						X Other (ie.	private & commcl.	bldgs.	, hom	es, et	.c.)
Street Address						Square Feet 250,000	# of Floors		Bldg.		- 1
1 RIVERVIEW PLAZA -1ST & 2ND FLC					County Code (7)		rior if being demoli	shed)	Pharr	n. Lat	).
BED BANK MONN	NOUTH				(STATE USE ONLY)	HOSPITAL					
Name of Monitoring Firm Hired by Bu	ilding	Ow	ner (8	3)	ASCM No.	Name of Abate	ement Contractor	(9) RATIC	N		
ENVIRONMENTAL TACTICS Street Address		_			- 17	Street Address			200		
64 BROAD STREET						313 SPOOK RO			_		-
City, State, Zip Code MATAWAN,	NEW.	IFR!	SEY (	7747		SUFFERN, NE	W YORK 10901				
Project Manager for Monitoring Firm		T	Telepl	none l	Number	Telephone Nur	MARIE CONTROL	nse Nu	ımbeı	Ž.	
THOMAS GEIGER			732-2			845-369-7500 Name of OSHA	110	1			-
Expected State Date (10)	S	che	g. Coi		ion Date (11) 30 /19	QUALITY ENV	IRONMENTAL				
Month Day Year		Mor			Day Year	Street Address				_	$\dashv$
Occupancy Status During Abatement (Carlotte Practility Closed/Vacated During Abatement (Carlotte Practility Closed/Vacated During Abatement (Carlotte Practility Closed/Vacated During Abatement (Carlotte Practility Closed	ina Ent	tire F	eriod	of Ab	patement	1376 ROUTE					
Abatement Performed Outsi	ide of N	Vorm	nal Fa	cility h	Hours - Describe:	City, State, Zip	Code				$\dashv$
X Other - Describe: MONI	DAY - F	-HIL	DAY 2	PIVI-	10:30 PM	WAPPIN	NGERS FALLS, NE	EW YC	RK 1	2590	
Scope of Work (Check all that apply)						with Negative Pre	essure				
Demolition L >3SF OR LF	XR	leno	vation		X Mini-End X Gloveba	ig Procedure					
X >160 SF OR 260 LF						able Procedure		1		ent Ty	ino
Location of	١.		Locati nally u		Description of A Containing Mate		Amount		Date III		
Asbestos-containing Material (ACM)	-		olely b		(ie. Thermal s	systems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED	N	//ain	t/Cust	odial	insulation, surfa		SF or LF)	X	E	PSI	SC
in Facility (13)	V		taff (1: No		or other misce	lianeous)				⊨	'n
2ND FL WEST -FAMILY HEALTH CN		00			PIPE INSULATION		832 LF	X			
2ND FL WEST -FAMILY HEALTH CN				Х	VAT & MASTIC	14	1,352 SF	X			_
2ND FL WEST -FAMILY HEALTH CN				Х	WALL MASTIC		1,552 SF		_	_	-
2ND FL MED SURG/OBSERVATION				Х	VAT & MASTIC CO	mplete	1,300 SF	X	_	-	_
2ND FL MED SURG/OBSERVATION				Х	WALL MASTIC CO	omplete	1,056 SF	X	_	-	-
2ND FL MED SURG/OBSERVATION				X	PIPE INSULATION CO	omplete	478 LF	X	_	1	-
2ND FL MED SURG/OBSERVATION				x	WINDOW CAULK		20 SF	X	_	_	
2ND FL EAST CORRIDOR				x	PIPE INSULATION CO	omplete	40 LF	Х	_	╀	╀-
2ND FL WEST CORRIDOR				x	WALL MASTIC	ā.	144 SF	X	_	_	-
2ND FL WEST CORRIDOR				Х	WINDOW CAULK		2 SF	X		_	_
2ND FL CARDIAC RESPIRATORY R	EHAB			Х	COLUMN MASTIC C	omplete	960 SF	X	1	$\perp$	-
1ST FL KITCHEN				Х	DUCT INSULATION		1,260 SF	X			+
Name of Registered Waste Hauler			EP W		Cubic Yards of Waste	Name of Reg	istered Landfill ITRAL SANITARY	LAND	FILL		
NEWARK CARTING		Hau	ler ID 913		120		)				
City, State					Disposal Date	City) State	TOWNSHIP, PA				
NEWARK, NJ 07105 Completed by (Print or Type)	Title				1/11/2019 Signature	ALEANNIELD.	Da	ite 7.	2	21	19
BENJAMIN SANCHEZ	DIRE	СТС	OR OF	OPE	RATIONS	FILL		7			- /

Date of Notification (1)					Name of Building O RIVERVIEW MEDIC		2)				
2 / 27 /19					Street Address			. W	AR	29	2019
Agencies Notified Type Notified	cation	1			1 RIVERVIEW PLAZ	Ά					
EPA Initial X Amer X DOL Canc	nded N	Votific	n cation #	3	City, State, Zip Code RED BANK, NEW JE			F			
X DOH On H		ICY N	OTIFIC	CATI	Name of Contact ON ERIC MATTSON		Telephone Nu 732-450-2689	mber			
					ACILITY INFORMATION				-		-
Name of Facility Where Abatement is	s Tak	ing P	lace (3	)		Type of Facility					
RIVIERVIEW MEDICAL CENTER							er 8 (Other than		9		
Street Address	000					Square Feet	private & comm # of Floors	icl. bldg	Bldg	J. Age	
1 RIVERVIEW PLAZA -1ST & 2ND FL City (5)   Coun					County Code (7)	250,000 Current Use (Pr	for if being dem	olished		65 rm. La	h l
RED BANK MON	MOU	ГН			(STATE USE ONLY)	HOSPITAL			, i iiu		
Name of Monitoring Firm Hired by B ENVIRONMENTAL TACTICS	uildir	ig Ov	vner (8	)	ASCM No.	Name of Abate PAR ENVIRON			ION		
Street Address						Street Address		2			
64 BROAD STREET City, State, Zip Code						313 SPOOK RO City, State, Zip					
MATAWAN,	NEW	/ JER	SEY 0	7747	•	SUFFERN, NEV					
Project Manager for Monitoring Firm			Teleph	one	Number	Telephone Num	ber Li	cense N	lumbe	er	
THOMAS GEIGER			732-29			845-369-7500	Annual Control of the	01			
Expected State Date (10)  1 / /23/ 19	- 1	Sche	d. Com	ple	tion Date (11) 30 /19	Name of OSHA QUALITY ENVI	어린하다면 하기만 않				
Month Day Year		Мо	nth		Day Year						
Occupancy Status During Abatement ( Facility Closed/Vacated During				of At	natement	Street Address 1376 ROUTE 9					
Abatement Performed Outs						13/6/100729					
X Other - Describe: MON	DAY -	FRI	DAY 2 F	PM-	10:30 PM	City, State, Zip	Code GERS FALLS, I	VEW V	ODK 1	2500	
Scope of Work (Check all that apply)					Criticals v	vith Negative Pres		VEVV I	JAK	2590	
Demolition	X	Reno	vation		X Mini-Enclo	ο,					
>3SF OR LF X >160 SF OR 260 LF						Procedure le Procedure					
Location of		Is	Location	n	Description of As		I	T A	batem	nent T	vpe
Asbestos-containing	- 1		nally us		Containing Materi		Amount				
Material (ACM) TO BE ABATED			olely by t/Custo		(ie. Thermal sy insulation, surfaci		(Specify	MO	REPAIR	CA	5
in Facility (13)	- 1		taff (12)		or other miscella		SF or LF)	REMOVAL	□	ENCAPSUL	ENCLOSUR
		Yes		l/A				1		-	Ä
2ND FL WEST -FAMILY HEALTH CN	ΓR		X		PIPE INSULATION		832 LF	X	_		
2ND FL WEST -FAMILY HEALTH CN	ΓR		X		VAT & MASTIC		1,352 SF °	Х	1_	-	
2ND FL WEST -FAMILY HEALTH CN	ΓR		X		WALL MASTIC		1,552 SF		_		Ш
2ND FL MED SURG/OBSERVATION	WAY		x		VAT & MASTIC		1,300 SF	X	_	_	
2ND FL MED SURG/OBSERVATION	WAY		X		WALL MASTIC V		1,056 SF	X	-	_	
2ND FL MED SURG/OBSERVATION	WAY		x		PIPE INSULATION V		478 LF	X			
2ND FL MED SURG/OBSERVATION	WAY		X		WINDOW CAULK		20 SF	X			
2ND FL EAST CORRIDOR			X		PIPE INSULATION V	<u></u>	40 LF	Х			
2ND FL WEST CORRIDOR			X		WALL MASTIC		144 SF	X			
2ND FL WEST CORRIDOR			X		WINDOW CAULK		2 SF	X			
2ND FL CARDIAC RESPIRATORY RE	НАВ		X		COLUMN MASTIC		960 SF	X			
1ST FL KITCHEN			X		DUCT INSULATION		1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING			EP Was er ID No		Cubic Yards of Waste 120	Name of Regist GRAND CENT		LAND	EILL		
NEWARK CARTING		iauli	913	٥.	120	GI IAND CENT	INC OMMITANT	LAND	166		
City, State					Disposal Date	City, State	OWNELID DA				
NEWARK, NJ 07105 Completed by (Print or Type)	Title				1/11/2019   Signature	PLAINFIELD TO	JWNSHIP, PA	ate 🥎 .		17	11
BENJAMIN SANCHEZ		СТО	R OF O	PEF	RATIONS ///	X		J	1	1	10

The state of the s	(1	uisuai	1 to NJAC 8.60-7 and 12.1						_
Date of Notification (1)			Name of Building C RIVERVIEW MEDIC		2)		0	0 06	140
1 / 22 /19			Street Address		1 1 1 1	MAD	-	9 2(	HU
Agencies Notified Type Notification			1 RIVERVIEW PLAZ	ZA					
EPA Initial Notifi	cation	2271	City, State, Zip Code	) 	No.	i Ter			1/2
DEP Amended N X DOL Cancellation		n	RED BANK, NEW JI	EHSET 07701	T-1	*	1.04		****
X DOH X On Hold EMERGEN	ICY NOT	IFICATI	Name of Contact ON ERIC MATTSON		Telephone Numb 732-450-2689	oer			
		F	ACILITY INFORMATION						
Name of Facility Where Abatement is Tak	ing Place	(3)		Type of Facility					
RIVIERVIEW MEDICAL CENTER					er 8 (Other than K				
Street Address				X Other (ie. Square Feet	private & commcl # of Floors	. bldgs		nes, e . Age	tc.)
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS	3			250,000	6			55	
City (5) County (6) RED BANK MONMOU			County Code (7) (STATE USE ONLY)	Current Use (Pr HOSPITAL	ior if being demol	ished)	Phar	m. La	o.
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	ng Owne	r (8)	ASCM No.		ment Contractor MENTAL CORPO		NC		
Street Address			1 11	Street Address		Z ( D ( ) ( )	-		
64 BROAD STREET				313 SPOOK RO					
City, State, Zip Code  MATAWAN, NEW	/ JERSE	Y 07747	7	City, State, Zip SUFFERN, NE					
Project Manager for Monitoring Firm			Number	Telephone Num		nse N	umbe	r	
THOMAS GEIGER		2-290-22		845-369-7500	110	1			
Expected State Date (10)  1 / /23/ 19		Comple 9 /	tion Date (11) 30 /19	Name of OSHA QUALITY ENVI					
Month Day Year	Month	3 10	Day Year						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During E	k only on	e) od of A	hatement	Street Address 1376 ROUTE 9					
Abatement Performed Outside of	Normal	Facility	Hours - Describe:						
X Other - Describe: MONDAY	- FRIDAY	7AM-3	:30PM	City, State, Zip	Code GERS FALLS, NE	=w yc	DRK 1	2590	
Scope of Work (Check all that apply)			Criticals	with Negative Pre		_ , , , ,	21 11 1	2000	
Demolition	Renovati	on	X Mini-Enc	lo,					
>3SF OR LF X >160 SF OR 260 LF				Procedure ble Procedure					
Location of	Is Loc	ation	Description of A			Al	oatem	ent T	/pe
Asbestos-containing	normall	200	Containing Mater		Amount	RE	HE	E	E
Material (ACM) TO BE ABATED	solel Maint/Cu		(ie. Thermal sy insulation, surfac		(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
in Facility (13)	Staff		or other miscell		0, 0, 1,	ĮŽ.	l B	USc	USC
	Yes No					1	_	_	IJ
2ND FL WEST -FAMILY HEALTH CNTR		X	PIPE INSULATION		832 LF	X	_		
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT & MASTIC		1,352 SF *	X	_	_	
2ND FL WEST -FAMILY HEALTH CNTR		X	WALL MASTIC		1,552 SF	_	_		
2ND FL MED SURG/OBSERVATION WAY		X	VAT & MASTIC		1,300 SF	Х			
2ND FL MED SURG/OBSERVATION WAY		X	WALL MASTIC		1,056 SF	Х			
2ND FL MED SURG/OBSERVATION WAY		×	PIPE INSULATION		478 LF	Х		_	
2ND FL MED SURG/OBSERVATION WAY		X	WINDOW CAULK		20 SF	Х			
2ND FL EAST CORRIDOR		X	PIPE INSULATION		40 LF	X			
2ND FL WEST CORRIDOR		X	WALL MASTIC	11	144 SF	Х			
2ND FL WEST CORRIDOR		X	WINDOW CAULK		2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAE	3	X	COLUMN MASTIC		960 SF	X			
1ST FL KITCHEN		X	DUCT INSULATION		1,260 SF	X			
Name of Registered Waste Hauler	NJDEP		Cubic Yards of Waste	Name of Regis		AND	-11.1		
NEWARK CARTING	Hauler I	D No. 3	120		RAL SANITARY	LANDI	ILL		
City, State		### 	Disposal Date 1/11/2019	City/State	OWNSHIP PA		/		1
NEWARK, NJ 07105 Completed by (Print or Type) Title			Signature //	XX	Dai Dai	te /	10	17.	170
BENJAMIN SANCHEZ DIRI	ECTOR C	F OPE	RATIONS	18)			12	1	/-/
			, 0			/		/	

(4)				Name of Building Ov RIVERVIEW MEDICA	wner/Operator (2)	)	V.1	Un I	1 12	-
Date of Notification (1)				Street Address				100		
1 / 11 /19 Agencies Notified Type Notification				1 RIVERVIEW PLAZA	A		MAR	2 9	201	9
EPA X Initial Notifica		ation		City, State, Zip Code RED BANK, NEW JE	RSEY 07701	i in the second				
X DOL Cancellation X DOH On Hold DCA EMERGENCE	Y NO	OTIFIC				Telephone Numbe 732-450-2689	er	, , , , , , , , , , , , , , , , , , ,	53() 	
				CILITY INFORMATION		743				-
Name of Facility Where Abatement is Takir	g Pl	ace (3	()		Type of Facility School (K-					
RIVIERVIEW MEDICAL CENTER					Subchapte	8 (Other than K- rivate & commcl.	bldgs.	, hom	es, et	c.)
Street Address					Square Feet 250,000	# of Floors 6		Bldg. 65	1000	
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS  City (5)   County (6)			_	County Code (7)	Current Use (Pri	or if being demolis	shed)	Pharm	ı. Lab	. 7
RED BANK MONMOUT	H	mar /9	2)	(STATE USE ONLY)  ASCM No.	HOSPITAL Name of Abater	ment Contractor	(9)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	g Ow	mer (c	)	17	PAR ENVIRON	MENTAL CORPO	RÁTIC	N		
Street Address		77			Street Address 313 SPOOK RC	CK BOAD				- 1
64 BROAD STREET					City, State, Zip					$\neg$
City, State, Zip Code MATAWAN, NEW	JER	SEY (	7747		SUFFERN, NEV	V YORK 10901				-
Project Manager for Monitoring Firm		Telep	hone N	Number	Telephone Num	ber Licer	nse Nu	ımber		
THOMAS GEIGER		732-2		36 ion Date (11)	845-369-7500 Name of OSHA					$\neg$
Expected State Date (10)	scne	9		30 /19	QUALITY ENVI	RONMENTAL				
Month Day Year	Мо			Day Year	Street Address					
Occupancy Status During Abatement (Check Facility Closed/Vacated During En	ntire	Period	of Ab	atement	1376 ROUTE 9					
Abatement Performed Outside of  X Other - Describe: MONDAY -	Norn	nal Fa	cility h	lours - Describe:	City, State, Zip	Code GERS FALLS, NE	W VC	DK 1'	2590	
197					with Negative Pre			// // //	2000	
Scope of Work (Check all that apply)  Demolition	Reno	vation	1	X Mini-Enc	lo,					
>3SF OR LF				X Glovebay	g Procedure ble Procedure					
X >160 SF OR 260 LF Location of	Is	Locati	ion	Description of A	sbestos-			atem		
Asbestos-containing	norr	mally (	used	Containing Mate	rial (ACM)	Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM)		olely b		(ie. Thermal s insulation, surface		SF or LF)	Ì	AIR	ΑP	0
TO BE ABATED in Facility (13)		itaff (1		or other miscel		***************************************	P.	~	SUL	SUF
iii i addity (10)	Yes		N/A				l <sub>v</sub>	$\vdash$	-	~
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION		832 LF	X	+-	$\vdash$	-
2ND FL WEST -FAMILY HEALTH CNTR		_	X	VAT & MASTIC		1,352 SF *	1	+	-	$\vdash$
2ND FL WEST -FAMILY HEALTH CNTR		-	X	WALL MASTIC		1,552 SF 1,300 SF	X	+		$\vdash$
2ND FL MED SURG/OBSERVATION WAY	_	-	X	VAT & MASTIC		1,300 SF	X	+	T	
2ND FL MED SURG/OBSERVATION WAY	_	┼	×	WALL MASTIC		478 LF	X	+	1	
2ND FL MED SURG/OBSERVATION WAY	_	-	X	PIPE INSULATION			X	+	1	T
2ND FL MED SURG/OBSERVATION WAY	_	-	×	WINDOW CAULK		20 SF	×	+	$\vdash$	
2ND FL EAST CORRIDOR	_	-	×	PIPE INSULATION		40 LF	x	+		+
2ND FL WEST CORRIDOR	1	-	X	WALL MASTIC		144 SF	X	+	+	+
2ND FL WEST CORRIDOR		-	X	WINDOW CAULK		2 SF	X	+	+	+
2ND FL CARDIAC RESPIRATORY REHAL	3	_	X	COLUMN MASTIC		960 SF	_	+	+	+
1ST FL KITCHEN		1	X	DUCT INSULATION Cubic Yards of Waste	Name of Regi	1,260 SF stered Landfill	X			-
Name of Registered Waste Hauler NEWARK CARTING		DEP V uler ID		120	GRAND CEN	TRAL SANITARY	LAND	FILL		
NEWARK CARTING		913		Discoul Date	City States		_	1		+
City, State				Disposal Date 1/11/2019	PLANFIELD	TOWNSHIP, PA		/	1//	11
NEWARK, NJ 07105  Completed by (Print or Type)  Title	9			Signature /		Da	ate /	/ /	1/	/
BENJAMIN SANCHEZ DIR	ECT	OR O	F OPE	RATIONS /-					/	-

CX 188	8					NJAC 8:60 and				Nh a ala	ш а	777				
Date of Notification (1)	2019		Name	of Buildi	ing Owner / Operato	or (2)	Check # 1777									
	bruary 5, 20			Bank	of Amer	ica	(=)			E						
Agencies Notified  EPA  DEP	Type Notifica	tion		0.000	t Address hrewsbu	iry Avenue	MAR	2 9	20	119	and the state of t	IJ				
☑DOL ☑DOH ☑DCA			1_	Shrev	State & Z wsbury, I	NJ 07702		i i	No assessment			Telephone Numl		r		
				Dino	Nappi					100000000000000000000000000000000000000		8809				
				FA	CILITY	INFORMATION	V									
Name of Facility Where Bank of America	Abatement i	s Taking I	Place (3)			Type of Fa	ecility (4) ol (K-12)									
Street Address							hapter 8 (Other t	han K-12)								
691 Shrewsbury Aven	ue						r (i.e., private &		rcial build	dings,	hon	ne, e	c.)			
City (5)						Square Fe	et # of	Floors		Bldg.			,			
Shrewsbury							se (Prior if being	1 demolishe	d)			60				
County (6) Monmouth			ounty Cod			Dalik										
Name of Monitoring Fire Arcadis US, Inc.	m Hired by Bu				ASCM	No. Name of A Synatech,	batement Contra	ictor (9)								
Street Address 35 Columbia Road							Street Address									
City, State & Zip Code							829 Radio Road City, State & Zip Code									
Branchburg, NJ 0887							Little Egg Harbor, NJ 08087									
Project Manager for Mo			90		609-296-69	Telephone Number License Number 609-296-6916 00817										
Scheduled Start Date (1 February 15, 2		Scheduled	d Completi	on Date ( e 27, 201			Name of OSHA Monitor Synatech, Inc.									
Occupancy Status Durin Facility Closed	ng Abatemen	t (Check o	only one)			Street Add	Street Address 829 Radio Road									
Abatement Per						City, State & Zip Code										
Other – Descri		atement				Little Egg	Little Egg Harbor, NJ 08087									
Scope of Work (Check																
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 l	f			Renovati Demolitio			Full Containn Mini-Enclosu Glovebag Pro	re	legative P	ressur	e					
						[	Non-Exempt	ed(*) and l	Non-Friabl	e Proc	edur	e				
Locati Asbestos-Containi TO BE A	ng Material (A	(CM)	Solely b	on Norma y Mainter dial Staff	nance or	Asbestos- Materia	ption of Containing al (ACM)		Amount (Specif SF or LF)			Abatement Typ				
IN Facility (13)						insulation, si	nal systems urfacing, VAT scellaneous)					Repair	Encapsulate	Enclosure		
			Yes	No	N/A						Removal	Ŧ	late	ure		
First Floor Ceiling Are					Х	Glue	Dots		1,000 SF							
Basement Ceiling Area	1				Х	Glue	Dots		350 SF		Х					
Name of Registered Wa	ste Hauler		NJDEP V		Cubic	rards of Waste	Name of Reg	gistered La	andfill							
Synatech, Inc.	<u> </u>		The state of the s	429	10		Fairless Hill	s								
City, State					Dispos	al Date	City, State									
ittle Egg Harbor, NJ	08087				June 28, 2019 Morrisville, PA											
Completed By		Title			Signatu	ire	1	Date	Marsh ar	2040						
Diane Aloia		Executiv	e Adminis	strator		vane alo	me (llora February &				March 25, 2019 oruary 5, 2019					

Date of Notification (1)					ne of Build	ding Own	ner / Opera	ator	(2)			CK1#	1/1/1				
Agencies Notified	Ban	Bank of America															
EPA DEP	Type Notifica	ition			Street Address 691 Shrewsbury Avenue						MAR 2	9 20	)19	The Principle of the Paris of t	land of the second		
DOL	Initia	l		City.	State & 2	7in Code	3			120	#u	4-		1			
<b>⊠</b> рон	Amer				ewsbury,	5.7				2)	4						
DCA		ndment a	#_		e of Cont						ran all sag		ma je j	5			
	Ounc			Nappi	act					11/2	Telephone Number 516-972-8809						
						/ INFO	RMATIC	IAC			0	10-912	-0008				
Name of Facility When	e Abatement i	s Taking	g Place (3)		TOILIT	1141 0	Type of F							_			
Bank of America Street Address							Sch	100	I (K-12)								
691 Shrewsbury Aver	1110								apter 8 (Other tha								
or omewabaly Aver	iue						Oth Square F		(i.e., private & d					tc.)			
City (5)							-	1.00		loors 1	Ble	dg. Age	60				
Shrewsbury					Current Use (Prior if being					molishe	d)		00				
County (6)		10	County Coo	de (7)			Bank	_									
Monmouth		1	USE ONLY														
Name of Monitoring Fir Arcadis US, Inc.	m Hired by Bu	uilding O	wner (8)		ASCN	1 No.	Name of Abatement Contractor (9)							,			
Street Address					Synatech, Inc. Street Address												
35 Columbia Road					829 Radio Road												
City, State & Zip Code Branchburg, NJ 0887	6								Zip Code	8087							
Project Manager for Mo	elephone	Number		Telephone		arbor, NJ 08087 lumber		License Nun	nber								
Scheduled Start Date (1	08-526-10			609-296-6	691	6			0081	7							
February 15, 2	tion Date			Name of C Synatech		HA Monitor											
Occupancy Status Durin Facility Closed	ng Abatement	(Check	only one)		Street Address ement 829 Radio Road												
Abatement Per					City, State & Zip Code												
Other - Descri					Little Egg Harbor, NJ 08087												
Facility Occupi		atement						#1 125=20									
Scope of Work (Check a	all that apply)						3										
□ >2 of> 50 If				· <u></u>				$\boxtimes$	Full Containment with Negative Pressure								
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 l	f		H	Renovati				L	Mini-Enclosure								
23 -100 St 01 -200 t	1			Demonito	Holition				☐ Glovebag Procedure ☐ Non-Exempted(*) and Non-Friable Procedure								
Locati	on of		Is Locati	ion Norma	ally Used		Description of								imo		
Asbestos-Containin		CM)	Solely b	y Mainter	nance or		Asbestos-Containing			Amo	Abatement Type						
TO BE A			Custo	dial Staff	r? (12) <b>[</b>		Materi (i.e., therr		(ACM) I systems	SF or LF)		-					
(13	3)						nsulation, s	sur	facing, VAT			7		E	ш		
							or other mi	iisc	ellaneous)			Remova	Repair	caps	nclo		
			Yes	No	N/A							oval	air	Encapsulate	Enclosure		
										_				Ф			
First Floor Ceiling Area Basement Ceiling Area			-		X	X Glue Dots X Glue Dots				-	1,000 SF X						
	14		-		^		Giu	e L	oots	+	350 SF	X					
lame of Registered Waste Hauler NJDEP Was					Cubic Yards of Waste Name of Registere					tered La	ndfill						
Synatech, Inc.			Hauler ID	429	10		Fairless Hills										
City, State					Disposa	al Date											
ittle Egg Harbor, NJ(	08087				April 1 2010				Morrisville, PA								
Completed By		Title			Signature					Date							
iane Aloia		Executiv	ve Adminis	strator		Mal	Ular-	-									
		_ACCUL!	Admini	Juanoi	1 11 10	W.	0000		11	repruai	v 5. 2019						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

K OU d 44	DA		(P	ursuar	nt to NJA	C 8:60 and 5:10	6)		MAR	2 9	201	19		
Date of Notification (1)	FM 18 2		Name	of Buildin	g Owner/Operator (	1 1 1				U				
03/	26 /	19				nerstone Contra	- 31.000	562	46	1				
Agencies Notified	Type Notific	ation		Street	Address				4 5	1		+		
⊠ EPA	☐ Initial			500	Barnega	at Blvd.					7****	æ (1		
□ DOLWD	☐ Amended				State, Zip C									
⊠ DOH	Amendm		g.		rnegat, N									
DCA			9		of Contac			Talaahaaa N	and the same					
(NJAC 5:23-8)	Cancella			Tarest States	Bower	·		Telephone Nu 609-607-9						
				FA	CILITY IN	IFORMATION								
Name of Facility Where A	batement is 7	Taking Place	(3)				Type of Facility (	4)						
Cornerstone at How	rell						School (K-12)							
Street Address							☐ Subchapter 8	(Other than K-						
Fort Plains Road &	West Farm	s Road					Other (i.e., pri	vate and comm	nercial bu	ilding	IS,			
City (5)							Square Feet	# of Floors	DI	dg. A	70			
Howell							3000	2		100	ge			
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	olished)	0.00000				
Monmouth				335555		• • santa associa de la contra est.	Farm House							
Name of Monitoring Firm	Hired by Build	dina Owner	(8)	ASCM	No	Name of Abateme								
Guardian Contractir		3	(-)			Guardian Co	90.60							
Street Address						Street Address								
1889 Rte. 9, Unit 61						1889 Route 9								
City, State, Zip Code						City, State, Zip Co	ode							
Toms River, New Je	•	i				Toms River, I	New Jersey 087	55						
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No.	2					
Nicholas Fernicola			7	32-349	-9932	732-349-9932		00624						
Start Date (10)	5	Scheduled C	omple	etion Da	te (11)	Name of OSHA M	lonitor							
03 /27 /	19	04/	_ 0	5_ /	19	E.M.S.L. Anal								
Occupancy Status During	Abatement (	Check only	one)			Street Address								
□ Facility Closed/Vacated						1056 Stelton								
Abatement Performed	Outside of No	ormal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode							
Time of Abatement:	AM	PM/	PM		AM	Piscataway, N	New Jersey 088	54						
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf		☐ Re	novat	ion		☐ Full Cont☐ Mini-Enc	ainment with Nega	ative Pressure						
≥160 sf or ≥260 lf		⊠ De				Glovebag								
						Non-Exer     Non-Exer	mpted (*) and Non	-Friable Proced	dure					
		17.000	Loca						Ab	atem	ent T	уре		
Location of			Norma	ely by		Description o			Z.	Z.	Ш	ш		
Asbestos-Containing N TO BE ABAT			intena			stos Containing Ma , thermal systems i		Amount (Specify	emo	Repair	пса	nclo		
IN Facility		Cus		Staff?	(	surfacing, VAT,		SF or LF)	Removal	=	Encapsulate	Enclosure		
(13)		V	(12)	1	-	other miscellane	ous)	See Value Steel			late	е		
exterior	Yes	No	N/A				1000 5		_	_	_			
					asbesto			4000 sf				닏		
	exterior    asbeto							500 sf		Ц	Ш	Ш		
interior					asbesto	s floor tile		30 sf						
Name of Registered Waste				IJDEP I lauler ID		Cubic Yards of	Name of Regist	ered Landfill				No. Comment		
Guardian Contractin	g, Inc.		,	20223		Waste 30	T.R.R.F.							
City, State		12:00				Disposal Date	City, State							
Toms River, New Je	rsey					04/05/19		Pennsylvania	a					
Completed By (Print or Ty	oe)	Title				Signature	1		Date	1	1			
Nicholas Fernicola		Project	Man	ager			/\	1	-7,	1.	. ].			

CUIVACO D	ATT	S	tate o	f New Jersey			Check	# 16	5553				
UK110553				F ASBESTOS ABATEMENT		A		п п					
Date of Notification (1)	(Purs	Name	of Bu	8:60-7 and 12:120- ilding Owner/Operato	7) pr (2)								
		Dox	nia	Krien		31.00		r.					
Agencies Notified Type Notif	ication		et Add				7	0 0	010				
[ ]EPA [X]Initia	1					Maria N	MAH 4	9 2	UIJ	harus to			
[ ]DEP Notif	ication	City	. Stat	e. Zip Code				,					
[X]DOL []Amende	d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Glen Ridge, NJ, 07028										
[X] DOH Notif	ication					3)	-1						
[ ]EMERGE	NCY		of Co	Mrien	Teleph	none Number							
[]DCA []Cancel	lation	Den	IIITS	KITell	F								
				ILITY INFORMATION									
Name of Facility Where Abatemen	t is Tak	ing Pl	ace (3	)	Type of Fac	ility (4)							
Dennis Krien					[ ]Schoo	l (K-12)							
Oh						apter 8 (Oth							
Street Address		•			20 00000000	(i.e., prival)		omme	rcıa	1			
							747M						
					Square Feet	# of Flo	b	3	7				
City (5)	County	(6)		County Code (7)	Square reet	# 01 F10	ors B	Lag.	Age				
Glen Ridge	Esse			(STATE USE ONLY)		(5-1-15)							
					Current Use	(Prior if being demolished)							
Name of Monitoring Firm hired by	y Buildin	ng AS	CM No.	Name of Abate	ment Contract	or (9)							
Owner (8) N/A					MANAGEMENT, Inc.								
Street Address				Street Addres	as .								
				86 Chris	stopher S	t.							
City, State, Zip Code				City, State,	Zip Code								
					ir, NJ 07	042							
Project Manager for Monitoring	Firm Te	elephor	ne Numh	per Telephone Num	ber	Ь	License	Num	ber				
	IN	/A		(973) 744			0037						
Scheduled Start Date (10) Sch	ned. Comp	letion	Date	(11) Name of OSHA	Monitor								
4 11 19	4	13	19	N/A									
Month Day Year M Occupancy Status During Abatemer	fonth	Day	Year										
[X] Facility Closed/Vacated				Street Addres	s								
of Abatement													
<pre>[ ]Abatement Performed Outs Hours - Describe: «OffHou</pre>			Facili	City, State,	Zip Code								
[ ]other - Describe: «Other	Occupancy	y Desc	ript»										
Scope of Work (Check all that ap	ply)		100			NINGS TO SEC 1-12							
[x]>3 sf or >3 lf	1	XlRend	ovation		Containment w Enclosure	with Negative	Pressu	ire					
[ ]>160 sf or >260 lf	17		olition		-bag Procedur	e							
		Is		[]Non-F	riable Proced	lure							
Location of		Cocati		Descriptio	Description of								
Asbestos-Containing	1	Normal: Used	-	Asbestos-Con		Amount	RE	R	E N C	E N C			
Material (ACM) TO BE ABATED	By M	Solely		Material (		(Specify	M	E P A	A	L			
In Facility	_ C	ustodi	al	<pre>(i.e., thermal insulation, surf;</pre>		SF or LF)	V	Ā	PS	os			
(13)	Yes	No	N/A	or other misce			A	R	T T	U R			
Basement		-	X	Duct Insulat	ion	150 CF	T			E			
- CO GILGII C	-	Δ.	Duct Insulat	TOII	150 SF	X	2						
	_	-											
Name of Registered Waste Hauler	NT.	JDEP W	aste	Cubic Yards	Name of Por	istered Land	fill			-			
AZTECH MANAGEMENT, II	VC H	auler	ID No.	of Waste 1.0	Tri-Sta								
City, State	1	7040		Disposal Date									
Montclair, NJ 07042				4/16/19	City, State	NY 104"	74						
		4/16/19 Bronx, NY, 10474											
	tle			Signature	J ,1 ,	11. 1	Date						
Onstantine Vivian P	reside	ent		1/00	Muko,	1/1/1/CM	3/2	5/3	19				
					NI WILLIAM	T. V. V. L.	1	2440					

K.209.	M 19		(F	Pursuar	nt to NJA	AC 8:60 and 5:10	6)			10				
Date of Notification (1)				Name	of Buildin	g Owner/Operator (	(2)	MA MA	R 2 9	20	19	1 40		
03/	25 /	19		Ma	tt's Cons	truction		1 2	60	3	4	į		
Agencies Notified	Type Notifica	ation		Street	t Address				1.0		30	- 44		
⊠ EPA	☐ Initial			14	Irene Co	urt					w. 7.			
□ DOLWD	☐ Amended				State, Zip (							_		
⊠ DOH	Amendm		-			NJ 08701								
☐ DCA (NJAC 5:23-8)			ig		of Contac			Tolophone Num	ahar					
(NJAC 5.23-6)	☐ Cancellat				. Gross			732-905-44						
				FA	CILITYIN	FORMATION		102 000 44						
Name of Facility Where A	batement is 7	aking Plac	e (3)	1.73	OILII I II	II OKIMATION	Type of Facility	(4)						
Residence			- (-)				School (K-12	N. 20						
Street Address							Subchapter 8	(Other than K-1)		ilding	s,			
City (5)							homes, etc.)							
City (5) Lakewood							Square Feet	# of Floors		dg. Ag	ge			
					1 0 1 /	7/07/175 1105 01/110	1500	1		80				
County (6) Ocean				Cour	nty Code (	(STATE USE ONLY)		ior if being demol	ished)					
Name of Monitoring Firm	Lliend by Duile		(0)	LACOM		The contract	Residence							
Guardian Contracti	-	aing Owner	(0)	ASCM	NO.		nent Contractor (9)							
Street Address	ilg, ilic.						ontracting, Inc.							
1889 Rte. 9, Unit 61						Street Address 1889 Route 9								
City, State, Zip Code														
Toms River, New Je	reav 08755					City, State, Zip Co		755						
Project Manager for Moni			To	lonhono	No	727	New Jersey 08							
Nicholas Fernicola	tolling Fillin			lephone 732-349		Telephone No.		License No.						
Start Date (10)	16	Nahadi Jad (	2			732-349-9932		00624						
03 /25 /		Scheduled ( 03			100	Name of OSHA M	20 KKS1 SY							
Company of the second s				20 /	19	E.M.S.L. Ana	iyticai							
Occupancy Status During	3			625		Street Address								
☐ Abstament Performed						1056 Stelton								
Abatement Performed Time of Abatement: _						City, State, Zip Co								
				``d=	,	Piscataway, I	New Jersey 08	854						
Scope of Work (Check all	that apply)					□ Eull Cont	tainment with Nee	notive Drassure						
≥3 sf or ≥3 lf		□R	enova	ation		☐ Mini-Enc	tainment with Neg closure	gative Plessure						
≥160 sf or ≥260 lf		⊠ D	emoli	tion		Gloveba	g Procedure							
				ation	_	⊠ Non-Exe	mpted (*) and No	n-Friable Procedi		-010-1-02				
Location	of		s Loc Norm			Description	.£		Ab	Abatement Ty				
Asbestos-Containing I	70		ed So	lely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	En	Enclosure		
TO BE ABA				nance/	(i.e	., thermal systems	insulation,	(Specify	Removal	pair	aps	sols		
IN Facilit (13)	У	04	(12			surfacing, VAT, other miscellane		SF or LF)	<u>n</u>	160	Encapsulate	ure		
(10)		Yes	No	N/A		other miscellane	lous)				te			
hallway					asbest	os floor tile		140 sf						
		П								П	П	П		
									+=					
									$\perp$	Ш	Ш	Ш		
						_								
Name of Registered Was				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	stered Landfill						
Guardian Contraction	ng, Inc.			20223		vvaste 3	T.R.R.F.							
City, State						Disposal Date	City, State							
Toms River, New Je	ersey					03/26/19	Tullytown, Pennsylvania							
Completed By (Print or Ty	rpe)	Title		Signature						-				
Nicholas Fernicola Project Ma								1	3/1	15/	15			