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Date of Notification (1) 4/27/2018				f Building (Seyfarth	Owner/C	perator	(2)		3	MA'	Y -3	201	8	1
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DOH justification) DCA Cancellation				Seyfarth					· -					
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County (6)				Code (7)			Cun	rent Use (Pri	or if bei	ng demol	ished)			
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Name of Monitoring Firm Fired by Building	Owner (8)		ASCN	/I NO.				patement Con operty Mai		15 59				
Street Address						Street								
City State 7in Code								Riper Ave	9					200
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Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph				License	No.			
								9008		01336				
Start Date (10) 5/15/2018	6/25/2		npletion	Date (11)		Name	of OS	SHA Monitor						
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	State,	Zip Code				<u> </u>		
Scope of Work (Check All That Apply)							-							
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Darko Raloski		ect Ma	anager			7	(N)	20/			4/27/2	018		

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City (5) Florham Park						S	quare Feet	# of Flo	ors	E	Bldg. A	Age	
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Street Address					Stree	t Ad	dress						
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Project Manager for Monitoring Firm			Telepho	one No.	Telep	ohon	e No.	Lic	cense No	o.			
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Street Address			<u> </u>		Shado Enviro	nman	- LLC					
PO Box 341 City, State, Zip Code					823 Cutter Av	anua						
Chestorfield, NJ 08515					City, State, Zip Co						Niewi pilota	
Project Manager for Monitoring Firm		Tol	enonce	Na	Maple Shade	NJ 08	52					
Bill Welsgarber				1 NO. 5-4070	Telephone No. 858-755-0059			Licensa No.				******
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Name of Monitoring Firm Hired by Building	Namor (9		ASCI	USE ONL	7		Hesi	dence				
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Street Address 1053 North Tuckahoe Road	-			-		Street A						TOTAL WARE
City, State, Zip Code Williamstown, New Jersey 08094	**				SPR entropy Springerungerung	City, Sta	ste, Zip Code				*************	
Project Manager for Monitoring Firm Edward Knorr			Telepho			Telepho		w Jersey 08094	lo.		nes Militarius as	
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Scope of Work (Check All That Apply)		***				Avillar	nstown, Ner	w Jersey 08094				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mar.	Normal ad Sole ilutenar todial S (12)	ly by toe/	Asbes (i.e.	tos Con thermal surfa	ecripéon o teiring Ma I systems i icing, VAT, miscollens	terial (ACM) naulation, or	Amount (Specify SF or LF)	FORTHOUS	Hopair	Encapsulate	Enclosure.
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County (6) Cumberland				Code (7) USE ONLY)	24	(Current Use (Pr	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI		Name	e of	Abatement Co	ntractor	(9)				
Health & Safety Services Inc.		50	117		E-1		co Inc	i ili actol	(3)				
Street Address					Stree	t A	ddress						
PO Box 365 City, State, Zip Code							ox 329						
Berlin NJ 08009					100000000000000000000000000000000000000		te, Zip Code Berlin NJ 08	091					
Project Manager for Monitoring Firm		T	Telepho	ne No.			ne No.	1	License	No.			
Jim Proctor				52-1311	856	-7	53-9800		00727	•			
Start Date (10) 5/11/18	Schedul 5/25/1		npletion	Date (11)			OSHA Monitor						
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Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)				-	\$
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Bio Terra Solutions							Α	LL PRO MA	NAGEMENT I	LLC				
Street Address							Str	eet Address						
P.O. Box 1224								7 Outwater						
City, State, Zip Code							1 1	, State, Zip Co						
Union, NJ								Barfield, NJ	07026					
Project Manager for Moni	toring Firm			17,325.0,200	phone			ephone No.		License No	***			
Rick Eustaquio Start Date (10)	1.0			8.00	3-494			73-928-4888		1188				
04 / 09 /		Schedule						ne of OSHA M						
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Occupancy Status During					2000-20		1000	eet Address						
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Time of Abatement:						AM		, State, Zip Co						
Scope of Work (Check all	that apply)						G	arfield, NJ	07026					
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TO BE ABA		^	Mai	ntena	nce/			Containing Ma rmal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	.y		Cust	odial 8 (12)	Staff?		s	urfacing, VAT,	or	SF or LF)	val	=	Sul	sure
(13)		,	Yes	No	N/A		oth	ner miscellane	ous)				ate	w
Basement						Pipe Ins	sula	tion- Wrap a	nd Cut	120 LF				
Basement								Insulation		15 LF				
Basement]			VAT				1,200 SF				
Roof	Transcription	F	3-	-		-Asphalt	Shi	ngles		4,400 SF				P
Name of Registered Wast	te Hauler			N	JDEP V	En handen and the		oic Yards of	Name of Regi	stered Landfill				
ATC / Century Wast	e, LLC			0.041036	auler IE	No. /32797/989	Was		Minerva Ente	erprises/ G.R.O dfill/ IESI Bethl				I/
City, State				31	-24310	1321311389	Dist	s Needed oosal Date	City, State	uilli/ IESI Bethi	enem La	nutill		
Shirley, NY / Elizabe	eth, NJ							BD				112-23		
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Allen Monchik	/		iect	Mana	ager				701 1	,				
ASB-41			,550		.501			Allen	Monchik	2	4/30/	18		

JAN 13

^{*} Do not use this form for asbestos licensure exempted activities.

			NOT		MOIT	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		DEG			7 [B D D
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	MAY	- 3	201	8	11 6
03/	30 /	18	_				Estate Companie				~ 0		1177
Agencies Notified	Type Notifi	cation			Street	Address		1	ASIDESTON	i co	2117D	Times.	inchina in the second
⊠ EPA					2 B	road Stre	eet, Suite 400		ASDESTOS UCC	NSH	ig.	will c	X.
☑ DOH	Amenda Amenda				City, S	State, Zip C	Code		-0.20	A MARTINE AND	1 Parentings		
□ DCA	☐ Emerge			. 1	Blo	omfield,	NJ 07003						
(NJAC 5:23-8)	justifica		oluding	'	Name	of Contac	t		Telephone Numb	er			
22	☐ Cancell	ation			Wa	rren Spra	ake		973-429-7900				
N 75 W					FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Commercial								School (K-12					
Street Address								Other (i.e., p	8 (Other than K-12) rivate and commerc	ial bu	ilding	S	
169 Minnisink Road	d- Chapel E	Buildi	ng					homes, etc.)				Ο,	
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Totowa													
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
Passaic				27									
Name of Monitoring Firm		ilding C)wner (8) /	ASCM	No.	Name of Abateme						
Bio Terra Solutions								NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater I						
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm				ohone		Telephone No.		License No.				
Rick Eustaquio						-3762	973-928-4888		1188				
Start Date (10)						te (11)	Name of OSHA M						
04 /09 /					_ ′ -	18	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During							Street Address		10				
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Scope of Work (Check all							Garfield, NJ						
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(13)				(12)			other miscellane			-		Encapsulate	G.
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Basement							ting Insulation		15 LF			Ш	
Basement						VAT			1,200 SF	\boxtimes			
Roof							Shingles		4,400 SF				
Name of Registered Wast				1.1	JDEP V	0.0000	Cubic Yards of Waste	Name of Regis		h ! -	denn	-1-1-	
ATC / Century Waste, LLC	C / All Pro Ma	nageme	ent, LLC) NO.)/32797/989			rises/G.R.O.W.S. Nor ethlehem Landfill	un Lar	iatill/F	airies	55
City, State							Disposal Date	City, State					
Shirley, NY / Elizabe	eth, NJ/ Ga	rfield	, NJ				TBD	Waynesburg, O	H/ Morrisville, PA/ Be	thlehe	em. P	4	
Completed By (Print or Ty	/pe)	Title)				Signature	. 51	Date	200000		(80)	

Allen Monchik

Project Manager

Allen Monchik

Date

3/30/18

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Date Notification (1)		VOTES			Name	e of Buildin	ig Ov	vner/Operator	(2)	1			-		- 1
		18	_		Me	tro Real	Esta	te Compani	es	-			F-0. =	to the w	i desire
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⊠ DOLWD			E		City,	State, Zip	Code								
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(NJAC 5:23-8)	justificati	ion)			Name	of Contac	ct			Telephone I	Numbe	r			
	☐ Cancella	tion			Wa	rren Spr	ake			973-429-	7900				
					FA	CILITY IN	VFO	RMATION							
Name of Facility Where A	Abatement is	Taking	Place	e (3)					Type of Facility	(4)		DOM:			
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Passaic															
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)						
Bio Terra Solutions							P	ALL PRO MA	NAGEMENT L	LC					
Street Address							Str	eet Address							
P.O. Box 1224							2	7 Outwater	Lane						
City, State, Zip Code							City	y, State, Zip C	ode						1
Union, NJ				_				Sarfield, NJ	07026						
Project Manager for Moni	toring Firm				phone			ephone No.		License No).		0		
Rick Eustaquio					3-494			73-928-4888	2	1188					
Start Date (10) 04						te (11)	2000	me of OSHA N							
				_	_ / .	18	A	LL PRO MA	NAGEMENT L	LC					
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Time of Abatement: _	AM-	PM	raciiit I/	y Hour PM-	s - Des	AM	1 8	, State, Zip Co							
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Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттат арріу)			novati				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No						
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(13)		Ī	Yes	No	N/A		oth	ner miscellane	ous)					ate	Φ
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Basement						19120 191	di vili di vida	Insulation		50 LF			П	7	ᆔ
Basement						Tank In	sula	tion		150 LF	_			5	
Roof			-	-	×	Built-U	Ro	ofing		2.500 SF	_	X		7	
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ATC / Century Wast	e, LLC				auler II	No. /32797/989	Was	ste	Minerva Enter	prises/ G.R.O	.W.S.	Nor	h Lan	dfill	1
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Allen Monchik		Pr	oject	Mana	iger			Allon.	Manchib.		4/30	1/15	2		

ASB-41 JAN 13

^{*} Do not use this form for asbestos licensure exempted activities.

^{*}Original survey stated roof was assumed to be positive (at the time they could not access the roof). Please see attached updated survey stating roof is negative

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

				(1-1	ırsuai	IL LO NJA	0	.00 and 5:10	9)		0				
Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	MAY	-3	20	18	-	1
03/	30 /	18	_		Me	tro Real I	Esta	te Companie	es	1				1	
Agencies Notified	Type Notifica	ation	100		Street	Address			- Indian	A SUIT - 1 II	21,27,000		- 1	9	
☑ EPA	☑ Initial				2 B	road Stre	et,	Suite 400	1	AGUS JU	E Sin	3	r at ha	CC.	
☑ DOLWD	Amended				City, S	State, Zip C	ode			MALESTAN, PURSELL FUR.	the state of the s	MP IN	trainer (- Almery 25	
☑ DOH ☐ DCA	Amendm		dudin a		Blo	omfield,	NJ (7003							
(NJAC 5:23-8)	☐ Emergen justification		auding			of Contac				Telephone N	lumber			_	_
,	☐ Cancellat				Wa	rren Spra	ke			973-429-					
								RMATION							
Name of Facility Where A	batement is T	aking	Place	(3)		JILIT I III	101	MATION	Type of Facilit	v (4)		_			
Commercial		9		(-)					School (K-						
Street Address									☐ Subchapte	r 8 (Other than k					
169 Minnisink Road	l- Food Sen	vice E	Buildi	na				15	Other (i.e., homes, etc	private and com	imercial	bui	lding:	s,	
City (5)				9			_		Square Feet	# of Floors		BIH	g. Ag	10	
Totowa									Oquare 1 cer	# 01110013		Diu	g. ng	JC	
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Passaic					Cour	ity Code (r)(OIA	IL OOL ONLI)	Current Ose (i	Thor it being den	ionsneu)			
Name of Monitoring Firm	Hired by Build	lina O	wner (8) [ASCM	No	Na	me of Ahateme	ent Contractor (0)		_	100000		
Bio Terra Solutions		9		٠			1000		NAGEMENT						
Street Address								eet Address	NACLNENT	LLO					
P.O. Box 1224							10000000	7 Outwater	ane						
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Union, NJ							100	Sarfield, NJ							
Project Manager for Moni	torina Firm			Tele	phone	No		ephone No.	07020	License No					
Rick Eustaquio	9				73-494			73-928-4888		1188	ta:				
Start Date (10)	18	Schedu	uled Co	0.000	tion Da			me of OSHA M		1100					_
_04 / 09 /) /		7000		NAGEMENT	II C					
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☐ Abatement Performed						cribe	130	, State, Zip Co							
Time of Abatement: _	AM	PM	1/	_PM-		AM		arfield, NJ							
Scope of Work (Check all	that apply)						_	X Wrap a				_			-
			<u></u>					□ Full Cont	ainment with N	egative Pressure	9				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			☐ Rei					☐ Mini-Enc	losure Procedure						
<u></u>			M Dei	Hollac	211					Ion-Friable Proc	edure				
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Asbestos-Containing I TO BE ABA)		ntena				Containing Ma rmal systems i		Amount (Specify			Repair	Encapsulate	Enclosure
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(13)		ŀ	Yes	(12) No	N/A	1	oti	ner miscellane	ous)					late	œ.
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Basement						Pipe Fit	ting	Insulation		50 LF	D				
Basement					\boxtimes	Tank In	sula	tion		150 LF	D				
Roof					\boxtimes	Built-Up	Ro	ofing		2,500 SF	= [2	3			
Name of Registered Wast					JDEP \			oic Yards of	Name of Reg	istered Landfill					
ATC / Century Waste, LLC /	All Pro Manage	ement,	LLC	S	W-24310) No. /32797/989		s Needed		rprises/G.R.O.W.S Bethlehem Landfi		.and	afill/F	airle	ss
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Shirley, NY / Elizabe		tield,	NJ				Т	BD	Waynesburg,	OH/ Morrisville, P	A/ Bethl	ehe	m, PA		
Completed By (Print or Ty	/pe)	Title						Signature			Date				
Allen Monchik		Pr	oject	Man	ager			Allen	Monches	é	3/30/	18			

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Date of Notification (1)					Name	of Building	Owr	ner/Operator (2	2)		4.6	191 77 1		2010		· · · · · ·
04/	30 /	18						e Companie		owner milit	el Petil			HTRO	ir emi	
Agencies Notified	Type Notifica	ation			Street	Address			Į.	eli e e e e e e e e e e e e e e e e e e	menulo i diencio		HNS		The Contract	
☑ EPA ☑ DOLWD	☐ Initial				2 B	road Stre	et, S	Suite 400								
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□ DCA	☐ Emergen		-		Blo	omfield,	NJ 0	7003								
(NJAC 5:23-8)	justification	on)				of Contact					Telepho	ne Nu	mber			
	☐ Cancellat	ion			Wai	rren Spra	ke				973-4	129-79	900			
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Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facili)					
Commercial							_		☐ School (K-☐ Subchapte		Otherth	oon V	12\			
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169 Minnisink Road	l- Auditoriu	m							homes, et							
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Totowa																
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Prior	if being	g demo	olished)		
Passaic																
Name of Monitoring Firm		ding C	wner (8)	ASCM	No.	100		nt Contractor (
Bio Terra Solutions							77.50		NAGEMENT	LLC						
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City, State, Zip Code								, State, Zip Co								
Union, NJ				Γ= .				arfield, NJ	07026							
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Rick Eustaquio Start Date (10)	1	Sabad	ulad C		3-494			73-928-4888			118	8				
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Abatement Performed Time of Abatement: _								, State, Zip Co								
			-				G	arfield, NJ	07026							
Scope of Work (Check all	that apply)		-						ainment with N	legat	tive Pre	ssure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re 図 De					☐ Mini-Encl	Procedure			_				
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Shirley, NY / Elizab	eth, NJ						Т	BD	Waynesbur	g, O	H/ Mor	risville	, PA/	Bethleh	em,	PA
Completed By (Print or Ty	ype)	Title)					Signature	•	300			Date			
Allen Monchik		P	roject	Man	ager			Allen	Monches	k			4/30	/18		

TO EREINED

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

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(media					
	MAY	ann	3	2018	

Date of Notification (1)				Name	of Building	g Ow	ner/Operator (Se i dec					1
03/30/	18			Met	tro Real I	Esta	te Companie	es		· · · ·			y S	e un menu
Agencies Notified Type Notifica	ation			Street	Address				1		.1.1	'a	d 144 tub	
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☑ DOLWD ☐ Amended					State, Zip C								70.70	_
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DCA Emergency justification		ling			of Contac				Telephone N	lumber	_			-
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				FAG	CILITY IN	FOF	RMATION					***********		
Name of Facility Where Abatement is T	aking Pla	ace (3)					Type of Facility	(4)					
Commercial								School (K-1						
Street Address									8 (Other than K		100 1	2010		
169 Minnisink Road- Auditorius	m							homes, etc.	orivate and com)	mercia	bui	lding	S,	
City (5)								Square Feet	# of Floors		Bld	lg. Ag	je	
Totowa				//-										
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolished	i)			
Passaic														
Name of Monitoring Firm Hired by Build	ling Own	er (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Bio Terra Solutions						Α	LL PRO MA	NAGEMENT I	LC					
Street Address						Street Address								\neg
P.O. Box 1224						2	7 Outwater	Lane						
City, State, Zip Code				City	, State, Zip Co	ode						\dashv		
Union, NJ						G	arfield, NJ	07026						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No. License No.							\neg	
Rick Eustaquio			97	3-494	-3762	9	73-928-4888	io.	1188					
Start Date (10)	chedule	d Cor	mplet	tion Da	te (11)	Nar	ne of OSHA Monitor							\neg
04 /09 /18	06	- / -	29	_ / -	18	Α	LL PRO MA	NAGEMENT L	LC					
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Abatement Performed Outside of No						City	, State, Zip Co	ode						\neg
Time of Abatement:AM	PIVI/_		PIVI-		AIVI	G	arfield, NJ	07026						
Scope of Work (Check all that apply)	-6 1/11						П г. II С	-1		870				
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TO BE ABATED	´		tena	nce/ Staff?		., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
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ATC / Century Waste, LLC / All Pro Manage	Н	JDEP \ auler [V-24310		Was		Minerva Enter	stered Landfill prises/G.R.O.W.S		Lan	dfill/F	airle	ss		
City, State	. 2-7010			s Needed oosal Date	City, State	ethlehem Landfi	11							
Shirley, NY / Elizabeth, NJ/ Gar	TBD													
Completed By (Print or Type)	IBD Way			Waynesburg, OH/Morrisville, PA/Bethlehem, PA										
Allen Monchik	Title	act I	Mana	lanager				- /	Date					
Wiell MOHOLIK	vidila	ager		Allen Monchik 3/30/18										

NOTIFICATION NOW Jersey (Pui-

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Date of Notification (1) 04 /	30 /	18			Na Met	tro Real I	Esta	te Compani	es	Alsa.	25 5	, p ::		 60t	8
Agencies Notified	Type Notifica	ation				Address		•		. تأديناه	3	augusta.	inic	netherine.	n had
⊠ EPA	☐ Initial						et.	Suite 400							
□ DOLWD					2000	State, Zip C						-1-5			
☑ DOH	Amendme	100				omfield,									
DCA (NJAC 5:23-8)	☐ Emergene justification		cluding	ı		of Contac				Telephone N	umher				
(140/10/0.20/0)	☐ Cancellat					rren Spra				973-429-7					
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Name of Facility Where A	hatement is T	Taking	Place	(3)	FA	SILIT IN	FOR	RIVIATION	Type of Facility (4)						
Commercial		aiting	1 1000	(0)					School (K-12						
Street Address									Subchapter 8 (Other than K-12)						
169 Minnisink Road	- Beauty Pa	arlor							Other (i.e., private and commercial buildings, homes, etc.)				s,		
City (5)	Doddty i c	21101							Square Feet	# of Floors		DI	la A		
Totowa							Square Feet # 01 Floors Bid					ig. A	je		
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Passaic					Cour	ity code (/	NOIA	TE USE ONLY)	Current Use (Pr	ioi ii beirig dem	iolisne	u)			
Name of Monitoring Firm	Hired by Build	ding O	lumar /	g\	ASCM	No	No	ma of Abatam	nt Controltor (0)						
Bio Terra Solutions		ing C	wilei (0)	ASCIVI	INO.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC								
Street Address								eet Address	MAGEWIENT	LC		_			
P.O. Box 1224								7 Outwater	Lana						
Environmental and an artist	State, Zip Code							y, State, Zip Co							-
Union, NJ								y, State, ∠ip Ct Sarfield, NJ							
Project Manager for Monit	toring Firm			Tolo	phone	No			07026	I I innere No					
Rick Eustaguio	torning Firm				3-494			ephone No.		License No.					
Start Date (10)	To	School	ulad C		tion Da		973-928-4888 1188 Name of OSHA Monitor								
04 /09 /				000	 		100000		NAGEMENT L						
		-			_ ′ -	10	100		ANAGEMENT LEC						
Occupancy Status During				3570				eet Address							
 ☑ Facility Closed/Vacate ☑ Abatement Performed 						oribo		7 Outwater							
Time of Abatement:								y, State, Zip Co							
			». 				G	Sarfield, NJ	07026						
Scope of Work (Check all	that apply)							□ Full Con	tainment with Neg	native Pressure					
≥3 sf or ≥3 lf			☐ Re					☐ Mini-Enc	losure	gative i ressure					
≥160 sf or ≥260 lf			□ De	molitic	n				g Procedure	- Friskle Deser					
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Location	of		1	Norma	ly			Description of	ıf		-	28.3		ent Ty	
Asbestos-Containing N		1)		d Sole intena				Containing Ma	terial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA				odial		(i.e		ermal systems surfacing, VAT		(Specify SF or LF)		VOC	air	aps	losu
(13)	,			(12)	1			her miscellane		31 01 11)		<u>a</u>		ulat	re
			Yes	No	N/A								1	Ø	
1 st Floor					\boxtimes	VAT				3,600 SF		\boxtimes			
Roof						Asphali	Sh	ingles		5,000 SF		×	-0		-
						of was assumed get access to the			П	П	П	П			
						Please se	ee at		get access to the						
						negative. Vaste	Cul	oic Yards of	Name of Regis	stered Landfill					
ATC / Century Waste LLC Hauler I						No.	Wa	ste	Minerva Ente	rprises/ G.R.O				ndfill	I
City, State						0/32797/989	_	s Needed		fill/ IESI Bethl	ehem	Lan	dfill		
Shirley, NY / Elizabeth, NJ								posal Date	City, State						
							TBD Waynesburg, OH/ Morrisville, PA/ Bethlehem, PA					PA			
Completed By (Print or Type) Title Allen Monchik Project Manage								Signature	~		Date				
Allen Monchik		PI	oject	Man	ager			Allen	Monchik		4/30	7/1	8		

State of New Jersey NOTIFICATION OF ASBESTOS ABAT (Pursuant to NJAC 8:60 and 5:1

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lacc.	AND THE PROPERTY OF THE PARTY O	15440) ** *** **	NEWS CHARLES	
	Telephone Number	er			\dashv
	973-429-7900				
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	2) 8 (Other than K-12) private and commerc		dings		
Oqualo i ool					
Current Use (P	rior if being demolish	ned)			
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ment Contractor (9 ANAGEMENT I					
ANAGEMENT	LLO				
r Lane					
Code					
J 07026	Lisanas No				_
38	License No.				
Monitor					
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r Lane Code					
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ontainment with Nonclosure	egative Pressure	e			
6		Aba	ateme	ent Ty	/ре
n of Material (ACM) ns insulation, AT, or neous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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	5,000 SF				
	3,000 31			1	1
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Minerva Ente	gistered Landfill erprises/G.R.O.W.S. No Bethlehem Landfill	orth La	ndfill/	Fairle	ss

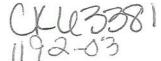
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Date of Notification (1)				1				r/Operator (2		1		.010		-		
03/	30 /	18		- 1	Metr	o Real Es	state	Companie	s	manager of the control of the			energe e			
Agencies Notified EPA	Type Notification	on		1		Address	et. Su	iite 400	di di di di di	Personal Section 1		140	L &			
☑ DOLWD	☐ Amended			-		ate, Zip Co		100000000								
□ DOH	Amendmen	nt #				mfield, N		003								
☐ DCA	☐ Emergency	A THE PARTY OF	uding	-		of Contact	0,			Telephone Num	her			\dashv		
(NJAC 5:23-8)	justification Cancellatio	(5)				en Sprak				973-429-790						
	L Caricellatio	11					VAT 1881176		0.0 1.00							
					FAC	ILITY INF	ORN	MATION								
Name of Facility Where	Abatement is Ta	king F	Place (3)					Type of Facility							
Commercial									School (K-12) 3 (Other than K-12	2)					
Street Address									Other (i.e., pr	rivate and comme	ercial bui	ldings	,			
169 Minnisink Roa	ad- Beauty Par	lor							homes, etc.)					_		
City (5)									Square Feet	equare Feet # of Floors Bldg.			е			
Totowa																
County (6)					Count	y Code (7)(STATE	E USE ONLY)	Current Use (Pri	ior if being demol	ished)					
Passaic																
Name of Monitoring Fire	m Hired by Buildin	ng Ov	vner (8) /	SCM N	10.	Name of Abatement Contractor (9)									
Bio Terra Solution	ns						ALL PRO MANAGEMENT LLC									
Street Address							Stree	et Address								
P.O. Box 1224	Box 1224						27	Outwater	Lane							
City, State, Zip Code							City,	State, Zip Co	ode							
Union, NJ	10						Ga	rfield, NJ	07026					- 1		
Project Manager for Mo	onitorina Firm			Teler	ohone N	No.	Teler	ohone No.		License No.						
Rick Eustaquio	ormorning i mini			2000	3-494-		973-928-4888 1188									
Start Date (10)	I Sc	chedu	led Co	107.070	ion Dat	20-2076	Name of OSHA Monitor									
04 / 09	1				1	100	ALL PRO MANAGEMENT LLC									
							-	et Address						_		
Occupancy Status Dur	(C)				oont	- 1	1477011711	Outwater	Lano							
□ Facility Closed/Vaca □ Abatement Perform						rihe			ACCOUNT OF THE PARTY OF THE PAR							
Time of Abatement								State, Zip C								
				-0.00			Ga	arfield, NJ	07026					_		
Scope of Work (Check	all that apply)							□ Full Con	tainment with Ne	gative Pressure						
≥3 sf or ≥3 lf		1	☐ Rer	novati	on			☐ Mini-End	closure	3						
≥160 sf or ≥260 lf		1	□ Der	nolitic	n				g Procedure	on-Friable Proced	lure					
			lo	Locat	ion		_	M NOU-EXE	empled () and No	Triable Froces		ateme	ont To	vne		
Locati	on of			lorma				Description (of				page 1			
Asbestos-Containir)		d Sole	, ,			Containing Ma	aterial (ACM)	Amount	Rem	Repair	inc	incl		
TO BE A	BATED	١ ١		ntena	nce/ Staff?	(i.e.		mal systems		(Specify SF or LF)	Remova	air	aps	Enclosure		
IN Fa			Oust	(12)	otun.			urfacing, VAT er miscelland		SF 01 LF)	<u> </u>		Encapsulate	re		
	-,		Yes	No	N/A				omostatekii				D			
1st Floor						VAT				3,600 SF						
Roof				П		Asphalt	Shir	ngles		5,000 SF						
				П												
] [
Name of Posistored M	Vaeta Hauler		ш_		JDEP 1	Waste	Cub	ic Yards of	Name of Reg	I istered Landfill		_				
Name of Registered Waste Hauler ATC / Century Waste, LLC / All Pro Management, LLC						D No. 0/32797/989	Waste Minerva Enterprises/G.R.O.W.S. North L			North La	ndfill/	Fairle	ess			
					2701		M.	s Needed oosal Date	City, State							
City, State					TBD Waynesburg, OH, Morrisville, PA/ Bethl				/B-#11	Pathlaham PA						
Shirley, NY / Elizabeth, NJ/ Garfield, NJ									Waynesburg,	OH, Morrisville, PA	/ Bethleh Date	em, P	A			
Completed By (Print or Type)					O.gridano				3/30/18							
Allen Monchik	. ivian	ager			Allen	Monches	6	3/30/	18							

MAY - 3 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

	ng	Abateme	nt Type	. Notivia					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main odi	Is Location Normally Used Solely by Vlaintenance/Cust odial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u l	E n c l o s u r e
Doof	Yes	No							
Roof			X	Asphalt Shingles	4,400 SF	X			
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		\vdash							
		\vdash	_					_	
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 4/30/18
			xyceen monence	4/30/10



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

11 10				1	i Couu	11 69 1100	o sacoo ama o. i	0)	1177	-			1
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	LIL MAY-	3	2018		
	2 /	18	_		Но	using Au	thority of City of	f Camden					
Agencies Notified	Type Notific	ation			Stree	t Address			February 1		. 13.4	9.	
⊠ EPA					202	21 WATS	ON STREET 2ND	FLOOR			3	Ten total	
□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amended	- 20				State, Zip C			Accessed to the Control of the Contr		9-10-0-12-2	*6400-00	
☑ DOH	Amendm		.1		100000		856 968-2700						
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati	icy (ind	cluding	J		of Contac			Telephone Numb	er			
(110/10/0.20/0)	☐ Cancella				N/A		•		856 968-2700				
		S 11111					IFORMATION		000 000-2700				
Name of Facility Where A	hatement is	Taking	Place	(3)	ГА	CILITY	IFORWATION	Type of Equility	. (4)				
Branch Village Bldg		rakiriy	1 lace	(3)				Type of Facility ☐ School (K-1					
Street Address	J 10								8 (Other than K-12)				
1800 South 9 th Street	o.t							Other (i.e., private and commercial buildings,					
City (5)	et							homes, etc	,	1=:	dg. Ag		
Camden								Square Feet # of Floors >50,000 1					
									70+				
County (6)					Cour	nty Code (7)(STATE USE ONLY)		rior if being demolish	ied)			
Camden								Housing					
Name of Monitoring Firm			wner ((8)	ASCM	No.	Name of Abateme		9)				
A. Seine Light Hous	se Solutions	S					DELTA/BJDS	, INC					
Street Address							Street Address						
P.O. Box 354							1345 INDUST	RIAL BLVD					
City, State, Zip Code							City, State, Zip Co	ode					
South Orange NJ 07							SOUTHAMPT	ON PA 18966					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Sarah Calandra				97	3 275	-5000	215 322-2900 00783						
Start Date (10)						ite (11)	Name of OSHA M	lonitor	•				
5 /16 /	18	7	/	31	_ / .	18	CRITERION L	.ABS					ì
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacate							400 STREET	ROAD					
Abatement Performed					s - Des	scribe	City, State, Zip Co	ode					_
Time of Abatement: 7/	AMPN	/I/ 4 PM		_AM			BENSALEM F	PA 19020					
Scope of Work (Check all	that apply)		15							S.,		23-10	-
☐ >3 sf or >3 lf			⊠ Re	novoti	on				gative Pressure				
≥160 sf or ≥260 lf			De										
							☐ Non-Exe	mpted (*) and N	on-Friable Procedure)			
				Locat						Ab	ateme	nt T	уре
Location (.		lorma d Sole			Description o		2 2	Z.	Z.	Ш	Ш
Asbestos-Containing N TO BE ABA		1)		intena			stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cust	odial	Staff?	(surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)		H		(12)	1	-	other miscellane	ous)	200.0 100.000.0000			ate	ю
			Yes	No	N/A								
BLDG 10 CRAWLSPA	CE			\boxtimes		PIPING			240 LF				
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Name of Registered Wast	o Haulor				JDEP \	Monto	Cubic Vanda of	I Name of Deat	11 - 1511		ш	Ц	Ш
122						D No.	Cubic Yards of Waste	Name and the second	stered Landfill LANDFILL				
City, State							Disposal Date	City, State					
58 PYLES LANE NEW CASTLE DE 19720								WAYNES	BURG OH				
Completed By (Print or Ty	pe)	Title					Signature	_	Date				
CHRISTINE DEL VIS		AS	SST. A	ADMI	NSTR	ATOR	1 Van 1				J-	20	15

0.11						_				
1192-03	80	NOTIFICA (Pu	NOIF	OF AS	ew Jersey BESTOS ABAT C 8:60 and 5:1	TEMENT 6)	DEGE	To the second	V E	To a second
Date of Notification (1)		- 64	Name	of Building	Owner/Operator ((2)	J WAY -	3 21	118	11
5/	2 / 18	3	Hou	sing Au	thority of City of				/10	\$ ** X
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification ☑ Initial ☐ Amended		202		ON STREET 2 ND	FLOOR	AC July 1	dalah Masi	FOI. &	Con Union
☑ DOH ☐ DCA	Amendment #			tate, Zip C nden NJ	ode 856 968-2700					
(NJAC 5:23-8)	justification)	lorading	Name	of Contact			Telephone Numb	er		
	☐ Cancellation		N/A				856 968-2700			
			FAC	ILITY IN	FORMATION					
Name of Facility Where A	batement is Takin	g Place (3)				Type of Facility	(4)			
Branch Village Bldg	g 8					School (K-12				
Street Address							8 (Other than K-12)	وانبط اما	lingo	
1800 South 9th Street	et					homes, etc.	rivate and commerc	iai Duiic	iiigs,	
City (5)						Square Feet	# of Floors	Bldg	. Age	
Camden						>50,000	1	70		
County (6)			Count	ty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)		
Camden						Housing				
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCM N	No.	Name of Abateme	ent Contractor (9)	Y			
A. Seine Light House	se Solutions				DELTA/BJDS	, INC				
Street Address					Street Address					
P.O. Box 354					1345 INDUST	RIAL BLVD				
City, State, Zip Code					City, State, Zip Co	ode				
South Orange NJ 07	7079				SOUTHAMPT	ON PA 18966				
Project Manager for Moni	toring Firm	Tele	phone N	No.	Telephone No.		License No.		112.5	
Sarah Calandra		97	3 275-	5000	215 322-2900		00783			
Start Date (10)	1	duled Comple		e (11)	Name of OSHA M	lonitor				
		7 /31	_ / _	18	CRITERION L	.ABS				
Occupancy Status During	175		5000000000		Street Address					
☐ Facility Closed/Vacate☐ Abatement Performed				ribo	400 STREET	S CT YTTE STATES				
Time of Abatement: 7			s - Desc	libe	City, State, Zip Co					
					BENSALEM F	PA 19020				
Scope of Work (Check all	that apply)	N D				tainment with Neg	gative Pressure			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		□ Renovation □ Demolition			☑ Mini-Enc☑ Glovebag☑ Non-Exe	Procedure	n-Friable Procedure)		
		Is Locati	30-000					Abate	ement 7	Гуре
Location Asbestos-Containing N TO BE ABA	Material (ACM)	Normal Used Sole Maintena	ely by nce/		Description o stos Containing Ma , thermal systems i	terial (ACM) insulation,	Amount (Specify		Encapsul	Enclosure
IN Facilit		Custodial S	staff?		surfacing, VAT,	, or	SF or LF)	val	, lus	Sur

psulate (12)(13)other miscellaneous) Yes N/A No **BLDG 8 CRAWLSPACE** X П **PIPING** 240 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Hauler ID No. SERVICE TRANSPORT GROUP INC MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG OH Completed By (Print or Type) Signature Date CHRISTINE DEL VISCIO ASST. ADMINSTRATOR

UK 638	579		NOT		MITA	OFAS	ew Jersey BESTOS ABAT		MEG	7	W	E	In
1192-0	3			(P	ursua	nt to NU	AC 8:60 and 5:1	6)					
Date of Notification (1) 5 /	2 /	18			111111111111111111111111111111111111111		g Owner/Operator (MAY .	- 3	2018		-
								Camden				į	
Agencies Notified EPA	Type Notific	ation				t Address	ON STREET 2 ND	FLOOR	ANGLI		TRO	L &	A PERSONAL PROPERTY.
☑ DOLWD	☐ Amende	d			Contraction of the Contraction o	State, Zip (server and a supplication of the supplication	FLOOR	Material consequence of the cons) (S/N	<u>G</u>		
☑ DOH	Amendm	ent#_		20	1 1999		856 968-2700						
DCA	☐ Emerger		cluding	g	52550				Tababase				
(NJAC 5:23-8)	justificati Cancella				N/A	of Contact	T.		Telephone Num 856 968-270				
		-			1		IFORMATION		000 000 270				
Name of Facility Where A	Abatement is	Taking	Place	(3)	- ' '	012111111	Oranzeriore	Type of Facili	tv (4)				_
Branch Village Bldg								School (K-					
Street Address				_				☐ Subchapte	er 8 (Other than K-12				
1800 South 9th Stre	et							homes, et	private and comments.)	cial bu	uilding	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	-
Camden								>50,000	1		70÷		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (I	Prior if being demolis	hed)			
Camden							572	Housing					
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
A. Seine Light Hous	se Solution	s					DELTA/BJDS	, INC					
Street Address							Street Address						
P.O. Box 354							1345 INDUST	RIAL BLVD					
City, State, Zip Code							City, State, Zip Co	ode					
South Orange NJ 07							SOUTHAMPT	ON PA 1896	6				
Project Manager for Moni	toring Firm			1	ephone		Telephone No.		License No.				
Sarah Calandra					73 275		215 322-2900		00783				
Start Date (10) 5 / 16 /					etion Da	te (11)	Name of OSHA M						
					<u>'</u> ' -	10_	CRITERION L	.AB2					
Occupancy Status During Facility Closed/Vacate					mant		Street Address	2012					
☐ Abatement Performed						cribe	400 STREET						
Time of Abatement: 7/	AMPN	// <u>4</u> PM	I	_AM			City, State, Zip Co						
Scope of Work (Check all	that apply)			HILLS 1			DENOALLINI	A 13020					_
									egative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			Re Re De Re De Re Re										
		3		,,,,,,,,,	211		☐ Non-Exer	mpted (*) and N	lon-Friable Procedur	e			
				Loca						Ab	atem	ent T	уре
Location (.		Norma d Sole			Description of			Z	Z	Ш	Ш
Asbestos-Containing N TO BE ABA		')		intena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust	todial (12)	Staff?	(surfacing, VAT,	or	SF or LF)	val	=	lnsc	sure
(13)		-	Yes	No	N/A	1	other miscellaned	ous)				ate	(U
DI DO C ODAMI ODA				-	-					-	_		
BLDG 6 CRAWLSPAC	E					PIPING			240 LF				
							8 3				П	П	П
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cubic Yards of	Name of Red	istered Landfill			_	
SERVICE TRANSPO	RT GROUP	INC		H	20990	200.00000	Waste		LANDFILL				
City, State					20990		Disposal Date	City, State					
58 PYLES LANE NE	W CASTLE	DE 1	9720				mauses Roomsaatoniintiil Tiattii		BURG OH				
Completed By (Print or Ty	pe)	Title					Signature		O / I Da	te			
CHRISTINE DEL VIS	CIO	AS	ST.	ADMI	NSTR	ATOR	1/1/00	1/-			7	70	10

CX10335	18
1192-03	

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

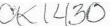
Date of Notification (1)		-		Name	of Buildin	HI MAY		20	118	-13			
5 / 2 /	18					g Owner/Operator (thority of City of		ILI L. WAT		20	10	1	
Agencies Notified Type Notific		_			070-			-					
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☑ DOH Amendm						856 968-2700	*						
DCA Emerger (NJAC 5:23-8) Emerger justificati	ncy (includ	ding		-	of Contac			Telephone Numb	or	_			
Cancella				N/A		ot.		856 968-2700					
				FΔ	CILITY IN	IFORMATION		000 000 2.00					
Name of Facility Where Abatement is	Taking Pl	ace (3)		OILITT II	II OKIMATION	Type of Facility (4)						
Branch Village Bldg 4		(- /				School (K-12						
Street Address				-			☐ Subchapter	8 (Other than K-12)					
1800 South 9 th Street							Other (i.e., p homes, etc.)		e and commercial buildings				
City (5)							Square Feet	# of Floors	BI	dg. A	ge		
Camden							>50,000 1 70						
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)				
Camden							Housing						
Name of Monitoring Firm Hired by Buil		er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
A. Seine Light House Solution	S					DELTA/BJDS, INC							
Street Address			120,770,00			Street Address							
P.O. Box 354						1345 INDUST	RIAL BLVD					- 1	
City, State, Zip Code						City, State, Zip Co	And the second of the second o						
South Orange NJ 07079						SOUTHAMPT	SOUTHAMPTON PA 18966						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.					
Sarah Calandra					-5000	215 322-2900							
	Schedule				control in a section or an extension	Name of OSHA M							
	7	- / -	31	_ / -	18	CRITERION L	.ABS						
Occupancy Status During Abatement (Street Address							
☐ Facility Closed/Vacated During Enti						400 STREET	ROAD						
Abatement Performed Outside of No. Time of Abatement: 7AMPM	ormal ⊢ad ∧/4PM-	cility i	Hour AM	s - Des	cribe	City, State, Zip Co	ode						
					*	BENSALEM F	PA 19020						
Scope of Work (Check all that apply)						□ Full Cont	ainment with No	nativa Pragausa					
≥3 sf or ≥3 If		Reno				Mini-Encl	ainment with Neclosure	jauve Pressure					
≥160 sf or ≥260 lf	\boxtimes	Dem	olitio	n		☐ Glovebag	Procedure						
		le I	ocati	on	T	☐ NO⊓-Exer	npted (*) and No	n-Friable Procedure	1		t T		
Location of			rmal			Description of	f			atem			
Asbestos-Containing Material (ACN	1) L	Jsed	Sole	ly by		stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc	
TO BE ABATED IN Facility		Main		Staff?	(i.e	, thermal systems i		(Specify	Remova	air.	aps	Enclosure	
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>m</u>		Encapsulate	l'e	
	Ye	es	No	N/A							е		
BLDG 4			\boxtimes		INTERIO	OR SHAFT OF C	HIMNEY	100 SF	\boxtimes				
BLDG 4 CRAWLSPACE			\boxtimes		PIPING			240 LF	\boxtimes				
								8					
Name of Registered Waste Hauler	N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				-			
SERVICE TRANSPORT GROUP	110000	auler II 2099 0		Waste	MINERVA								
City, State	0			Disposal Date	City, State								
58 PYLES LANE NEW CASTLE DE 19720							WAYNESB	URG OH					
Completed By (Print or Type)	Title					Signature	7	Date	е			\neg	
CHRISTINE DEL VISCIO	ASST	Г. АГ	IIMC	NSTR/	ATOR	lan t	1	1/1007 5		1	20	18	

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

Date of Notification (1) Name of Building Owner/Operator (2) 05 02 18 The Hampshire Companies, LLC Agencies Notified Type Notification Street Address **⊠** EPA 22 Maple Avenue ☑ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Morristwon, NJ 07960 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number - 190L & ☐ Cancellation Eric Helstrom 973-630-9815 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mountain Side Hospital ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 8 Claremont Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair 5.000 2 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) JVN Restoration Inc. Street Address Street Address 47 Foster Road City, State, Zip Code City, State, Zip Code Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 14 / 18 10 / 31 / 18 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-3:30PM/ PM-LIC NY 11101 Scope of Work (Check all that apply) ≥3 sf or >3 If Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation and Fittings. 220 LF \boxtimes Basement X П Joint Compound and Drywall X 300 SF 2nd Floor X Plaster Base Coat 2000 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. **Newark Carting** Waste G.R.O.W.S., Inc. NJ-566 200 City, State Disposal Date City, State Hackettstown, NJ 10/31/18 Morrisville, PA Completed By (Print or Type) Signature Ralph Barnhardt Project Manager

24/407	4	N	df f	(Pu	TSUA!	t to NJA	ew ersey BESTOS ABAT 0-8;60 and 5:1	6)					-		
Date of Notification (1) 4 / _	30 /	18	_		0.000		g Owner/Operator (oulevard RE, LLC		LI LI MA)	- 3	201	8	To the second se		
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification				100		d Ave., Suite #18	380	ASSESTICS CONTROL & LECTIONS						
☑ DHSS	Amendm	ent #				State, Zip (Code ale, FL 33394								
DCA (NJAC 5:23-8)	☐ Emergen justification		uding	3		of Contac			Telephone Nu	mher					
(1.17, 10 0.120 0)	☐ Cancellat	1.70			4237241012	Barbara	3		856-302-43						
			_		FA	CILITY IN	IFORMATION								
Name of Facility Where A	Abatement is T	Taking F	Place	(3)			Ortimation	Type of Facility	(4)						
761 Cuthbert Blvd.				10510151				School (K-12	2)						
Street Address 761 Cuthbert Blvd.									8 (Other than K-1 rivate and comm		ıilding	JS,			
City (5)								Square Feet	# of Floors	BI	dg. A	ae			
Cherry Hill, NJ								44,000	1	1	55+	-			
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)					
Camden								Vacant	-						
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Vertex					NA		Alliance Envi	ronmental Sys	stems						
Street Address							Street Address								
700 Turner Way							550 East Unio	**************************************							
City, State, Zip Code Aston, PA 19014							City, State, Zip Co West Chester								
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.						
Don Heim					0-558		610-701-9000		00508						
Start Date (10)5 /14 /		Schedule 7				te (11) 18	Name of OSHA M Vertex	onitor							
Occupancy Status During							Street Address								
Facility Closed/Vacate	d During Entir	e Perio	d of A	Abater	nent		700 Turner W	ay							
□ Abatement Performed Time of Abatement: 7/2	AM- PM	nmai Fa 1/3:30₽	M-	Hour	s - Des AM	cribe	City, State, Zip Co								
Scope of Work (Check all					0 		Aston, PA 19	014							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	тпат арріу)		1.0000000000000000000000000000000000000	novati molitic				ainment with Neg losure g Procedure	ative Pressure						
				_			☐ Non-Exer	mpted (*) and No	n-Friable Proced	ure					
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Asbestos-Containing I	T)	Use	d Sole	ly by	Asbe	Description of stos Containing Mat		Amount	Rer	Repair	Enc	Enclosure		
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(13)	.y			(12)	-4336000		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		ulat	Iге		
Main Floor		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res	No	N/A	VAT			8000 SF			• П			
Men's Room			=		1200000	CHERTER	A 11			_					
Main Floor			-				e Adhesive silation Debris		300 SF 2000 SF						
Exterior Windows		- -	=	(C)					100403010,2700	-					
Name of Registered Wasi	to Unidea				JDEP V		v Glazing	10. 10.	30 EA		Ш	Ш	Ш		
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City, State					19955	5	40 Disposal Data		erks Commun	ity Laf	uilli				
Phila., PA							Disposal Date TBD	City, State Birdsboro,	PA						
Completed By (Print or Ty	/pe)	Title					Signature	2 11/1	, [Date /	-	/			
Mark Griffin		Esti	imat	or				NATH		4/3	0/	18	>		
SB-41							- 1	1 101		1	-				

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 04-27-18 Daniel K. Lee Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended 01.& E DOL Amendment # Palisades Park, NJ 07650 Emergency (including Name of Contact DOH Telephone Number iustification) Daniel Lee DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Palisades Park County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201 216-9603 01206 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05-14-18 05-21-18 Delfa Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 522 7th St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union City NJ 07087 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor / Basement Plaster 1000 SF X Exrerior Siding X 2.500 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Delfa Contracting LLC Tullytown Resource Recovery Facility 35240 20 City, State Disposal Date City, State Union City, NJ 05-17-18 Tullytown, PA

Completed by

Jaime Delgado

Title

Proj. Manager.

Date

04-27-18

Signature

CK(43)

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Date of Notification (1) 04-27-18		and the country of th	Ì	Name o	f Building I K. Lee	Owner/0		-	RE			W/		1770	
	ype Notification			Street A				- I		MA	Y - 3	2018	-11	Ш	
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□ DOH	Emergency (justification)	including	T	-	f Contact	.,			V	Tel	ephone Nu	mher			
DCA C] Cancellation			Daniel	Lee					1					
Name of Facility Where Aba	tomont is Takin	Dless (3)	FACI	LITY INF	ORMAT	ION	r=							
Private Home	itement is Taking	j riace (.	0)						Facility (4)						
Street Address						,		Sub C Oth	er (i.e. pri	(Oth	er than K-1 & commerc		dings	, hom	es,
City (5) Palisades Park	West of the second							Square I	/	# of	Floors	E	Bldg. /	\ge	
County (6) Bergen					Code (7) USE ONLY)		Current	Use (Prior	if bei	ng demolis	hed)			
Name of Monitoring Firm Hir N/A	red by Building (Owner (8)		ASCN	/I No.			of Abaten a Contra			(9)		-		
Street Address							Street	Address 7th St.	ourig LL	· · ·	-			-	
City, State, Zip Code		-					State, Zip Code								
						100000000000000000000000000000000000000	n City N								
Project Manager for Monitori	ing Firm		Telepho	ne No.			none No. 216-960	3		License N 01206	lo.				
Start Date (10) 05-09-18		Schedule 05-15-		npletion I	Date (11)			of OSHA		C					
Occupancy Status During Ab	patement (Check	Only Or	ne)				Street	Address							
Facility Closed/Vacated Abatement Performed (Other – Describe:	During Entire P Outside of Norm	eriod of A	Abaten Hours	nent				7th St. State, Zip C	Code						
							Unio	n City N	J 07087						
Scope of Work (Check All Th ≥3 sf or ≥3 lf	iat Apply)	п.	_				Full Containment with Noveting December								
≥160 sf or ≥260 lf		-	Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Location of			Normal d Sole			Des	scription	of				_	Ту	ре	
Asbestos-Containing Mat TO BE ABATE		Ma	intena	nce/	Asbes	tos Cont	aining N	flaterial (A	CM)	11010	nount pecify	70		Ē	Ш
In Facility (13)		Cus	todial 8 (12)	Staff?	(surfac	cing, VA	T, or	,		or LF)	Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		othern	niscellar	ieous)				val	air	Encapsulate	sure
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Name of Registered Waste H	lauler		1 100	JDEP W		Cubic		N	ame of Re	egiste	red Landfil	-			
Delfa Contracting LLC			"	35240		of Was	20	T	ullytown	Res	source R	ecove	ery F	acilit	у
City, State Union City, NJ						Dispos 05-11	sal Date -18		ity, State ullytown	ı, PA					
Completed by Jaime Delgado		Title Proj.	Mana	ager.	***************************************	S	ignature	11	-		100	te -27-	18		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

A CAR.			(P	ursua	nt to NJ	AC 8:60 and 5:1	6) ME	GEI	WE	in the same				
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	U I	10 15	7:1	1 6 6			
04 /30	/1	8				using Managem					0.000			
Agencies Notified Type N	otification	1	1	Stree	et Address			MAY 3 7	2018	HL	#			
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☑ DOLWD ☐ Ame	77	4		_	State, Zip		ACC		Vi Ma C	1-	+	-		
	endment a ergency (i		-	Но	1007 6.0 G									
(NJAC 5:23-8) justi	ification)	Holdun	9	Nam	e of Contac	ct	Telephone Number							
☐ Can	cellation			То	ny Nema	ti		201-420-		123				
				FA	CILITY	NFORMATION					-			
Name of Facility Where Abatemer		ig Plac	e (3)				Type of Facility (4)							
Vacant Residential Buildin	g						School (K-12							
Street Address							☐ Subchapter ☐ Other (i.e., p	8 (Other than K	(-12)	حناماني				
1220 26 th Street							homes, etc.))	merciai b	ullain	gs,			
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
North Bergen							1,800	3		80				
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)					
Hudson						32	Residence							
Name of Monitoring Firm Hired by			(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					70 - O		
McCabe Environmental Se Street Address	LLC					onmental, LLC								
						Street Address								
464 Valley Brook Avenue City, State, Zip Code					623 Cutler Av									
Lyndhurst, NJ 07071					City, State, Zip Co									
Project Manager for Monitoring Fir			1			Maple Shade	, NJ 08052							
John Chiaviello	7	ephone		Telephone No.		License No.								
Start Date (10)	School	dulad C			3-3839 ate (11)	856-755-0099		00842						
05 /15 /18					18	Name of OSHA M								
Occupancy Status During Abateme					10	EMSL Analyti	icai, inc.							
Facility Closed/Vacated During				mont		Street Address								
Abatement Performed Outside	of Norma	l Facilit	v Hou	ment rs - Des	scribe	200 Route 13				-0-101				
Time of Abatement:AM-	P	M/	_PM		AM	City, State, Zip Co								
Scope of Work (Check all that appl	(v)					Cinnaminson	, NJ 08077							
	3.7	_				☐ Full Cont	ainment with Neg	ative Pressure						
\boxtimes \geq 3 sf or \geq 3 lf \boxtimes \geq 160 sf or \geq 260 lf		☐ Re	novat				osure							
		△ D 0	anone.	211			Procedure mpted (*) and No	n-Friable Proce	dure					
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Asbestos-Containing Material (A TO BE ABATED	ACIVI)		intena			stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	nca	nclo		
IN Facility		Cus	todial (12)	Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure		
(13)		Yes	No.	N/A	-	other miscellaned	ous)				late	Ф		
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Name of Registered Waste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regist	ered I andfill		ш	П			
Freehold Cartage			114 (0)4	auler ID	No.	Waste	Fairless La							
City, State				15939	1	30 Disposal Date	City, State							
Freehold, NJ						06/01/2018	Morrisville,	ΡΔ						
Completed By (Print or Type)	Title			£ 207009-110-2		Şignatûre	, striet,		Doto					
Christina Lynch			eside	nt of C	Operation				Date	n A	ď			



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

Date of Notification (1) 4/30/2018				Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC											
Agencies Notified	Type Notification		St	reet Addre	ss					34 342		-6/2/ 14			
EPA DEP DOL	Initial Amended Amendment		Ci	y, State, Z neland,	ip Code	60			MAY	» 3	20	18		7	
X DOH DCA	Emergency justification) Cancellation		11	me of Cor ob LaMa					856 692	e Numi 2-3600	per)		&		
				FACILITY	INFORM	MATION		2 - 50	***********	-000 = +	, i.e.				
Name of Facility Where A Corning Pharmaceu							Type of Facility (4)								
Street Address 563 Crystal Avenue	1						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Vineland							Squa 10,0	are Feet	# of Floor	oors Bldg. A			Age		
County (6) Cumberland				unty Code			Curr		or if being der	molishe	11			100	
Name of Monitoring Firm	Hired by Building	Owner (8)	1,	ASCM No.	1,700.00	Name		atement Cor							
EHS Environmental	, Inc.				· · · · · · · · · · · · · · · · · · ·	Neu	ber E	nvironme	ntal Service	es, Ind).				
411 Southgate Cou	rt					100		ddress dge Road							
City, State, Zip Code Mickelton, NJ 08056							State, Zip Code penixville, PA 19460								
Project Manager for Moni Jack Carney	itoring Firm		ephone No 6 224-00		A 1 STATE OF	hone N 933-4		Licer 0083	nse No. 36						
Start Date (10) 5/10/2018	Start Date (10) Scheduled Co 5/10/2018 5/11/2018							HA Monitor nvironmer	ntal Service	es, Inc	·.				
Occupancy Status During	Abatement (Chec	k Only One)				Street	Addre	ss	10/2						
Facility Closed/Vaca	ted During Entire F	eriod of Aba	temen				lidge								
Abatement Performe Other – Describe:		al Facility Ho	ours					ile, PA 19	460						
Scope of Work (Check All ≥3 sf or ≥3 lf	I That Apply)	ID .				Г	7		W 000000000						
≥160 sf or ≥260 lf			ovation olition			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		lala	nation	ition				n-Exempted	(") and Non-	Friable		edure Abatement			
Location	of	Norr	nally	ally Descript						L	Typ				
Asbestos-Containing I TO BE ABA		Used S Mainte	nance/	AS		Containing N	/laterial		Amount (Specify		71		Ē	Е	
In Facilit (13)		Custodi (1	al Staff 2)	?	SI	ırfacing, VA er miscellar	T, or	ation,	SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(10)		Yes N	0 1	I/A	out	er miscenar	ieous)				val	¥i	ulate	ure	
Bldg 8. Maintena	Bldg 8. Maintenance Shop X					Fitting Ins	sulatio	on	12 EA	X					
	-	+-													
Name of Registered Wast Neuber Environmenta	Haule	P Waste or ID No.	of '	bic Yards Naste			Registered La		ro.	Λ	h				
City, State	ai 001 vi063, iii0		0793	0		Cu. Yds			land Count	ry imp	rov	. Aut	n.		
Phoenixville, PA						posal Date 11/2018		City, State Millville,							
Completed by Patrick Larney		Title Project i	Mana	ger		Signature	W	mi	En	Date 4/30	/20	18			
						4	4/30/2018								

CK4781

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 The College of New Jersey Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2000 Pennington Road □ DOLWD City, State, Zip Code □ DOH Amendment #1 ASC Ewing, NJ 08628 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Amanda Radosti 609-771-2881 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The College of New Jersey - Travers and Wolfe Hall ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2000 Pennington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing 50,000 10 60 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Residence Hall Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management, Inc. Shade Environmental, LLC Street Address Street Address 344 West State Street 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Duggan 609-656-8101 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 18 06 / 04 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation Mini-Enclosure Glovebag Procedure ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Plaster (O&M Hole Drilling) Elevator Equipment Rooms X 20 SF \boxtimes X П Elevator Equipment Rooms П Louver Caulk 60 LF X Elevator Equipment Rooms X П Door Caulk 42 LF X Elevator Equipment Rooms X Fire Doors 2 Each X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939

Christina Lynch

Completed By (Print or Type)

Title

Freehold, NJ

Vice President of Operations

Disposal Date

06/04/2018

Signature

City, State

Morrisville, PA

Date

4/30/18

City, State

^{*} Do not use this form for asbestos licensure exempted activities.

New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

DEGETVE

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK AC

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMAT	TION
Date of Notification:	nclude justification)
II. BUILDING INFORMATIO	ON CONTRACTOR OF THE PROPERTY
Name of Building Owner/Operator: The College	ge of New Jersev
Street Address: 2000 Pennington Road City: Ewing	
Name of Contact: Amanda Radosti	Telephone No.: 609-771-2881
III. FACILITY INFORMATIO	N
Name of Facility Where Work Activity is to Take Place:	TCNJ Wolfe Hall
Describe Facility Use: Residence	Hall
Street Address: 2000 Pennington Road City: Ewing	State: NJ Zip: 08628
County Name: Mercer County Code (S	State Use Only):
Scheduled Start Date: 05 / 21 / 2018 Scheduled Con	
Occupancy Status During Activity (check only one):	
□ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	<i>B</i>
Scope of Work (check all that apply):	
☐ Square Footage: 482 SF	Percentage Asbestos:
	Percentage Asbestos: %
IV. CONTRACTOR INFORMAT	TION
Company Name: Shade Environmental, LLC	Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade	State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): USA Environmental Management, Inc.	Telephone No.: 609-656-8101
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch Title:	Vice President of Operations
Signature: OMNO	Date: April 30, 2018

												-	
CK1428	PAID			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE) E G	G I		i i i i i i i i i i i i i i i i i i i		
Date of Notification (1) 04-27-18					of Building Owner/ounty Services		(2)	II MAY	- 3 21)12			
Agencies Notified	Type Notification			Street A	Address aple Ave.			L		48 <u> </u>	14	4	
DEP DOL	Amended Amendment				ate, Zip Code land Park, NJ	Code Park, NJ 07424							
DOH DCA	justification) Cancellation		1	Name of	f Contact cirica			Telephone 1 (973) 747					
				FAC	ILITY INFORMAT	ION							
Name of Facility Where A	Abatement is Takin	g Place ((3)				Type of Facility	(4)					
Private Home							School (K-	.12\					
Street Address	77 x 85 - 11 - 20 x 11 - 20 x 2 x 3 x 3 - 2 - 2 - 2			M: 11:0000000000000000000000000000000	Alex		Subchapte Other (i.e.	er 8 (Other than K private & comme		ldings,	, home	es,	
City (5) Wayne							etc.) Square Feet	# of Floors	T	Bldg. A	\ge		
County (6)			- 1	County	Code (7)		Current Hee /Pr	rior if being demo	liahad)				
Bergen				(STATE	USE ONLY)		Current Ose (F)	ioi ii being demo	iisrieu)				
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN	/ No.	Name	of Abatement Co	ontractor (9)			-		
N/A		•	6			\$100 CONTRACTOR	a Contracting	N. N. SHINES WALL STREET					
Street Address	*************					Street	Address					-	
						522	7th St.						
City, State, Zip Code	200000000000000000000000000000000000000				· · · · · · · · · · · · · · · · · · ·		State, Zip Code n City NJ 070	87					
Project Manager for Mon	itoring Firm			Telepho	ne No.	1 1 1 Kan 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none No. 216-9603	License 01206					
Start Date (10) 04-30-18		Schedu 05-04-		mpletion	Date (11)		ame of OSHA Monitor elfa Contracting LLC						
Occupancy Status During	Abatement (Chec	k Only O	ne)				eet Address						
Facility Closed/Vaca	ated During Entire F	Period of	Abater	ment		522	7th St.						
Abatement Performe	ed Outside of Norm	nal Facilit	y Hour	S		City, S	tate, Zip Code						
Other – Describe: _						Unio	n City NJ 070	87					
Scope of Work (Check Al	ll That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		and the same of th	Renova Demoli				Mini-Enclosus Glovebag Pro				re		
		Is	s Locat	ion						Abate	ement	Š	
Location Asbestos-Containing TO BE ABA In Facili (13)	Norma ed Sole aintena stodial ((12)	ely by nce/	Asbestos Con (i.e. thermal surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure			
		Yes	No	N/A					1 3		ate	e	
Interio	or		X		Join	Compo	ound	3200 SF	X	1			
1st Floor / K		-	X	1		VAT		80 SF	x				
		+	-	-		200 200				-	-		

Union City, NJ Completed by Jaime Delgado

City, State

Name of Registered Waste Hauler

Delfa Contracting LLC

Title Signature Proj. Manager.

Cubic Yards of Waste

20

Disposal Date

05-03-18

NJDEP Waste Hauler ID No.

35240

Tullytown Resource Recovery Facility

Name of Registered Landfill

City, State

Tullytown, PA

Date 04-27-18



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

Date of Notification (1)				Nome	of Divilding	. 0						-1	HH		
	18						ner/Operator (edical Cente	111	MAY MAY	-32	018-2	$-\parallel$			
Agencies Notified Type Not	fication			Street	Street Address										
☐ Initial				194	1945 Route 33 ASSES										
☑ DOLWD ☑ Amen				City, S	State, Zip C	ode		******	The same of the sa	1.0	in.	4			
	ment #3				otune, NJ		53				THE PERSON	-	72		
DCA Emerg		cluding	I		of Contact										
☐ Cance					a Fritz	*33		732-776-4100							
			2211111	FA	CILITY IN	FOR	MATION		•						
Name of Facility Where Abatement	s Taking	Place	(3)		-22//64			Type of Facility (4)							
Jersey Shore Medical Cente				ing 4				School (K-1							
Street Address		VIPSOL SOFTERING							8 (Other than K-		10000000				
1945 Route 33								homes, etc.	orivate and comm	nercial bu	ilding	S,			
City (5)								Square Feet	# of Floors	Ble	dg. Ag	je			
Neptune								750,000 sf	7		65				
County (6)				Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demo	olished)					
Monmouth								Hospital							
Name of Monitoring Firm Hired by B	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)								
Environmental Tactics			G	uardian Co	ntracting, Inc.										
Street Address			Stre	et Address											
64 Broad Street			1	889 Route 9	, Unit 61										
City, State, Zip Code						City	, State, Zip Co	20. U.S. 20. S. 20.							
Matawan, NJ 07747						2.3		New Jersey 08	8755						
Project Manager for Monitoring Firm			Tele	phone	No.		ephone No.		License No.						
Tom Geiger			7	32-290	-2217	7	32-349-9932		00624						
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Nar	ne of OSHA N	lonitor					-		
03 /05 /18		7 /	3	_ / .	18	E	.M.S.L. Ana	lytical							
Occupancy Status During Abatemen						Stre	et Address								
☐ Facility Closed/Vacated During E															
Abatement Performed Outside of Time of Abatement:AM						City	, State, Zip Co	ode							
		VI/	FIVI		3854										
Scope of Work (Check all that apply)						⊠ Full Cont	tainment with Ne	native Pressure						
≥3 sf or ≥3 If		⊠ Re					☐ Mini-Enc		gativo i ressure						
⊠ ≥160 sf or ≥260 lf		☐ De	moliti	on			☐ Gloveba	g Procedure	on-Friable Proce	d					
		le	Loca	tion	T		□ NOII-EXE	impled () and iv	Triable Proces	-					
Location of		1 200	Norma				Description of	ıf.		-	ateme				
Asbestos-Containing Material (A	CM)			ely by	Asbe	stos (Containing Ma		Amount	Rer	Repair	Enc	Enc		
TO BE ABATED IN Facility		100000000000000000000000000000000000000	intena todial	Staff?	(i.e		rmal systems		(Specify	Removal	ar.	aps	Enclosure		
(13)			(12)				urfacing, VAT ner miscellane		SF or LF)	<u>m</u>		Encapsulate	Гe		
		Yes	No	N/A				/				е			
Cath Lab Ackerman 4					plaster				400 sf						
Cath Lab Ackerman 4			\boxtimes		pipe ins	sulat	ion		90 If						
										П	П	П	П		
Name of Registered Waste Hauler	JDEP I		Cub	ic Yards of	Name of Reg	istered Landfill		_							
Guardian Contracting, Inc.	lauler II 20223		Was		T.R.R.F.										
City, State				osal Date	City, State										
Toms River, New Jersey			07/31/18 Tullytown, Pennsylvania												
Completed By (Print or Type)	Title	9					Signature	1	//	Date		ĺ			
Nicholas Fernicola								1.10	\mathcal{X}	4/	30	118	š		

ASB-41 JAN 13

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