100					
	3 100	100.1	100	01	-
	-11	15.00	100	TE-11	31.8

	K734	ol PA			CATION	ate of Nev OF ASBE to NJAC 8	ESTOS	ABATE		INT	D	E	G		\mathbb{V}	E	
I	e of Notification (1) 1/19		120			Building (Crowe			2007-120)		M	IAY	- 7	2019)	TU)
Age	encies Notified	Type Notification		-	Street A				10:50		hos been				-010		houses
X	EPA	X Initial									l	ASBE	070	0.00	N 177 F) A	N 0	
×	DEP	Amended				te, Zip Co		*****				HODE		ENSI		- Ca	
X	DOL	Amendment #			Love	Ladies	NJ 08	800					Canonina	and and interior	-	and that waster	
X	DOH	justification)	loluding			Contact					T	elephor	ne Nu	mber			
Ц	DCA	Cancellation			Jeff						- 7						
Nar	ne of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	DRMATI	ON	Т	ype of Facility	(4)						-
	ancy Crowe Priva			*					-	School (K	201 B.						
Stre	eet Address									Subchapt	er 8 (Ot				dings,	home	es,
City	(5)								_	etc.) quare Feet	1 #	of Floo	re	Te	lldg. A	an an	-
457	ove Ladies NJ 0	8008							100	1000	1 1		15	100	35+	ye	- 1
233	inty (6)				County (Code (7)	<u> </u>			urrent Use (F	^ _		molis				
100	cean					JSE ONĹY)				House		- 5					
Nar N/	ne of Monitoring Firm A	Hired by Building O	wner (8)		ASCN	l No.				Abatement C	ontracto	or (9)					
Stre	et Address				1		-	Street	Ad	ldress							
								POI	Во	x 329							1
City	, State, Zip Code									e, Zip Code							
-				т-				0.000		Berlin NJ 0	8091	T					
Proj	ect Manager for Mon	itoring Firm			Telepho	ne No.		Teleph		ie No. 53-9800			ense 1 727	No.			
Stat	t Date (10)		Schodul	ad Com	nletion	Date (11)				OSHA Monito	\r	00	121				
	10/19		5/17/1		pietion	Date (11)		Sam		OSTIA WOTILL	л						
Occ	upancy Status During	g Abatement (Check	Only Or	ne)				Street	Ad	ldress							
X		ated During Entire Po															
	Other – Describe:	ed Outside of Norma	II Facility	/ Hours				City, S	Stat	e, Zip Code							
Sco	pe of Work (Check A	II That Apply)						200	022								
	≥3 sf or ≥3 lf			Renovat				F	7	Full Contain		ith Neg	ative	Pressu	re		1
X	≥160 sf or ≥260 lf		X	Demoliti	on			-	1	Mini-Enclosu Glovebag Pr		e					
								×	3	Non-Exempt			n-Fria	ble Pro	cedur	е	
				Location											01/01/01/01/01	ement pe	
	Location			Normali ed Solel				scription				12	72		Τ,	PC	
	Asbestos-Containing TO BE AB		Ma	intenar	ice/					erial (ACM) sulation,		Amour (Specif	505	R	_	Enc	ᄪ
	In Facil	ity	Cus	todial S (12)	tatt?	,	surfa	cing, VA	T,	or		SF or L		Remova	Repair	aps	Enclosure
	(13)		-	A 97			otner r	niscellar	neo	ous)				val	#	Encapsulate	ure
			Yes	No	N/A								- 90			L.	
	Exterior S	Siding			Х		Exte	rior Si	dir	ng	1	1300S	F	Х			
											-						
				1	IDEE		6				(5)						
	ne of Registered Was	ste Hauler		10000	JDEP W auler ID	7.000 COS	of Wa	Yards ste		Name o			.andfi	IL			
5000000	ited Roll Off			13.00	2459		4			G.R.C	D.W.S	•					
	, State						The state of the state of	sal Date		City, St							
S. H. LANDER	n NJ						5/17/	nancon .	-	Morri	sville l	PA 19					
	npleted by thony T Perna		Title	ident			5	Signature	-	7				ate	1		
AIII	mony i Perna		Pres	uent				(٤				+ 5	5/1/19			

CICROGO PA	ID		CATION	ate of Nev I OF ASBI to NJAC	ESTO	SABATE		In) <u>E</u>	C	E		7 [n n n	1
Date of Notification (1) 04/30/2019				f Building (ntha Kar			r (2)		The state of the s	MAY		7 20	10	a supramental	$J \parallel$
Agencies Notified Type Notification			Street A	ddress						WAI	-	-49	19	- Insu	-
X EPA X Initial								1						and the same of	stause
➤ DEP	e	ı		ate, Zip Co		040		1	ASI	BEST	OS C CENS	ONT	POL	å.	1
Emergency (in		-	37.1	wood, N	J 070	040			· Crasses squares	Market State of the Control	HDG CHICK		-	and the contract of the	- '
DOH justification) DCA Cancellation	_			f Contact ntha Kar	minel	(V			lel	enhone	2 VIIIM	hor			
Caricellation															
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	JKIVIA	HON	Type	of Facility	(4)						
House								School (K-1							
Street Address								Subchapter	8 (Oth						
								Other (i.e. petc.)	orivate a	& comn	nercia	l build	ings,	home	es,
City (5)								re Feet	# 0	f Floors	3	В	dg. A	ge	
Maplewood							N/A		N/A	4		N	/A	857	
County (6) Essex			County (Code (7) USE ONLY)			Hou	ent Use (Pri ISE	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	/I No.				atement Cor tement, Ir		(9)					
Street Address							Addre Rosen	ss gren Ave	nue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	hone N 345-8			Licen 0131	ise No).			
	Schedul 05/11/2		npletion	Date (11)				HA Monitor ement, Ir	nc.						
Occupancy Status During Abatement (Check	.51		•				Addre	ss gren Ave	nue						
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe: occupied	al Facility	Abaten y Hours	nent S			City, S	State, Z	ip Code		-					
Scope of Work (Check All That Apply)						1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 07012					=0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				> >	Mi Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					9	
	Is	Locat	ion											ment	
Location of	1	Normal	lly		D	escription	n of						Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole				ntaining N				mount				En	m
In Facility	Cus	todial 8	Staff?	(1.e.		al system facing, VA		ation,		Specify or LF		Remova	Repair	Encapsulate	Enclosure
(13)		(12)	,		othe	r miscella	neous)					oval	air	sula	sure
	Yes	No	N/A									_		te	(D
Furnace Room		Х			Pip	e Insula	ation		8	0 LF		Х			
										AL 15345					
					Carrier A	TH-95-3007									
					/23										
Name of Registered Waste Hauler	7.5	10432	IJDEP W		12.00	ic Yards		Name of	Registe	ered La	ndfill				
D&S Abatement,Inc.		10000	lauler ID 0996	INU.	TBE			Fairlas:		dfield					
City, State Totowa, NJ					TBE			City, Stat Morrisv		A					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager			Signatur	e	权			Dat 04	e /30/2	2019		

Check#3338	AID	NOT					OS ABAT 0 and 5:16		In	EC		\mathbb{V}	E	
Date of Notification (1)				Name	of Building	Owner	r/Operator (2	2)	In	1				HH
04	30 / _	19		"Some	erset Savin	a Bar	ak"			ll MAY	- 7	2019	(manufacture)	$\ U\ $
Agencies Notified	Type Notifica	tion			Address	g Dai	IK	i i	Li L	7 11111		C019		banner
⊠ EPA	✓ Initial			141 R	road Street			and a						
□ DOLWD	☐ Amended		ŀ		State, Zip Co	-				ASSESTO			L &	
□ DHSS	Amendme	-		0.000	Successive Same		,				ENSIN	<u> </u>	Website weeks	
DCA (NJAC 5:23-8)	Emergence justification		3		ngton, NJ (30022			1-	Telephone Nur	nher	-	-	
(140740 3.20-0)	Cancellati				Sullivan				- 1	08-655-7157				
				-	CILITY INF	ORM	IATION		19	08-033-7137		-		
Name of Facility Where A	batement is Ta	aking Place	(3)	170	OILII I IIII	OICIN	ATION	Type of Facilit	v (4)					
Commercial building		g	(0)					School (K-						
Street Address						10 - 11 - 10 - 10 - 10 - 10 - 10 - 10 -		☐ Subchapte	r 8 (0	Other than K-1				
										ate and comm	ercial b	uilding	S.	
141 Broad Street City (5)								homes, etc Square Feet	C.)	# of Floors		ldg. A	ne.	
Flemington, NJ 08822								oquare reet		# 01 1 10015		lug. A	ge	
County (6)				Coun	ty Code (7) (S	STATE	USE ONLY)	Current Use (Prior	if heing demo	lished)	-	-	
Hunterdon					., 0000 (., (0		002 011217	ourraint odd (ii boilig doillo	1101100)			
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name	of Abateme	nt Contractor (9)					
A-1							ch LLC							
Street Address							t Address							
					5	576 V	alley Rd#	283						
City, State, Zip Code							State, Zip Co				-			
					7	Wayn	ie, NJ 0747	0						
Project Manager for Monit	toring Firm		Tele	phone			hone No.			License No.				
					ç	973-6	38-1777			01127				
Start Date (10)	The second secon	cheduled (D200 (150 (150 (150 (150 (150 (150 (150 (1	Name	of OSHA M	onitor						
	19	05	14	/	F	Envir	ovision Co	nsultants,Inc						
Occupancy Status During							t Address							
Facility Closed/Vacate					2	20-21	Wagaraw	Road, Bldg .:	# 35	Е				
Abatement Performed Time of Abatement:	Outside of No AM-	rmal Facili	y Hour PM	s - Des	cribe -	City, S	State, Zip Co	ode						
		LiAII			F	Fair L	awn, NJ 0'							
Scope of Work (Check all	that apply)					F		and decontan			ve pres	sure		
≥ 3 sf or >3 If≥ 160 sf or ≥260 If		⊠ R	enovati	on		×	Mini-Encl	ainment with Nosure						
≥ 160 sf or ≥260 If			emolitic	n		\boxtimes	Glovebag	Procedure [Te	nt with Negati	ve Pres	sure		
			s Locat	ion			Non-Exe	mpted (*) and I	von-	Friable Proced		T	-	_
Location	of		Norma			г	Description o	f			A	_	ent T	_
Asbestos-Containing N		4 1	ed Sole			tos Co	ntaining Mat	terial (ACM)		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit		■	aintena todial		(i.e.,		nal systems i facing, VAT,			(Specify	Nou	air	aps	osu
(13)	J		(12)				r miscellane			SIF or LF)	<u>a</u>		ulat	ē
20.00		Yes	No	N/A									е	
Basement-boiler room				\boxtimes	Pipe insul	lation	and elbow	S	30	LF+15 elbow	s 🗵			
Basement-storage room				\boxtimes	Pipe insul	lation	and elbow	S	20	LF +15 elboy	ws 🗵		П	
Basement-man bathroor					Pipe insul) LF	×	-		
1st floor-shaft closet			П		Transite b					20 SF	×		П	П
Name of Registered Wast	te Hauler		NJE	100000000000000000000000000000000000000			Yards of Wast	Name of Re	-					
Gr Tech LLC			1	03378	25	TI	BD	T.R.R.F. In						
City, State				,00010			sal Date	City. State			-			
Wayne, NJ 07470						- 5			DA					
Completed By (Print or Ty	rpe)	Title					BD Signature //	Tullytown,	гА	———Т	Date			
	/					1		whice Wend	. 0			0		
N.Jevtic		Owner					//e	wic wend	not	JO	4/30/1	9		

State of New Jersey

Ch3078	Legisgementopologic	NOT	FICANO	NOFAS	New Jecs SBESTOS AC 3:50 ar	ABATE	EMENT	DE	CE	Committee	V	E
Date of Notification (1) 4-30-2019			Name Unim	of Buildir td Rea	ng Owner/	Operato	r (2)	THE R	AY -	7 2	019	and desired the same of the sa
Agencies Notified Type Notification EPA Initial DEP Amended	n		200 V		gton Str	eet		ASBI	ESTOS	CON	TROL	. &
× DOL Amendmen				tate, Zip ken, N.	Code J 07030			-				
	1)	3	The state of the s	of Contac				Telephon 201-214		r		
Name of Equility Where About			FAC	ILITY IN	FORMAT	ION		20121	7 7 0 2 2			
Name of Facility Where Abatement is Tak Commercial	ing Place ((3)					Type of Facility	(4)				
Street Address 597 Piermont Road,	*						School (K. Subchapte Other (i.e.	-12) er 8 (Other than private & comr	K-12) nercial bu	uilding	s, hon	nes,
City (5) Closter, NJ 07624							etc.) Square Feet 11071	# of Floors		Bldg. 70+		
County (6) Bergen			County (STATE	Code (7) USE ONL) .Y)		Current Use (P	rior if being den	nolished)	N WAS LOOK	515.22.5	
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name Gree	of Abatement Co	ontractor (9)	LLC			
Street Address						Street	Address Virginia Avent					
City, State, Zip Code						City, S	tate, Zip Code ey City, NJ 07					-
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 333-8855	Licen 0117				
Start Date (10) 5-1-2019	Schedul 5-8-20		mpletion	Date (11)	Name	of OSHA Monitor n Environmer			(News) Cons		
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire						Street	Address /irginia Avenu					
Abatement Performed Outside of Norr	mal Facility	/ Hour	s			City, St	tate, Zip Code ey City, NJ 07				×	
Scope of Work (Check All That Apply)			-, (1)			Je156	ey City, NJ 07	304				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli	1000000			××××	Mini-Enclosur Glovebag Pro				re	
Location of	1	Locat Norma d Sole	lly		Des	scription				Abat	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena odial (12)	nce/	Asbe: (i.e	thermal surfac	aining M systems sing, VAT niscellane	aterial (ACM) insulation, Γ, or eous)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
D1	Yes	No	N/A		- 100 - 100						ate	ro
Basement 1st Floor Front Provider	-	X		Pi			Elbows	40 LF	x			
1st Floor Front area and closet	-	X				VAT		1990 SF	x			
2nd Floor office and hallway		X				VAT		597 SF	×			
Roof Name of Registered Waste Hauler		X	IDEDIM		_	ng Mate		8450 SF	×			
Green Environmental Services,		H	JDEP Wa auler ID 1 034889		of Was			Registered Lan S Landfill	dfill			
City, State Jersey City, NJ					Disposi 5-8-20		City, Stat Morrisv					
Completed by Liliana Serrano	Title Office	Man	ager		Si	grature	10/06/01	10005	Date 4-30-2	019		

Ch8133	Ν	1011	ursuant	of Ne OF ASE to NJAC	B 60 a	ABATE 10-12:12							20		7
Date of Notification (1) 05/01/19				f Building ERSET					u u	M	AT	- 1	-20	13	lean
Agencies Notified Type Notification			Street A	ddress RAWFO	DRDS	CORNI	ER			ASBE	STC	S CO	ONT	ROL	&
EPA Initial DEP X Amended Amendment #		_		ate, Zip Co		33							greenpen		
DOH Emergency (ii justification) DCA Cancellation	ncluding		Name o	f Contact O SCHR				 		ephone 2-367					
Sunday Sunday				LITY INF											
Name of Facility Where Abatement is Taking Street Address 101 CRAWFORDS CORNER	Place (3))					X O	of Facility (School (K-1 Subchapter Other (i.e. petc.)	12) 8 (Oth				dings	, home	es,
City (5) HOLMDEL, NJ							Squar	e Feet 0,000	# o	f Floors		В	ldg. A	Age	
County (6) MONMOUTH COUNTY			County (Code (7) USE ONLY)			nt Use (Pri ICE BLD		ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/ No.				ement Cor PROFE							
Street Address			,			F. C. S.	Addres	s DOVE CO	DURT	9					
City, State, Zip Code								p Code DD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.		3/2/2003/00/00	one No 668-90			Licens					
	Schedule 08/31/1		npletion I	Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ont				Addres	s OOVE CO	DURT	ii					
Abatement Performed Outside of Norma Other – Describe:	l Facility	Hours				City, S		Code	8701						
Scope of Work (Check All That Apply)								, 110 0	0701				40.77		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	enova emolit	7077199			××××	Mini Glov	Containme i-Enclosure vebag Prod -Exempted	edure	853				e	
1 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Locati	-238										Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole ntenar odial S (12)	ly by nce/		tos Con therma surfa	escription taining M I systems icing, VA miscellan	aterial insulat T, or		(8	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIOR DI DO 2. AND EL COD	Yes	No	N/A		= 0									te	Φ
INTERIOR-BLDG 2 - 2ND FLOOR		3500 C		Т	ILES /	AND M	ASTIC	;	15,0	000 SF		Х			
											22				
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP Wauler ID		of Wa	Yards ste ARDS		Name of I	Registe	red Lan	dfill				
City, State NEWARK, NJ						sal Date		City, State		I PA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Completed by JOSEPH PERLSTEIN	Title OWNE	ER			5	Signature					Date 07/	10/1	5		

PAID

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

Check # 25846

Date of Notification (1) 4/26/2019		Name o	of Building	Owner/0	Operator		T)[CE		$\overline{\mathbb{V}}$	E
Agencies Notified Type Notifica	ition	Street /	Address		. 101	55 (CA) (CA)		1				
X EPA X Initial							Ш	II M	AY -	7 2	019	PAY CALLAND
DEP Amendo		City, St	ate, Zip Co		onewe	II, NJ 08525				, ,	.0.0	
	ncy (including	Name o	of Contact		00000	, 140 00020	Tel	ephone N	lamber	CON	TROL	8
DCA Cancell			lenry Rea				4	_			. Personal	
Name of Facility Where Abatement is 1	aking Place (3)	FAC	ILITY INFO	ORMATI	ION	Type of Facility	(4)					
Residential						School (K-	12)					
Street Address						Subchapte Other (i.e. etc.)				ldings,	home	s,
City (5) Hopewell, NJ 08	525					Square Feet 2000	# 01	Floors 2	1	3ldg. <i>A</i> 110		
County (6) Mercer			Code (7) USE ONLY)		_	Current Use (P	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Build MECS	ding Owner (8)	ASCI	M No.			of Abatement Co ens Environm			, Inc.			
Street Address PO Box 341					400000000000000000000000000000000000000	Address Box 322						
City, State, Zip Code Chesterfield, NJ 0851	5					tate, Zip Code town, NJ 085	01					
Project Manager for Monitoring Firm Bill Weisgarber		Telepho 609 2	one No. 98-4070			one No. 259-9688		License 00493	No.			
Start Date (10) 5/6/2019	Scheduled C	completion 5/8/201			Name MEC	of OSHA Monito						
Occupancy Status During Abatement (Check Only One)					Address						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:					City, S	Sox 341 tate, Zip Code				-		-
Scope of Work (Check All That Apply)					Ches	sterfield, NJ 0	8515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commence	ovation olition			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				9	
	Is Loc	ation				14011-Exemple	d () and	2 14011-1 116	able i ic	Abate	ement	
Location of	Norm	nally			scription				-	Ту	ре	
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Mainter Custodia (1:	nance/ al Staff? 2)		thermal surface			(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	X		Th	ermal	Pipe In	sulation	1	25 If	X			-
									-			
Name of Degistered Mental Land		NIDED	Vant-	0.11	Vacat	TN			511			
Name of Registered Waste Hauler Stevens Environmental Services	5	NJDEP V Hauler ID 18292	No.	Cubic of Was		Fairles		red Landi	nii			
City, State Allentown, NJ				A 1900 B 100 B	sal Date 2019	City, Sta	te ville, P	1				
Completed by Mahlon E. Stevens	Title Project I	Manager		S	ignature		/		Date 4/26	6/201	9	

Apr 2000 10:57PM NJ Asbesto	s Contro	1 609.63	3.0664		page 1						
	A. Mac	Contr	acting		2012 <i>6</i> 20;	201				THE PARTY OF	
41243		(D)	State of New Jam ION OF AMBESTO INT CONJAC 8:50-a	The same of	; [DOLE			SGE Z	119	demone
Date of Notification (1) 4/26/19			of Building Cymer			Ailil	No.	MAY	+	7 201	19
Agencies Notified Type Notification	n	The second second second	Address			MAIVERA	ASE	EST	08	CONTE	HOL
DOL Amended	nt w_ y (Including	Oky,	21 M GALLEY A	2 4	5 07			L	ICEN	ISING	
DOH Justification Cancellati	1)	10	of Contact			(elephone)	Vumbe	1	_/_	-	
Name of Facility Where Abetement is Tak	ing Place (3)	//	Manager Land	non	Type of Facility						
Brees Address			200								
	032				■ Simenas	LEP & I CHART Phon by	-12)				
Chy BINGhwown					9165	. private 4 comme	rotal bi	ullding	38, he	mes,	
					1650	# of Floors		Didg	Aba		
County (6) BENGEN		Count	y Code (7)		The second secon	der if being demail	ahad	<u>0</u>	4		
Name of Monitoring Firm Hired by Building	Owner (8)	-	M No.	_	RA.	ζ.					
		1 ~~	JAN 140.	A, Me	Abelement C Contraction	entraptor (9)			-		
Street Address	Mariles - Section 1			Street A	ddress	Management of the last of the					
City, State, Zip Code				185 V	realand Ave).					
				Midler	ata, Zip Code ad Park, NJ	07430		-	_		
Project Manager for Monitoring Firm		Teleph	one No.	Talepha	ne No.	Linense	No				
Start Dett (JOY	Bondania	Doplation	1844 /All	201-2	82-6841	00156	1701				
4/2-6/19	1 4	11301	/Sate (11)	Omen	DEHA Monito	ontol Condocal	-				
Occupancy Status During Abatement (Che	ek Only One)	. /	Street A	e Euali OUL	ental Servicer II	no.				
Facility Closed/Vecated During Entire Abstraction Performed Outside of Non	Period of Ab	atement		280 H	Lyler Street					1	
THE RESERVE THE PARTY NAMED IN COLUMN TWO IS NOT	IIDI PACILITY P	sours		City, Sta	to, Zip Code			-	_		
Scope of Work (Check All That Apply)	***************************************			mack@	neack, NJ (77805					
ad of or ad if	Ren	novetion molition		1 5 W	Sigvaban Pr	Adulta sen					
Language a	la Le	ocation			CONT. OF INCIL	d (*) and Non-Frie	ole Pro		emer	10	
Asbestoe-Containing Material (AOM)	Visit I	Thally Bolety by	Astreside Conti	orip(ion of				7	yps .		
In Facility (13)	Custod	lal Slaff?	(i.e. thermal (Systems in ing, VAT. liscellanso	isuletion,	Amount (Specify SF or LF)	Removal	Rappar	Encapea	Eados	
Date 1	Yes A	AW OF					1	(m)	-	3	
BASBNEW		1	PIPE	£.		624	x	-	-	\vdash	
					-	5) 6-7	~		-		
							_				
Name of Registered Waste Hauler		أنساب		-				-			
lewark Carling Inc.		NOEP W	No. Gubic Y	erds		Registered Landilli					
V. Sale		04509	No. of Want	5	. Grand	Central Sanitary	Lan	dfill		İ	

9/20/19

President

Completed by R. McDonald

City, State

Newark, NJ 07105

Pen Argyl, PA 08072

City, State

Grand Central Sanitary Landfill

, .

A68-41 (M-08-08)

^{*} Do not use this form for expettos transure exampled entities.

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

	and the same of th		NOI	FICATIO (Pursuar	N OF ASI	ESTOS 8:60 ar	ABATE nd 12:12	MEN (0)	TY O	~ 1	1	18	28	15	_	
Date of Notification (1)		FIRMFER		Name	of Building	Owner/	Operator	r (2)				10	10	<u></u>		
4/30/19				Paul	Davis R	estora	tion			IT	7	E	C	G	π	
Agencies Notified	Type Notification			Street	Address			- 128.73		Ш	11-	La I	5		T FA	
X EPA	× Initial			One	Frassett	o Way	, Suite	K			3					
DEP	Amended			City, S	tate, Zip C	ode		-		111	111	A.A	AV	- 7	201	10
X DOL	Amendment Emergency			Linco	ıln Park,	NJ 07	7035					199	A I	- 1	20	13
X DOH	justification)	inciudin	g	Name	of Contact					Tele	ephone	e Nun	nber			
DCA	Cancellation			Janio	e Peters	6				20	1-304	C540	3970	SCC	NTF	OL &
	14.11			FAC	ILITY INF	ORMAT	ION			L			LIC	ENSI	NG	
Name of Facility Where Al	patement is Takin	g Place	(3)					Ту	pe of Facility (4)							
home									School (K-12)							
Street Address									Subchapter 8	(Othe	er than	K-12)			
								×	Other (i.e. privetc.)	/ate 8	comr	mercia	ıl buil	dings	, hom	es,
City (5)								Sq	uare Feet	# of	Floors	S	E	Bldg. A	Age	
Montclair									800	2			- 1	78	-3-	- 1
County (6)					Code (7)			Cui	rrent Use (Prior	if beir	na den	nolish	ed)	2000		
Essex				(STATE	USE ONLY	n		3550000	ome		.9		Juj			
Name of Monitoring Firm F	lired by Building (Owner (8	3)	ASC	M No.		Name	of A	batement Contra	actor	(9)					
				Activity to the con-					vironmental S			LLC				
Street Address							Street			0011						
									483, 4 E Ga	e Dr	ive					
City, State, Zip Code									Zip Code							
									od, NJ 0741	3						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph				Licon	se No				_
							- CONTRACTOR		-2276		703	36 140				
Start Date (10)		Schedu	led Co	mpletion	Date (11)			STATE OF	SHA Monitor		700		-	_	-	
5/11/19		5/21/1					1 vanie	0, 0,	OF IA WORKS							
Occupancy Status During A	Abatement (Check	Only O	ne)				Street	Δddr	226							
Facility Closed/Vacate				•			Oli eet 7	Auui	633							
Abatement Performed Other – Describe: bat	Outside of Norm	eriod of al Facilit	Abate v Hou	ment			City Ci	toto	Zip Code		_					
X Other - Describe: ba	sement		1 1155				City, Si	late,	Zip Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf		াতা .		Salar Carolina			EV.	7								
× ≥160 sf or ≥260 lf		E-married .	Renov Demol				<u> </u>		ull Containment	with	Negati	ive Pr	essu	re		
		L '	Jenio	ition					Mini-Enclosure Blovebag Proced	lure						
									lon-Exempted (*		Non-F	riable	Pro	cedur	е	
		Is	Loca	tion											ement	
Location of			Norma			De	scription	of						Ту	ре	
Asbestos-Containing M TO BE ABAT	aterial (ACM)		aintena	ely by ance/	Asbes	tos Cont	aining M	lateri	al (ACM)	An	nount				ш	
In Facility	EU		todial	Staff?	(i.e.		systems cing, VAT				ecify		Rei	Z.	nca	Enc
(13)			(12)				niscellane			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									'al	7	late	re
bassess		100	110				0.82									
basemen	ι			X		fl	oor tile			150) SF		Х			
															-	
				-												
Name of Parister 114	l la da															
Name of Registered Waste			100	NJDEP W Hauler ID	1777	Cubic			Name of Reg	gister	ed Lar	ndfill				
Tonys Cleanup & Haul	ing			7787	IVO.	of Was	ste		Chrin Bro	thers	San	itarv	Lar	ndfill		
City, State				. , 01			al Date		City, State			,	.015476			
Bridgewater, NJ						TBD	ai Date		Easton, P	Δ						
Completed by		Title					ignature		Lasion, P	^		Det				
A. Scott Higgins		Pres	ident				Briatais		//			Date) N/10	1		

	n IF	1												FIII	IL F OI
P			MOITA	te of New Jo OF ASBEST O NJAC 8:6	ros	ABATE		A Q o	ok	18	38	14			
Date of Notification (1) 4/30/19	,			Building Ow Projects	ner/C	Operator	(2)		m	E (2			7 [
Agencies Notified Type Notific	ation		reet Ad	•					11						7
		1	40 Bro	oadway, 2	28th	Floor							00	40	The state of the s
DEP Amend	ded	Ci	ty, State	e, Zip Code						M	AY	- /	20	19	
	dment #	. N	lew Yo	ork NY 10	0005	5									
× DOH justific	ency (including ation)	182.73		Contact			=3:=:::::::::::::::::::::::::::::::::::		Tele	PASSE	STE	SC	TNC	ROL	&
DCA Cance	llation	S		Chiaraval					914	1-482-	SEIG	ENS	ING		
Name of Facility Where Abatement is	Taking Place (3)		FACIL	ITY INFOR	MAT	ION	Type	of Facility (4	1)				_		
home	raking riace (5)						-								
Street Address							×	School (K-12 Subchapter Other (i.e. p	8 (Othe			buildi	ngs,	nome	s,
City (5)								etc.) are Feet	# of	Floors		Blo	lg. Ag	ne .	-
City (5) Jersey City							190		2	, 10010		80		4.75%	
County (6)		C	ounty C	ode (7)			Curre	ent Use (Pric	r if beir	ng demo	lishe	d)			
Hudson				SE ONLY) _			hon								
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	1	ASCM	No.		Name	of Aba	atement Con	tractor	(9)					
25 PM						ABS	Env	ironmenta	Serv	ices, L	LC				
Street Address						Street			- t - D	110000					
								183, 4 E G	ate D	rive		_			
City, State, Zip Code			y meye			Gler	nwoo	Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm		Te	elephon	ne No.		Telepi 973-		No. 2276		License 703	e No.				
Start Date (10)	Scheduled	Comp	oletion D	Date (11)		Name	of OS	HA Monitor							
5/10/19	5/20/19					0									
Occupancy Status During Abatement	(Check Only One)					Street	Addre	ess							
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe: basement			ent		_	City, S	State, 2	Zip Code							
Scope of Work (Check All That Apply	/\														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Rer	novatio					× M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	3				-	
							_ IN	on-Exemple	ı () an	u Non-Fi	IIabie			ment	
		ocatio rmally			0								Ту	ре	
Location of Asbestos-Containing Material (A	Used	Solely	/ by	Asbestos		escription ntaining		al (ACM)	А	mount				ш	_
TO BE ABATED	Custo	enand dial St		(i.e. th		al system acing, V		lation,		Specify F or LF)		Ren	Re	Encapsulate	Enclosure
In Facility (13)		(12)		C		miscella		.)	01	OI LI)		Remova	Repair	sula	osur
	Yes	No	N/A									=		ate	o l
basement	100		х		pipe	e insula	ation		1	20 LF		х			
															- 15
Name of Registered Waste Hauler		I NJ	JDEP W	/aste	Cubi	c Yards	-	Name of	Regist	ered Lan	dfill				_
Newark Carting		Ha	auler ID 1509	No.	of W	aste		Grand	0.20			Lar	dfill		
City, State Newark, NJ				521	Disp TBD	osal Dat)	е	City, Stat		A					
Completed by	Title					Signatu	re	1			Dat	е			1111-00-00
A. Scott Higgins	Presid	lent					l	1/-			4/3	30/19	9		

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

E C Privre	A
MAY - 7 2019	
ASBESTOS CONTROL &	<u></u>

												MA	Y -	7	2019
Date of Notification (1) 4/19/2019					of Building JMBIA C				VICES		Stade State				
	Type Notification				Address POLAR	IS STF	REET				AS			CON	ITRO IG
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip C ABETH,		201							aventus-es	
Ĭ DOH	Emergency justification)		-	Name o	of Contact					(0.97.92)	lephone No				
DCA [Cancellation				ARD BU					90	8-965-20	035			
Name of Facility Where Ab MAHER TERMINAL								Туре	of Facility (1000					
Street Address SOUTH BAY AVENU	IF							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			ldings	, hom	ies,
City (5)									etc.) are Feet		f Floors		Bldg. A		
ELIZABETH County (6)				County	Code (7)			Curr	ent Use (Prid	or if be	ina demolis	shed)			
UNION				(STATÉ	USE ONLY)									
Name of Monitoring Firm H TTI ENVIRONMENTA		Jwner (8)	0000					OTHERS			1G, IN	IC.		
Street Address 1253 NORTH CHURO	CH STREET							Addre	ess LAND AVI	ENUE	20 20				
City, State, Zip Code MOORESTOWN, NJ	08057								Zip Code , NJ 0751	2					
Project Manager for Monito			Telepho	ne No. 40-8800		Telepi	none N	lo.	_	License I	No.				
Start Date (10)					Date (11)		-130/8	-956- of OS	HA Monitor		00494	_			
5/1/2019 Occupancy Status During A	hatement (Chec	5/6/20						Addre	6 (9) ABO	VE				11.0100	
Facility Closed/Vacate	d During Entire P	eriod of	Abaten	nent			Olicci	Addre	33						
Abatement Performed Other – Describe: EX	Outside of Norm TERIOR	al Facility	y Hours	;	200.00		City, S	state, Z	ip Code						
Scope of Work (Check All T	hat Apply)						F	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				L	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					
		Is	Locati	on			Name of the last	1 110	III-Exempled) air	a Noti-i fia		Abate	emen	t
Location of Asbestos-Containing Ma		Use	Normal ed Sole	ly by	Asbes		scription taining N		L(ACM)	А	mount		ı y	pe	
TO BE ABATI In Facility (13)			intenar todial S (12)			thermal surfa	systems cing, VA niscellar	s insula T, or	ation,	(S	specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIO	D	Yes	No X	N/A		OOF	MEMB	DANI	=1	2.5	00 SF	1,7		Ø	\vdash
EXTERIO	K	^				TCH P			2,5	00 SF	X				
Name of Registered Waste	Uoulos		LN	JDEP W	/ooto	Cubia	Yards		Nome of F	Cominto	red Landfil				
TWO BROTHERS CO			Н	auler ID 8743		of Wa	ste		**************************************		NAGEME		R.C	.W.	s.
City, State TOTOWA, NJ						Dispos	sal Date	V. 2	City, State		_E, PA				\neg
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		Signature	ru	4) 2m	Da	ate 19/20)19		\neg

0-	0 []				State of New Jers			ECEI		7 6	חח
(()	'H		N		ATION OF ASBESTOS ant to NJAC 8:60 a				u (:	<i>J</i> (5	
Date of Notification	TI J		Nar		ding Owner/Operator (2)	**************************************		MAY - 7	200	10	-
4/29/19					unty Department of	of Public Works		WAI /	20	IJ	Dates
Agencies Notified	Type Notification			et Addres				MINE OF THE PROPERTY.			+
□ EPA	☐ Initial		1 E	ergen	County Plaza		A	SBESTOS CO	NTP	OL	R,
☐ DEP			City,	State, Zip	Code		6	LICENSI			_
DOL	Amendment # 2		На	ckensa	ck, NJ, 07601		And the second s		ter during and	UTUTATION	and other land
	☐ Emergency (including	ng	Nam	e of Cont	act		Telephone Nun	nher			_
□ DOH	justification)		Scc	tt Lun	a		201-336-6				
□ DCA	☐ Cancelation						201 330 0	004			
V				F	ACILITY INFORMAT	ION					
	ere Abatement is Taking Place (3)					Type of Facility (4)		188			
	y Justice Center Courtho	use				☐ School (k	(-12)				
treet Address						☐ Subchap	ter 8 (Other than	K-12)			
0 Main St.							e. private & Com		s ha	mac	oto
ity (5)						outer (i.e.	private & com	mercial bulluling	3, 1101	nes,	etc.
lackensack						Square Feet	# of Floors	Bldg. Age			
						342,797	5	1957			
ounty (6)				500000	y Code (7)	Current Use (Prior it	f being demolished)				
ergen				(STAT	E USE ONLY)	Courthouse					
	Firm Hired by Building Owner (8)				ASCM No.	Name of Abatemen	t Contractor (9)				_
mega Enviror	nmental Services, Inc				00120	Unicorn Contra					
eet Address					1	Street Address	acting corp.		-	TO THE STREET	-
30 Huyler Stree	et										
y, State, Zip Code						32 Willow Way					
outh Hackensa	ck NII 07606					City, State, Zip Code					
20 1000				1		Woodland Park	k, NJ 07424				
oject Manager for N	Ionitoring Firm				one No.	Telephone No.		License No.			
chard Kuiters				201-4	89-8700	973-333-9176		01331			
art Date (10)	(4)		Schedu	led Comp	letion Date (11)	Name of OSHA Moni	•			**********	
/29/19			5/13/		iction bate (11)		353				
A COLUMN TO THE PARTY OF THE PA	ng Abatement (Check Only One)		3/13/	13		Envirovision Co	nsuitants, inc.				_
	sed/Vacated During Entire Pe	riad of Al		antico.		Street Address					
,	Performed Outside of Norma			nτ		20-21 Wagaraw	Rd., Bldg. 35-E				
			Hours			City, State, Zip Code					
Other - Desc pe of Work (Check A		30AM	_			Fair Lawn, NJ 0	7410				
≥3 sf or ≥3 l			X	Renov	ation	☐ Full Contain	nment with Nega	tive Pressure			
≥160 If or ≥2	260 If			Demol	ition	Mini-Enclos	sure				
						☐ Glovebag P	rocedure				
							ted (*) and Non-	Friable Procedu	ire		
			ls Location	n			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	T	T	Abat	eme
	Location of		Normally			Description of				Т	уре
	ontaining Material (ACM)	33333	ed Solely	-145		Containing Material (A		Amount			
		0.4	aintenand	0.850		ermal systems insulation	on,	(Specity			m
	TO BE ABATED		todial Sta			surfacing, VAT, or		SF or LF)	Re	1_	cap
	TO BE ABATED In Facility		stodial Sta (12)					1	Removal	Repair	Encapsulate
	TO BE ABATED	Cus	(12)	N/A	0	ther miscellaneous)			0)	=	ë
]	IN Facility (13)		(12) No	N/A		***************************************		20.15	_	17	
]	IO BE ABATED In Facility (13) Room 219	Cus	(12) No X	N/A	TS	il (Wrap & Cut)		30 LF	Х		_
] 	In Facility (13) Room 219 Room 320	Cus	No X X	N/A	TS	GI (Wrap & Cut)		30 LF	X		
] 	IO BE ABATED In Facility (13) Room 219	Cus	(12) No X	N/A	TS	il (Wrap & Cut)			Х		
] 	Room 219 Room 320 Room 321	Cus	No X X	N/A	TS	GI (Wrap & Cut)		30 LF	X		
I I F e of Registered Wass	ROOM 219 Room 320 Room 321 te Hauler	Yes	No X X		TS TS	GI (Wrap & Cut)		30 LF	X X X		
I I F e of Registered Wass	ROOM 219 Room 320 Room 321 te Hauler	Yes	No X X X	este Haule	TS TS TS	I (Wrap & Cut) I (Wrap & Cut) I (Wrap & Cut)		30 LF 30 LF	X X X red Lan	dfill	
I I F e of Registered Was corn Contractir itate	ROOM 219 Room 320 Room 321 te Hauler	Yes	No X X X X X NJDEP W	este Haule	TS TS TS TS	GI (Wrap & Cut) Cubic Yards of Waste		30 LF 30 LF Name of Reguster	X X X red Lan	dfill	
I I F e of Registered Was corn Contractir State	ROOM 219 Room 320 Room 321 te Hauler	Yes	No X X X X X NJDEP W	este Haule	TS TS TS TS	GI (Wrap & Cut) Cubic Yards of Waste C+ CU YD	V 21	30 LF 30 LF Name of Reguster Fairless Hills	X X X Y red Lan	dfill	
] 	ROOM 219 Room 320 Room 321 te Hauler	Yes	No X X X X X NJDEP W	este Haule	TS TS TS TS	GI (Wrap & Cut) GI (Wrap & Cut) GI (Wrap & Cut) GUbic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste	V 11	30 LF 30 LF Name of Reguster Fairless Hills	X X X Y red Lan	dfill	

		NOT (F	TFIGA Pursua	NON OF A	New Jersey ASBESTOS ABA 8:60-7 and 12:	120-7)	CK	341	61	ſ		
Date of Notification (1)		U	L			Owner/Operator DOHME CORP.	(2)					
	0					DONNE CORP.		ME		E		
Agencies Notified Type Not	9 tification		_		et Address	/ENUE DO DO					The second second	
						/ENUE, P.O. BC	X 2000, RY28	-414				
DEP Am Car	al Notificat ended Noti ncellation		n	RAH	, State, Zip Cod HWAY, NEW JE			ЦЦ	MA	Υ -	7 20	19
	Hold				ne of Contact	200	Telephone				DÁNGA MÁTE DES	
DCA EM	ERGENCY	NOTI			RICIA JOHNSO	N	732-594-77	46 AS	BES	TOS	CONT	ROL &
Name of Facility Where Abatement	io Tokine	Diana	(0)	ACILITY II	NFORMATION	-				LIULI	ISING	
Name of Facility Where Abatement	is raking	Place	(3)			Type of Facili]
MERCK SHARP & DOHME CORPO	RATION					School (I						
001110	i i i i i i i i i i i i i i i i i i i					X Other (ie	ter 8 (Other th . private & cor	an K-12)	ac h	omoo	oto \	
Street Address						Square Feet	# of Floo	rs I	ys., III	dg. Ag	elc.)	1
126 EAST LINCOLN AVENUE - BUIL						123,400	2		٥	46	~	
	inty (6)			Cour	nty Code (7)	Current Use (F	rior if being de	emolished	d)			
RAHWAY UNI			(2)	(STATE	E USE ONLY)	COMMERCIAL			0			
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTI	Building C	wner	(8)		ASCM No.	Name of Abat			5/19)			
Street Address	GATIONS,	INC.			104	PAR ENVIROR		RPORAT	ION			į.
655 WEST SHORE TRAIL						313 SPOOK R						
City, State, Zip Code						City, State, Zip						
SPARTA	NEW JEF	SEY	07871			SUFFERN, NE		01				
Project Manager for Monitoring Firm		Tele	phone	Number		Telephone Nur		License I	Numb	er		
WILLIAM S. KERBEL, CIH		973-	729-56	649		845-369-7500	08260000	1101				
Expected State Date (10)	Sch	ed. C	omple	tion Date	(11)	Name of OSH	A Monitor					
5 / 9 /19 Month Day Year	_ l	100000	/	30	500.00	AMERISCI						
Month Day Year Occupancy Status During Abatement	(Check on	onth	1	Day	Year	Ctus at A dalace						
X Facility Closed/Vacated D	urina Entire	Perio) id of Al	batement		Street Address 117 EAST 30T						
Abatement Performed Out	side of Nor	mal F	acility I	Hours - De	scribe:	TIT LAST SOT	ITSTREET					
X Other - Describe: MOI	NDAY - FR	DAY	7AM-3	:30 PM		City, State, Zip	Code					
Scope of Work (Check all that apply)							W YORK, NE		1001	6		
Demolition	X Ren	ovatio	n		Full Conta	ainment with Neg	ative Pressure	е				
X >3SF OR LF	X I Terr	ovalio	11		Mini Encl	Procedure						
>160 SF OR 260 LF						le Procedure						
Location of	Is	Locat	tion		Description of As			Δ	haten	nent T	Vna	
Asbestos-containing	nor	mally	used	Co	ontaining Materi	al (ACM)	Amount					
Material (ACM)		olely I			(ie. Thermal sy	stems	(Specify	REMOVAL	REPAIR	ENC/	ENCI	
TO BE ABATED	Mair	nt/Cus	todial		sulation, surfaci		SF or LF) 2	♣	P	15 I	
in Facility (13)	Yes	taff (1	2) N/A	C	or other miscella	neous)		₽		APSUL	OSUR	
DOOF NOOTH IN	1163	140					-	-	+-	11	π	
ROOF -NORTHEAST CORNER			X	BUILT UP	ROOFING		100 SF	X				
									1	+	\vdash	
									+	+-	\vdash	
	_			-					_	-	\sqcup	
											\Box	
Name of Registered Waste Hauler	NJD	EP W	aste (Cubic Yard	ls of Waste	Name of Regist	ered Landfill			1	\vdash	
FREEHOLD CARTAGE, INC.	Haul	er ID I	Vo.		10	LYCOMING CO	UNTY RESO	URCE MA	ANAG	EMEN	IT SE	
825 HIGHWAY 33		15939				447 ALEXANDE			10			
City, State FREEHOLD, NEW JERSEY				Disposal Da 5/9-8/30/20		City, State	/ DA 47755			/	1	
Completed by (Print or Type)	Title		15		Signature /	MONTGOMER		Date /	1.1	1	10	
BENJAMIN SANCHEZ	DIRECTO	ROF	OPER	ATIONS	1/	$\langle X \rangle$	1,	4	17	19/	19	

-3077		19	TFICA (Purs	ATTION O	e of New F ASBE NJAC 8	STOS	BATEM	ENT					010	5	
Date of Notification (1) 4-29-2019					Building O wark, Ll		perator (2	2)		l U	MAY -	- / 2	019	and of the same	
Agencies Notified T	ype Notification		10000	reet Ado		ad. Su	ite 1200)		A	SBESTOS	S CON	TRO	L &	
EPA DEP	Initial Amended		Ci	ty, State	. Zip Coc	le			·		LIGE	NOUN	3	gotto 6	
X DOL	Amendment : Emergency (akewo	od, NJ	08701				Tele	ephone Nun	nber			
DOH DCA	justification) Cancellation		75323		Eglento	wicz					2-991-117				
Name of Facility Where Ab	atement is Taking	n Place (3)		FACILI	TY INFO	RMATIC	NO	Type of	Facility (4)					
Commercial	atomoni to Taking	9 - 15-00 (0)					[☐ Sch	nool (K-1	2)	12.42				
Street Address 338 Newark Avenue								× Oth	ner (i.e. p	8 (Othe orivate 8	er than K-12 & commerci	al buildi	ngs, h	nomes	S,
City (5)								Square			Floors	100000000000000000000000000000000000000	dg. Ag	je	
Jersey City, NJ	-		-1-0					9789	Llao /Dri	2 or if bei	ng demolish	70)+		
County (6) Hudson				ounty Co	ode (/) SE ONLY)			ounent	036 (FI)	or it bel	g comona	776			
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCM	No.				ment Cor onmen		(9) rvices, LL	.C			
Street Address								Address Irginia	Avenu	е					
City, State, Zip Code								ate, Zip y City,	Code NJ 07:	304					
Project Manager for Monito	ect Manager for Monitoring Firm						P. C.	one No. 333-88	55		License N 01174	lo.			
Start Date (10) 5-9-2019		Scheduled 5-13-201		oletion D	ate (11)				Monitor onmer		rvices, Ll	_C			
Occupancy Status During	Abatement (Che	ck Only One					170000000000000000000000000000000000000	Address	Avenu	10					
X Facility Closed/Vacat Abatement Performed Other – Describe:	d Outside of Norr	Period of Ab mal Facility F	ateme lours	ent		_	City, St	tate, Zip							
Scope of Work (Check All			~ 1L11				1 00100	by Oity,			and the state of t				m. a/100
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati molitic				×	Mini- Glov	Enclosu	re ocedure	h Negative nd Non-Fria			e	
	2		ocatio										Abate Ty	ement rpe	t
Location Asbestos-Containing II TO BE ABA In Facilit (13)	Material (ACM) TED	Used Main Custo	Solel Solel tenan dial S (12)	y by ice/	Asbes (i.e.	tos Cor therma surfa	escription ntaining M Il systems acing, VA miscellar	laterial (s insulati T, or	ACM) ion,		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							205.05	-		-	
2nd Flo			×				VAT	Li ai -			225 SF 40 SF	×			-
2nd Flo							nsite De				000 SF	X	-		+
Roof			Χ			K00	fing Ma	ciidi					-	-	-
Name of Registered Was Green Environmenta			Н	JDEP W auler ID 034889	No.	Cubi of W	c Yards aste		Fairle	ss Lar	tered Landf	ill .			
City, State Jersey City, NJ	No. of the Control of	A SECTION AND SECTION ASSESSED.			10.00		osal Date 3-2019)	City, St Morris						
Completed by		Title Office	Mar	nager			Signatur		1750	e a n	mare 1	Date 4-29-2	019		

		Statement .	Stat	te of Ne	ew Jersey		processor and a second contract of the second				-
Ch10128	NOT (Pu	IFICAT	ION I	OF AST	8:60 and 12:	ATEMENT	In che	LE I	\mathbb{V}		n
4 1410	(1 4	U	7	7 1	0.90 and 12.	120)	DAME	N 11			
Date of Notification (1)		Nam	e of E	Building	Owner / Opera	ator (2)	11111				111
4/24/19		Cun	nber	land Co		ement Auth	orlity LI MA	Y - 7	2019	-	الا
Agencies Notified Type Notificati	on		et Ado		20						
DEP Initial		_		anon R			ASBES	TOS COI	NTRO	1.8	(Constant)
DOL Amend	ed			& Zip C NJ 083				LICENSIN			
☑ DOH ☐ Emerge				Contact	132		*	Tolonh	one N	I	l
DCA Cancell			g Bo	0.0700.0000.0000				Teleph 856-36			ber
		FA			ORMATION			000-00	74-11	32	
Name of Facility Where Abatement	is Taking Plac	ce (3)			Type of Fac	cility (4)					-
Future location of Vineland Po	olice	18/21 102				(K-12)					
Street Address						apter 8 (Other					
630 Plum Street	197						ommercial build	-	110707-1100	etc.)	
City (5) C	ounty (C)	Carrati	0 - 1 -	(7)	Square Fee	and homeometric		Bldg. Ag	je		
	the second framework for the	County	Code	(1)	NA		NA	NA			
Villelalid	umperiand	NA				(Prior if being	demolished)				
Name of Monitoring Firm Hired by E	Building Owner	(8)	IAC	CM No.	Vacant/No		1 (0)				
Atlas Environmental	building Owner	(0)	AS	CIVI NO.		atement Contr	actor (9) esolutions Co	ntractin	~ II	_	
Street Address					Street Addre		solutions co	iiiiaciiii	g, LL		
PO Box 11645						7. (7. (7.)	d, PO Box 70				
City, State & Zip Code					City, State 8						_
Philadelphia, PA 19116					Winslow,						
Project Manager for Monitoring Firm Jason Dua	1	elephone			Telephone I		License	Number			
	neduled Comple	37-784-4			609-567-06			0126	33		
5/6/19		ellon Da '/5/19	te (11	1)	Name of OS	lytical, Inc.					
Occupancy Status During Abatemer					Street Addre						
X Facility Closed/Vacated Dur	ing Entire Perio	od of Aba			200 Route						
Abatement Performed Outsi	de of Normal 1	Hours –	7am t	to 3pm	City, State &						
Describe:					Cinnamins	on NJ 08077	,				
Facility Occupied During Ab											
Scope of Work (Check all that apply)					_ = = =					
≥3 sf or ≥3 If	Г	Ren	ovati	on			ontainment with	Negative	Pres	sure	ř.
x ≥160 sf ≥260 lf	_		nolitio				nclosure Bag Procedures				
			701110				kempted and No		Proc	edu	re
Location of		Is Location			Descriptio		Amount		teme		
Asbestos-Containing	N	lormally U Solely b			Asbestos-Cor		(Specify	1.130			7
Material (ACM) TO BE ABATED		aintenanc	e or		Material (A		SF or LF)	20	77	Enc	En
in Facility	Cu	ustodial S	taff?	in	(i.e., thermal s sulation, surfa-			Remova	Repair	aps	cls
(13)	Yes	(12) s No	N/A		or other miscel			va	ai-	Encapsulate	Enclsoure
Soil in retention basin			DOM:							Ф	
Son in retention pasin	<u> </u>		Х	Irans	te Debris		40 cy	X	Щ	닠	Ц
									님	님	
									井	님	H
			H						님	님	H
			H		77.5			᠆┼	H	H	H
Name of Registered Waste Hauler		NJE	DEP V	Vaste C	Cubic Yards	Name of Red	istered Landfill				Ш
		Нац	ıler ID		f Waste	Training of thos	notoroa Earrann				
Bull Waste & Recycling, Inc.		214	135	4	0	Cumberlan	d County Lan	dfill			
City, State				D	isposal Date	City, State					
Berlin, NJ				7	/5/19	Millville, Ne	Wyersey				
Completed By (Print or Type)		Title			ignature		1	Date			
Γheodore S. Budzynski		Pre	side	nt	and the same of th			4/24/1	9		
				_						<u> </u>	
			1			(_	Manufacture of the Control of the Co		×		

Date of Notification (1). Date of Notification (1). Date of Notification (1).	
Date of Notification (1). Agencies Notification Agencies Notification I type Notification Street Address Street Address DEP Amended Amendment # DOH DOCA DOCA Cancellation Name of Building Owner/Operator (2) Cancellation Name of Contact Name of Contact Cancellation Name of Contact Cancellation Name of Contact Cancellation	
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other then K-13)	
City (5) Other (i.e. private & commercial buildings, homes, etc.) County (6) County (7) (STATE USE ONL1) County (6) County (7) (STATE USE ONL1) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	
City, State, Zip Code City, State, Zip Code City,	
Start Dary (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Street Address Other – Describe:	
City, State, Zip Code Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Pull Containment with Negative Pressure ☐ Glovebag Procedure	
Lecation of Asbestos-Containing Material (ACM) In Facility (13) Ves No N/A Is Location Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscellaneous) SF or LF) Fig. Non-Exempted (*) and Non-Friable Procedure Abatement Type The procedure Abatement Type The procedure Abatement Type Other miscellaneous)	
me of Registered Waste Hauler NJDEP Waste Hauler D No. Of Waste Name of Registered Landfill The Landful Country of Waste	
Disposal Date Disposal Date City, State Disposal Date City, State Date V. Bitterdent Do not use this form for aspector line 11 (R-06-08)	

Check# 3237

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

Date of Notification (1)	1	1	- 23	10)							
April 30, 2	2019	نا لية	L	Laure	Name of Building Owner RUTGERS, THE S			NTV O	ENI		
Agencies Notified	T	Notificatio			Street Address	JIAIL ON	IVERS	SII I O	r IVJ		
ISI EDA		X Initial		ation	ENVIRONMENTAL	_ HEALTH	& SA	FETY	DEPT.	(RFF	IS)
X EPA		□ Amend	led Not	tification #	74 STREET 1603,	BLDG 411	6. LIV	INGST	ON C	AMPL	JS
☑ DOL		□ Emer	gency	(including	City, State, Zip Code		,				
DEP- No Longer REQUIRED	. 1		cation)	PISCATAWAY, NJ	08854	TE	· P	7 1	ПЛГ	3 800
DOH		□ Cance	lled		Name of Contact	.	Telle	phobie N	mber		3 10
_ 5611					MICHAEL F. SMIT		1848	-445-2	550	-	
				FACILITY	HEALTH & SAFET		11				11111
Name of Facility Where Abatement	is Takin	g Place (3)	y	FACILITY IIV	Type of Facility (4)	14	- Lucy	MAY.	- 7 2	919	$+$ $\!$
LIPMAN HALL, BLDG# 6	025				School (K-12)						bossel
St					Subchapter 8 (other th	an K-12) Occi	pied or	CCTO	- Comment	NV SATURNAS DOS	
Street Address COOK CAMPUS					Other (i.e. private & co	mmercial buil	dings, ho	mesiretc	NSING	ROL 8	Š.
					Sq. Feet: N/A	# of Floors:	4 Bld	g. Age:	80+ y	ears-	histocopyrum (ger go
	nty (6)			y Code (7)	T						
NEW BRUNSWICK	IIDDL	ESEX	(State	Use Only)	Current Use (prior if beir	ng demolishe	d): AC	ADEMIC			
Name of Monitoring Firm Hired by E	Bldg. Ow	mer (8)	ASCM		Name of Contractor (9)						
AIC			0009	98	CDEENIMOOD ADA	TEMENT					
Street Address					GREENWOOD ABA Street Address	TEMENT	ONSU	JLIAN	IS, INC	; <u>. </u>	
3 TERRI LANE					Street Address						
					511 MAIN STREET						
City, State, Zip Code	OWNERS				City State, ZipCode						
BURLINGTON, NJ 080					BUTLER, NJ 07405						
Project Manager for Monitoring Firm		Telephone I			Telephone Number		Licens	se Numbe	e <u>r</u>	3-17-11-1	Hill War
BRIAN R. KEARNEY	- 1	609-386	-8800		973-492-0477		000				
Scheduled Start Date (10)	5	Scheduled (Completio	on Date (11)	Name of OSHA Monitor		0084	łU			
05/10/2019	- 1	05/20)/19		ENVIROVISION, IN	C.					
Occupancy Status During Abatem	ent (Ch	eck only o	ne)		Street Address						
☐Facility Closed/Vacated During	Entire F	Period of A	batemer	nt	20-21 WARGARAW	ROAD, BL	DG# 3	5E			
Abatement Performed Outside Describe:	of Norm	nal Facility	Hours -		City, State, Zip Code						
Stribe: Other- Describe: Bldg. Occup	ind Wa	rk Aron W		Cabadula, EDM	FAIRLAWN, NJ 074	10					
- 5AM (24 HOURS & WEEKE	NDS A	AS NEED	FD)	Schedule: SPIVI	114.4.2.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.						
		to HEED									
Scope of Work (Check all that apply)				_						
□≥ 3 sf or >3 lf						☑Full Contair	nment w	ith Nega	tive Pre	ssure	
⊠ ≥ 160 sf or ≥ 260 lf				Renovation Demolition		Mini-Enclos					
<u> </u>				Demolition		Glove bag I				23 1	
Location of Asbestos-Containing	Is Locat	ion Normal	v Used	Description of Ash	pestos Containing Material	Non-Exemp			ent Type		ure
		y Maint./Cu	stodial	(ACM) (i.e. therm	al systems insulation, surfaci						
	Staff? (1 YES	12) NO	NA	VAT, or other miss	cell.)	or LF)		Remove	Repair I	Encap I	Enclose
Danie 240 240 240	120		INA								
Rooms 310, 312, 313 Rooms 310, 312, 313		X		TSI		350	LF	X			
Rooms 310, 312, 313		X		VAT		600	SF	X			
Name of Peg Wests Haves	1	I I		15 "							
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Was See Below		rID#	Cubic Yards of Waste:	25 CY		of Regist			
							G.R.C	D.W.S. I	worth L	.andfi	II
Hauler #1) Greenwood Abatement (NJDEP # 12561	Consulta	ants, Inc. –	Butler, N	NJ 07405		Disposal Da	te		ity, State		
Hauler #2) Newark Carting, Inc., N	ewark, N	NJ 04509				05/00/0			00 New d. Morr		
NJ DEP # 4509		non spinare Tiet, The				05/20/20	119	1	9067	2000 200 200 200 200 200 200 200 200 20	-
								2	15-736-	1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title		00 150		Signature		<u>Date</u>		20		
TAT MOND C. PEDALINO		NIOR PE		, I	Raymond C. Pe	dalino	April	30, 20	19		
	IVIA	NAGER	4		0						

no (V				FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE)_	<u>L</u>	6	旦	di-marine		<u>S</u>	
Date of Notification (1)	1			5-30	of Building		Operator	(2)				1	1	MAY	-	7 2	019		
04/30/2019				2007.1	Flanders	Hotel												3	
Agencies Notified	Type Notification	ľ.			Address					-	MARKET		SP	EST	081	CON	TRO	1.8	Corto
⊠ EPA	Initial ,			The Sould See Line	11th S					1		8	1OU	L	CEN	ISIN	G		
X EPA X DEP X DOL	Amended Amendmen				ate, Zip C		00			less		nerdolat.				DOVECTOR'S			
Page 1 and 1	Emergency		- 1		n City, N		26												
⊠ DOH	justification)			100000000000000000000000000000000000000	of Contact						2000	2000		e Nur					
☐ DCA	Cancellation	1		1, 10, 10, 1	Voudou						6	10	-299	9-34	10		20 -00-0		
Name of Facility Where A	hatement is Takir	na Place (3)	FAC	ILITY INF	ORMAT	ION	Tuno	of Facility	(4)									
The Flanders Hotel		ig i lace (3)				1	_	of Facility										
Street Address								님	School (K-1	12)	(04)		4h a a	1/ 10					
719 E. 11th Street								岗	Subchapter Other (i.e.)	r o priv	(Oti	& c	comr	nerci:	() al buil	dinas	hom	es	
								e e	tc.)						u. Du.	umge	,		
City (5)									e Feet			of F	loors	S		Bldg.	Age		
Ocean City								32,0			7					25+			
County (6)				County	Code (7) USE ONLY	1			nt Use (Pri	or	if be	eing	den	nolish	red)				
Cape May						′		n/a											╛
Name of Monitoring Firm		Owner (8))	ASC	И No.		1		ement Cor			r (9)						1
Health and Safety S	services								orises, Ir	nc.									
Street Address							Street		73 mm m										1
PO Box 365									ah Road										
City, State, Zip Code							City, St				0 2								
Berlin, NJ 08009									r Towns	shi	p, l	_							
Project Manager for Moni	toring Firm		- 1	Telepho			Telepho					1		ise N	0.				
James Proctor				200000000000000000000000000000000000000	52-1311		1 0000000000000000000000000000000000000	567-1)11	72					
Start Date (10)					Date (11)				A Monitor										
04/18/2019		05/10/)					afety Se	erv	rice	s, l	nc.						
Occupancy Status During	Abatement (Chec	ck Only Or	ne)				Street A												
Facility Closed/Vaca								36 Sox											
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	/ Hour	S			City, St					-57.71							7
						_	Berlin	n, NJ	08009										
Scope of Work (Check All	That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mini Glov	Containme -Enclosure rebag Prod	e cec	lure								
		_						Non	-Exempted	d (,) ar	nd N	ion-l	Friabl	le Pro				+
			Locat Norma														ement /pe		
Location			d Sole		Ashaa		scription								-	Г			+
Asbestos-Containing N TO BE ABA		1000000	intena				aining Ma systems					0.00	ount		R	_	Enc	Щ	
In Facilit	У	Cus	todial ((12)			surfac	cing, VAT	, or					LF)		Removal	Repair	Encapsulate	Enclosure	
(13)			(12)			other n	niscellane	eous)							oval	air	sula	Sure	
		Yes	No	N/A													e		
Mechanical	Room			Х		Ceili	ng Plas	ter			2	2,1	00		x				1
																			7
			W											_					+
											_								+
Name of Penistared Mast	o Hauler		T A	LIDEDIA	lasta	Cubic	Vorda	- 1	Nows of	D -	mi-t		11-	- den					-
Name of Registered Wast	e naulei			NJDEP W Hauler ID		of Was	Yards ste		Name of		7.00				. A				
Site Enterprises Inc.				035220		20 cy			Cape N	Лa	y C	ou	nty	MU	A "				
City, State						,	sal Date		City, State	e	-							-	1
6626 Delilah Road E	gg Harbor Tov	vnship, î	UJ			05/10	2019		Woodb		e, N	IJ							
Completed by		Title				S	ignature ₁	1-	^		155			Dat	te	570.07	-		+
Eric Keys		OM				1	0 "	VA						1000	1/30/	2019)		

Bilyana Kulakovska

ASB-41 JUN 95 Office Administrator

5/1/19

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 7422

Initial Notification

Date of Notificatio	n (1)		Nar	ne of B	uildin	g Owner/Operato	or (2)	FE	0 F	n v	\П (P
0 5 / 0		9					-	ME	, E	Ш	<u> </u>	
Agencies Notified			SE	itley Pro	dress	S		181				-
	Tibe Wearth				0	- 1 44th Flores		11111 14	4Y -	7 '0	110	1
[X]EPA	[X]Initial			Nest 40		et, 11th Floor`		LI LI INIT	11	4 C	113	-
(X)DEP	- 10 A			7			dation					
⊠1por	[]Amended Notific	ation	i 1	w York			1701	ASBES ephone Numb				. Či
(X) DOH	[]Cancel]	ation	Na	ne of C	ontact			The same of the property of the same of th	ENOCIN	OHAC	t 	er solt
[]DCA			Ma	arc Pop	owitz		(212	2) 697-0450				
						NFORMATION						
Name of Facility Wh	ere Abatemen	it is Ta	king	Place	(3)		Type of Facil					
Nutley Properties - B	oiler Room #	1-Yale &	Offic	e			[1Subch	1 (K-12) apter 8 (Ot	her t	han :	K-12)
Street Address	0.101 1.1001.1.1.				*		1 Minther	(i.e., pri buildings,	vate i	& CO	mmer.	•
45 Lavral Ob / 404 Ua	naay Ayanua						Square Feet	# of Floor	s Bl	dg.	Age	_
45 Lovel Ct. / 181 Ha	Incox Avenue	County	(6)		Cot	inty Code (7)	20000	2		50		31
2000000					(57	TATÉ USE ONLY)	Current Use (ing a	emor	isne	1)
Nutley, NJ 07110	Time Vinca	Essex	100	TASCM N		Name of Abate	Residential bu	illdings	-			
Owner (8)	FILM MILEG	oy bullo	irig	ASON A				7-100 1				
S&S Environmental S	Sciences, Inc.					Four Strong B	uilders, Inc.					
Street Address						Street Addres	S					
98 Sand Park Road						180 Sargeant	Avenue					
City. State. Zip Co	ode											
Cedar Grove, NJ 070	009	P2	1-1	N		Clifton, NJ 070	13-1935	ILic	ense N	umbe	E	
Project Manager for	r Monitoring											
Prakash Khaitan Scheduled Start Date	100 150	hed.Comp		57-718		973-614-0377		800	J1			
		5//	21 1122	1021	_							
Month / Day /	Year M	onth /	Day	Yes	15	Four Strong B						
Occupancy Status D	uring Abatem	ent (Che	eck o	Period	≥) 1		NO.					
of Abatement						180 Sargeant	Avenue					
[]Abatement Per Hours - Descr	ibe:		Stmar	. racii.	rrå	City, State,	arp sode					
X]Other - Descr						Clifton, NJ 070	013					156
Scope of Work (Che	ck all that	apply)	2000000			[]Ful:	L Containment	with Negati	ve Pr	essu	e	
[]Demolit []>3 sf o			[X]	Renova	tion	[X]GLo	i-Enclosure vebag Procedure	•				
X ∑160 sf	or >260 lf					[]Non-	-Friable Proces	dure				
				Is ation					Aba	teme	it T	ype E
	ion of		Non	mally		Description Asbestos-Con		Amount	RE	R	NC	N
Asbestos- Materia	Containing 1 (ACM)		So	ised olely		Material (ACM)	(Specify	M	E	A	T. 0
TO BE	ABATED			Main- mance/	i	(i.e., thermal nsulation, sur	facing, VAT.	SF or LF)	V	P	S	5
	.3)			stodial	1	or other mis	cellaneous)		A	R	U	UR
				No N/				140.05	-	-	<u> </u>	E
Boiler Rm #1-Yale			X			er Insulation		140 SF	$\rightarrow \Diamond$		-	-
Boiler Rm #1-Yale			X		Flue	Insulation		40 SF	\rightarrow			_
Boiler Rm #1-Yale			X		Pipe	Insulation		350 LF	\perp X			
Office				X		Insulation		200 LF	X			
Name of Registered	Waste Haule	er	N.	JDEP Wa	ste D No.	Cubic Yards of Waste	Name of Regi	stered Land	Ifill			
Nowark Carting Co	Y			509	nes sufferes	CONTRACTOR OF THE PROPERTY OF	Grand Centra	I Sanitary La	andfill			
Newark Carting, Co	··		17			Disposal Date	City. State					
							Pan Argyl, PA	18072				
Newark, NJ Completed By (Prin	t or Tynel	Title				Signatur	21, 21, 71, 71,	1 10012	T D	ate	-	
				1-41-		VT	X M			<i>!</i>		
Bilyana Kulakovska	1	Office A	dmir	istrator			Caro		15	/1/19	3	
ASB-41 JUN 95											G46	167

4/26/19

rededent buy MHORANO

Estimator

Do not use this form for ashestor

page 1 CK 5068 PAGE 02/04 BEST REMOVAL INC 84/26/2019 18:25AM 2013297448 E State of New Jersey NOTIFICATION OF ASSESTOS ASATEMEN (Persuant to NIAC 8:00 and 12:120) 2019 of Building OwnerCiperator (2) Ms. NEZEYDA G BA NOGH BUNEW CHIMPR MS. GOHEZ PAGELITY HOPORMATION Type of Feeling (4) Martin of Pacific Vilence Abstractics in Taking Place (5) C) Sahoel (K-12)

C) Sylochapter 5 (Other than K-12)

El Other (Le. private & commercial bosses, etc.) Ms. WEREYOU GO PEZ 1950 2000 : · NOWW BONNEWICK Contest Use (Prior If being der County Code (7) (STATE USE COMMY (%) ONLY) ROSIDONE MI DOLESEY Marrie of Almindrate Constructor (8) Name of Montaning Parts Hand by Suiting Owner AECM No. Best Removal Inc State Address 450 South River St Chy, State, Zap Code Hackensack, N.J. 07601 Talastrone No. Project Shiringer for Manifestra 201-329-7444 00388 Name of Citial Manie 5/1/19 Omega Environmental 5/4/19 Birmst Addresss 280 Huyler St C Fundity Closed/America During Entire Period of Abstern Cl Abstract Performed Cutation of Normal Fability Roses performer — Department 75-0-444 (Cl. 47-140) (14 City. State, Zip Code S. Hackensack , N. J. 07606 Supply of Wark (Charle all that south) Full Constitution volls Magetive Pressur S Miss-Backware G Glovebag Processes G Non-Benegated () and Men-Frichin Fr Description of Sentations (Sent TO BE ABATED Camballal (13) (120 No NA Yes. 1280 SF V 1 FLOOR Home of Regionard Lands Manus of Registered Wester Header M. State | Wheeler | Sandon ID No. Best Removal Inc CONSERLAND CONDITY LANDFILL 17109 7240 NEWBURGH N.J. 07601 Hackensack ,

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 04-30-2019 Rider University Agencies Notified EPA Type Notification Street Address ASBESTOS CONTROL & 2083 Lawrenceville Road DEP LICENSING Initial City, State & Zip Code \boxtimes DOL Amended Lawrenceville, NJ 08648 DOH Emergency Name of Contact Telephone Number DCA Cancellation Mr. Walter Eddy 609-896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Cranberry Café Building School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 25,000 3 57 Lawrenceville, NJ Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-13-2019 5-31-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed During 24/7 City, State & Zip Code Describe: 12:00am to 12:00pm Monday through Sunday Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures/Cut & Wrap 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) Enclosure Remova TO BE ABATED Maintenance or Repair (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Pub & Cranberry's Floor tile 9.000 SF Pub & Cranberry's X Mastic 9,000 SF Staff Dining, Market Place & Pub X Plaster Sheetrock back 10,000 SF Pub & Cranberry's & Staff dining M Pipe Elbows 50 Each Staff Dining, Market Place & Pub X Floor leveler & residual 13,000 SF Dish room Vibration Cloth 20 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ Morrisville, PA TBD Completed By (Print or Type) Title Signature Date Mr. Brian J. Haney President 04-30-2019

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

	(P	ursu	ant	(O <u>N</u>	.J.A.	C. 8:60 and	12:12	20)	1	,		1	ate and
Date of Notification						Owner / Operato	or (2)		i MAY	/_/	2019		L
Aganaiaa NatiGad	04-30-2019			Unive								-	
Agencies Notified EPA	Type Notification			t Addr Lawre	35 TO 172	le Road			ASSEST	OS COI CENSIN	VTAC	L&	ie.
☐ DEP		(City, S	State 8	Zip (Code		1,100,00	The second contract to the second	PERDIN	-	ACT OF SOLE OF	ATENTON
DOL	Amended	_			e, NJ 08	3648							
□ DOH	Emergency			of Co	0.000					Telepho	one N	lumb	er
⊠ DCA	☐ Cancellation	I	VIr. V	alter I	Eddy					609-896	3-500	0	
			F	ACILIT	TY INF	ORMATION						10.00	
Name of Facility WI	nere Abatement is Taking F	Place (3	3)			Type of Facil							
	Cranberry Café Building					School (
Street Address	D							Other than K-					
2083 Lawrenceville	Koad							te & commer				etc.)	
City (5)	IC(C)	10-		<u> </u>	()	Square Feet		# of Floors		Bldg. Ag			
Lawrenceville, NJ	County (6)	Col	unty (Code ((1)	25,000		3			57		
Lawrenceville, No	Mercer					Current Use (being demo	lished)				
Name of Monitoring	Firm Hired by Building Ow	nor (8)		TARC	M No	Campus Build		Cambrastas	0)				
Pennoni & Associat	es	ilei (o)		ASC	JVI IVO	 Name of Aba Resource Ma 							
Street Address			-		****	Street Address		ent Group, L	LU			1122	-
515 Grove Street, S	uite 1B					2115 Hamilto		Suite 202					
City, State & Zip Co	de					City, State &					0		
Haddonfield, NJ 080						Trenton, NJ C							
Project Manager for		Telep	hone	Numb	er	Telephone Nu			License 1	Vumber			
Mr. Brian Clark		856-5				609-977-6159			Lioundon	0118	35		
Scheduled Start Da 5-13-201			n Da	te (11)		Name of OSH	iA Mon						
THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN						J&S Environn		aboratories,	Inc.				
Facility Clos	During Abatement (Check of sed/Vacated During Entire F	nly one	of Ab	atomo	nt	Street Addres							
Abatement	Performed During 24/7	enou c	אר ונ	ateme	IIL	2333 Route 2 City, State & 2							
	12:00am to 12:00pm Mond	lav thro	uah :	Sunda	V	Union, NJ 070		1 e					
	upied During Abatement	ay uno	rugii i	Juliuu	y	Official, 140 O74	003						
Scope of Work (Che		King and a second											
**************************************								Full Containr	nent with N	Negative	Pres	sure	1
≥3 sf or ≥3 li		\boxtimes	Ren	ovatio	n			Mini-Enclosu					
≥160 sf ≥260	O If		Den	nolition	1			Glove Bag P	rocedures/	Cut & V	Vrap		
								Non-Exempte	ed and No	n-Friable	e Pro	cedu	re
	ocation of		ocati			Description			Amount	Aba	ateme	ent T	ype
	os-Containing	Norm				Asbestos-Cont			(Specify				
	erial (ACM) BE ABATED	Maint	olely b			Material (AC		1	SF or LF)	Z		E	四四
	Facility	Custo				(i.e., thermal sy insulation, surfac		т		l m	(ep	cap	Clo
	(13)		(12)	Juli .	8	or other miscella				Removal	Repair	Encapsula	Enclosure
	X /// Z	Yes	No	N/A				′		=		a	e
Staff Dining, Market	Place & Pub		\boxtimes			Ceiling Skim	Coat	1	0,000 SF				
Pub			\boxtimes			Tile			3,000 SF				
Pub			\boxtimes			Mastic			3,000 SF				
Pub & Cranberry's		1	\boxtimes	-		Floor Leveler(6,000 SF	\boxtimes	Ш	Ш	
Pub & Cranberry's Staff Dining, Market	Dloop & Dub	H	\boxtimes	무		loor leveler associa			6,000 SF				H
Name of Registered		Ш		DED	Maata	Cove Base M Cubic Yards		of Registere	1,200 LF		Ш	Ш	Ш
rame of registered	vaste i laulei		12 000	uler ID		of Waste	Ivallie	or Registere	u Landini				
Resource Managem	ent Group, LLC			35218		TBD	Grows	Landfill					
City, State		FE 11 C - 0 100				Disposal Date	City, S	State					
Trenton, NJ						TBD /		ville/ PA					
Completed By (Print	or Type)		Titl			Signature		1/1		Date			
Mr. Brian J. Haney			Pre	siden	t	() M	()h	MAL	111	04-30	-201	9	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

									111	MAAV	- 7 00	110	
Date of Notification (1) 4-30-2019	<u> </u>			of Bui Jniver		Owner / Operato	r (2)	and de		MAI	7 20	119	
Agencies Notified Type Notifi				Addre						resonant T	The second		
⊠ EPA						e Road				ASBESTO	SCONT	HOL&	
☐ DEP ☐ Initi	al	Ci	ity, S	tate &	Zip C	ode				LIC.	ENSING	entransis in the	
	ended	-			NJ 08	648							
	ergency	1.555		of Co	100000						Telephone		er
☐ DCA ☐ Car	ncellation	M	r. Wa	alter E	ddy					6	809-896-5	5000	
			FA	CILIT	Y INF	ORMATION							
Name of Facility Where Abater	nent is Taking Pl	ace (3)		-		Type of Facili	tv (4)						
Rider University - Cranberry Ca		. ,				School (
Street Address							ter 8 (Of	ther than	1 K-1	12)			
2083 Lawrenceville Road										cial building		s, etc.)	
City (E)	[O(O)	10.			7\	Square Feet		of Floor		B	ldg. Age		
City (5) Lawrenceville, NJ	County (6) Mercer	Coul	nty C	ode (()	25,000			3	-11		57	
Lawrenceville, 140	Intercer					Current Use (Campus Build		being de	moli	snea)			
Name of Monitoring Firm Hired	by Building Own	er (8)		ASC	M No.			Contracto	or (9))			
Pennoni & Associates						Resource Ma							
Street Address						Street Addres		S 81 SSSS					
515 Grove Street, Suite 1B						2115 Hamilto							
City, State & Zip Code						City, State & 2		е					
Haddonfield, NJ 08035					Trenton, NJ 0								
	ject Manager for Monitoring Firm Teleph Brian Clark 856-54						umber			License N			
Scheduled Start Date (10)	Brian Clark 856-) IA Manit	or			01185		
5-13-2019	5-31-20		Date	(11)		Name of OSH J&S Environn			iee	Inc			
Occupancy Status During Abate				-	WILL-19-	Street Addres		aborator	100,				
☐ Facility Closed/Vacated	During Entire P			temer	nt	2333 Route 2							
						City, State & 2		9 -					
Describe: 12:00am to		ay throu	igh S	unday	/	Union, NJ 070	083						
Scope of Work (Check all that a													
Scope of Work (Check all that a	appiy)						⊠ F	ull Conts	ainm	ent with No	anativa P	raccura	
≥3 sf or ≥3 lf		\boxtimes	Reno	vatio	n			lini-Encl			ogalivo i	roodure	1
≥160 sf ≥260 lf		1000000		olition			1000			ocedures/0	Cut & Wra	ap	
										d and Non			ıre
Location of			catio			Description			1	Amount	Abate	ement T	уре
Asbestos-Containi	ng	Norma				Asbestos-Cont				Specify			T
Material (ACM)			ely by			Material (AC			S	SF or LF)	2	R	Ē
TO BE ABATED in Facility		Mainte Custod			i	(i.e., thermal sy nsulation, surfac		-			em .	cap cep	Co
(13)			12)	can .		or other miscella					Removal	Encapsulat Repair	closure
				N/A			,				=	2	(D)
Dish room		П		\sqcap		Duct rope ga	sket	-		15 LF		\neg	
Cranberry's						Mastic			2	,500 SF		計员	T
Kitchen						Duct insulat	tion			,500 SF			
									543341				
			H	무									
Name of Registered Waste Hau	ш	INIE	LD W	lacto	Cubic Yards	Nome	of Dogist	toros	d Landfill				
Traine of Registered Waste Hat	<u></u>						Name (or Regisi	tere	Landilli			
Resource Management Group,	Resource Management Group, LLC 0035						Grows	Landfill					
City, State						Disposal Date	City, St	ate					
Trenton, NJ			TBD //	Morrisv									
Completed By (Print or Type)			Title			Signature		KIA	11 1	1/	Date		
Mr. Brian J. Haney			Pres	sident		f) l	1 Not	1\1/1	////	1	4-30-20	19	
							H	1 V//6	LV	1			

0K56711	PAII	D	NOT		ATIO		BE	Jersey STOS ABA 8:60 and 5:			D)EC			\mathbb{V}	E	
Date of Notification (1)					Nam	ne of Buildi	ng Ov	wner/Operato	r (2)		200 100			_	\mathbb{H}
04/	29 /	19						Services, Ir		111	L) MA	Y	7	2019		
Agencies Notified	Type Notific	cation			Stre	et Address			-	-		=32:49700				
⊠ EPA					95	5 L'Enfai	nt PI	aza North,	sw	, !	ASBES	TOS	COA	ITAC	8.1	ă
⊠ DOLWD	☐ Amende				_	State, Zip						ICE	VSIN	G.	Un 30E	
⊠ DOH	Amenda			-	0.000	ashingto									Miller of works	
DCA (NJAC 5:23-8)	☐ Emerger justificat	ncy (in	cluain	g		e of Conta					Telephone	Mumh	ner .			
(10.10 0.20 0)	☐ Cancella					omas Le					202-484					
		0.00.000.000						RMATION			202-404	-3076				
Name of Facility Where A	batement is	Taking	Place	e (3)		CILITT	NFO	RIVIATION	1.	Type of Engility	(4)		-			
QCJ RCLR Site		raining	, , , , , , ,	c (0)						Type of Facility (☐ School (K-12						
Street Address										Subchapter 8		K-12)				
645 Millbrook Avenu	II.									Other (i.e., pr				uilding	js,	
City (5)	-								1	homes, etc.)	" (5)		1.50			
Randolph									1	Square Feet	# of Floors		- 14	dg. A	ge	
County (6)				7	10-		71/07	ATE 1/05 01111		10,000	2		ord-out	80		
Morris					Cor	inty Code (7)(\$1,	ATE USE ONLY) (Current Use (Pri		molis	ned)			
										Governmen	t Building					
Name of Monitoring Firm		iding O	wner	(8)	ASCN		22000			nt Contractor (9)						
TTI Environmental,	inc.				000	03	-		ror	mental, LLC						
Street Address	007 4 07						Str	reet Address								
1253 N. Church Stre	et						(323 Cutler A	Ave	enue						
City, State, Zip Code								y, State, Zip (
Moorestown, NJ 080							ľ	Maple Shad	le, l	NJ 08052	_ A0.9/1					
Project Manager for Monit	oring Firm			11 2000000	ephone		Te	lephone No.			License No	Ο.				
Jim Guilardi						0-8800	8	356-755-009	99		00842					
Start Date (10)05 /13 /						19		me of OSHA E MSL Analy								SHE W
Occupancy Status During							Str	eet Address								
Facility Closed/Vacated							2	200 Route 1	30	North						
Abatement Performed							Cit	y, State, Zip C	Cod	е				-		
Time of Abatement:	AIVI	PM	1/	PM		_AM	(Cinnaminso	n,	NJ 08077						
Scope of Work (Check all	that apply)								113							
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Full Cor		nment with Neg	ative Pressure	Э				
≥160 sf or ≥260 If				moliti				Gloveba	ag F	Procedure						
								⊠ Non-Ex	em	pted (*) and Nor	-Friable Proc	edure)			
Location of	£			Loca				D					Ab	ateme	ent T	ype
Asbestos-Containing M		1)	Use	d Sol	ely by	Asbe	stos	Description Containing M		rial (ACM)	Amount		Re	Re	티	E
TO BE ABAT				intena	ance/ Staff?		., the	ermal systems	s ins	sulation,	(Specify		Removal	Repair	cap	clos
IN Facility (13)	r.:		Cusi	(12)	Stail?			surfacing, VAT her miscelland			SF or LF)		<u>a</u>	I DAM	Encapsulate	Enclosure
(10)			Yes	No	N/A		Ot	ner miscenant	eou	15)			ŕ		te	10000
Room 1				\boxtimes		Floor T	ile a	nd Mastic			250 SF			П	П	
Roof				\boxtimes		Roof FI	ashi	ing			30 SF				\Box	П
Room 1 & 2				\boxtimes		Fire Do	or	1 SACTOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100 SF			П		
Room 1 Perimeter				\boxtimes		Cove B	ase	Mastic			35 SF					
Name of Registered Waste	Hauler			N	JDEP '	Waste	Cub	oic Yards of	T	Name of Registe	ered Landfill					
Freehold Cartage				H	15939		Wa:			Fairless Lar						
City, State								posal Date		City, State		- 3				
Freehold, NJ							0	5/17/2019		Morrisville,	PA					
Completed By (Print or Typ	e)	Title						Signature	-			Date	3			
Christina Lynch		Vic	e Pre	eside	nt of	Operation	าร	Omite	1	The same of the sa		1000000		11	Si.	
SB 41								VIII	- Court			£.	ru	1-1	1	

								Total Control of the		-			Print Fo
CK7360	PA		NO	TIFICATI	State of New ON OF ASBE Int to NJAC 8	STOS ABAT	EMEN 20)	NT B	EGE		<u>V</u> [120	The same of the sa
Date of Notification (1) 5/1/19				Name	of Building C	wner/Operato	or (2)		MAY	7 20	019		<i></i>
	pe Notification				Sherrill Pri	vate Home				/ (_)	110	1	
	i sassasa F			Stree	t Address				ASBESTOS	CONT	DO	2	
DEP	Initial Amended			City, S	State, Zip Cod	e				VSING		Oi .	
⊠ DOL	Amendmen				e May NJ (1,000	y Torrest March 2014 Street Street Control Control		Delete San	www.	
☑ DOH ☐	Emergency justification	(INCludii)	ng		of Contact				Telephone	Numbe	r		
DCA	Cancellation			Jim					1 resopriorio	Trumbe	•		
Name of Facility Where Abat	ement is Takir	ng Place	(3)	FA	CILITY INFO	RMATION	1 =		-		Marie Co		
Jim Sherrill Private Ho	me	ig i lace	(0)				Typ	pe of Facility (4	•				
Street Address								School (K-12	?) 3 (Other than I	C 12\			
								Other (i.e. pr	ivate & comm	ercial bu	uilding	s, hor	nes,
City (5)							Squ	etc.) uare Feet	# of Floors	-	Bldg.	Δσο	
Cape May NJ 08204								000+	2		50+	100	
County (6)				County	Code (7)		Cur	rrent Use (Prior	if being demo	olished)			
Cape May Name of Monitoring Firm Hire	d by Dull-!-	O	01		USE ONLY)								
N/A	u by building	Owner (5)	ASC	M No.	Name	of Al	batement Contr	ractor (9)				
Street Address						Peri							
						Street							
City, State, Zip Code								Zip Code			2		
								erlin NJ 0809	01				
Project Manager for Monitorin	g Firm			Teleph	one No.	Teleph			License	No.			
Stort Data (40)								-9800	00727	7			1
Start Date (10) 5/15/19		5/20/		ompletion	Date (11)			SHA Monitor					
Occupancy Status During Aba	tement (Chec					Sam							
Facility Closed/Vacated D		10-110-010	1100-110			Street	Addre	ess					
Abatement Performed Ou Other – Describe:	utside of Norm	al Facilit	y Hou	ars		City, S	tate, 2	Zip Code					
Scope of Work (Check All Tha	t Apply)												
≥3 sf or ≥3 lf <160 sf or ≥260 lf		_	Renov	vation lition		×	Mi Gi	ull Containment ini-Enclosure lovebag Proced on-Exempted (*	lure				
		Is	Loca	ation				on-Exempled () and Non-File	able Pro		emen	
Location of	**************************************		Norma	ally lely by		Description	of					ре	
Asbestos-Containing Mater TO BE ABATED	rial (ACM)	Ma	inten	ance/	Asbestos	Containing Marmal systems	ateria	al (ACM)	Amount			ш	_
In Facility (13)		Cus	todial (12	Staff?	S	surfacing, VAT	r, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-			oti	ner miscellane	eous)).	•	lova	pair	sula	orusc
honome-t 0.0		Yes	No	N/A								te	ω
basement & Crawl	Area			X	P	ipe Insulat	ion		300 LF	х			
							-						
ame of Registered Waste Hau	ıler		1	NJDEP W	aste C.	ubic Yards	-102-1	Non-	1.4				
nited Roll Off			1	Hauler ID 22459		Waste		1	gistered Landf / County La				
ty, State m NJ						sposal Date		City, State	A11.0				
ompleted by		Title			5/	20/19	_	VVoodbine	NJ 08270		14		
nthony T Perna		Presi	ident	ŧ		Signature	2	<u></u>	1	ate 5/1/19			

1K51e74	P	AJ	NOT		ATIO		BE	Jersey STOS ABA 3:60 and 5:1		EG	E	7		n n n	Separate services
Date of Notification (1) 05 /	01 /	19)		100000000000000000000000000000000000000			wner/Operator ((2) ericas Mid-Atla	MAY	7	20	19		y
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notific	cation			Stree 51	t Address 5 Montgo	ome	ry Avenue	g day	ASBEST				&	s- •
☑ DOH ☐ DCA (NJAC 5:23-8)	Amendm Emerger justificat	nent #		- g	Me	State, Zip erion, PA e of Contact	190			Telephone	Numb	er			
u 30.000 00 0000000000000000000000000000	☐ Cancella	ation		3-01-09/29	Co	lleen Gia	rroc	cco		484-562					
					FA	CILITY II	NFO	RMATION							
Name of Facility Where A Mount Saint Mary A Street Address		Takin	g Place	e (3)					Type of Facility School (K-1) Subchapter	2) 8 (Other than	K-12)	ial b	.ilelie		
1645 Route 22									Other (i.e., phomes, etc.)	mmerc	iai bi	mainé	js,	
City (5) Watchung									Square Feet 20,000	# of Floors	S		dg. A 80	ge	
County (6) Somerset					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pi	rior if being de	molish	ed)			
Name of Monitoring Firm TTI Environmental,		lding (Owner	(8)	ASCM	No.	,	Shade Enviro	ent Contractor (9) onmental, LLC	500					
Street Address 1253 North Church	Street						(reet Address 623 Cutler Av		***************************************	5				
City, State, Zip Code Moorestown, NJ 080	157						100000	y, State, Zip Co							
Project Manager for Monit				Tolo	phone	No		Viaple Shade lephone No.	, NJ 08052	Titana N		-111-50	nessus.		
Mike Stocku	oning i iiiii				56-840		100000	356-755-0099		License N 00842	0.				
Start Date (10)05 /20 /						19		me of OSHA MEMSL Analyti							
Occupancy Status During Facility Closed/Vacate	d During Enti	re Pe	riod of	Abate				eet Address 200 Route 13	0 North						
Abatement Performed Time of Abatement:	Outside of N	ormal PI	Facilit ///	y Hour PM-	s - Des	cribe AM		y, State, Zip Co Cinnaminson		nga hari da biran					
Scope of Work (Check all	that apply)						1							E-0341111	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-Encl							
Landin			100	Locat Norma								Ab	ateme	ent T	уре
Location of Asbestos-Containing N TO BE ABA1 IN Facility (13)	Naterial (ACN)	1)	Use Ma Cus	d Sole intena todial ((12)	ely by nce/ Staff?		the., the	Description of Containing Mat ermal systems in surfacing, VAT, her miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Laundry Room			Yes	No 🖂	N/A	Floor T	ile a	nd Mastic		885 SF	2				
												П	П	П	
			$\overline{\Box}$	П								П			
11 X-32	-		$\overline{\Box}$												П
Name of Registered Waste Freehold Cartage	e Hauler			1.0	JDEP V auler ID	No.	Wa		Name of Regis						
City, State Freehold, NJ					15939		inaucoino	posal Date 5/24/2019	City, State Morrisville			11			
Completed By (Print or Type	oe)	Title			***************************************			Signature		•	Date				
Christina Lynch	·			eside	nt of C	Operation	าร	Onthe		>	1000000	1	19		

NOU	_			FICATIO	State of Ne N OF ASE at to NJAC	BESTOS	ABATEMENT				G				
Date of Notification (1 05/01/2019)		,	Name		Owner/0	Operator (2)	k No. 1455			MAY	-	7 2(19	
Agencies Notified □ EPA □ DEP	Type Notification ☐ Initial ☑ Amended			1500 F	Address Palisades tate, Zip C	ode	<u> </u>		di diserci de	AS	BEST LI	OS C			. &
⊠ DOL ⊠ DOH	Amendment # Emergency (i justification)			Name	ee, New of Contact	_)7024			phone		ber			
□ DCA	□ Cancellation			Kenny					201	-947-	3331				
Name of Facility When The Plaza	e Abatement is Taki	ng Place (3	3)	FAC	CILITY INF	ORMATI	Type of Fac								
Street Address 1500 Palisades Ave	enue						☐ School ☐ Subcha ☑ Other ((K-12) pter 8 (Other t i.e. private & c	than K	(-12) ercial b	ouilding	gs, ho	mes,	etc.)	
City (5) Fort Lee, New Jerse	ey 07024						Square Fee 120,000	t	# of 5	Floors	3		dg. A)+	ge	
County (6) Bergen					Code (7) USE ONLY)	Current Use	e (Prior if being Condo Bldg	dem	olished	d)				
Name of Monitoring Fi Whitman	rm Hired by Building	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	atement Contra oration	actor ((9)					
Street Address 7 Pleasant Hill Road	d						Street Addre 246 Union								
City, State, Zip Code Cranbury, New Jers	ey 08512						City, State, 2 Totowa, Ne	Zip Code ew Jersey 07	512						
Project Manager for M Kevin Lovely	onitoring Firm			Telepho 732-39	one No 90-5858		Telephone N 973-225-84			Licen 0110	se No.				
Start Date (10) 04/29/2019		Schedule 05/08/2			ate (11)		Name of OS Iris Environ	HA Monitor mental Labo	ratori	es, Ll	_C				
Occupancy Status Dur							Street Addre								
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe: Scope of Work (Check	ned Outside of Norm	eriod of Ab al Facility	ateme Hours	ent			City, State, Z Union, NJ (ip Code							
☐ ≥3 sf or ≥3 lf 区 ≥160 sf or ≥260 lf			lenova emolit				☐ Mi ☐ Glo	I Containment ni-Enclosure ove Bag Proced n-Exempted (*	dure /	Limite	d Con	tainm	ent &	Tent	
		Is	Locat	ion				· · · · · · · · · · · · · · · · · · ·		Amou (Spec	int		bate		
Locati Asbestos-Containir		Use	lorma d Sole	ely by	Acho		Description of taining Materi	-1 / A OB 4) / C -	,	SF of			Тур	e	
TO BE A In Fac (13	BATED		intena odial ((12)	nce/ Staff?		mal syst	ems insulation VAT, or er miscellaneo	, surfacing,				Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	W
15th Floor Nort	hern Corridor		Χ .			Acoust	ical Ceiling F	Plaster		400 5	SF	Х			
Nome of Design	-4-11-1-1														
Name of Registered Water Lilich Corporation	aste Hauler		H	IJDEP W lauler ID 18724		of Was	(C)	Name of Re Fairless La			ndfill				
City, State Totowa, New Jersey						Dispos 05/08/	al Date 2019	City, State Morrisville,	20000				-		
Completed by Adriana Olejarova		Title Pre	siden	t		S	gnature	(1)			Date 05/	01/20	19		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

					ONJAC 8:6				11 11	į					111
Date of Notification (1) 04/17/2019					Building Ow dge Park,		erator (2) Checl	k No. 1455		M	AY -	7 2	019	A STANDARD	Щ
Agencies Notified	Type Notification	***************************************		Street Add	dress lisades Av	enue		delicano di		ASBES	STOS	YOM	TON	- 4	
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #			City, State Fort Lee	e, Zip Code , New Jers	sey 07	024		* //4 #/4		LICEN			ranes	
⊠ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	cluaing	11.2	Name of 0 Kenny B						ephone N 1-947-33					
				FACII	ITY INFOR	MATIO	N		-	~ T-72-2					
Name of Facility When The Plaza	e Abatement is Takin	g Place (3)		IAOIL	iii mu o.c		Type of Fa								
Street Address 1500 Palisades Ave	enue						☐ Subcha	apter 8 (Other (i.e. private & c	than I	K-12) ercial bui	ildings,	home	s, etc	:.)	
City (5) Fort Lee, New Jerse	ey 07024						Square Fee 120,000		5	f Floors		Bldg. 50+	Age		
County (6) Bergen		84		County C (STATE U	ode (7) SE ONLY)		Current Us	e (Prior if being Condo Bldg		nolished)					
Name of Monitoring F Whitman	irm Hired by Building	Owner (8)		ASCM	No.		Name of Ab Lilich Corp	patement Control poration	ractor	(9)					
Street Address 7 Pleasant Hill Roa	d						Street Addr 246 Union	ess Boulevard							
City, State, Zip Code Cranbury, New Jer	sey 08512						City, State, Totowa, N	Zip Code lew Jersey 0	7512						
Project Manager for M Kevin Lovely	Monitoring Firm	-		Telephon 732-390	e No -5858		Telephone 973-225-8			License 01104					
Start Date (10) 04/29/2019		Scheduled 05/08/25			e (11)		Name of O	SHA Monitor Inmental Lab	orato	ries, LL	С				
Occupancy Status Du	iring Abatement (Che	ck Only One	e)				Street Addr		2000						
☐ Abatement Perfo☐ Other – Describe		Period of Aba nal Facility H	ateme	ent			City, State, Union, NJ	Zip Code 07083							
Scope of Work (Chec	k All That Apply)														
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260	lf		enova emoli					ull Containmer Mini-Enclosure Blove Bag Proc Jon-Exempted	edure	e / Limited	d Conta	inmei	nt &T ure	ent	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Location	T037(1)(1)						Amou (Speci	nt ify		atem		
Asbestos-Contain TO BE	ation of ning Material (ACM) ABATED facility 13)	Use Mai	d Sole	ely by ance/ Staff?		os Con nal syst		erial (ACM) (i.e on, surfacing,	L3	SF of L	-F)	Remova	Repair	Encapsulate	Enclosure
Qual Flans No	orthern Corridor	Yes	No X	N/A	,	\ couet	tical Ceiling	Placter		400 S	SF	X		6	
2nd Floor No	orthern Corridor				,		ucai Celling	y riaster		400 0					
-															
										tour d'	- den				
Name of Registered Lilich Corporation	Waste Hauler		- 31 3	NJDEP W Hauler ID 18724	57.3	of Wa		Name of Fairless	Lan		πατιιι				
City, State Totowa, New Jers	еу					05/08	sal Date 3/2019	City, State Morrisvil	e le, P	A					
Completed by Adriana Olejarova	1	Title Pre	eside	ent		5	signature \	Sal			Date 04/1	17/20	19		

ASB-41 (R-06-08)

Po.

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

Revision #2 Chr #3564

Date of Notification (1)				No		in a cree and o		' Or	NCT	45	ילני	0 1
_	2 /	19				ling Owner/Operato	or (2)	IDE	2 [= n	7/7	I IF
			3			unicipal Garage		InE			W	
N FDA	ype Notificati Initial	on			eet Addres:			1131				
M DOLLAND	Amended				901 Lowe			Total Control	11/ -			
Ø DOH	Amendmen	t #2-5/	1/19		y, State, Zip			TU LI M	AY_	/	2019	}
DCA] Emergency	(includ	ing	L	inden, N.	J 07036						
(NJAC 5:23-8)	justification	ē.		9	me of Conta	1070		Telephone Nu	mbèr	COI	VTA	71 8
	Cancellatio	n		R	lobert Ne	wman		917-567-8	226E	NSIA	G	and them that
N. C. T.				F	ACILITY	INFORMATION					ent in the second	-
Name of Facility Where Abat	ement is Tal	king Pla	ce (3)				Type of Facility	(4)				
Linden Municipal Gara	ige						School (K-12	1 1 2				
Street Address							─ ☐ Subchapter	8 (Other than K-	12)			
1901 Lower Road							Other (i.e., p homes, etc.)	rivate and comm	nercial	build	ngs,	
City (5)							Square Feet			54.1		
Linden							25000	# of Floors		Bldg.		
County (6)				Co	unty Code ((7)(STATE USE ONLY)				+-5	0	
Union						· //	Current Use (Pri Garage	ior it being demo	lished)		
Name of Monitoring Firm Hire	d by Building	Owne	r (8)	ASCI	√l No.	Name of Ahatem	ent Contractor (9)					
Environmental Connec	tion, Inc						VIRONMENTAL					
Street Address			-12-12-			Street Address	VINONWENTAL	L, INC.				
120 North Warren Stree	et					1123 BEAVE	D CTDEET					
City, State, Zip Code						City, State, Zip C						
Trenton, NJ 08608						27 50						
Project Manager for Monitoring	g Firm		Te	lephone	No	BRISTOL, PA	19007					
Dominick Dercole			100		2-4200	215-788-6040		License No.				
Start Date (10)	Sche	eduled (ate (11)	12. 72.		00509				
5 / _ 7 / _ 19	9				19	Name of OSHA N						
Occupancy Status During Aba	tement (Che	ck only	one)				VIRONMENTAL	., INC				
	ring Entire P	eriod of	Abata	mont		Street Address						
□ Abatement Performed Outs	ide of Norma	al Facili	V Hou	re Do	scribe	1123 BEAVE						
Time of Abatement: 7:00A	M- <u>3:30</u> PM/_	P	M	AM	JOHDC	City, State, Zip Co						
Scope of Work (Check all that	apply)					BRISTOL, PA	19007					
☐ ≥3 sf or ≥3 If						□ Full Cont	ainment with Nega					William .
\(\sum_{\geq} \geq 160 \text{ sf or \geq_260 lf}\)		⊠ Re					osure	itive Pressure				
		∐ De	moliti	on		☐ Glovebac	Procedure	0.000 PM				
11 12 12 12 12 12 12 12 12 12 12 12 12 1		Is	Loca	tion		⊠ Non-Exe	mpted (*) and Non-	-Friable Procedu	re			
Location of		1	Vorma	lly		Description of			Ab	atem	ent T	уре
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Use	d Sole intena	ely by	Asbes	tos Containing Mat	erial (ACM)	Amount	Re	Re	Щ	四四
IN Facility				Staff?	(i.e.	, thermal systems in	nsulation.	(Specify	Remova	Repair	cap	Clos
(13)			(12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	la la		Encapsulate	Enclosure
		Yes	No	N/A			40)				ate	"
Break Room				\boxtimes	VAT/Mas	stic		750 SF				
Break Room				\boxtimes	Covebas	se Mastic		150 LF				
Supervisor Front Office				\boxtimes	VAT/Mas	stic		360 SF				믄
Back Office					VAT/Mas	stic		750 SF				
ame of Registered Waste Haul			N.	JDEP V		Cubic Yards of	Name of Posistor				Ш	
SERVICE TRANSPORT G	ROUP, INC	.	H	auler ID	10050000000000000000000000000000000000	Waste	Name of Register MINERVA LA					
ity, State				20990		Disposal Date	Andrew Control of the	MUPILL				
YARDLEY, PA					1	TBD	City, State		The Part of the Pa			
ompleted By (Print or Type)	Title						WAYNESBUR	KG, OH				
Dillan DeCaro		stimato	or			Signature	00	O. Dat		,		
B-41 DOLGODO		·····att				Dulan	L DeCano	11/2/3	-1	1-1	9	

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

NT	DEC		\mathbb{V}		To and the same of
and the same published	III MAY	- 7	2019)	世
-	ASBESTO: LICE	S COI ENSIN	VTA(11.8	
	Telephone Nun	nber			O - O - O - O - O - O - O - O -
	917-567-82	24			
of Facility chool (K-1 ubchapter ther (i.e., omes, etc	12) 8 (Other than K-12 private and comme	2) ercial b	uildin	gs,	
re Feet	# of Floors	В	ldg. A		
000	1		+-50)	
	Prior if being demoli	shed)			
rage tractor (9	2/				
	AL, INC.				
EET 7					
	License No.				
	00509				
IMENTA	AL, INC				
EET					
7					
	gative Pressure				
dure *) and No	on-Friable Procedu	re			
		Ab	atem	ent T	уре
CM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	100 SF				
	36 SF				
	5 SF				

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	III BAANC		-100-10		HH
	19	9				nicipal Garage	(2)	LI MAY	7	2019		L
Agencies Notified				19	et Address 01 Lower			ASBESTOS LICE	CON	VIRC G	1.8	
☑ DOH Amend		2-5/1	/19		State, Zip				The Contract of	-	-The sector	10.50
☐ DCA ☐ Emerg	ency (in				nden, NJ							
(NJAC 5:23-8) justific			w - 50	Nam	e of Contac	ct		Telephone Num	ber			3-120-1-10-0
☐ Cance	llation			Ro	bert New	/man		917-567-822	24			
				FA	CILITY II	NFORMATION						
Name of Facility Where Abatement i	s Takin	g Plac	e (3)				Type of Facility	(4)				
Linden Municipal Garage							School (K-12	2)				
Street Address							Subchapter 8	Other than K-12	2)			
1901 Lower Road							homes, etc.)	rivate and comme	rcial b	ullain	gs,	
City (5)							Square Feet	# of Floors	Тв	ldg. A	ae	
Linden							25000	1	-	+-50		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Union							Garage	J	,			
Name of Monitoring Firm Hired by Bu	uilding (Owner	(8)	ASCM	No.	Name of Abateme						
Environmental Connection, I	nc						VIRONMENTAL	INC.				
Street Address						Street Address		7, 11, 2,				
120 North Warren Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608						BRISTOL, PA						
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Dominick Dercole			6	09-392	-4200	215-788-6040		00509				
Start Date (10)	Sched	luled C	ompl	etion Da	ite (11)	Name of OSHA M		00000				
5/7/19				3_ /	19	For the difference of the second second	VIRONMENTAL	., INC				
Occupancy Status During Abatement						Street Address						
☐ Facility Closed/Vacated During Er	tire Pe	riod of	Abate	ment	- 22	1123 BEAVER	R STREET					
Abatement Performed Outside of Time of Abatement: 7:00AM-3:30	DPM/	Pacilit	y Hou M	rs - Des AM	scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)							ainment with Nega	otivo Dranava				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	novat moliti				losure procedure proted (*) and Non		e.			
			Loca						_	ateme	ant T	vne
Location of			Norma	lly ely by		Description of			-			,
Asbestos-Containing Material (AC TO BE ABATED	M)		intena		Asbe	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	nca	Enclosure
IN Facility		Cus		Staff?	(i.e	 thermal systems is surfacing, VAT, 		(Specify SF or LF)	lova	air	sde	uso
(13)	7,0	Yes	(12) No	N/A		other miscellaned	ous)	0. 0. 2. /	-		Encapsulate	Ге
Entrance Hallway					VAT/Ma	stic		100 SF				
Office Bathroom				\boxtimes	VAT/Ma	stic		36 SF				
Boiler Room				\boxtimes	Flue Pa	tch		5 SF				
Car Wash Tire Bay					Pipe Pa	tch & Repair		130 LF	П	\boxtimes	П	П
Name of Registered Waste Hauler	100		10000	JDEP V	Vaste	Cubic Yards of	Name of Registe		1-			
SERVICE TRANSPORT GROU	P, INC		F	auler IE 20990		Waste	MINERVA L					
City, State			and the same			Disposal Date	City, State				-1111/2	
YARDLEY, PA						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type) Dillan DeCaro	Title	timat	or			Signature	0 0	IM. Dat	e ,	7	0	
SP 41	LS	umal	.01			Dullar	r De Care	5/4/1/5	- (-/	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

() ·)		NO.		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:		DEC	E		V I	
Date of Notification (1)	22 /	1	9				ng Owner/Operator	(2)	III II MA	Y - ;	7 20	119	
Agencies Notified EPA DOLWD DOH	Type Notific Initial Amende	cation	1	/19	Stree 19 City,	et Address 01 Lower State, Zip	r Road Code		ASEAS	TOS C ICENS	ONTI	701	8
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat ☐ Cancella	ncy (i tion)			Nam	e of Contact	ct	-	Telephone No. 917-567-8				
			J10-51-24-34		EA	CILITYII	NFORMATION		011 001 0				
Name of Facility Where A Linden Municipal G Street Address 1901 Lower Road City (5)		Takin	g Plac	e (3)		IOILITT II	TORMATION	Other (i.e., phomes, etc.	2) 8 (Other than K- private and comr)	nercial b			
Linden								Square Feet	# of Floors	В	Bldg. A	\ge	
County (6) Union					Cou	nty Code (7)(STATE USE ONLY)	25000 Current Use (P Garage	1 rior if being demo	olished)	+-50)	
Name of Monitoring Firm Environmental Con			Owner	(8)	ASCM	No.		ent Contractor (9				<u></u>	
Street Address	neotion, in							IVIRONMENTA	L, INC.				
120 North Warren S	treet						Street Address	DOTREET					
City, State, Zip Code							1123 BEAVE						
Trenton, NJ 08608							City, State, Zip C BRISTOL, PA						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Dominick Dercole					09-392		215-788-6040)	00509				
Start Date (10)5 /7 /						nte (11) 19	Name of OSHA N BRISTOL EN	Monitor VIRONMENTA	L, INC				
Occupancy Status During Facility Closed/Vacated	d During Enti	ire Pe	riod of	Abate	ement		Street Address 1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7:	00AM-3:30	orma PM/_	Pacilit	y Hou M	rs - Des AM	scribe	City, State, Zip C BRISTOL, PA						
Scope of Work (Check all	that apply)						☐ Full Con	tainment with Neg	native Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-End ☐ Gloveba	elosure g Procedure mpted (*) and No		dure			
			1	Loca						At	atem	ent T	уре
Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM ED	1)	Use Ma	Norma ed Sole intena todial (12)	ely by ance/ Staff?	Asbe (i.e	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Above Boiler Room			Yes	No	N/A	5: 5						Ф	
Above Bollet Room						Pipe Pa	tch Repair		100 LF				
											닏		
											Ш	Ш	Ш
Name of Registered Waste	. Haules			Ц		<u> </u>							
SERVICE TRANSPOR		, INC	Э.	11379	IJDEP \ lauler II 2099 0	No.	Cubic Yards of Waste	Name of Regis					
City, State							Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESB	URG, OH				
Completed By (Print or Typ Dillan DeCaro	e)	Title	stima	tor			Signature	. Dalaa	0/0M [Date	1 -	19	

ASB-41 PIDI 9022

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

Pg. 1

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

Date of Notification (1)				T	Nam	e of Buildin	g Owner/Operator	(2)	n B G H	3 1	W	15	
	2 / .	19	•		Liı	nden Mur	nicipal Garage	-	K		19		
Agencies Notified Ty	pe Notific	ation			Stree	et Address		11			-		#
The state of the s	Initial				19	01 Lower	Road] [U) MAY -	7	2019		11
	Amende		404	<u>.</u>	City,	State, Zip	Code					-	Internet
□ DCA □	Amenam Emerger	nent #1-4		9		nden, NJ			ASBES: 08	COM			6
(NJAC 5:23-8)	justificati		anig		Name	e of Contac	rt .		Telephone Numb	erivi	3	i. di	
	Cancella	tion			Ro	bert New	man		917-567-8224		27.0	****	(*)
					FA	CILITY IN	FORMATION						
Name of Facility Where Abat		Taking PI	ace (3	3)				Type of Facility	• . •				
Linden Municipal Gara	ige							School (K-12	2)				
Street Address								Other (i.e., p	(Other than K-12)	cial b	uildin	75	
1901 Lower Road						5455-1100-1100-1100-1100-1100-1100-1100-		homes, etc.)		J.U. 5	ununi	90,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Linden								25000	1		+-50		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	la secondaria de la companya della companya della companya de la companya della c	ior if being demolis	hed)		775	
Union								Garage					
Name of Monitoring Firm Hire	1,000	(er (8)	A	SCM	No.	Name of Abateme	The state of the s					
Environmental Connec	tion, Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address	_4						Street Address						
120 North Warren Stree	et						1123 BEAVE						
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608 Project Manager for Monitorin	F:						BRISTOL, PA	19007					
Dominick Dercole	g Firm		1	eleph			Telephone No.		License No.	- 15			
Start Date (10)	16	٠ ـ ـ ا ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ				-4200	215-788-6040		00509				
4 / _3_ / _19		Cheduled ON		Dietio	-	te (11)	Name of OSHA M BRISTOL EN	onitor VIRONMENTAL	, INC				
Occupancy Status During Aba	tement (C	Check on	y one)			Street Address						-
☐ Facility Closed/Vacated Du	iring Entir	e Period	of Aba	ateme	ent		1123 BEAVER	RSTREET					
Abatement Performed Outs	side of No	rmal Fac	ility H	ours -	Des	cribe	City, State, Zip Co	de				30.07	
Time of Abatement: 7:00A		'IVI/	PIM		_AM		BRISTOL, PA	19007					
Scope of Work (Check all that	apply)						П						
≥3 sf or ≥3 lf		⊠ i	Renov	ation			☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Demo	lition			☐ Glovebag	Procedure					
			la La	4!				npted (*) and Nor	n-Friable Procedure	-			
Location of			Is Loc	mally	1		Description of			Ab	atem	ent T	ype
Asbestos-Containing Mater	rial (ACM)		sed S			Asbes	tos Containing Mat		Amount	Rei	Repair	En	9
TO BE ABATED IN Facility		A 10 C 10	/lainte istodi:			(i.e.	, thermal systems in		(Specify	Removal	pair	caps	Enclosure
(13)			(1			3.	surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
		Ye	s N	lo I	N/A							te	
Break Room					X	VAT/Mas	stic		750 SF				
Break Room					X	Covebas	se Mastic		150 LF				
Supervisor Front Office					XI	VAT/Mas	stic		360 SF				
Back Office					ZI	VAT/Mas	stic		750 SF	\boxtimes	П	П	П
Name of Registered Waste Ha	uler					Vaste	Cubic Yards of	Name of Regist	ered Landfill			_	-
SERVICE TRANSPORT	GROUP,	INC.			ler ID 1990	311413307080	Waste	MINERVA L	ANDFILL				
City, State				ALC:			Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type)		Title					Signature		/o Date			50.50	
Dillan DeCaro		Estim	ator				Dillan	u De Car	0/4ML 1 C	1-1	0 -	19	

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

Date of Notification (1)				Na	ne of Buildin	ng Owner/Operator	(2)	TITAL				
3 / 22 /	19)				nicipal Garage	(-)	M/	Y -	7	2019	- Arrange
Agencies Notified Type Notif	fication			Stre	eet Address							
				1	901 Lower	Road		ASBEC	700	(3/33		- Transmiss
☑ DOLWD ☑ Amend				City	, State, Zip	Code		ASBES	JCE	USIN	MAC	1. 8
□ DOH Amend					inden, NJ			The second second second	No. of Concession, Name of Street, or other Concession, Name of Street, Original Concession, Name of Street, N	Will STREET, S	-	withing
DCA Emerge (NJAC 5:23-8) In Emerge		cludir	ng		ne of Contac			Telephone Num	hor			
Cancel					obert New	27/		917-567-822				
								317-307-022	4			_
Name of Facility Where Abatement is	Takin	- Dias	- (2)	Г	ACILITY	NFORMATION						
Linden Municipal Garage	siaking	g Plac	e (3)				Type of Facility	01/4 0				
Street Address							School (K-12	²⁾ 8 (Other than K-12	١			
1901 Lower Road							Other (i.e., p	rivate and commer	rcial b	uildin	gs,	
The state of the s							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Linden				1.5			25000	1		+-50)	
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Union						<u> </u>	Garage					
Name of Monitoring Firm Hired by Bu		Owner	(8)	ASC	M No.	Name of Abateme						
Environmental Connection, In	nc					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
120 North Warren Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	ephon	e No.	Telephone No.		License No.				
Dominick Dercole			(09-39	2-4200	215-788-6040		00509				
Start Date (10)					Date (11)	Name of OSHA M	lonitor					
4 /3 /19	OM	V	40	11	2	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatement			-			Street Address					-	-
☐ Facility Closed/Vacated During En			100	ement		1123 BEAVER	RSTREET					
☐ Abatement Performed Outside of N	Normal	Facilit	у Ног	ırs - De	escribe	City, State, Zip Co	CO 2000 INCOME PORTOR INCOME		-		- 1 H S	_
Time of Abatement: 7:00AM-3:30	PM/	P	M	A	Λ	BRISTOL, PA						
Scope of Work (Check all that apply)							10001					
						☐ Full Cont	ainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	enova emoliti			Mini-Encl Mini-En	osure					
Z 2100 31 01 2200 11			HIOHU	OH		☐ Glovebag ⊠ Non-Exer		n-Friable Procedur	P			
		Is	Loca	tion	T		The transfer of the transfer o	ii i nabio i roccati	1	ntom	ent T	
Location of			Vorma			Description of	F			_	_	
Asbestos-Containing Material (ACI	M)			ely by ance/	Asbes	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e.	., thermal systems i surfacing, VAT,		(Specify	VOV	air	aps	losu
(13)			(12)			other miscellaned		SF or LF)	<u>m</u>		Encapsulate	lle.
24 (2.72)		Yes	No	N/A							O	
Entrance Hallway					VAT/Ma	stic		100 SF		П		П
Office Bathroom					VAT/Ma	stic		36 SF				
Boiler Room					Flue Pat	tch		5 SF				
			П					78		П		
			1077			Out to Vend 1	Nome of Begin		1-			ш
Name of Registered Waste Hauler			1	IJDEP	Waste	Cubic Yards of	I Name of Redis	tered Landfill				
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	P, INC		1992	lauler	ID No.	Waste		tered Landfill				
SERVICE TRANSPORT GROUP	P, INC		1992		ID No.	Waste	MINERVA L					
SERVICE TRANSPORT GROUP City, State	P, INC		1992	lauler	ID No.	Waste Disposal Date	MINERVA L	ANDFILL				
SERVICE TRANSPORT GROUP City, State YARDLEY, PA			1992	lauler	ID No.	Waste Disposal Date TBD	MINERVA L	LANDFILL URG, OH				
SERVICE TRANSPORT GROUP City, State	Title		ŀ	lauler	ID No.	Waste Disposal Date	MINERVA L	URG, OH	e / _ / (10	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Pg. 1		NO.				BESTOS ABA AC 8:60 and 5:1		Chutte	3	54	Q	7 E
Date of Notification (1)	22 /	19				ng Owner/Operator	(2)		V .	- 7	004	
Agencies Notified EPA	Type Notificatio	n		Stre	et Address 001 Lower			THE WA	· ĭ	7	201	9
☑ DOLWD	☐ Amended				Service Same			Appro	I/SC	00	1	51 D
⊠ DOH	Amendment	The same of the sa	_	11 112	State, Zip			1	ICE	NSIN	IG	holen Wil
DCA (NJAC 5:23-8)	☐ Emergency	includin	g		nden, NJ e of Contac			- Secretary day		**********	-	Superior and
(NOAC 5.25-6)	Justification) Cancellation				bert New	553		Telephone Num				
	- Carlochadon			1000		3117-13		917-567-822	4			
Name of Eacility Where A	hatamant in Tale	- Di-	(5)	FA	CILITY IN	FORMATION		•				
Name of Facility Where A Linden Municipal G		ng Plac	e (3)				Type of Facility					
Street Address	arage						Subshapter) 3 (Other than K-12				
1901 Lower Road							Other (i.e., pr	ivate and comme) rcial t	uildir	as.	
City (5)							homes, etc.)	-			g-,	
Linden							Square Feet	# of Floors	E	Bldg. A	\ge	A-21169-1-1
County (6)				10			25000	1		+-5()	
Union				Cou	inty Code (7	()(STATE USE ONLY)		or if being demolis	hed)			
Name of Monitoring Firm I	Sienel Inc. Dividation	^	(0)	1000			Garage					
Environmental Conf		Owner	(8)	ASCN	I No.	Name of Abateme						
Street Address	lection, inc						VIRONMENTAL	., INC.				
120 North Warren St	roof					Street Address						
City, State, Zip Code	1001					1123 BEAVER						
Trenton, NJ 08608						City, State, Zip Co						
Project Manager for Monito	rino Eirm		Tal		Ma	BRISTOL, PA	19007					
Dominick Dercole	ang r mm			ephone	2-4200	Telephone No.		License No.				
Start Date (10)	Sche	duled C	100000000000000000000000000000000000000			215-788-6040		00509				
_4 / 3 /					19	Name of OSHA M						
Occupancy Status During A					10		/IRONMENTAL	, INC				
☐ Facility Closed/Vacated	During Entire D	only of	ne)	no nt		Street Address						
☐ Abatement Performed C	outside of Norma	I Facility	Hou	nent s - Des	cribe	1123 BEAVER						1
Time of Abatement: 7:0	0AM-3:30PM/_	PI	VI	AM	CIDC	City, State, Zip Co						
Scope of Work (Check all ti						BRISTOL, PA	19007					
	iat apply)					☐ Full Conta	ainment with Nega	otivo Drescuro				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re					osure	tive riessule				
21 2 100 31 01 <u>2</u> 200 11		☐ De	nolitic	n		☐ Glovebag	Procedure	-Friable Procedure				
		Is	Locat	ion	T	23 11011 21011	iptod () dild Holl	Trable Procedure	1			
Location of			ormal			Description of			-	atem		
Asbestos-Containing Ma TO BE ABATE			d Sole			tos Containing Mate		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			odial S		(1.e.,	thermal systems in surfacing, VAT, of	isulation,	(Specify SF or LF)	SVOL	a:	aps	losu
(13)			(12)			other miscellaneo	us)	Of Of Lift	=		ulat	9
		Yes	No	N/A							Ф	
Break Room					VAT/Mas	stic		750 SF	×			
Break Room				\boxtimes	Covebas	e Mastic		150 LF				
Supervisor Front Office				\boxtimes	VAT/Mas	tic		360 SF	×	П		
Back Office				\boxtimes	VAT/Mas	tic		750 SF				듬
Name of Registered Waste			N.	DEP V	Vaste	Cubic Yards of	Name of Registe					븨
SERVICE TRANSPOR	T GROUP, INC	.		uler ID	51.0.000	Waste	MINERVA LA					
City, State				20990		Disposal Date	City, State					
YARDLEY, PA						TBD	WAYNESBU	RG OH				
Completed By (Print or Type) Title					Signature						
Dillan DeCaro		stimato	or				DeCan	/one Date		>-		0
SB-41 0 0 1 C						Down	Lucan	14413	_0	22	-1	7

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

DE	C	E		\mathbb{V}		
A STATE OF THE STA	MAY		7	2019	median description of makes	W

Date of Notification (1)				Nan	ne of Build	ing Owner/Operato	r (2)			-		
3 / 22 /	1:	9		Li	inden Mu	nicipal Garage		ASBES	STOS	001	VTA	
Agencies Notified Type Not	ification	1		Stre	et Address	;		Park of college states and	HCE	NOIN	i Ca	Copi Cin
⊠ EPA ⊠ Initial	******			19	01 Lowe	r Road						
☑ DOLWD ☐ Amend	ded dment #	z.		City	State, Zip	Code		-			1100	
□ DCA □ Emerg		-	-	Li	nden, NJ	07036						
(NJAC 5:23-8) justific	ation)	HCluul	ng	_	ne of Conta			Telephone Num	hor			- 1
☐ Cance				R	obert Nev	vman		917-567-822				
				FA	ACILITY	NFORMATION		1				_
Name of Facility Where Abatement i	s Takin	g Plac	ce (3)				Type of Facility	(4)				_
Linden Municipal Garage							School (K-12	2)				
Street Address							Subchapter 8	8 (Other than K-12	2)			
1901 Lower Road							homes, etc.)	rivate and comme	rcial t	ouildin	gs,	
City (5)							Square Feet	# of Floors	TE	3ldg. A	lae	
Linden							25000	1		+-50	-	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)	0.000		
Union							Garage	and a series	mou			
Name of Monitoring Firm Hired by Bu		Эwпег	(8)	ASCN	No.	Name of Abatem	nent Contractor (9)					_
Environmental Connection, I	nc					1	VIRONMENTAL					
Street Address						Street Address		-,				_
120 North Warren Street						1123 BEAVE	R STREET					
City, State, Zip Code					100	City, State, Zip C					-	
Trenton, NJ 08508						BRISTOL, P.						
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.	-			
Dominick Dercole			6	09-392	2-4200	215-788-604	0	00509				
Start Date (10)	Sched	luled (Comple	etion Da	ate (11)	Name of OSHA I	Monitor	1 00000				
_4 / 3 / 19					19		IVIRONMENTAL	INC				
Occupancy Status During Abatement	(Check	only	one)			Street Address		7				
Facility Closed/Vacated During En	tire Per	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of I	Normal	Facili	v Hou	rs - Des	scribe	City, State, Zip C						
Time of Abatement: 7:00AM-3:30	PM_	F	M	AM		BRISTOL, PA						
Scope of Work (Check all that apply)						1 21110102,17	-					
□ ≥3 sf or ≥3 if		-		2		☐ Full Con	tainment with Nega	ative Pressure				
			enovat			Mini-End	closure					
		L 0	rrond	J11		☑ Non-Exe	g Procedure empted (*) and Non	-Friable Procedur	P			
		Is	Local	tion	T			7710101110000001		atem	net Tr	
Location of			Norma			Description of				1		_
Asbestos-Containing Material (ACI TO BE ABATED	Mt)		ed Sole			stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
IN Facility			todial		(1.0	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	VOI	ar	aps	osı
(13)	-		(12)		-	other miscellane		OI OILF)	1 =		Encapsulate	Tre-
		Yes	No	N/A							Ф	
Entrance Hallway				×	VAT/Ma	stic		100 SF				
Office Bathroom				\boxtimes	VAT/Ma	stic		36 SF				
Boiler Room					Flue Pa	tch		5 SF				П
								****	П		П	$\overline{\Box}$
lame of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
000000000000000000000000000000000000000	P, INC		H	auler ID		Waste	MINERVA L					
SERVICE TRANSPORT GROUI				20990		Disposal Date	City, State					_
					- 1		182	IDO 011				
ity, State					F	TBD	MAINESBU	IRG. OH				
ity, State YARDLEY, PA	Title						WAYNESBU					
city, State		timat	or			Signature	1 DICAN	/O Date	e / 2	. ~	10	

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-91 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2019 0 5 /0 1 /1 9 Carol & John Vonachen Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA Initial | LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency Clifton, NJ 07013 (including □ DOH Name of Contact Telephone Number justification) ☐ DCA Carol & John Vonachen Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) 1,200 County Code (7) 02 60 (State use only) Current Use (Prior if being demolished) Clifton, NJ 07013 Passaic Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 05/13/19 05/20/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing n Amount Description of asbestos-containing staff(12) n m material (acm) to be p C (Specify SF or material (ACM) 0 a abated in facility (13) a Yes No N/A p Basement & Crawl Space PIPE INSULATION 18 ft X Basement Pipe to be cleaned 70 lf X Basement Plaster avove furnace 2 sf Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 05/01/19 no not use this form for ashestos licensure exampted

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-88 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 5 /0 1 /1 9 MAY 7 2019 Katherine Rozowski Agencies Notified Type Notification Street Address X Initial □ EPA ASBESTOS CONTROL & Amended DEP LICENSING Amendment #: City, State, Zip Code M DOL Emergency Jersey City, NJ 07302 DOH DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation Katherine Rozowski **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1,400 (State use only) Current Use (Prior if being demolished) Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 05/13/19 05/20/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure $\ge 3 \text{ sf or } >3 \text{ If}$ Mini-enclosure

Glovebag proce Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing n Description of asbestos-containing Amount staff(12) material (acm) to be m C material (ACM) (Specify SF or abated in facility (13) C 0 a Yes а No N/A D Basement PIPE INSULATION 103 ft X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 05/01/19 ASB-41 Do not use this form for asbestos licensure exempted activities

						-		~		Р	rint Forr
CKROSO PA	ID N	OTIFICATIO (Pursuan	State of New Jers N OF ASBESTO to NJAC 8:60 a	S ABATE nd 12:12	20)	T .	DE	SE		<u>/ [</u>	The state of the s
Date of Notification (1) 5/2/19			of Building Owner Ferguson	/Operato	r (2)		III M	AY - 7	201	19	
Agencies Notified Type Notification	1	Street	Address				ASBE	STOS C)NTE		
EPA Initial Amended DEP Amended Amendmen	t #		tate, Zip Code phraim, NJ 086	159			and the state of t	LICENS	ING	-	
□ Emergency justification) □ DCA □ Cancellation		Name	of Contact Ferguson				Telephone	e Number			-
		FAC	CILITY INFORMA	TION						77-S71	
Name of Facility Where Abatement is Takir Fire-damaged garage	ng Place (3)				Тур	e of Facility (Med 11				
Street Address					H	School (K-1 Subchapter	8 (Other than	K-12)			
City (5)		1.150-000-	***		Sai	etc.) are Feet	rivate & comr		Bldg.		es,
Mt Ephraim									blug. I	nge	
County (6) Camden			Code (7) USE ONLY)		100.000	rent Use (Prid arage	or if being den	nolished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			patement Con					
Street Address				Street	Addr						
City, State, Zip Code						Zip Code					
Project Manager for Monitoring Firm		Telepho	one No	Bellr		r, NJ 0803		se No.			
				856.	931.	3366	0133				
Start Date (10) 5/13/19	Scheduled 6/7/19	f Completion	Date (11)	A CONTRACTOR OF THE PARTY OF TH		SHA Monitor Ricco					
Occupancy Status During Abatement (Chec				Street)				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility F	atement Hours		City, S	State, 2	ek Road Zip Code	4				
Scope of Work (Check All That Apply)				Belli	nawi	r, NJ 0803	1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			M G	ini-Enclosure lovebag Proc				~	
Location of	No	ocation mally	De	escription		on Exempted	() and Non-i	TIADIC I TO	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	Solely by tenance/ dial Staff? (12)	Asbestos Cor (i.e. therma surfa	taining M	fateria s insu T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No N/A						<u> </u>		late	Ге
Exterior		X	Trar	nsite Sid	ding		400SF	Х			
				<u> </u>							
											-
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP W Hauler ID 28909	1000	Yards ste		Name of R	legistered Lar County	dfill			
City, State Bellmawr, NJ			The second secon	sal Date		City, State					
Completed by	Title		TE	Signature	1.	Alloway	INJ	Date			
Andrew Ricco	Owner			1110	11/1	1/	111	5/2/19			

16.31.0492	PA	III	мот		ATION		BES	Jersey STOS ABA ⁻ 3:60 and 5:1		DE G MAY	E 1	2010		
Date of Notification (1)					Name	of Buildin	ng Ov	vner/Operator	(2)	Lock Speck		-010		1
	02 /	19			He	nnessy F	Realt	ty	S. S	ASREGAT	14	ann.	71 O	3
Agencies Notified	Type Notifica	ation			Stree	t Address				Lic	ENSIN	VIRC IG	北水	
⊠ EPA	Initial				PC	Box 69	2			The second second	-	-	erit in an an an a	Deres 9
	Amended	TA			City,	State, Zip	Code)						
☑ DOH ☐ DCA [Amendm		مان ما تم			nbury, N								
(NJAC 5:23-8)	Emergen justification		ciuain	9		of Contac				Telephone Num	ber		-	
	☐ Cancellat				Ter	esa Fallo	on			609-716-777		13		
					FΔ	CILITY IN	VEO	RMATION						
Name of Facility Where Ab	atement is 7	Taking	Place	(3)	- 1 ^	OILII I II	41 01	KWATION	Type of Facility	(4)				
Residence		3		(-)					School (K-1)	0.5.016				
Street Address									Subchapter	8 (Other than K-12 private and comme		iilding	s,	
City (5)									Square Feet	# of Floors	BI	dg. Ag	10	
Spring Lake									2000	2		50	,0	
County (6)					Cour	ntv Code (7	7)(STA	ATE USE ONLY)		rior if being demoli				
Spring Lake							/1		Residence	nor it boing domoil	Silouj			
Name of Monitoring Firm H	ired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9))				
Guardian Contracting	0.70								ntracting, Inc.					
Street Address	- Canadana							eet Address						
1889 Rte. 9, Unit 61							5363	1889 Route 9	9. Unit 61	, č				
City, State, Zip Code								y, State, Zip C						
Toms River, New Jers	sey 08755	i					- 4	7명	New Jersey 08	3755				
Project Manager for Monito	ring Firm			Tel	ephone	No.		lephone No.		License No.				
Nicholas Fernicola					32-349			32-349-9932	2	00624				
Start Date (10)	5	Schedu	uled C	omple	etion Da	te (11)	Na	me of OSHA N	Monitor			I Comment		-
05 /13 /	19	0	5 /	2	0 /	19	E	E.M.S.L. Ana	lytical					
Occupancy Status During A	batement (Check	only o	one)				eet Address	•					
☐ Facility Closed/Vacated	THE STREET STREET STREET		-		ement			056 Stelton						
☐ Abatement Performed O	utside of No	ormal l	Facilit	y Hou	rs - Des	cribe		y, State, Zip Co	nde					
Time of Abatement:	AM	PM	1/	_PM		AM			New Jersey 08	854				
Scope of Work (Check all the state of Work (Check all the state of ≥3 sf or ≥3 lf state of ≥160 sf or ≥260 lf	nat apply)		□ Re						tainment with Ne		re			
			Is	Loca	ition				, , , , , , ,			ateme	ent T	vne
Location of				Norma	ally ely by			Description of				_		_
Asbestos-Containing Ma TO BE ABATE		1)			ance/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	-		Cus		Staff?	(\$	surfacing, VAT	, or	SF or LF)	oval	=	psu	Sur
(13)		-	V	(12)		-	ot	her miscellane	eous)				late	0
st = and =			Yes	No	N/A						-			
1 st & 2 nd floors						joint c	omp	ound		4,850 sf				
					П								П	
					+=-						-			
Name of Registered Waste	Llevier					1							Ц	
Guardian Contracting				11/1/8	NJDEP N Hauler II 20223	O No.	Wa 2	5	Name of Regis	stered Landfill				
City, State								posal Date	City, State					
Toms River, New Jers							0	5/20/19	Tullytown,	Pennsylvania				
Completed By (Print or Type Nicholas Fernicola	e)	Title Pr	oject	Man	ager			Signature	1	1	ate /	1	j.	

			State o	f New 3	Jersey			Check	# 165	94	
(K16594	PAI	1204 42			STOS ABATEMENT -7 and 12:120-7)	ID E	9 E	N/ N	7 [5	3 110
Date of Notification	(1)				Owner/Operator	Marine Ma	III) E	7 5	11 /A		2
5/1/2019			Andre	w Ber	tone						
Agencies Notified	Type Notificat	ion S	treet Ado	iress			111 M	AY - 7	20	10	11-
[]EPA	[X]Initial							rvi ,	40		- Annexes
[]DEP	Notifica	tion C	ity, Stat	te, Zip	Code			. +	1 au - 2 m m - 2 m		
[X]DOL	[]Amended		Ruther	rford	1,NJ,07076		ASBE	STOS C	ONTE	iUL	či
[X]DOH	Notifica		ame of Co	ntact		Telep	hone Number	Contraction of the last		locigio, pi or -	Carried 14 - 1
[]DCA	[]EMERGENCY		Andre	w Ber	tone	1					
	[]Cancellat:	ion									
			2000		INFORMATION	-					
Name of Facility When Andrew Bertone		s Taking	Place (3)		Type of Fac	cility (4)				
Andrew Bertone	=						ol (K-12) hapter 8 (Othe	ar than	K-12	2)	
Street Address							r (i.e., priva				
							l buildings, l				
						Square Feet	t # of Floo	ors Bl	.dg.	Age	
City	Co	ounty		1	inty Code (7) TATE USE ONLY)						
Rutherford	R	ergen			•	Current Use	e (Prior if be	eing de	molis	hed)	,
Name of Monitoring Fi		_			Name of Abate	ment Contrac	ctor (9)				
Owner (8) N/A	5				AZTECH M	IANAGEMEI	NT, Inc.				
Street Address					Street Addres	s					
					86 Chris	topher S					
City, State, Zip Code	9		-		City, State,	Zip Code				_	
					Montclai		7042				
Project Manager for M	Monitoring Fire	m Tele	phone Nur	nber	Telephone Num	ber	-	License	Numb	er	
		N/A	X		(973) 744	-8800	7	0037	1		
Scheduled Start Date	(10) Sched	. Comple	tion Date	e (11)	Name of OSHA	Monitor					
05 13 1	.9 05	5 1	.5 19	9	N/A						
Month Day Ye Occupancy Status Duri			•	ar	Street Addres	_					
[X] Facility Clos	ed/Vacated Dur			d	Street Addres	5					
of Abatement []Abatement Per		of Norm	mal Facil	itv	City, State,	7in Codo					
Hours - Descr	ibe: «OffHours	Descript	E»		City, State,	ZIP Code					
[]other - Descr			Descript»								
Scope of Work (Check	all that apply	À)			ווידו ו	Containment	with Negative	Press	ire		
[X]≥3 sf or 2		12.00	Renovati		[X]Mini-	Enclosure		. 11000			
[]≥160 sf o	r ≥260 lf	[]	Demoliti	on		bag Procedu: riable Proce					
		T 00	Is					Aba	teme		'ype
Location Asbestos-Cont		Non	cation cmally		Description Asbestos-Con		Amount	R	R	E	E
Material (200	Sc	Jsed olely		Material (-	(Specify	Z E	E	CA	C
TO BE ABA			Main- nance/		(i.e., thermal		SF or	0	PA	PS	0
In Facili (13)	ty		todial f (12)	111	sulation, surfa or other misce	J 1500 A	LF)	A	R	U	UR
		Yes	No N/A				-	т.			E
Basement			X	Pipe	e Insulati	on	150 LF	X			
Name of Registered War AZTECH MANAGE		Hau	EP Waste ler ID No 040		bic Yards Waste 1.5		State	lfill			
City, State		- /		Di	sposal Date	City, Stat	:e				
Montclair, NJ	07042			(05/16/19	Bronx	NY, 104	74			
Completed By (Print o	or Type) Title				lei de la	1	,	h - ·	-		
Constantine Vi	(BELLER - 100 MERCHANE)	siden	t		Signature	tartion	Minca.	Date 5/1/			
159 West Newell Ave					1111	1-1-1			*****		

CK140	y PAII) NO	(Pu	CATION ursuant t	to NJAC 8:	TOS A	BATEMENT 112:120)			CE		<u> </u>		
Date of Notification (1) 05/02/2019)				Building Ovidge Park,		perator (2)			Check N). 1 <u>464</u>			
Agencies Notified	Type Notification ☑ Initial				alisades A			dig plant of the control of the cont	ASI	BESTOS C) <u>L</u> &	Check LAND	and Was De Was
☑ DEP ☑ DOL	☐ Amended Amendment #	-,		City, Stat Fort Lee	e, Zip Code e, New Jer	sey 07	7024	(4 = 4=c	D-are-Section	LICEN	SING			
⊠ DOH □ DCA	☐ Emergency (inclinity justification) ☐ Cancellation	uaing	1.0	Name of Kenny E						phone Num -947-3331	ber			
				FACIL	ITY INFOR	MATIC	ON							
Name of Facility When The Plaza	re Abatement is Taking	Place (3)					Type of Facility School (K-	-12)						
Street Address 1500 Palisades Ave	enue						☐ Subchapte ☑ Other (i.e.	er 8 (Other t private & c	omme	ercial buildin				
City (5) Fort Lee, New Jers	ey 07024						Square Feet 120,000		5	Floors	Bldg 50+	. Age		
County (6) Bergen		ā.		County C (STATE U	Code (7) ISE ONLY)			ondo Bldg	l					
Name of Monitoring F Whitman	irm Hired by Building O	wner (8)		ASCM	l No.		Name of Abate Lilich Corpora		actor	(9)				
Street Address 7 Pleasant Hill Roa	d						Street Address 246 Union Bo							
City, State, Zip Code Cranbury, New Jers	sey 08512						City, State, Zip Totowa, New		7512					
Project Manager for M Kevin Lovely	Monitoring Firm			Telephor 732-390			Telephone No. 973-225-840			License No 01104).			
Start Date (10) 05/20/2019		Scheduled 05/24/20		oletion Dat	te (11)		Name of OSHA Iris Environm		orator	ies, LLC			8	
	uring Abatement (Check			ent			Street Address 2333 Route 2							
☐ Abatement Perfo☐ Other – Describe	rmed Outside of Norma	I Facility F	lours				City, State, Zip Union, NJ 07	Code 7083						
Scope of Work (Chec	k All That Apply)							10	1200					
□ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260	lf	41100	enova emolit				☐ Mini	-Enclosure e Bag Proce	edure	Negative Pr / Limited Co d Non-Friable	ntainme	ent & T	Tent	
		la la	Locat	u						Amount	_	bater		
Asbestos-Contair TO BE	ation of ning Material (ACM) ABATED	Use Mai	lorma d Sole ntena	ally ely by	Asbes them	tos Co	Description of ntaining Material tems insulation,	I (ACM) (i.e. surfacing,	e	(Specify SF of LF)	Rei	Тур		Enc
	facility 13)		(12) No			oth	VAT, or er miscellaneous	s)			Removal	Repair	Encapsulate	Enclosure
2nd Floor No	orthern Corridor	Yes	X	IN/A		Acous	tical Ceiling Pl	aster		400 SF	X			
N (D) (Wests Haides			NJDEP V	Vanta	Cubic	Yards	Name of F	Panieti	ered Landfil				
Name of Registered Lilich Corporation	vvaste nauler		44.0	Hauler ID 18724		of Wa		Fairless						
City, State Totowa, New Jerse	ey					05/24	osal Date 4/2019	City, State Morrisvill	e, PA			-6		
Completed by Adriana Olejarova	1	Title Pre	eside	nt			Signature	Sad			ate 5/02/20	19		

Date of Notification (1)	fus Pa		(P	CATION ursuant Name o	to NJAC 8:	STOS A	ABATEMENT 112:120)	and the parties of the state of		E C E	- 7	2019		
05/02/2019				Eddie I	Pierson			o mary and the control of the contro		Check# 1	465			nog()Almid
Agencies Notified	Type Notification			Street A	ddress			E e		ASBESTOS	S CO	NTR	OL&	
□ EPA ⊠ DEP ⊠ DOL	Initial☐ AmendedAmendment #_	_		City, Sta Mount	ate, Zip Cod Holly, New	e Jerse	y 08060		4 to 4-	LICE	NOU	NG.		1 (
☑ DOH ☐ DCA	☐ Emergency (in justification)☐ Cancellation	cluding			f Contact Pierson				Tal	enhone Niiml	ner			
				FAC	ILITY INFOR	RMATIC								
Name of Facility Where Private Residence	e Abatement is Takin	g Place (3)				Type of Fa	(K-12)						
Street Address								apter 8 (Othe e. private & c		K-12) cial buildings.	hom	es, et	c.)	
City (5) Mount Holly, New Je	ersey 08060						Square Fee 4000		2	f Floors	BI 50	dg. A	ge	
County (6) Burlington					Code (7) USE ONLY)		Current Us	e (Prior if bei Private						
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	atement Con oration	tractor	(9)				
Street Address							Street Addre 246 Union							
City, State, Zip Code							City, State, Totowa, N	Zip Code ew Jersey (7512					
Project Manager for Manthony Valentine	onitoring Firm			Telepho	ne No		Telephone 1 973-225-8			License No. 01104				
Start Date (10) 05/13/2019		Schedule 05/15/2		npletion	Date (11)			SHA Monitor nmental Lab	oorato	ries, LLC				
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)				Street Addre							
区 Facility Closed ↑□ Abatement Perfo□ Other – Describe	Vacated During Entire ormed Outside of Nor e:	e Period of rmal Facili	f Abate ty Houi	ment rs			City, State, Union, N	Zip Code						
Scope of Work (Check													100000	-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ум. гластъргуу		Renova Demoliti					ini-Enclosure love Bag Pro	e ocedure	n Negative Pro e / <i>Limited Co</i> d Non-Friable	ntain	ment		t
Locati	ion of	1 88	Locat			Doc	scription of					Abate Ty		
Asbestos-Containi TO BE A In Fa (1:	ng Material (ACM) BATED cility	Ma	d Sole intena todial s (12)	nce/	(i.e. th	s Cont hermal surfac	aining Materi systems insu cing, VAT, or niscellaneous	lation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ф	
Basement				X	Pipe/Elbo					10 LF				
Basement				X	Duct Ins	ulatio	n			32 SF	X			
Name of Registered W	/aste Hauler		I N	IJDEP V	Vaste	Cubic	Yards	Name of	Registe	ered Landfill				
Lilich Corporation	90.4003T4003TT1T1		H	lauler ID 18724		of Was	ste	Fairless	Landfil					
City, State Totowa, New Jersey	07512					Dispos 05/15/	sal Date	City, State Morrisvil	e Ie, PA					
Completed by Adriana Olejarova		Title Pre	esiden	t		S	ignature VV	70	A	Date 05		2019		

State of New Jersey NOTIFICATION OF ASBESTOS A

	PAL	U	(1	Pursuan	t to NJAC	8:60 ar	d 12:12	D)	(7 Lo	n le	18	82	9	
Date of Notification (1)					of Building			(2)				10	UC.		
5/1/19	T				beth Ma	y Boak					JE	G	5 1	W	E
Agencies Notified	Type Notification			Street /	Address				2332		火厂	Processor and the spiritual sections.			
EPA DEP	X Initial Amended			City St	ate, Zip C	odo))				
X DOL	Amendment				stown, N		60			Ш	Ш	MAY	/	201	9
▼ DOH	Emergency justification)	(including	,	200000000000000000000000000000000000000	of Contact			-		To	lephone N	lumbor			
DCA	Cancellation			Elizal						10	replient i	dilipei	O;	NTR	OL &
				FAC	ILITY INF	ORMAT	ION				- 4 h - To - attended to a to page	LIVE	INSH	VG	
Name of Facility Where home	Abatement is Takir	g Place (3)					Type of	Facility	(4)					
Street Address					-			☐ Sc	hool (K-	12)					
Street Address								X Ot	ibchapte her (i.e.	r 8 (Oth private	er than K & comme	-12) rcial bui	Idinas	hom	188
City (5)								etc	c.)						100,
Morristown								Square 1900	Feet	2	f Floors		Bldg. / 78	Age	
County (6)				County	Code (7)			1775	Hea /Pri	0.00	ing demol		10		
Morris					USE ONLY	n		home	036 (11)	ioi ii be	ing demoi	isileu)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of Abate	ment Co	ntractor	(9)				
											vices, Ll	_C			
Street Address						- 1/2		Address		0.0722-0-2			81.751		
City State 7:- Onde								3ox 483		ate D	rive				
City, State, Zip Code								tate, Zip		140					
Project Manager for Mon	itorina Firm			Telepho	no No			wood, I	NJ U/2	118					
Traject manager for mon	normig i iiii			relephio	nie No.		100000000000000000000000000000000000000	one No. 764-22	76		License 703	No.			
Start Date (10)		Schedul	ed Cor	npletion	Date (11)			of OSHA			700		_	-	
5/11/19		5/20/1					=								
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street /	Address							
Facility Closed/Vaca	ited During Entire F	Period of	Abaten	nent											
Abatement Performe X Other – Describe: b	ed Outside of Norm pasement	al Facility	/ Hours	5			City, St	ate, Zip	Code						
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf	тист, трруу	X F						l							
≥ 160 sf or ≥260 lf		- I	Renova Demolit						ontainm		Negative	Pressu	re		
		A Transfer					×	Glove	bag Prod	cedure		12020022	27		
		Ι.						Non-E	xempted	d (*) and	d Non-Fria	able Pro	100000000	e emen	
Location	of	2004	Locati Vormal					9					2000	ре	
Asbestos-Containing	Material (ACM)	100000	d Sole	, ,	Asbes		scription aining Ma		CM)	А	mount			m	
TO BE ABA			todial S		(i.e.	thermal	systems cing, VAT	insulatio	n,	(8	Specify	Re	_Z	Encapsulate	Enclosure
(13)	,		(12)				niscellane			5F	or LF)	Remova	Repair	psu	losu
		Yes	No	N/A								<u>a</u>	"	late	re
baseme	ent			x		nina	insulati	ion		1	0 LF				
				- ~		Pipe	modian	1011		4	U LI	×			
		-		-											
100															
Name of D															
Name of Registered Wast	e Hauler		0.0000	JDEP W auler ID		Cubic of Was		N	lame of I	Registe	red Landf	ill			
Newark Carting			100	4509		TBD		(Grand (Centra	al Sanita	iry Lar	ndfill		
City, State						1,000	al Date	C	ity, State	е		-			
Newark, NJ		,				TBD		F	Pen Aro	gyl PA					
Completed by		Title				S	ionature		1			lata			

President

A. Scott Higgins

5/1/19

01.05.2019 08:29 AM	A. Mac	Cont	racting	201262	GEIV	7 6	PAGE		3/ 3
Date of Notification (1)	PAI	NOTIFIC (Pu	state of New J CATION OF ASSES: SATION OF ASSES	Presey TOS ABATEMENT	MAY 7 201		Ely	78	
O4/30/19 Agencies Notified Type Notific		1	ams of Building Owl	ner/Operator 2)	DOL 10 I)YK	7	+	
DOL Amend Amend Amend DCA Cancel	ied Iment #_ ensy (including allon) lation	N P	trest Address ky, Siate, Zip Code ackenamok, NJ (ame of Contect hi) Eigin	1.57	AMILO A DO	01/2) 		
Name of Facility Where Abstament le	aking Place (3)	ACILITY PROPER	ATION			-		
Street Address City (3) Hackenesck County (8)				Type of Fi	of (K-12) hepter & (Other than)	The same of the sa	lidings, i		
Bergen		Cel	inty Code (7)	Current Us	(Prior if being demo		ģ	14	
Name of Monitoring Firm Hired by Build	ng Owner (B)	-	ACM No.	Name of Abstamer	Me Addition of the second				
Street Address				A. Mac Contrac	ting inc.				٦.
City, State, Zip Code		-		165 Vreeland A					
Project Manager for Monitoring Firm		I Tala	phone No.	City, State, Zip Cod Midland Park, N	J 07432	The Local Division in which the last of th		*Petro	-
Mail Date (19)	- X-44-			Telephone No. 201-202-5541	Lisenae	No ₁			-
05/01/19	95/10/18	Complet	97 Date (11)	Name of Dama Ring	00156				
Occupancy Status During Abatement (Ch Facility Closed/Vecsted During Enlin Abatement Ferformed Outside of No Other - Describe:	eck Only One Period of Ab Imal Facility H	stement lours		280 Huyler Stree	mental Services,	ine			-
Scope of Work (Check All That Apply)				City, State, Zip Cose Hackeneack, NJ	07808		-		
23 sf or 23 lf 2160 sf or 2260 g	Ren	ovation rollton		Full Contain Mini-Englos Glovebee	nment with Negative F				1
Location of Asbasics Continues Translated (ACM)	Ner 	estion Majly		Evilon of	red (*) and Non-Frieb		dura Priemer	1	=
	Yes N		other m	ng. W(T, a:	de or La	Byoun		намина	
Basement		X		Pipe		<u>a</u>	1	#	
				iha	130 LF	X	I		
		-				-			
Name of Registered Weste Hayler Newwork Oursing tree	1-	NJDFP W HAVIÁT ID 14508	No. of Waste	्रं क्रमान ठा	Registered Landfill				
lewark, NJ 07105		TWE	Diaposa		Control to 11			.	_
Sharing P	President		04/30/4	Otty, etc.				1	
and one i fuce (CB)				o not use this form for		<u> Prin</u>			———

haze i

.05.2019 08:33 AM A		NOTH	8 ICATIO	ting iste of New . N OF ASBES to NJAC 816	ersay Tos aray	KI	MAY	7 0010			12	21		
Date of Notification (1) 05/01/19			Name o	of Building Ov er Cooke	mar/Operet	or (2)				H	7			
Agencies Notified Type Notification	1			ddress	1	· · · · · · · · · · · · · · · · · · ·	ASBEST	OS CONTROL (Ži.	1	1			
EPA DEP DOL Amended Amended Emergency Justification Cancellatio	nt el	_	City, St	ets, Zip Code Irdo, NJ 07 of Contect				A/All Con-	mber	/ / //	D-			
			FAC	BITTANIO	MATION				,-					
Name of Facility Where Absternant is Tak Cooke	ing Place (3)					of Fecility		1					
Street Address Oilly (5)							Other (i.e.	ri2) ir 8 (Other than K-1 private & commerc	2) lai buil	kinga	, hom	36,		
Leonardo						160	re Feet	# of Floore 2		10g, 1	Age			
County (6) Monmouth			County	Code (7)		Curre	ent Use (Pr	for if baing demotte		_		-		
Name of Monitoring Firm Hired by Building	Qwner (8		ASC		l Mars	Name of Abatement Contractor (6)								
	, , , ,		1.45.0	at tee.	A. I	Vac Co	ntracting	ntrestor (B)						
Street Address				10.00		et Addre								
City, State, Zip Code							and Ave							
• '							ark, NJ (7432						
Project Manager for Monkoring Firm			Telepho	ne No.		N snort		License N	lo.	-				
Start Date (10)	Schedul	ad Cor	natellon	Date (11)		-262-5	HA Monitor	00166						
05/01/19	05/10/	19			Om	ega E	nvironme	ntal Services Ir	ic.					
Occupancy Status During Abatement (Che Feditive Closed/Vacated During Entire Abetement Parformed Outside of Nor Other - Describe:			nent s		280 Chy.	State, Z	r Street Ip Code Ick, NJ 0	7806	,					
Scope of Work (Check All That Apply)	diseas.		100 F 10			_						\neg		
≥ 33 of or ≥3 if ≥ ≥160 of or ≥260 if		Renova Damolii		5		☐ Mir	ni-Enclosur Svebsa Pra	ent with Negative F e cedure d (*) and Non-Friet						
		Lacsu					-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Abat	emen	:		
Asbestoe-Containing Meterial (ACM)	Use	d Sole	ly by	Asbestos	Description Containing	Material	/ACM3	Amount	-	1	/De			
IO BE ABATED In Facility (13)	Yes	todiel 6 (12)	Staff?	(i. a. 17se	rmal system surfacing, V her misobile	na Insul: AT. or	ilian,	(Specify SF or LF)	Removat	Repair	Encapsulate	Endowee		
Szement	1 80	110	X		VAT	- Index		040.55	1-	1	TO TO			
			 '`		VAI	-		249 SF	X	_				
1 110			-			-	W. Arrange		-	-	-	\square		
	1				The same of the sa				-	-	-			
Name of Registered Wasts Haufer Newark Carting, Inc.		H	JDEP W autor ID 509		ubic Yards Waste			Registered Landrill Central Sanitar		dfill				
Cky, State Newark, NJ 07105				0	Spoad Det	9	City, Stal	0				\dashv		
Completed by	Title			Į QI	5/01/19		PONAL	gyl. P4 08072						
R. McDonald	Presi	dent		*	Signatur	IN	0-	U 06	te /01/1	9				