State of New Jer	DECEIVED
NOTE: CATION OF ASSEST Prisume to NJA G 8:60.	po 2-120)
Name of Building Dwney	Onerwor (2)
- Will	MAY - 9 201! -
1 OHCCL ADDIESS	C.A.
4500	ASBESTOS CONTRC & LICENSING
City, State, Zip Code	LICENSING
No hing Ville	N) 38 41
// // /	
	Telephone Number
A TOTAL I HYRORMAT	
	Type of Pacility (4)
	School (K-12)
	Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.
	Sugar teer
County Code (7)	
(STATE USE ONLI)	Current Lise (Prior if being demolished)
1 - 10	ime of Abatement Contractor (9)
17	
Stre	PART Address / CONTINET / CC
Cin	Size Zip Code Nove
	- F - D Code
14	
162	7-346-1916 License No.
Name	of OSHA Monitor
	Ardirace
City, St	are. Zip Code
	***************************************
_	
	Full Containment with Negative Pressure Mini-Enclosure
	Glovehag Person
1	inon-Example (4) and No.
(	/ And Non-Friable Procedure
Asineran Comeripion of	Non-Exempled (*) and Non-Friable Procedure  Abatement
Asbestos Containing Materi	Abatement Type  Amount
Asbestos Containing Materi (i.e. thermal systems insulation VAT or	Abatement Type  Amount
Asbestos Containing Materi	Abatement Type  Amount
Asbestos Containing Materi (i.e. thermal systems insulation VAT or	Abatement  Type  Amount 4, surfacing (Specify  (Specify (Specify  (Specify (Specify  (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Specify (Spec
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous)	Abatement Type  Amount (Specify SF or LF)  Amount Running (Specify SF or LF)  Running
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous)	Abatement Type  ai (ACM) Amount (Specify SF or LF)  Amount Removal Removal Removal
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous,	Abatement Type  [a) (ACM) Amount (Specify SF or LF)  Removn  R
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous,	Abatement Type  Amount (Specify SF or LF)  Remove  Rem
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous,	Abatement Type  Amount (Specify SF or LF)  Rumann  Rumann  Coccas  Coc
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous)  Curry Flori Cubic Yards of Waste	Abatement Type  Amount (Specify SF or LF)  Remove  Rem
Asbestos Containing Materi (i.e. thermal systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste  Disposal Date	Abatement Type  Amount (Specify SF or LF)  Removil  Removil  Name of Registered Landfill
Asbestos Containing Materi (i.e. inermai systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste	Abatement Type  Amount (Specify SF or LF)  Name of Registered Landfill  LLM  Amount  Type  Rumovn  Rum
Asbestos Containing Materi (i.e. inermai systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste  Disposal Date	Abatement Type  Amount (Specify SF or LF)  Name of Registered Landfill  Lift of A  Date  Date
Asbestos Containing Materi (i.e. inermai systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste  Disposal Date Signature	Abatement Type  Amount (Specify SF or LF)  Name of Registered Landfill  Lift of Amount  City, State  Jellutonia R  Date
Asbestos Containing Materi (i.e. inermai systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste  Disposal Date Signature	Amount (Specify SF or LF)  Name of Registered Landfill  Life State  Date  Amount Type  Rundry
Asbestos Containing Materi (i.e. inermai systems insulation VAT, or other miscellaneous,  Cubic Yards of Waste  Disposal Date Signature	Abatement Type  Amount (Specify SF or LF)  Name of Registered Landfill  Lift of Amount  City, State  Jelluter A  Date  Date
	Street Address  Street Address  City, State, Zip Code  Name of Contact  FACILITY INFORMATI  County Code (7) (STATE USE ONLY)  ASCM No.  Street  City, State (11)  Name  City, State (11)  Name  City, State (11)  Name  City, State (11)  Name

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NIAC 8:60 and 12:420)

0x 191	1 4	( MARIE	2	(Pursua	ant to N	NJAC 8:	60 and 12	2:120)		2. M. F.	- I . I .	7 /:		
Date of Notification (1	)			Name	of Buildi	na Owner	/ Operator	(2)	-1111111	Check #1	1971 W	4	4	A
	May 3, 2019			Erik C		ng Owner	Operator	(2)	1131	and and and any			711	
Agencies Notified	Type Notification	on		_	Address					* * * * * * * * * * * * * * * * * * * *		_	#	111
									14 41	MAY -	9 2019	)	1 Long	//
EPA													puneda	1
DEP	<u> </u>									Market and a second property	# 10 mar and and		1	1
DOL	Initial			City, S	State & Z	ip Code			711	DESTOR C	NIN NIN	16.6		
⊠рон	Amend	710/000		Pomp	ton Plai	ns, NJ 07	444		and the second second	And the Lot of the Control	MAG	driettera =		
DCA	Cancel	ment #	7	Name	of Conta	ot				- 17	- lankan	- NI		
		idaon		Ivanie	or Conta	ici				1,	elephon	ie iv	nber	
										4				
				FA	CILITY	INFORI	MATION							
Name of Facility When Residence	e Abatement is	Taking Pl	lace (3)		411000000000000000000000000000000000000	Ţ	ype of Faci							
Street Address						!	School							
Olicel Address						ΙĻ			er than K-12)		VIII.			
										rcial buildin	-		<u>c.)</u>	
City (5)						s	quare Feet	3.00	of Floors		dg. Age			
Pompton Plains							1,27		2 + base ng demolishe			4 ye	S	-
							Residence	(1 1101 11 0011	ng demonstre	.u)				
County (6) Morris			unty Cod E ONLY						1,00				9-	
Name of Monitoring Fi	rm Hired by Buil				ASCM		ame of Aba	atement Cor	ntractor (9)			_	-	
Street Address							ynatech, In					_	-	
City, State & Zip Code						8:	29 Radio R	Road						
						L		arbor, NJ (	08087					
Project Manager for Mo			Te	elephone N	Number	T	elephone N 09-296-691	lumber 6		License Nur	mber 0081	7		
Scheduled Start Date ( May 13, 201		cheduled		ion Date (		N	ame of OSI	HA Monitor				_		
Occupancy Status Dur	ing Abatement (	Check on	ly one)				ynatech, In treet Addres		-				_	
	d/ <u>Vacated</u> During				nt		29 Radio R							
Other – Descr		o i Noilli	iai i ioui:	•		100	ity, State & ittle Egg Ha	arbor, NJ(	08087					
Facility Occup	ied During Abat	ement						escent and united sections of the						
Scope of Work (Check	all that apply)													
								Full Conta	inment with I	Negative Pres	sure			
≥3 sf or ≥ 3 lf				Renovation	on		$\boxtimes$	Mini-Enclo						
≥160 sf or ≥260	lf			Demolitio	n			Glovebag	Procedure					
								Non-Exen	npted(*) and	Non-Friable F	rocedur	re		
	tion of			on Norma			Descript					aten	nt T	уре
Asbestos-Contain TO BE	ABATED	,IVI)		y Mainten dial Staff?		/	Asbestos-C Material (			ount (Specify SF or LF)				
	acility	- 1	Ouoti		(12)	(1	i.e., thermal			or or Lr)		_	$\neg$	_
(1	3)							facing, VAT					E.	ᄪ
						or	other misc	ellaneous)			em	Repair	äps	ıclo
			Yes	No	N/A						Removal	air	Encapsulate	Enclosure
Parament												_	e	
Basement				Х		Pipe V	Vrap and A	Assoc. Elbo	WS	85 LF	_ X			
											_ I			
											-			
Name of Registered W	aste Hauler		NJDEP \	Vaste	Cubic \	ards of W	/aste	Name of I	Registered Li	andfill		_		-
			Hauler II											
Synatech, Inc. City, State			27	429	2 Dianas	al Data		Fairless I						
Oity, Otale					Disposi	ai Date		City, State	е					
Little Egg Harbor, NJ					June 1	8, 2019		Morrisvil	le, PA					
Completed By	T	itle			Signatu	ıre .	11		Date				-	
Diane Aloia	E	xecutive	Admini	strator	1	lane	alo	a	May 3	2019				

02 2019 03:42PM	NJ Asbestos	Contr	ol 60	09,633	3.0664	pa	ige 1	layered [22]	(a) [	7 -	-	
05/02/2019 09:43	2AM 973638	1778						D)   <u> </u>	C E	PAG	E-6	
										, 170	- 0	e e
Charles and	PATI	NO.	TIFIG	ATIO	State of N	New Jersey BESTOS ABA	TENSENT	M	AY -	9	201	200
Check#3339	A CALL		(P	uraua	nt to NJ	AC 8:60 and 5:1	6) [	+				
Date of Notification (1)						ng Owner/Operator	1	Date	10	DA	V	-
	02 /			Judy	Gonneilo			The second second second	LICE	ASIL	5	*
Agencies Notified  EPA	Type Notificatio	n		Stree	Address		-	1 1/2 5		- 1		1
☑ DOLWD ☑ DHSS	Amanded			CITY.	State, Zip	Code		-	1	<u> </u>		L
□ DCA	Amendment Emergency (	- Comment	- 10	Nutle	y, NJ 07	110	1	WALVER			اــا	
(NJAC 5:23-8)	justification)  Carcellation		•	Nami	of Conta	<b>:</b>	<u> </u>	Telephone Nu	mber	3.71	1500	1
	T agridendit			-	Gonnello				20 80	1 1/4		
Name of Facility Where	betement is Toki	ng Flac	0 (3)	FA	CILITY	NFORMATION	Type of Facilit	17A			-	
Private house						6	School (K-	12)	4			
Street Address							Subchapte Other (i.s.,	of Other than K-1	2) arciel +	uildin	as.	
City (5)							nomes, etc	:.)				
Nutley, NJ 07110 County (6)						4	Square Feat	# of Floors	5	ldg. A	rās.	
Essex			17-21	Cour	nly Code (7)	(STATE USE ONLY)	Current Use (F	Prior If being demo	kished)		_	-
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abetem	of Continues I	N.				
Street Address	-					Gr Tech LLC	THE DUTKINGTON	1				
GUESS ADDRESS				-11	,	Street Address						-
City, State, Zip Code						576 Valley Rd #	283 ode					
Project Manager for Moni	order Fire					Wayne, NJ 0747						
	red Prim		Taic	ephone	No.	Telephone No.		License No.				
Slart Date (10)	Sche	dulad (	omple	ilion De	ite (11)	973-638-1777 Name of OSHA M	onitor	01127				
O5 / O3 /		05	_04	1 /	19	Envirovision Co	nsultants, Inc					
E Facility Closed/Vacade	d During Entire P	arind of	Ahasa	ment		Street Address						-
Abstement Performed Time of Abstement:	Outside of Norma	Facilit	v Hou	rs - Owa		20-21 Wagaraw City, State, Zip Co	Koad, Bidg .#	35E			_	-
Scope of Work (Check sil		117			,AM	Fair Lawn, NJ 0	7410					
		[O] n				Full Conf	alomant with Ne	nation with negation	va presi	rrius		•
>3 of ar >3 if ≥ 160 of or ≥260 if			enovati enolih			Mini-End Glovebar	Procedure	Trent with Negativ	m Presi	aure		
			Locat		1	LI Non-Exe	mpted (") end N	on-Friable Proced	20,000	,		
Location ( Asbesios-Containing &	faterial (ACM)	Library	Norma ed Sale	sty by	Ashe	Description o	f rodal (ACLE)			20	_	
IO BE ABA			intena todial	Staff?	(i,g	thermal systems i	nsulation.	Amount (Specify	Ramoval	Repair	Encapsulate	Contraction of
(13)			(12)	T		surfacing, VAT, other macelianed	or ous)	SIF or LF)	E.		sulab	
Buaement	-	Yes	No	N/A	n: :						Ľ.	-
					Pipe inst	TINGON		20 LF	区			-
			6						10			-
-		H		片						빌		+
Name of Registered Wash	e Hauter	1	_	_	Heuter ID No.	Cubic Yards of Wasts	Name of Real	stered Landilli				
Or Tech LLC City, State			Con.	03378		TBD	T.R.R.F. Inc					
Wayne, NJ 07470	Δ					Disposal Date	City. State	7,4	The State of the S	***********		-
Completed By [Print or Ty	pe) Tit	e				TBD Signature /	Tullytown, P		ale			_
						1	whe were		art.a.			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

FAIL	١	IOTIFI	CATIO	State of New Jersey ON OF ASBESTOS ABAT to NJAC 8:60-7 and 12:1	EMENT	CV:	341	8	9		-cacr-
2 700 22 07 07		(Pur	Suarii	Name of Building O	wner/Operator	(2)	EG	- [	5	V	1
Date of Notification (1)					IDIANTICACTIT						
5 / 2 /19	tion			Street Address 30 PROSPECT AVE	NUE	1	84.4		- 0	0.04	^
Agencies Notified Type Notifica				City, State, Zip Code		- I but back	MA	Y	<u>y</u>	201	9
	lotification led Notific lation			HACKENSACK, NEV	W JERSEY 0760	ţ &	A D D D D D				
X DOH On Hol				Name of Contact		Telephone N	lûmber	ICE	ENSI	4G	UE
x DCA EMER	GENCY N	IOTIFI				732-751-338	4	the Change of	-	mark house	PRE-Increase
				CILITY INFORMATION	Type of Facilit	ny (A)					_
Name of Facility Where Abatement is	Taking P	lace (	3)		School (K						
JERSEY SHORE UNIVERSITY MEDICA	AL CENT	ER			Subchapt	ter 8 (Other the private & com	nmcl. bldg	gs.,	home	s, et	c.)_
Street Address 1945 STATE HWY. 33					Square Feet 1,000,000	6			ldg. <i>A</i> 87	ige	
City (5) Count				County Code (7) (STATE USE ONLY)	Current Use (F		emolished	d)			
Name of Monitoring Firm Hired by Bu		wner (	8)	ASCM No.	Name of Abat PAR ENVIROR	ement Contra	ctor (9) RPORAT	101	1		
ENVIRONMENTAL TACTICS INC. Street Address			2 - 1 - 2		Street Address	3					
64 BROAD STREET					313 SPOOK P						_
City, State, Zip Code	TAM/AN	NI I			City, State, Zip SUFFERN, NE		01				
Project Manager for Monitoring Firm	TAWAN,		hone	Number	Telephone Nu		License	Nun	nber		
THOMAS GEIGER			290-22		845-369-7500		1101				_
Expected State Date (10)	Sch			tion Date (11)	Name of OSH		1				
5 / 13 /19		12 onth	/	30 /19 Day Year	QUALITY ENV	ARONIVIENTA	L				
Month Day Year Occupancy Status During Abatement (0	Check on	v one)		54)	Street Address						
Facility Closed/Vacated Duri	ing Entire	Period	d of Al	patement	1376 ROUTE	9					
Abatement Performed Outsi  X Other - Describe: MONI	de of Nor DAY -FRI	mal Fa DAY 6	acility :30 PN	Hours - Describe: VI-2:30 AM	City, State, Zip	Code APPINGER FA	ALLS NIV	1 1 2 1	590		
				Y Full Con	tainment with Ne			12.	550		
Scope of Work (Check all that apply)  Demolition	X Ren	ovatio	n	Mini-End	·lo ,	9-11-1-1					
>3SF OR LF					g Procedure						
X >160 SF OR 260 LF					ble Procedure	T		Δha	teme	nt Tv	/pe
Location of Asbestos-containing		Locat	\$4.03555 U.S	Description of A Containing Mate	rial (ACM)	Amour					四
Material (ACM)		solely		(ie. Thermal s	ystems	(Specif			REPAIR	ENCAP	ENCLO
TO BE ABATED		nt/Cus		insulation, surface		SF or L	.F)   \		<b>=</b>	PS	SO
in Facility (13)		Staff (1	2) N/A	or other miscel	laneous)	1	P			SUL	SUR
6TH FLOOR 1 B	Yes	INO	X	VAT & MASTIC		2,820 SF	X				
6TH FLOOR 2A			Х	VAT & MASTIC		3,050 SF	X	4			_
6TH FLOOR 2B			Х	VAT & MASTIC		1,620 SF	X	_			_
6TH FLOOR 3A			Х	VAT & MASTIC		888 SF	X	4	_		_
6TH FLOOR 3B			Х	VAT & MASTIC		458 SF	X	_			-
6TH FLOOR 3			Х	VAT & MASTIC		340 SF	X	-			$\vdash$
								-			$\vdash$
		255		Cubic Yards of Waste	Name of Rec	istered Landfil					+
Name of Registered Waste Hauler NEWARK CARTING		DEP Wuler ID		Cubic Yards of Waste	GRAND CEN	ITRAL SANITA	ARY LAN	DFI	LL		
369 RAYMOND BLVD.	اا	913		3.9					_		
City, State				Disposal Date	City, State	TOWNSHIP,	PA		1	ß	
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title			05/13-12/30/19   Signature /	2/11	, 01111011111	Date	-	12	1	11
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATIONS /	NI			1	5	/_	Ļ

## State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  Date of Notification (1) Name of Building Owner/Operator (2) D & A Demo, LLC													
						•	2)	South Read.		401	/	Innesti	
		19		D 8	A Demo	o, LLC	Allenande	12/	410	74		Samo	
Agencies Notified	Type Notifica	ation		Street	Address		4	ASSEST€ LIC	ENSIA	VIA IG	16.	( <del>)</del>	
	☐ Initial			215	6 Campl	ain Road		The same of the sa	(m) (()()	164		Garterno-c,	
☑ DOH	Amended Amendme			City, S	State, Zip C	Code					111112		
□ DCA	⊠ Emergend		ng			h, NJ 08844							
(NJAC 5:23-8)	justification				of Contac			Telephone Num					
	☐ Cancellat	ion		1	onio Din	W-1000		732-713-449	16				
Name of Facility NATIons of	VI		(0)	FA	CILITY IN	IFORMATION					_		
Name of Facility Where A Residence	Abatement is 1	aking Plac	æ (3)				Type of Facility						
Street Address							School (K-1)	<sup>∠)</sup> 8 (Other than K-12	2)				
Street Address							Other (i.e., p	rivate and comme		ilding	s,		
City (5)							homes, etc.	# of Floors	RI	dg. A	-	100000	
Lavallette							900 sf	1	100	80	30		
County (6)		1 1 20		Cour	ntv Code (7	(STATE USE ONLY)		rior if being demolis	- 0			_	
					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence		,,,				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)			_	-	
						Guardian Co	ntracting, Inc.						
Street Address						Street Address		·			-		
						1889 Route 9	, Unit 61						
City, State, Zip Code						City, State, Zip Co							
							New Jersey 08	3755					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.					
Ct-+ D-+- (10)						732-349-9932		00624					
Start Date (10) 05 / 07 /		cheduled 08		etion Da 5 /		Name of OSHA N							
			100	<u> </u>	10	E.M.S.L. Ana	iyucai						
Occupancy Status During    Facility Closed/Vacate	70 38		333	oment		Street Address 1056 Stelton							
☐ Abatement Performed					cribe	City, State, Zip Co	ade						
Time of Abatement: _					AM	1	New Jersey 08	8854					
Scope of Work (Check al	I that apply)					1,					-	-	
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		_	tenova emolit			☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure on-Friable Procedu	ire				
			ls Loca						Ab	atem	ent	ype	
Location		, He	Norm sed So	ally lely by		Description of		5. Herror same	R	R	П	Щ	
Asbestos-Containing TO BE ABA		' M	lainten	ance/	Asbe (i.e	estos Containing Ma e., thermal systems	iterial (ACM) insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facili	ity	Cu	stodia (12	Staff?		surfacing, VAT		SF or LF)	Val		Suia	ure	
(13)		Yes			1	other miscellane	ous)				6		
exterior					ashesto	os siding		900 sf			Е		
				30 50	40000	oc claing		0000.			-	-	
							25.00				L		
Name of Registered Was				NJDEP I		Cubic Yards of Waste		stered Landfill				100	
Guardian Contracti	ng, Inc.			Hauler II 2022		vvaste 3	T.R.R.F.	11-1-1-1-1					
City, State						Disposal Date	City, State	Silver en to					
Toms River, New J	ersey					05/08/19	Tullytown	, Pennsylvania					
Completed By (Print or T		Title	50000			Signature		/ D	ate /	1			
Nicholas Fernicola		Projec	ct Mai	nager			4	1	5/1	1	9		

CK36495PA		NO.	TIFI(	CATI( Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT 16)	RE	G		_	
Date of Notification (1)	19	_				ling Owner/Operator		1	MAY 64	9	2	19
		ludin	- na	1 City	, State, Zip	ts Crossing Roa	d		ESTO		N1 NG	IOL 8
(NJAC 5:23-8) justific	ation)	iddiii	'9	Nar	ne of Conta	act		Telephone Nu			_	
				F	ACILITY	INFORMATION		003-330-7	130		_	
Name of Facility Where Abatement i Sea Girt National Guard Trai Street Address 1 Camp Drive	s Taking F ning Cer	Place	e (3)			ONIIATION	Type of Facility  School (K-12  Subchapter 8  Other (i.e., proposed)	) 3 (Other than K-	12) iercial	buildin	gs	-
City (5) Sea Girt							Square Feet 15,000 sf	# of Floors		Bldg. A	lg€	
County (6)  Monmouth  Name of Monitoring Firm Hired by Bu	ilding O.		(0)			(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			-
TTI Environmental Inc.	illaing Ow	ner (	(8)	ASC	И No.		ent Contractor (9)					
Street Address							ntracting, Inc.					
1253 North Church Street						Street Address						
City, State, Zip Code						1889 Route 9						
Moorestown, NJ 08057						City, State, Zip C						
Project Manager for Monitoring Firm		_	Tel	ephone	No.	Telephone No.	New Jersey 087					
Mike Stocku Start Date (10)	_		8	56-84	0-8800	732-349-9932		License No. 00624				
05 /16 /19		_ /	_ 24		ate (11) 19	Name of OSHA N E.M.S.L. Ana						
Occupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement:AM  Scope of Work (Check all that apply)	tire Period Normal Fa	d of A	Abate	rs - De	scribe _AM	Street Address 1056 Stelton City, State, Zip Co	ode New Jersey 088	54			_	
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if			novati			☐ Mini-Encl	ainment with Nega osure procedure npted (*) and Non-		ıre			
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)		Jsed Mair Custo	ntena	lly ely by	Asbe: (i.e	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)		Repair	E   Encapsulate	e Enclosure
Copier Room					asbesto	s floor tile & ma	stic	140 sf			=	$\overline{}$
Band Rooms			$\boxtimes$			s floor tile & ma		1250 sf				$\dashv$
Copier Room offices		I				s floor tile & mas		1100 sf				
Name of Registered Waste Hauler Guardian Contracting, Inc.			Ha	JDEP V auler ID 20223	No.	Cubic Yards of Waste	Name of Register T.R.R.F.	red Landfill	] 🗀	Ш		
City, State Toms River, New Jersey						Disposal Date 05/24/19	City, State Tullytown, Pe	ennsylvania	ti.			
Completed By (Print or Type) Nicholas Fernicola	Title Proje	ct N	/lana	ger		Signature		Da	te /	1 0		

1 20 NI	IDO A 1	N	ОТІ		ATIO	N OF AS	lew Jersey BESTOS ABA		KI	9 15	n r	<i>J</i> 6	Hamman
K WAY	DICHIN			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)	LL M	AY -	3 20	19	
Date of Notification (1)	(ec. +51)		3-2-2		Nam	e of Buildir	ng Owner/Operator	(2)					1 44
	06 /	19	_		Ly	nx Waste	& Recycling, In	ic.	ASDE	stosto	BLIZE	boke	1
Agencies Notified	Type Notific	cation			Stree	et Address			Millia	LICENS	and a few	YUJE I	-
⊠ EPA					P	O Box 18	8		in the name of the state of the	To your terror and the profession of	t woman was	maria.	Artin -
⊠ DOLWD	☐ Amende	1000 mag 1			City,	State, Zip	Code					-	_
□ DCA	Amendm  Emerger		dina				e, NJ 07762						
(NJAC 5:23-8)	justificat		aing			e of Conta	Section Control Control Control		Telephone N	lumber			1
	☐ Cancella	ition			Ric	chard Hy	de		732-762-				
				-			NFORMATION						-
Name of Facility Where A	Abatement is	Taking P	lace	(3)			ii oranizarion	Type of Facility (	(4)			-	-
Residence		•		*				School (K-12	5.53				
Street Address								Subchapter 8	(Other than k				
								Other (i.e., pr homes, etc.)	ivate and com	mercial b	uildin	gs,	
City (5)			-					Square Feet	# of Floors	TE	Bldg. A		-
Howell								1200 sf	1	-	65	ige	
County (6)					Cou	ntv Code (	7)(STATE USE ONLY)	Current Use (Pric		nolished)	-	-	
Monmouth						, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence	or it boing don	iolisrica)			
Name of Monitoring Firm	Hired by Buil	ding Owr	ner (8	3)	ASCM	No.	Name of Abateme						-
N/A	•		•				The second secon	ntracting, Inc.					
Street Address							Street Address						-
							1889 Route 9	Unit 61					
City, State, Zip Code							City, State, Zip Co						-
								New Jersey 087	755				
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.	,	License No				-
WC - CONTRACTOR TO SERVE TO → CONTRACTOR CONTRACTOR							732-349-9932		00624				
Start Date (10)	15	Schedule	d Co	mple	tion Da	ite (11)	Name of OSHA M	V)	00021			-	-
05 /17 _ /					3 /		E.M.S.L. Ana	215 (21 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					
Occupancy Status During	Abatement (	.,					Street Address	,				-	-
□ Facility Closed/Vacate					ment		1056 Stelton						
☐ Abatement Performed	Outside of No	ormal Fa	cility	Hour	s - Des	scribe	City, State, Zip Co	nde					_
Time of Abatement:								New Jersey 088	54				
Scope of Work (Check all	that apply)						1 loodaway, 1	tew dersey doo				-	-
	1.77						☐ Full Cont	ainment with Nega	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Ren				☐ Mini-Enc						
			Deni	iontio	""			mpted (*) and Non	-Friable Proce	edure			
				.ocat							atem	ent Ty	e
Location				rmal	ly ly by		Description of				-		-
Asbestos-Containing N TO BE ABA			Main				stos Containing Mai ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		C		10 _0	Staff?	(1.0	surfacing, VAT,		SF or LF)	ova	=	psu	)SIII
(13)				(12)	T	-	other miscellaned	ous)	00000 00000 10000 <b>10</b> 00			late	.D
		Ye		No	N/A								
exterior				X		asbesto	s siding		1200 sf				
			] [								П	П	]
			ı								1		]
				70	_								_
													]
Name of Registered Waste				9898	JDEP V auler ID		Cubic Yards of Waste	Name of Registe	ered Landfill				
Guardian Contractin	ig, inc.			100.00	20223		3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						05/18/19	Tullytown, F	Pennsylvani	а			
Completed By (Print or Type	oe)	Title					Signature			Date	1		
Nicholas Fernicola		Proje	of B	lana	anar.			1					

(K81410	PAII	D NO		ATION C	e of New J OF ASBES NJAC 8:6	TOS	ABATEN		e in the second			; <u> </u>			<u></u>	Big or man and a second
Date of Notification (1) 05/07/19				lame of E Levon C	Building Ov Capital	vner/C	perator	(2)			The state of the s	47	9	2019	]	
Agencies Notified	Type Notification		5	Street Add	dress						ASBES	STOS	S CC	)NTR	. 8	
EPA DEP DOL	Initial Amended Amendment			City, State	e, Zip Code	:					n garage the second positive that	LICE	NSI	NG	275	
DOH DCA	Emergency (i justification) Cancellation	ncluding	100	Name of C						Tele	phone N	umbe	r			
A. C	At at amount in Toking	Diago (2)		FACIL	ITY INFOR	MATI	ON	Type of	f Facility (4	.)					_	-
Name of Facility Where 1504 Madison Aver Street Address		y Flace (5)					r	Sc St	chool (K-12	2) 8 (Othe	er than K-	12)		825		
1504 Madison Aver	nue			<u> </u>					ther (i.e. pr c.) Feet	the second second	Floors	cial b		g. Age		
City (5) Lakewood				County C	odo (7)				t Use (Pric		300000000000000000000000000000000000000	ished)			_	
County (6) Ocean					SE ONLY)	-		Curren	1 036 (1 116	i ii boii	ng demon				_	
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				PROFE						_	
Street Address								Address HITE D	OVE CC	URT						
City, State, Zip Code								State, Zip EWOO	Code D, NJ 08	3701						
Project Manager for Mo	nitoring Firm			Telephon	ie No.			none No 668-90			License 1200	No.				
Start Date (10) 05/19/19		Schedule 05/22/1		npletion E	Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status Durin								Address	s OOVE CO	DURT	· i					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of A nal Facility	Nbatem Hours	nent		_	City, S	State, Zip	A 10 10 10 10 10 10 10 10 10 10 10 10 10						-	
Scope of Work (Check	All That Apply)						-		W-160							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					Min Glo	Containmoi-Enclosure vebag Pro-	e cedure						
		Is	Locat	ion	21.0 2 22								,	Abaten Typ		
Location Asbestos-Containin TO BE A In Fact (13)	ng Material (ACM) BATED cility	Use Ma Cus	Norma ed Sole iintena todial (12)	ely by nce/ Staff?	Asbesto (i.e. t	os Co therma surf	escriptio ntaining al systen facing, Va miscella	Material ns insula AT, or	(ACM) tion,	(	Amount Specify F or LF)		Removal	Repair	T	Enclosure
INITE	NOD	Yes	No	N/A		F	LOORI	NG		1	200SF	2	c .	-	+	_
INTER							SIDIN				2500				+	
EXIE	RIOR			-											+	
				-												
Name of Registered W				NJDEP V Hauler ID )4509			ic Yards /aste		Name of IESI	Regis	tered Lan	dfill			_	
City, State NEWARK, NJ				100 - 100 - 100 - 100 T			osal Dat 22/19	te	City, Sta BETHI		М РА					
Completed by JOSEPH PERLST	EIN	Title OWI	NER				Signatu	re				Date 05/		19	-	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Detection of the					d12:120)	hennes L	3 @ F.	7.7.5	Date:	TO.	1	
Date of Notification (1) 04/15/2019		Name of Ramse	f Building y Board	Owner/O of Educ	Operator (2) ation	Check No.	1448 E 1	WE		1		
Agencies Notified Type Notification			Street A 266 Ma	ddress in Stree	et			MAV - O	2010	The second secon	$\parallel$	
□ EPA □ Initial □ Amended				te, Zip C				MAY - 9	2019	i in	3	
☑ DOL Amendme	nt# <u>1</u> / (includina			56%	Jersey 0	7446	AS	BESTOS CO	NTROLL		_	
☑ DOH justificatio □ DCA □ Cancellatio	1)		Name of G Boha	f Contact Icik				Telephone Nur 201-785-230(	nber	Potos		
Name of Facility Where Abatement is Ta	king Place (3)		FACI	LITY INF	ORMATI	ON Type of Fac	cility (4)			_		
Street Address						☐ School						
29 N Franklin Turnpike							pter 8 (Other th .e. private & cor		igs, home	eto	c.)	
City (5) Ramsey, New Jersey 07446						Square Fee 20,000		# of Floors 2	Bidg 50+	lge		
County (6) Bergen	17.14		County (	Code (7) JSE ONLY	)	Current Use	(Prior if being of High School	demolished)		-		
Name of Monitoring Firm Hired by Buildi Environmental Design Inc.	ng Owner (8)		ASCN	No.		Name of Aba Lilich Corpo	atement Contractor	ctor (9)				
Street Address 5434 King Avenue			-			Street Addre				_		
City, State, Zip Code Pennsauken, New Jersey 08109						City, State, Z Totowa, Ne	Zip Code ew Jersey 075	12				
Project Manager for Monitoring Firm Tim Gromen			Telephoi 856-616			Telephone N 973-225-84		License N 01104	0.	_		
Start Date (10) 04/29/2019	Scheduled Co 005/06/20	omp 19	letion Da	te (11)		Name of OS Iris Environ	HA Monitor mental Labora	atories, LLC		a.c.		
Occupancy Status During Abatement (C	heck Only One)					Street Addre				_		
□ Facility Closed/Vacated During Entire     □ Abatement Performed Outside of No     □ Other – Describe:	Period of Abate rmal Facility Ho	eme	nt			City, State, Z Union, NJ (	Zip Code					
Scope of Work (Check All That Apply)										Serie		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	□ Ren ⊠ Dem					☐ Mi	I Containment wini-Enclosure ove Bag Proced	ure / Limited C	ontainme		ent	
	ls Lo	cati	on			⊠ No	n-Exempted (*)	Amount		<u>∍</u> em	ent	
Location of	Non	mall	ly			Description of		(Specify SF of LF)		/pe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Mainte Custod	enar	nce/	Asbe the	rmal syst	ntaining Materi tems insulation VAT, or	n, surfacing,		Removal	1	Encapsulate	Enclosure
(13)	-	No.	N/A		othe	er miscellaneo	us)		oval		sulate	sure
1st Floor		X			J	oint Compound	d	3200 SF	X	1		
										1		
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W auler ID 18724		Cubic of Was		Name of Reg	istered Landfill				
City, State Totowa, New Jersey						sal Date /2019	City, State Morrisville,			1		
Completed by Adriana Olejarova	Title Presid	dent	:		S	ignature	ad	Da 04	te 4/15/201	-		

MINCH			NOT				SBE	Jersey ESTOS ABA 8:60 and 5:1			i C			$\overline{\mathbb{W}}$	n n	$\overline{\Omega}$
Date of Notification (1)		TOTAL -	ero may	2.00	5701500				111	Y_	Marian					
05 /	03 /	19	)					Owner/Operator outsing Authorit	111		MAN	<sub>Y</sub> -	Q 2	010	-	
Agencies Notified	Type Notific	cation		-		et Addres			14	Li	IVIP		J (	013	-   -	
⊠ EPA	☐ Initial	Jation			10.00-1030	JC 100 100 100 100 100 100 100 100 100 10		merce Street	-				The same of the same		-	
⊠ DOLWD		ed								A	SBEST				8	
□ DOH	Amendn	nent#	1			, State, Zi					L	ICEN	SING	-		
☑ DCA	☐ Emerge		ncludin	g		ridgeton	0.00	08302		PROCESSION OF THE PROPERTY OF	V///C-911 / PS/////					
(NJAC 5:23-8)	justificat				1 5500	ne of Cont				0.000	ephone					
	☐ Cancella	ation			W	ayne Ho	lt			6	09-38	1-077	8			
N					F	ACILITY	INFO	DRMATION			and the same of th				(State of	
Name of Facility Where A	Abatement is	Taking	g Place	e (3)					Type of Facility							altrease.
Oakview Heights									School (K-12	2)		17.40				
Street Address									Subchapter 8					uildir	S	
429 Vine Street									homes, etc.)			,,,,,,,,,,,	0.0.		•,	
City (5)							1 -5597		Square Feet	# (	of Floor	rs	В	ldg.,	je	
Bridgeton									88,000		1			53		
County (6)				(G	Co	unty Code	(7)(S	TATE USE ONLY)	Current Use (Pri	ior if b	eing d	emolis	hed)			
Cumberland									Apartment (							
Name of Monitoring Firm	Hired by Buil	lding (	Owner	(8)	ASCI	M No.	N	ame of Abateme	ent Contractor (9)	•						
Horizon Environme					00	073			onmental, LLC							
Street Address	•						S	treet Address	ommontal, LLO						-	0.000
PO Box 316								623 Cutler Av	venue							
City, State, Zip Code							C	ity, State, Zip Co	ode	-1151/146				Albert albert	1	
Thorofare, NJ 08086	3						11	Maple Shade								
Project Manager for Monit	toring Firm			Te	ephon	e No.		elephone No.	,	Lic	cense N	Vo.	-		-	
Steven Flanigan						8-0800		856-755-0099	)	100	00842	50.00				
Start Date (10)		Sched	uled C	ompl	etion D	ate (11)	N	ame of OSHA M	1onitor						-	
					6_ /	19		EMSL Analyti	ical, Inc.							
Occupancy Status During							St	treet Address							-	
☐ Facility Closed/Vacated								200 Route 13	0 North							
Abatement Performed	Outside of N	ormal					Ci	ty, State, Zip Co	ode							
Time of Abatement:	AM	PI	Λ/	PN		_AM		Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)									2011-01-01					-	
≥3 sf or ≥3 If			⊠ Re	nova	ion				ainment with Neg	ative	Pressu	ire				
☐ ≥160 sf or ≥260 lf				moliti					Procedure							
1.2000 1.2000								☐ Non-Exer	mpted (*) and Nor	n-Fria	ble Pro	cedur	е			
				Loca Vorm									Ab	aten	nt Ty	уре
Location of Asbestos-Containing N		15			ely by	Ach	ootoo	Description of Containing Mat					R	Z	Ш	ш
TO BE ABAT		"		inten				ermal systems i			Amoun (Specif		Removal	Repair	ıca	ıclo
IN Facility	/		Cust	todial (12)	Staff?			surfacing, VAT,	or		F or LF		val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		0	ther miscellaned	ous)						late	Ф
Boiler Room No. 3			$\boxtimes$				hing	Insulation			120 SF	=			П	П
Boiler Room No. 3							Non wa	h Vibration C	ollars		6 SF	<u></u>				
									onaro		0 01					
														블		
Name of Registered Waste	. Harden					1	Τ.							Ш		Ш
	e Hauler			100	lJDEP lauler	Waste		bic Yards of	Name of Regist							
Freehold Cartage					1593		2	20	Cumberlan	d Co	unty l	_andf	ill			
City, State							100	sposal Date	City, State							
Freehold, NJ							0	05/06/2019	Millville, NJ	U,						
Completed By (Print or Typ	oe)	Title		VIZ.U			***	Signature—				Dat	e			-
Christina Lynch		Vi	ce Pr	eside	ent of	Operation	ons	Onbres	H	\		5	7/3	11		

### CK + 4819

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

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		MAY	-	9	201!	Canadas in Vasini O'Chillishina	Ш

Date of Notification (1)			Name	e of Buildin	% Owner/Operator	TCH RO	OF-UGS ES	as c	NG	TR I	Lá
Agencies Notified Type Notification	1		Stree	1 Address	7008 11	BLACK	HOKSE P	'IK		_	_
PA   Initial   Amended   Amendment   Emergency (	t_ including		City.	State, Zip	EBC HA	risor t	UP W.J.	08	2:	<u>چر</u>	=
DOH justification)			Name	e of Conta	LIICE						_]
			FA		ORMATION					_	
Name of Facility Where Abatement is Takin	ng Ptace	(3)				Type of Facility					
RESIDENCE						School (K-1	8 (Other than K-12)				
Street Address		٠.,	07	-0	(L)(-	homes, etc			ngs, g. Ag	_	4
City (5)						Square Feet	# of Floors		g. ~g	†	
MARGATE			T Core	nty Code (	7) (STATE	Current Use (P	nor if being demolish	-		=	=
County (6) ATLANTIC			USE	ONLY)		-	CANT			=	=
Name of Monitoring Firm Hired by Building	Owner	_	ASCM	No.		ent Contractor (	IW(				
(8) Name of Montoling Fill Falco by					Street Address	(FMCO	TIVE	_		=	커
Street Address					360	7 7 7	RUCE HIE	_		=	=
City, State, Zip Code					City, State, Zip C	PLE SH	ADE N.J	050	25	2	_
	-	Tele	phone	No.	Telephone No.		License No.	71			
Project Manager for Monitoring Firm					856-77 Name of OSHA N	4-04 / C	1 - 912			=	=
	duled Co	mple 2	tion Da	ate (11)	+	NA				=	=
Occupancy Status During Abatement (Che	ck only o	one)			Street Address	•					_]
- a - Marchad Dimon Filler	51 POO V.		ment		City, State, Zip C	ode				_	
Abatement Performed Outside of North	# Facility	Hou	rs		Gi). 330					=	=
Other - Describe:	===	_				ntainment with Ne	anative Pressure				
Scope of Work (Check all that apply)		novati	im		Mani-En	closure					
>3 sf or ≥3 lf	Der	notitio	n N		Gloveba	ag Procedure empted (*) and N	on-Friable Procedur	e		_	$\dashv$
160 sf or ≥260 H	1 1011	ocatio	~	T				A	baten Typ		
	No	mah	1		Description of	ſ				_	$\neg$
Location of	Used Main	enan	ice/	Asbes	tos Containing Mat	terial (ACM)	Amount (Specify	Re	Z.	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED		stodia taff?	3l	(1.6	surfacing, VAT,	01	SF or LF)	Remova	Repair	psula	osur
IN Facility (13)	(	12)	,		other miscerial for	<i>x</i> = 1		1 2	1	910	
637	Yes	No	N/A	1			1750 SE	X	-	_	
0.01.16			X	I	RANSITE		11100	1	-	_	
SIDING	-							+		_	
								+		_	
					Cubic Yards	Name of Res	pistered Landfill				
Name of Registered Waste Hauter		1	UDEP tautex I	O No.	of Waste	I. A	E DA			=	_
KLEMCO INC		_ ]	790	24	Disposal Date	City State		-	A.f.	5	
City, State	•					PLEAS	S'ANTUILLE	=	1	<u>-</u>	=
MADE SHAWE W. J		_			Signature NI . 01	on		1-	10		=
MicHAT Vicum -	PRES				- Mull						
1-1-11-11-11-11-11-11-11-11-11-11-11-11					I SAREUM BYPT	nnted activities.					

# CK\* 4819 PAID

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

ID)	E	C	E			ī		The second secon
		MAY	-	9	2(	9	Property of the state of the st	

	(*	ur suame to	Unont	_ 8:00 and 12:12	- /	IL LI MAT	IJ	41	9	į.
Date of Notification (1)		Name o	-	ng Owner/Operator	1 A	W EXCAUT	TIN	16		
Agencies Notified Type Notification	PΠ	Street A			8 629	MUDEUN	ENS	1141	<u> </u>	4
DEP Amended Amendment Emergency		City, Sta		Code APE MA	Y Con	21 HOUSE				
DOH justification Cancellation	)	Name o		old N		Telephone Numb	oer () – (	38	2	
		FACIL	LITY IN	FORMATION						
Name of Facility Where Abatement is Tak					Type of Facilit	5 85050	)\			
Street Address					Other (i.e., homes, etc	private & commercia c.)	al build			
City (5) AVALOW					Square Feet	# of Floors	9	dg. /	e + ===	_
COUNTY (6) CLAPE WAY		USE OF	NLY) -	7) (STATE	VAC	Prior if being demolis	shed)		_	
Name of Monitoring Firm Hired by Building (8)	Owner	ASCM No	).	Name of Abatem						
Street Address				Street Address	. SPRL	XE ALE			_	
City, State, Zip Code				City, State, Zip C	ode E SHAV	DE, N.J	08	50'	2	
Project Manager for Monitoring Firm	Tel	ephone No.		Telephone No.	9-0472	License No 3	71			
Start Date (10) Sche	duled Comple	etion Date (	(11)	Name of OSHA N	Monitor	•			_	
Occupancy Status During Abatement (Che		ement		Street Address						
Abatement Performed Outside of Norma  Other - Describe:	al Facility Hou	irs	_	City, State, Zip Co	ode					
Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure	e			
	Is Location	/						bate Tyj	ent	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Used Solel Maintenan Custodia Staff? (12)	ce/		Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDING	18 110	X	7	RANISIT	E	1250 56	X		$\exists$	
5.17773.0						1				
Name of Registered Waste Hauler  Y LEWCO INC		JDEP Wast auter ID No.		Cubic Yards of Waste	Name of Regi	stered Landfill	A	_		
City, State MADLE SHADE		1101		Disposal Date	City, State.	OBINE				
Completed By Title MICHAEL CLEUM	50P,			Signature	LOX	Date -	1-	-10	72.55	

CK 4 4819

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



-											
Date of Notification (1)	1-19		Name	e of Buildi	ing Owner/Operato	0 S COA	STRUCTI	OL	ONT	ħÜ	ä.
Agencies Notified	Type Notification	on	Stree	Address	5	-TU CT	The state of the s				=
D-BA	initial Amended				300 7	1, 21			-	=	=
DE DEP	Amendmen	t #	City, S	State, Zip	Code ISCE	CITY	NITO	180	u a	,	
<b>⊠</b> DOH	☐ Emergency justification		Name	of Conta		CIT	Telephone Num			<u></u>	=
□ DCA	☐ Cancellation		144116	E.	RAMIC		- Coprone Hui				_
			FAC	CILITY IN	FORMATION						_
Name of Facility Where						Type of Facili				See	
Street Address	ESIDEAL	(E				School (K-	r 8 (Other than K-1	2)			
Sileet Address						Other (i.e., homes, etc	private & commercia.)	ial bui	dings	,	
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Name of Monitoring Firm	The same of the sa	Owner	ASCM I	¥0.	Name of Abatem	and the second s	The second second				
(8)	IA					CMCO	INC		_	=	=
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Project Manager for Moni	toring Firm	Te	ephone N	<b>√</b> 0.	Telephone No. 856-77	9-0472	License No.	37	Į.		_
Start Date (10)	Sche	eduled Compl	etion Date	e (11)	Name of OSHA N						
5-11-19		7-21-				N	<u>A</u>			==	=
Occupancy Status During	Abatement (Che	eck only one)			Street Address						
Facility Closed/Vacate	d During Entire P	eriod of Abati al Facility Hot	arkan Ars	}	City, State, Zip Co	ode					=
Other - Describe:	000000									_	=
Scope of Work (Check all	that apply)				☐ Full Con	tainment with Ne	egative Pressure				
		Renova			Mini-Enc	losure					
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Location of Asbestos-Containing Ma	aterial (ACM)	Maintenar	nce/	Asbest	os Containing Mate	erial (ACM)	Amount (Specify			E	E
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Date of Notification (1)	5/3/19		Mon	of Build Itclair	ding Ow State	ner.	Operator (2)		Annual An	MANY -			
Agencies Notified	Type of Notifica	ation		Addres		UI	liversity		141 111	WAL:	9 2019		
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[X] DOH	[] Amended Notification	n	Upp	er ivio	ntclaii	r, N	J 07043						
[] DCA	rvotinoation	"	Name	of Cont	act				Telephone N	umber			
11 BON	[] Cancellatio	n	Amy	Ferd	inand				973-655-				
			B		FACI	LIT	YINFORMATION		070 000				
Name of Facility Where	e Abatement is Ta	aking F	Place (3	3)	1 ACI	LII	TINFORMATION	Time of F	124 7 43			_	
Student Center,	Montclair Sta	ate U	niver	sitv				Type of Faci	lity (4) iool (K-12)				
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1 Normal Avenue	е							hor	nes, etc.)	ind comme	ciai bulluli	٥,	
City (5)								Square Feet	# of Flo	ors	Bldg. Ag		
Upper Montclair		Coun					nty Code (7)	80000	2		~ 50		
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Name of Monitoring Fir	m Hired by Buildi	ng Ow	ner	ASCM	No.	T	Name of Abatem		(9)			_	
Detail Associates Street Address	s, Inc.			00					ronmental S	Services	Inc		
300 Grand Ave.							Street Address					· ·	
City, State, Zip Code						1	3	23 Change	ebridge Roa	d, Suite	100		
Englewood, NJ 0	7631						City, State, Zip C		11107070				
Project Manager for Mo		Tel	ephone	e Numbe	er	+	Telephone Numb	Pine Brook,	NJ 07058				
Anthony Valentin	e			9-670			10.00	973-575-87	nn	Licens	e Number		2
Scheduled Start Date (1				Date (1	1)	1	Name of OSHA N		00		00	352	
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Occupancy Status Durin [] Facility Closed	ng Abatement (Cl /Vacated During I	neck or	nly one	)	227.207.40		Street Address				,	-	
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Pine Brook, NJ						5/3	0/19 +	Taylor, PA	A				
Completed By (Print or T Pane Repic	ype)	Title					Signature	1"		Date		-	
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Date of Notification (1) 5/3/2019	<u> </u>				of Building				o		LL N	IAY	- 9 ;	2( 9	3
Agencies Notified	Type Notification		_	Street A	LESEX	COUN	TY CC	LLE	GE			CONTRACTOR	A DO COLUMN TO THE		
₩ EPA	× Initial	t-				BRIDG	E AVE	NUE	, PO. BOX	305	ASBE	STO	CON	T :	DL 8
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X DOH X DCA	justification Cancellation	)			f Contact						ephone Nu 2-548-60			7 -	
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Name of Facility Where COLLEGE CENTE		ng Place (	3)					Туре	of Facility (4	188					
Street Address 2600 WOODBRID	GE AVENUE					10-2-02		×	School (K-1 Subchapter Other (i.e. p	8 (Oth			dings, h	101 3	s,
City (5) . EDISON								Squa	etc.) are Feet	# 0	f Floors	В	ldg. Ag	e	
County (6) MIDDLESEX					Code (7) USE ONLY	)		Curr	ent Use (Pric	r if be	ing demolis	hed)			
Name of Monitoring Fir ENVIRONMENTA				ASCN					atement Con			G IN	C		
Street Address 120 NORTH WAR		.,		1			Street	Addre				O, 11V	· ·		
City, State, Zip Code TRENTON, NJ 08							City, S	State, 2	Zip Code					-	
Project Manager for Mo	onitoring Firm			Telepho			Teleph	none N			License N	lo.		-	
ROLAND C. JONE Start Date (10)			ed Con		92-4200 Date (11)				8700 HA Monitor	-2.6 (**)	00494				
5/16/2019	Ab -4 t (Ob -	6/14/20	8,00				500000000000000000000000000000000000000		S (9) ABO	/E					
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	cated During Entire med Outside of Norr OCCUPIED					_	City, S	tate, Z	Zip Code						
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In Fac	ility	Cus	todial S (12)	Staff?	(i.e.	surfa	systems cing, VA	T, or			Specify For LF)	Remova	Repair	caps	Enclosure
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Name of Registered Wa	aste Hauler		1890	JDEP W		\$100 (400 (A) (A) (A) (A) (A)	Yards		Name of F	Registe	ered Landfill				
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City, State						7.0	sal Date		City, State						
TOTOWA, NJ Completed by		Title					2019		MORRI	SVIL					
VIVECA RAMOS		Title	IECT	COOL	TAINIOS		Signature	1	. X-1		75.00	ate	10		

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Date of Notification (1)  4 / 22	/ 19	)			of Buildin rizon	g Owner/Operato	r (2)	II II MAY	- 9	2019	)	L
☐ EPA ☐ Initia				100000000000000000000000000000000000000	t Address East Mor	ntgomery Plac	e, Lower Level	ASBESTO	OS CO		5 E	B.
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	ergency (ir			Pit	tsburgh,	PA 15212						
	fication)	ioidaiii	9	Name	of Contac	t		Telephone Nun	nber		70.00	
☐ Can	cellation			An	thony Po	rta		412-633-40	21			
				FA	CILITYIN	FORMATION						
Name of Facility Where Abatemer	nt is Takin	g Place	(3)		OILITT III	II ORIMATION	Type of Facili	ty (4)				
Verizon - Pleasantville Gar		-					School (K-					
Street Address	age wo	K OCI						r 8 (Other than K-1	2)			
2546 Fire Road							Other (i.e.,	private and comme		uilding	s,	
							homes, et				ij.	
City (5)						10	Square Feet	# of Floors	В	ldg. Ag	je	
Egg Harbor Twp												
County (6)				Cour	nty Code (7	)(STATE USE ONL)	Current Use (	Prior if being demol	ished)		71	
Atlantic							Office					
Name of Monitoring Firm Hired by	Building (	Owner	(8)	ASCM	No.	Name of Abate	ment Contractor (	9)				
USA Environmental Manag	gement					BRISTOL E	NVIRONMENT	AL, INC.				
Street Address						Street Address					-	-
8436 Enterprise Ave							ER STREET					
City, State, Zip Code						City, State, Zip					-	
Philadelphia, PA 19153						BRISTOL, I						
Project Manager for Monitoring Fir			Tale		Na		A 19007	11.				
Mark Jenkins	III:		1	ephone		Telephone No.		License No.				
	15:		_	15-365		215-788-60		00509				
Start Date (10)				etion Da		Name of OSHA						
_ 5 / 2 / 19		5/	3	/	19_	BRISTOL E	NVIRONMENT	AL, INC.				
Occupancy Status During Abatem						Street Address						
☐ Facility Closed/Vacated During						1123 BEAV	ER STREET					
Abatement Performed Outside						City, State, Zip	Code				-	
Time of Abatement:AM	P	M/ <u>10:0</u>	<u>0</u> PM-	<u>4:00</u> AN	Л	BRISTOL, F						
Scope of Work (Check all that app	lv)										-	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati			☐ Mini-E	nclosure pag Procedure	egative Pressure  Jon-Friable Procedu	ıre			
			Locat						Ab	ateme	n [	Гуре
Location of			Norma		1	Description			Z	T a T		
Asbestos-Containing Material ( TO BE ABATED	ACM)		intena		Asbe	stos Containing No., thermal system	Material (ACM)	Amount	Removal	Repair	:	Enclosure
IN Facility		Cus		Staff?	(1.6	surfacing, VA		(Specify SF or LF)	ova	₩	i i	nso
(13)			(12)		-	other miscella			-		į	9
		Yes	No	N/A								
Shop Office, Tool Shop and	Storage		$\boxtimes$		Floor ti	le and mastic		10 SF			Г	
			П							ī	 r	$\frac{1}{\Box}$
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		Ш	Ш								L.	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTA			11000	JDEP \	No.	Cubic Yards of Waste		pistered Landfill C COUNTY UTIL	ITY A	UTHO	) i	TY
City, State				18706	)	Disposal Date	City, State			v.=	TI S	
BRISTOL, PA						Disposal Date		RBOR TWP, NJ				
Completed By (Print or Type)	Title						LOG HAI					
	1 1 1 1 1	9				Signature		D	ate			

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

		N	OTIFI	CATI	State of ON OF A	New Jersey	ATEMENT .		#	35	56
[			(	Pursu	ant to N	JAC 8:60 and 5:	16)	Merc	信	Ĩ W	71
Date of Notification (1) 4 /	22 /	19		0.000	me of Build	ding Owner/Operator	r (2)	K		<u> </u>	
Agencies Notified	Type Notificat							MAY	- 0	201	n
□ EDA	Initial	оп			eet Address 5 East Me	s ontgomery Place	Lowerleve	J WAI	- 9	201	3-
DOLWD6330	☐ Amended				y, State, Zip		, LOWEI LEVEL	ACREOTE	00.00		
☑ DHSS 6323	Amendmen					n, PA 15212		ASBESTO	ENSI	NTR	OL
(NJAC 5:23-8)	☐ Emergency justification	(includ	ling	-	me of Conta	EAN AND THE RESERVE OF THE PROPERTY OF THE PRO	Alama,				
	☐ Cancellatio	*		20000000	nthony P	71.71		Telephone Nu			
						INFORMATION		412-633-40	J21		
Name of Facility Where Ab	atement is Tal	king Pla	ace (3)	- 1	AOILITT	INFORMATION	Type of Facility	(4)			
Verizon - Pleasantvil	le Garage W	ork C	enter				Type of Facility  ☐ School (K-1				70
Street Address							Subchapter	2) 8 (Other than K-1	2)		
2546 Fire Road				e.			Other (i.e., p	rivate and comm	ercial.	buildir	ngs,
City (5)							homes, etc.	)		200.00.00.00.00.00.00.00.00.00.00.00.00.	
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8436 Enterprise Ave						Street Address					
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Philadelphia, PA 1915	2					City, State, Zip C					
roject Manager for Monitor						BRISTOL, PA	19007				
Mark Jenkins	ing Firm			lephone		Telephone No.	Se 5250	License No.			
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ccupancy Status During Al	patement (Che	ck only	one)			Street Address					
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cope of Work (Check all the	at apply)					N					
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Location of			Norma	ally		Description of	F		At	ateme	ent 7
Asbestos-Containing Mat TO BE ABATE			ed Sole aintena		Asbe	stos Containing Mat	terial (ACM)	Amount	Re	Re	En
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BRISTOL, PA						Disposal Date	City, State				
mpleted By (Print or Type)	-						EGG HARBO	OR TWP, NJ			
Brian Scafiro	Title	e stimat				Signature	0 1:	i O Dat	te		
						Brian					

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

2019 Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator ASBESTOS CONTRO! & Bloomingdales Inc 5 2 LICENSING Type of Notification Street Address Agencies Notified Initial 7 West Seventh Street USEPA Notification DEP Amended City, State, Zip Code X DCA/DOL X Cincinnati, OH 45202 DOH Cancellation Name of Contact Telephone Number 973-265-9763 Ralph Coppola **FACILITY INFORMATION** Type of Facility Name of Facility Where Abatement is Taking Place ( ) School (K-12) ) Sub-Chapter 8 (Other than K-12) Bloomingdales Hackensack ( X ) Other (I.e. private & Commercial Street Address buildings, homes, etc.) Age of Bldg. SF of Bldg. # Floor 400 Hackensack Ave 1 MILLION +SF County Code City County Current Use (prior if being demolished) State use Only UNION Name of Abatment Contractor ASCM No. Name of Monitoring Firm Hired by Building Owner ACM CONSULTING CORP. PENNONI ASSOICATES Street Address Street Address 2150 STANLEY TERRACE 24 COMMERCE ROAD City, State, Zip Code City, State, Zip Code UNION, NJ 07083 NEWARK, NJ 07102 License Number Project Manager for Monitoring Firm Telephone No. Telephone Number 00575 TO BE DETERMINED 908-687-1008 TO BE DETERMINED Name of OSHA Monitor Scheduled Completion Date Scheduled Start Date EMSL ANALYTICAL 2019 30 2019 5 Day Street Address Year Month Year Month Day Occupancy Status During Abatement (Check Only One) 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM X NEW YORK, NY 10118 Other - Describe: Abatement Method Scope of Work (Checl Only One) Full Containment with Negative Pressure X Demolition Mini-Enclosure >3sf or >3lf Glovebag Procedure > 160sf or > 260lf Non-Friable Procedure Renovation Describtion of Amount to be Abatement Type Is Location Normally Used by Custodial Staff ACM to be Removed Location of ACM Facility (Specify SF/LF) Rem. Rep. Enc. NO N/A Removed Yes 1300SF X VAT & Mastic 1st FLOOR - WA1 X 1400SF VAT & Mastic 1st Floor - WA2 100SF X VAT & Mastic 1st Floor - Escalator Name of Registered Landfill Cubic Yds waste NJDEP Waste ID No. Name of Registered Waste Hauler MINERVA ENTERPRISES, INC SW1896 TBD TRI-STATE TRANSFER ASSOC., INC. City, State of Registered Landfill Disposal Date City, State WAYNESBURG, OHIO TBD BRONX, NY Date Signature Completed By (Print or Type) Title

GENERAL MANAGER

Regina Smolar

5/2/201

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)	Date of Notification (1)		U (P		OF ASBESTOS to NJAC 8:00 and		111	MAY -	9	2019	No. of Contract of	
-	Agencies Notified Typ	o H - 19 e Notification	, a	Street A	Sakou	tis	BROTH	ASBESTOS	CON	Sa ITRO	8	
	DEP DOL	Initial Amended Amendment #_ Emergency (include	ling		te, Zip Code	1090	dale N	J 07	7	2		
	DOH DCA	justification) Cancellation		Joh	Contact  On Socke  LITY INFORMATI	-	\$	Telephone Num		-04	30	
	Name of Facility Where Abate		e (3) //, u s	(F	ire Dune	(۳	Type of Facility (  School (K-1  Subchapter	2) 8 (Other than K-12	)	-		
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L	Name of Monitoring Firm Hire Street Address	d by Building Owner	(8)	ASCM	No.		of Abatement Con		ie i	9		-
	City, State, Zip Code	ox 33		AO	£ 9 9	City, S	Address C S S S tate, Zip Code	337	A 1	2	-	
ŀ	Project Manager for Month ri	gFirm	1	Telephor	ne No. 758-3365	Teleph	none No. 758 - 336	License No		101	2.	
	Start Date (10) 5-14	-19	duled Cor			Name	of OSHA Monitor EPC Tecl	nnologies	L	2	<u></u>	
>	Occupancy Status During Aba Facility Closed/Vacated I Abatement Performed O Other – Describe:	During Entire Period	of Abaten	nent		City, S	tate, Zip Code	337				-
	Scope of Work (Check All That	at Apply)	Renova	ition		[//	Eul Egypt  Full Containme	ent with Negative P		5 <u>3</u>	·	
	260 sf or ≥260 lf	×	Demolit	ion		٢	Mini-Enclosure Glovebag Prod	<u> </u>	e Prod	cedure		
	Location of Asbestos-Containing Mate	eliai (ACIVI)	Is Locati Normal Used Sole	ly ly by	Des Asbestos Cont	scription aining M		Amount		Abatei Tyr	ent	10 0
	TO BE ABATED In Facility (13)	2	Maintena Custodial S (12)	2017/2019/2019		systems cing, VA niscellar	T, or	(Specify SF or LF)	Removal	Repair	5	Enclosure
	Exterior	Walls	s No	N/A	Siding	Si	ningles	1500 SF	Х		-	
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	Name of Registered Waste Ha	1		JDEP W lauler ID	No. of Was			Registered Landfill	1		P	LA.
	City, State New Eqv	ologies of NJ		1 /00	Dispos 5-	al Date	19 Mozil	isville P	A	0 0		A
6	Steve Scherk	ER P	e Resid	tat	S	ignature	Sel	Dat	5 ·	= 4.	19	i

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Date of Notification (1)			11	1	11 /						111
	19		INSTIT	e or <del>Ba</del> llair	ng Owner/C	perator (	2)		V 0	0010	
				Devisser				ILL MA	Y - 9	2019	111
Agencies Notified Type Noti ☐ EPA	tication		Stree	et Address							+
⊠ DOLWD ☐ Amend	ded							ASBES	TOS CO	NTRO	e mboo
□ DHSS Amend	dment #		City,	State, Zip	Code		+ **		LICENS	NG	Norma:
DCA Emerg	ency (includ	ing		wa, NJ 07							
(NJAC 5:23-8) justific				e of Contac	ct			Telephone N	umber		
	nation			Devisser							
Name of Facility Where Abatement	- T-U DI	101	FA	CILITY	NFORMA	TION					
	s raking Pia	ce (3)					Type of Facility	10000000			
Private house Street Address							School (K-1	2) 8 (Other than K-	4.01		
Officer Address							Other (i.e.,	private and com	⊤∠; mercial bi	uildinas	
City (5)							homes, etc	.)		9.1	
Totowa, NJ 07512							Square Feet	# of Floors	В	ldg. Age	
County (6)			Com	aty Code (7)	/CTATE !/O	E ON 12					
Passaic			Coul	ny Gode (7)	(STATE US	E UNLY)	Current Use (P	rior if being dem	olished)		41
Name of Monitoring Firm Hired by B	uildina Owne	r (8)	ASCM	No	I Nome of	Α 5					
a Taylor (CCC) (See Alba Alba Alba Alba Alba Alba Alba Alba			7.001	INO.			ent Contractor (9	9)			
Street Address					Gr Tech Street Ad						
					576 Vall		202				
City, State, Zip Code		5 // 5			-	te, Zip Co					-
					Wayne,						
Project Manager for Monitoring Firm		Tei	ephone	No.	Telephor		0	License No.			
					973-638	-1777		01127			
Start Date (10)	Scheduled				Name of		onitor	01127			-
			5 /	19	Envirovi	sion Co	nsultants,Inc				
Occupancy Status During Abatemen	(Check only	one)			Street Ac	ddress	indianis, inc			-	
Facility Closed/Vacated During En	ntire Period	of Abat	ement		20-21 W	agaraw	Road, Bldg .#	35E			
Abatement Performed Outside of Time of Abatement:AM	Normal Faci	lity Hou PM	irs - Des	scribe AM	City, Stat	te, Zip Co	ode				
	indiamental water			- Aivi	Fair Law						
Scope of Work (Check all that apply)					H	Clean up	and decontami	nation with nega	tive press	sure	
>3 sf or >3 If ≥ 160 sf or >260 If		Renova				Mini-Encl	osure	gative Pressure			
☐ ≥ 160 St Of ≥260 IT		Demolit	on		M	Glovebag	Procedure	Tent with Negat	ive Press	ure	
		Is Loca	tion	T		NUII-EXEI	ripled ( ) and No	n-Friable Proce			-
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Asbestos-Containing Material (AC TO BE ABATED		sed Sol lainten			stos Conta	ining Mat	erial (ACM)	Amount	Removal	Encapsulate Repair	Enclosure
IN Facility	Ct	stodial		(i.e	thermal s., thermal s.,	ng, VAT,	nsulation, or	(Specify SIF or LF)	Von	apsi	losu
(13)	-	(12)		-	other mi	scellaneo	ous)	on or Er /	<u>a</u>	Jate	Ге
	Yes	No								0	
Basement			$\boxtimes$	Pipe insu	ulation			50 LF			
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Name of Registered Waste Hauler		I L	DEP Waste	Hauler ID No.	Cubic Vard	o of 10/					
		1			5370747-0307617-	s of vvaste	Name of Regis	stered Landfill			
Gr Tech LLC City, State			003378	5	TBD	D-1	T.R.R.F. Inc				
					Disposal I	uate	City, State				
Vayne, NJ 07470 Completed By (Print or Type)	Title	-			TBD		Tullytown, P.				
					Sign	ature /	who wena	1	Date		
N.Jevtic ISB-41	Owner					//e	wic Wena	0	5/03/19		

110684		N	ODF)	CATION	ate of New Jo OF ASBEST TO NJAC 8:50	DSABATE	EMENT 0)				1
	-19			Name o	f Building Own	er/Operato		Rid Ju	1 .	<del>े १(</del> २०८	9
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DOH justif	fication) cellation			In	f Contact 9 Rid	Jui	iano.	Telephone Nu	mber .		-
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City (5) Mf Laure	Alexania.	N	Ī	08	3054		Square Feet	# of Floors	E	Bldg. Ag	- f
County (6) Bueling to					Code (7) USE ONLY)			rior if being demolis		10	-
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Street Address	33					200	O. Box				-
City, State, Zip Code	F. A	13		08	533	City	State, Zip Code	A AUT	0	85	E 35.20
Project Manager for Monitoring Firm	Ken			Telepho	ne No. 7 <b>58</b> -336		none No. 758-33	License N	10.	391	Shun-
Start Date (10) 5-15-19	Sch	hedule 5	d Com		Date (11)	Name	EPC Tec	hnologies	I	ac	1-
Occupancy Status During Abatemer Facility Closed/Vacated During			2500	ent			Address	~			-
Abatement Performed Outside Other – Describe:	of Normal F	acility	Hours		1	City, S	State, Zip Code		79	53 <u>.</u>	, X
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	>		enovat emoliti				Mini-Enclosus Glovebag Pro	ocedure			
		le l	Locatio	nn			Non-Exempte	ed (*) and Non-Friat	ole Pro	cedure Abater	-
Location of		N	ormall	У	(2) 2.50 (199) (200) (200)	Description			-	Тур	-
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility	.CM)	Maii	ntenan odial S (12)	ice/	(i.e. them su	mal system irfacing, VA		Amount (Specify SF or LF)	Removal	Repair	1
(13)	-	Yes	No	N/A	otne	er miscella	neous)		val	#	
Exterior Walls				X	Siding	Shin	gles	400 SF	x		-
									+		-
									T		200
Name of Registered Waste Hauler  EPC Technology	gies			JDEP Wauler ID	No. of V	bic Yards Waste	/ Was	Registered Landfil te Manage		408	-
	1 1	1995 - 1777	111111111111111111111111111111111111111	10-10-1709-1-1	Die	posal Date	City, Sta	ite			
City, State New Egypt	) N	T				-17-		usville 1	PA		

OF ASBESTOS ABATEME (Pursuant to NUAC 8.60-7 and 12:120-7) 9328 Date of Notification (1) Name of Building Owner/Operator (2) 5/2/19 Maureen Kelly MAY - 9 2019 Agencies Notified Type of Notification Street Address [] EPA Initial **ASBESTOS CONTROL &** DEP Notification LICENSING City, State, Zip Code [] Emergency DOL Ho-Ho-Kus, NJ 07423 Amended [X] DOH Notification Name of Contact Telephone Number DCA [] Cancellation Maureen Kelly **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial building homes, etc.) Residence Street Address Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2000 Ho-Ho-Kus Bergen (STATE USE ONLY) Current Use (Prior if being demolished) residence Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) 000 Jupiter Environmental Services, Inc. Street Address Street Address 323 Changebridge Road, Suite 100 City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-575-8700 001 52 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/11/19 5/20/19 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West [] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Other - Describe: partially vacated Union, NJ 07083 Scope of Work (Check all that apply) Full Containment with Negative Pressur Demolition [] Renovation Mini - Enclosure [X] ≥3 sf or ≥3 lf Glovebag Procedure ≥160 sf or ≥260 lf Non - Friable Procedure Is Location Abat nent Normally Used Description of Туре Location of Solely by Asbestos - Containing Amount R E Ε Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E N N Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) C M C TO BE ABATED insulation, surfacing, VAT, 0 A L In Facility or other miscellaneous) P 0 V (13)Yes No N/A A S S U U Basement, kitchen X Pipe insulation 30 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Jupiter Environmental Services Hauler ID No. Of Waste Alliance Landfill 04782 City, State Disposal Date City, State Pine Brook, NJ 5/30/19 Taylor, PA Completed By (Print or Type) Signature Date

5/2/19

General Manager

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Date of Notification (1) 5/1/2019	Total Control			of Building Jium Ma			(2)		IK					=	1
Agencies Notified Type Notification	n			Address est 45th	Street	, 8th Fl	oor		Ш		√AY	<del>- 9</del>	20	19	
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□ Emergenc     □ justification     □ DCA     □ Cancellation		1100		f Contact avid A. I						lephone	Numb	er	140		
Name of Facility Where Abatement is Tak	ing Place (3)		FACI	ILITY INF	ORMAT	ION	Tyme	of Facility (							
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City (5) Jersey City								re Feet	# 0	f Floors		Blo 80	lg. Ag	e	-
County (6) Hudson		(	County (	Code (7) USE ONLY	)			ent Use (Pric ant (Apart				1)			
Name of Monitoring Firm Hired by Building TBD	Owner (8)		ASCM	I No.				atement Con acting, LL		r (9)					
Street Address						Street 1385		ss ey Road, \$	Suite	K					-
City, State, Zip Code						2000 200 000		ip Code ew Jersey	074	70				-	-
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one N	A STATE OF THE PARTY OF T		Licens 0087				-	-
Start Date (10) 5/13/2019	Scheduled 6/13/201		pletion (	Date (11)		Name	of OSI	HA Monitor acting, LL	C					_	
Occupancy Status During Abatement (Che						Street	Addre	120000000000000000000000000000000000000		K					-
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: entire floor level un	mal Facility H	Hours				City, St	tate, Z	ip Code ew Jersey						-	-
Scope of Work (Check All That Apply)			_			vvayı	16, 14	ew Jersey	074	70				-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure						
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Bsmt/Exterior Tunnel		No X	N/A		Pipe	Insulat	tion		4	0 LF		<	-	te	
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Name of Registered Waste Hauler Service Transport Group, Inc.	•	На	DEP Willer ID I		Cubic of Was TBD			Name of R Minerva				;			
City, State						al Date		City, State		3		_			_

TBD

Signature

Title

Vice President

Completed by Predrag Sarcev

New Castle, Delaware

Date

5/1/2019

Waynesburg, Ohio

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Date of Notification (1) 05/06/19				Name	of Buildin	Owner/	Operato	r (2)		U L	M	AY	<del>- 9</del>	20	19	-
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DOH DCA	Emergency justification Cancellation	)			of Contac					76323	lephone	e Num	ber	-		. –
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Street Address 1291 Wedgewood R								×	Subchapte	r 8 (Oth	er than & comn	K-12) nercia	) I build	dings	, hom	1 3,
City (5)									etc.) uare Feet		f Floors			Bldg. A		-
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Name of Monitoring Firm H	Hired by Building	Owner (8)		ASC	M No.		Name AAA	of A	Abatement Co	ntractor	(9) NALS	;				-
Street Address							Street			OUDT						
City, State, Zip Code									E DOVE C	OURI				-		-
Project Manager for Monito	oring Firm			Talanka	N-				OOD, NJ 0	8701						
220. 1733	oring t iiiii			Telepho				668	3-9078		Licens 1200					
Start Date (10) 05/16/19		Schedule 05/21/1	ed Cor 19	mpletion	Date (11)		I		SHA Monitor AD PROFE		NALS				7	
Occupancy Status During							Street									-
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire d Outside of Norn	Period of A nal Facility	Abaten Hours	nent s			City, S	tate	Zip Code				513-5			-
Scope of Work (Check All	That Apply)						LAND	_ v v	OOD, NJ 0	6701						-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×		Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure					۵	
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NEWARK CARTING	EWARK CARTING H						ste		IESI	6573						
City, State IEWARK, NJ						Dispos 05/21	al Date /19		City, State		I PA				3	-
Completed by OSEPH PERLSTEIN		Title OWNI	ER				ignature					Date		Ω		

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Date of Notification (1) 05/06/19		Name SDK	of Buildin	g Owner/	Operator	(2)				MAY	-	9	201	- constant
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X DOL Amendmen	(including	Carro	ollton, To	X 7501	1			7.0						
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Name of Facility Where Abatement is Taki 101 Prospect Street Address	ng Place (3)					Subch	l (K-12)	(Othe	er than	K-12	)			
101 Prospect  City (5)  Hackensack						other etc.) Square Fee	(i.e. priv		Floors			dings 3ldg.	-	es, 
County (6) Bergen	*		Code (7)	Y)		Current Use	e (Prior	if beir	ng den	nolishe	ed)	-		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name o	of Abatemen LEAD PR	t Contra OFES	actor SIOI	(9) VALS	3				
Street Address  City, State, Zip Code		44	Address ITE DOVE		JRT									
Project Manager for Monitoring Firm		Telepho	one No			wood, N		01	Lines	aa Ma				
Start Date (10)	Scheduled				732-6	68-9078 f OSHA Mor	nitor		Licen:					
05/16/19 Occupancy Status During Abatement (Chec	05/19/19 ck Only One)					EAD PRO		SION	IALS					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba nal Facility Ho	itement ours			City, Sta	TE DOVE ate, Zip Code WOOD, N	e							
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≥160 sf or ≥260 lf	Entered	ovation nolition			×	Full Conta Mini-Enclo Glovebag Non-Exen	osure Proced	ure					e	
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City, State NEWARK, NJ				Disposa 05/19/		City, S BET	State HLEH	EMI	PA					
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Date of Notification (1)	NO	11	State of No.	BESTOS 0 8:60 an	ABATEN d 12 120)			E C	<u>E</u>	<u>U</u>	019	ACR
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Agencies Notified Type Notification  EPA Initial		1	eet Address 8 Bartlett A	Avenue			A	SBES	TOS (			8.
DEP Amended Amendment			r, State, Zip C est Creek,		92		man and Company and Street		Table on about	and section have	AND DONELLY	
■ Emergency justification) ■ DCA Cancellation		2722	ne of Contact nster Truck				Teleph 609-2	one Nu 94-49				
Name of Facility Where Abatement is Takin	a Diago (2)	F	ACILITY INF	ORMATI	The state of the s	- 15 110			*******			
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Street Address 87 Bayview Avenue						School (K-1 Subchapter Other (i.e. p	8 (Other th	nan K-1 mmerci	2) al buil	dings	, hon	s,
City (5) Long Beach						etc.) Square Feet	# of Flo	ors	E	Bldg. /	Age	
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Street Address					Street A 6 WHI	ddress TE DOVE CO	DURT					-
City, State, Zip Code						te, Zip Code NOOD, NJ 08	3701					
Project Manager for Monitoring Firm		Tele	phone No.		Telepho 732-66	ne No. 88-9078	10000	ense N	0.			
Start Date (10) 05/16/19	Scheduled 05/20/19	Completi	ion Date (11)			OSHA Monitor EAD PROFE	SSIONA	S	1011 10			_
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Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ours		_		te, Zip Code NOOD, NJ 08	3701					_
Scope of Work (Check All That Apply)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-
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					IDINO		20003	or .	x			-
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Date of Notification (1) 05/06/19		N	lame of Building Ohr Yisroel H	g Owner/Op Hamilton	perator	(2)		MAY	<del>- 9</del>	20	19	1
Agencies Notified Type Notifi  EPA Initial	cation	333	treet Address 975 Cross St	reet			A	SBESTO	S CC		ROL	ķ
DEP Amen  X DOL Amen	dment #		ity, State, Zip Cakewood, N				*****		12110			E. And St. Printer
DOH justific	gency (including cation) ellation		ame of Contact Ohr Yisroel H	-				hone Nur -616-44				
Name of Facility Where Abatement is	Taking Diago (0)		FACILITY INF	ORMATIO	N							
109 Route 156 Yardville	Taking Place (3)					Type of Facility  School (K-						
Street Address 109 Route 156 Yardville						Subchapte Other (i.e. etc.)	er 8 (Other	than K-12 commerci	2) al buil	dings	, ho	es,
City (5) Hamilton						Square Feet	# of F	loors	E	Bldg. A	Age	
County (6) Mercer			ounty Code (7)	Y)		Current Use (Pr	ior if being	g demolish	ned)		_	
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCM No.			of Abatement Co LEAD PROF						
Street Address					Street A	Address ITE DOVE C	OURT					
City, State, Zip Code						ate, Zip Code WOOD, NJ (	8701		15-6-15-1			$\neg$
Project Manager for Monitoring Firm		Те	elephone No.		Telepho		I	icense N	0.			
Start Date (10) 05/07/19	Scheduled 05/31/19	Compl	letion Date (11)			f OSHA Monitor EAD PROFE		ALS				
Occupancy Status During Abatement					Street A							-
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:	f Normal Facility H	ours	nt .	(	City, Sta	ate, Zip Code WOOD, NJ (						-
Scope of Work (Check All That Apply)					LAIL	VVOOD, 143 (	00701		23-11-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren	novation			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of	Nor	cation mally		Descr	ription o					Abate		
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Custod	enance	e/ Asbes	stos Contair thermal sy surfacin other mis	ning Ma stems ing, VAT	terial (ACM) nsulation, , or	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes N	No	N/A FLOOR	RING PIE	OF ING	ADITATIQA	1000SF	3801 E			e —	_
100 markets 200 ma		+	1200.	WINDO		10.00	70 WIN		1000		_	-
		-	FI	ASHING			150LF,3		X		_	-
		+			N. Victorial Control	SARAGE)	8000					-
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS			EP Waste ler ID No.	Cubic Ya of Waste 25	irds	Name of	Registered	d Landfill			_	
City, State LAKEWOOD, NJ		0400		Disposal 05/31/1		City, Stat	e				_	_
Completed by JOSEPH PERLSTEIN	Title OWNER	₹			nature			Dat 05	e /06/1	9		

State of NJ

B & G proj. #:

2019-103

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

								Check	# 9278				_	
Date of Notification	1 (1)	Na	me of B	uilding Owr	ner/Operator (2	)		IN E	PE	1	V	E	1	7
10 15 1/10 17	]/[1]9]	1 1		Brennan		,		(D) E	CE		V	15		1
Agencies Notified	Type Notifica	tion Str	eet Addr	ess							_	-	₩	1
☐ DEP	X Initial							Personal Boxesia Personal Personal	MAY -	9 2	201!			9
X DOL	Amend			Zip Code alls, NJ (	7424			1	BESTOS	CON		-		- Antonio
X DOH		Nai	ne of Co	ontact				A CONTRACTOR OF THE CONTRACTOR	e Number		2000	<u>La</u>	-	-
☐ DCA	Cancell	ation	David	Brennan					Marie Color Color			OR THE PARTY OF TH	22000	•
				FAC	ILITY INFORM	IOITAI	N							=
Name of facility wh	nere abatement	is taking plac	e (3)				Т	Type of Facility	(4)		_	_		_
David Brenna	n								ol (K - 12) apter 8 (O	thar th		12)		
Street Address	γ/							A STATE OF STREET	(Private/Co			-12)		
								Bldgs.	Homes, e	tc.		ig. A	70	
City (5)		County	(6)			Cou	inty Code (7)	Square reet	# 01 11001	s	٠	ıy. A	ge	
Little Falls		Pass	saic			(Sta	ate use only)	Current Use (P	rior if being	g dem	olis	:d)		_
Name of Monitoring	g Firm Hired by	Bldg. Owner	(8)		ASCM No.	-	Name of Abatement	residential Contractor (9)			_	-		_
							B & G Restorat							
Street Address							Street Address				_	-		_
							105 Ryerson R	Road						
City, State, Zip Code	е						City, State, Zip Code Lincoln Park,	NJ 07035						
Project Manager for	Monitoring Firm	1	P	hone Numb	er	_	Telephone Number	**************************************	License	Numb	er			_
							(973)696-686		00	378	_	_		_
Scheduled Start Da	te (10)	Sched.	Complet	ion Date (1	1)		Name of OSHA Moni B & G Restorat							
05/17/2019		05/18	3/2019				Street Address	ion, mc.			-	_		-
Occupancy Status I			E. 10				105 Ryerson R	oad						
Facility closed Abatement pe	d/vacated during erformed outside						City, State, Zip Code				_			_
Other-Describ	oe:					_	Lincoln Park, N	IJ 07035						
Scope of Work (che	eck all that appl	<u>/)</u>				DV	vrap & cut				_		-	_
Demolition	X	Renovation					ull Containment w/neg	gative pressure	Gloveb	ag pro	cec	re		
		≥160 sf or ≥2	260 If		4	X	Mini-enclosure	[	Non-fri	iable p	гос	lure		
Location of		Is location in by mainten					2		(+)	R	R	E	E	
asbestos-con material to be		staff(12)			Description material (		sbestos-containing	Amount (Specify S	F or	m o	р	С	n	
abated in faci	lity (13)	Yes	No	N/A		,		LF)		v	i	a p	Ĺ	
basement				X	pipe fitting	S		18 fittings		e X	Ó		l	]
														1
						and a grant of the							L	1
													L	_
Registered Waste H	auler	INIDE	Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered	Landfill		Ш	Ц	Щ		1
B & G Restorat	ion, Inc.		563		1		Grand Central						1	
City, State Lincoln Park, N	1)			Disposal D	oate 5/18/2019		City, State Pen Argyl, PA							
Completed by (Print Gordana Luna	or Type)	Title Secretary	/Treas	urer	Signature		Gordana Luna		Date 05/07	/201	9			-

### State of New Jersey

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		MAY	-	'n	20 <b>19</b>		2
	ASI	BEST	OS CEN	$\circ$	4111	L &	1

01/1105	NO	OTIFIC (F	CATIC Pursu	ON OF	ASBES NJAC 8	STOS 3:60 a	ABATE and 5:16)	MENT		MAY -	9 2019			manufacture of the state of the
Date of Notification (1)  05 /	07 / 19		Na	me of E <b>//uhle</b> r	Building Ov nberg Ur	wner/C ban F	perator (2) Renewal, L	LC		ASBESTOS (	CONTRE	) <u>L 8</u>	Bygginesis of the state of the	electrical specialists
Agencies Notified  EPA  DOLWD	Type Notification ☐ Initial ☑ Amended		2		dress d Street, e, Zip Code		e 400			LICEN			cata arva	Date of the last o
☑ DOH ☐ DCA	Amendment #5 Emergency (inclu justification)	ding	7 1		field, NJ Contact	0700	3		1	Геlephone Numb			_	-
(NJAC 5:23-8)	Cancellation		1	Warre	n Sprake	+				908-670-571	1			+
			1	FACIL	ITY INFO	RMA								-
Name of Facility Where Commercial Street Address 1200 Randolph Ro		lace (3)	)					Scho	Facility (4) ool (K-12) chapter 8 ( er (i.e., priv nes, etc.)	Other than K-12 rate and commer	cial buildi			
City (5)	au- Dunuing :							Square	Feet	# of Floors	Bldg.	Age		
Plainfield							105 011110	0	Lles /Drie	r if being demolis	shed)			+
County (6) Union				53	Code (7)(S		of Abateme			I II being demok	, iou,			-
Name of Monitoring Firm		vner (8)	AS	SCM No	).   P		PRO MA			С				
Mark Jovic Consu	Iting LLC					2000	Address			SATURE				
Street Address	:i4a A						Outwater L	ane						
87 Main Street, Su	lite A				(	City, S	tate, Zip Co	de						
City, State, Zip Code Lincoln Park, NJ (	7035	7				Gar	field, NJ	07026						2_
Project Manager for Mo		T	Teleph	none No	o	Teleph	none No.			License No.				
Rick Eustaquio	Allomig : acti			-494-3	762		-928-4888			1188				_
Start Date (10)	Schedu				1		of OSHA N			_				
07 / 19	/180	1_/	31	_ / _	20_	ALI	PRO MA	NAGE	MENTLL	-0				-
Occupancy Status Duri	ing Abatement (Check	only or	ne)				Address	_						
☑ Facility Closed/Vac	ated During Entire Peri	od of A	batem	ent			Outwater							_
☐ Abatement Perform	ed Outside of Normal :PN	Facility	Hours	- Desc	ibe M	-110	State, Zip C rfield, NJ							_
Scope of Work (Check		⊠ Rer	ovatio	n			☐ Mini-End	closure		gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☐ Der	nolition	1			☐ Gloveba☐ Non-Exe	g Proce empted	edure (*) and No	n-Friable Proced			-A T	_
		2177	Location	0.3000				- 6				teme		e
3000	ng Material (ACM)	Use Mai	lormall d Solel intenar odial S (12)	ly by nce/	Asbes (i.e.	stos C ., therr su	Description ontaining M mal systems rfacing, VA er miscellan	aterial ( s insulat T, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Elevator Lobbies/Fl. 6 t	o Basement/	l les			VAT/Ma	stic				37,500 SF				
Patient Rooms					Part of the Control of the Control	Section 200	on- Wrap	and C	ut	7,500 LF				
Wall Cavaties- Flo	l & Mechanical Room	100000000000000000000000000000000000000			Elbow	_				75 Elbows	s 🛛			
		12			Tank In	_				75 SF				
Mechanical Room			_	JDEP '	0.0000000000000000000000000000000000000	17.10	ic Yards of	Na	me of Reg	istered Landfill				
Name of Registered			H	lauler I		Was		1	ESI Beth	lehem Landfil	I			
Newark Carting			- (	0283		Disp	s Needed losal Date	Cit	y, State					
City, State Newark, NJ						10000000	BD	1	Bethlehe	m, PA				-
Completed By (Print	or Type) Tit	le					Signature		1 1	./	Date			
Allen Monchik		Projec	t Man	ager			Alle	n M	lonch	R	5/7/19	9	-	_

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K001653780 PA	NO.	TIFICA (Purs	State of Ne TION OF ASE uant to NJAC	ESTO	ABATE	MEN 0)	т [[]		<b>C</b>	; E		$\mathbb{V}$		
Date of Notification (1) 05/07/2019			me of Building ne Chemour			(2)			MA	Υ -	9 8	2019		世
Agencies Notified Type Notification		1 0000	eet Address 007 Market \$	Street				L	<b></b>		001	TDO	1	
▼ EPA	#02		y, State, Zip Co ilmington, D		899			A		LICE			den (	garrent may.
× DOH Emergency ( justification)  DCA Cancellation	including	Na	me of Contact n Lacey							ne Nu				
			FACILITY INF	ORMA	TION				,0 0	0 20				
Name of Facility Where Abatement is Taking Chemours Chamber Works Facility	Place (3) - Bldg J1					Тур	e of Facility (4						_	
Street Address Canal Road	-					×	School (K-1) Subchapter Other (i.e. p	8 (Oth	ner tha & con	n K-1	2) ial buil	dings	, hi	nes,
City (5) Deepwater						Squ	etc.) Jare Feet 000	# 0	of Floo	rs	525	Bldg. A	Ag€	
County (6) Salem			unty Code (7) ATE USE ONLY	)		Cur	rent Use (Pric	1.	ing de	emolisi		-		
Name of Monitoring Firm Hired by Building C Harvard Environmental Inc.	Owner (8)	F	ASCM No.	=======================================		of At	patement Con burg Indust			ce Co	omna	nv	- 17	-
Street Address 760 Pulaski Highway					Street	Addr						,	_	
City, State, Zip Code Bear, DE 19701					City, S	state,	Zip Code m, PA 180						_	
Project Manager for Monitoring Firm JT Morrison		5000	ephone No. 2-326-2333		Teleph	none			Lice	ense N	lo.			-
Start Date (10) 09/04/2018	Scheduled 0 06/27/201		tion Date (11)			of OS	SHA Monitor		100.					
Occupancy Status During Abatement (Check	Only One)				Street	Addr	ess							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: DEMO - 06/27/19-07/	al Facility Ho	tement ours			City, S	tate,	Ilman Drive	W. C. C.						(4
Scope of Work (Check All That Apply)				<del></del>	Beth	lehe	m PA 1801	5					_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovation olition			×	M G	ull Containme lini-Enclosure ilovebag Proc	edure	J				220	
		cation				או ב	on-Exempted	(*) an	a ivor	i-Friad	ole Pro	Abate	em	ıt
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custodi	nance/	Asbes	tos Cor therma surfa	escription ntaining M Il systems acing, VA miscellan	fateri s insu T, or	lation,	(\$	moun Specif or LI	у	Remova	Repair	pe	Enclosure
	Yes N		I/A								9		5	Ге
See attached list			X	See	attache	d lis	t		202 202		Х			1
														+
lame of Registered Waste Hauler		NJDF	P Waste	Cubic	Yards		Name of R	eniste	red I	andfill				
randenburg Industrial Service Co			er ID No.	of Wa			Salem C							
ity, State ethlehem, PA					sal Date 18-6/27	7/19	City, State Alloway	Town	nship	NJ				
completed by tephen Carne	Title Environr	menta	al Manager		Signature	1				Da 05	te 5/07/2	2019	_	-

														1	int F
CKG109 PA			ICATIO ursuan	tate of Nev N OF ASBI t to NJAC	8:60 a	S ABATE and 12:12	0)		Dr	E (		7 7		7	- Parameter
Date of Notification (1)				of Building ( Rodrigue		r/Operator	r (2)			M	AY .	- 9	201	19	State S
Agencies Notified Type Notification	1	-		Address					[ F7	8411	(3)				has
▼ EPA										ASBE	STO	S C	ONTI	HOF	3
DEP Amended Amendmen	t # 1			ate, Zip Co Ridge, N		856				To the same of	LICI	ENS	ING		gates the s
Emergency justification	(including			of Contact	3 07	000	-		Te	lephone	Num	her			
DGA				n Rodrigu	uez				-	CONONC	, ream				
Hame of Facility Where Abatement is Takin	no Place (3	3)	FAC	ILITY INFO	ORMA	TION	Type	of Facility	(4)						
Residential Home	.gdoo (c	-)					_	School (K-							
Street Address								Subchapte	er 8 (Oth	er than	K-12)			*****	
The AFY								Other (i.e. etc.)				l buil	dings.	, hoi	∌s,
alv (5) Park <b>Ridge</b>							Squa 210	re Feet 0	# 0	f Floors		100	3ldg. <i>A</i> 35 +/	-	
County (6)			County	Code (7)	9		Curre	ent Use (Pr	rior if bei	ng dem	olishe	ed)			
Bergen Hame of Monitoring Firm Hired by Building	Owner /0\				//	Na		idential		(0)					
Project Manager	Owner (8)		ASCI	VI INO.				tement Co Abatem		(9)					
Jircet Address						Street	Addre	ss						_	
ity, State, Zip Code						200000		dland Av	e.			0			
						1000000		ip Code ook, NJ	07663						
reject Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	0.		Licens				-	:
4art Date (10)	Schodule	ad Con	nlotion	Date (11)			600-3			0130	5				_
5/8/19	5/13/19		ipietion	Date (11)		Name	of OSF	HA Monitor							
eccupancy Status During Abatement (Chec	k Only On	ie)			4	Street	Addres	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of Anal Facility	Abatem	ent			City, Si	tate, Zi	ip Code	10-2-1-1-1-1					-	
cope of Work (Check All That Apply)												10-12-1			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emoliti				×	Min	I Containm ni-Enclosur vebag Pro n-Exempte	e cedure					e	
	1.00	Location										100	Abate Ty	emei	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	lormall d Solel ntenar odial S	y by ice/	Asbesto (i.e. t	os Co herma	escription ntaining M al systems	aterial insula	(ACM) tion,	(S	mount pecify		Re			Enc
(13)	N. T	(12)			other	acing, VAT miscellan	eous)		51	or LF)		Removal	Repair	Encapsulate	Enclosure
Main Basement Area	Yes	No X	N/A			VAT			24	0 SF		,		Ф	_
Basement Hallway		×				VAT				1 SF		<b>(</b>		_	-
Basement Play Room		×				VAT				2 SF	-	(	-		
Closet						VAT	-		.000	3 SF		(			-
anse of Registered Waste Hauler		1000	JDEP W			c Yards		Name of				`			-
II Stages Abatement		1000	auler ID 36592	A-0.00000	of Wa			Grand				Lan	dfill		
ity, State					Dispo	osal Date		City, Stat		1					
addle Brook, NJ	Title				TBD			Pen Ar	gyl, PA	\ 	Date				
Pichard Cristofol	Presid	dent				Signature		1	-	>	Date 5/7/				

OKASKUZ PAI	D	NOTI )	FICATIO	tate of N N OF AS t to NJAC	BESTOS	ABATE	MENT 0)			heck	# 25 G	586 E	7	V	
Date of Notification (1) 5/8/2019			Name o	of Building	g Owner/			No.	m						-
Agencies Notified Type Notification			Ctroot	۸ ما ما مـ مـ مـ		- 1	enac	re		l M	AY	- 9	20	119	No.
			Street	Address		953 G	reat F	24	and the						1
EPA Initial Amended			City St	ate, Zip C	aho:		roati	tu.		ASBE	OTO	3 00	3817	De	
X DOL Amendment		_			F	Princeto	on, N	J 08540			LICE	NS		17E	. či
DOH justification)				of Contact		5	\ (D		Te	ephone	Numb	er			
☐ DCA ☐ Cancellation				lichael l	- 19041500-120-100-120		VP			100				_	
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	)						
Post Office Building #		0872													
Street Address							H	School (K-12 Subchapter 8	2) B (Oth	er than I	K-12)				
953 Great Rd.							× (	Other (i.e. pr etc.)	ivate	& comm	ercial	build	lings,	hc	es,
Princeton, NJ 08540							Squar 400	re Feet 10	# 0	f Floors 2		1000	dg. A 100		
County (6) Mercer				Code (7) USE ONL	n		Curre	nt Use (Prior	r if bei	ng demo	olished	i)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASC	/I No.		Name	of Ahai	tement Cont	ractor	(9)				_	
MECS						Steve	ens E	nvironmer	ntal S	Service	s, Ind	Э.			
Street Address PO Box341						Street .	Addres							-	
City, State, Zip Code Chesterfield, NJ 08515						City, S	tate, Zi	p Code						_	
Project Manager for Monitoring Firm			Telepho	no No				NJ 08501							
Bill Weisgarber			609 29	8-4070		Teleph 609 2				Licens 00493					
Start Date (10) 5/20/2019		6	mpletion   1/7/2019	Date (11)		Name of MEC		A Monitor							
Occupancy Status During Abatement (Chec	55					Street /									-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abater Hour	nent s			City, St	tate, Zij	Code		-				_	
Scope of Work (Check All That Apply)						Ches	terfiel	d, NJ 085	15					_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	per contract of	denova Demoli				××××	Mini Glov	Containment -Enclosure vebag Proce	dure						
	la la	Lanat					INOII	-Exempted (	) and	Non-Fr	nable F		bate	_	
Location of	U. Street	Locat Iormal	555 ST 10		Des							-	Ту	300 071	5
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Mai	d Sole intena odial S	nce/		tos Cont thermal	scription aining Ma systems	aterial (		(S	nount pecify		Z Z	<sub>Z</sub>	Enca	En
(13)		(12)				cing, VAT niscellane			SF	or LF)	o vo	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A		Therm	al Spra	V -OP		7,	50 sf		_		Ю	
Various Areas	1	X				Pipe Ins	•	-	7.00		X	-	-	_	
Post Office Area	-	2/6/8_		111		•	Contractor Series	on		40 If	Х	-	_		
		X			-	ing She				30 sf	X	-			
Boiler Room  Name of Registered Waste Hauler	X	1.	IDEE:			/Wall I	Board			22 sf	Х				
Stevens Environmental Services		100.53	JDEP Waller ID I 18292	No.	Cubic of Was			Name of Re Fairless L	_	N	ffill			_	
City, State Allentown, NJ				1	Dispos	al Date 2019	1	City, State Morrisville	p P/	1				-	
Completed by Mahlon E. Stevens	Title Projec	ct Ma	nager			gnature		orripville	/		Date 5/0	3/20	110		-

rint Form



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

Check # 25868

Detect N. 115 at 115		,		IL TO NJAC 8					1	F	C	F	1	V	пп
Date of Notification (1) 5/8/2019			Name	of Building O	wner/		(2) enacre		III		(0)	(5	<u>u</u>		7
Agencies Notified Type Notification	1		Street	Address						1 1	MAY	- (	20	)19	-
× EPA × Initial						953 G	reat Rd		L	- Table	WAI	`	, 20	113	
DEP Amended Amendmer		_	City, S	tate, Zip Cod		Princeto	on, NJ 0	8540		ASB	ESTO	os c	ONT	RO	<u>ا</u>
DOH Emergency justification	)			of Contact					. Is	elephor	e Ni	nber	SING		Eustin
DCA Cancellatio	n			Aichael Ba			VP						Ø		
Name of Facility Where Abatement is Taki	ng Place (3	3)	FAC	ILITY INFOR	RMAT	ION	Type of	Facility	(4)						
Terrace Cottage Build	ing # 3						_	nool (K-	50,500						
Street Address 953 Great Rd.							Sul	ochapte ner (i.e.	r 8 (Ot	ner than	n K-12 merci	?) al buil	dings	, ho	es,
City (5) Princeton, NJ 08540	)						Square I	.)		of Floor			Bldg.	Age	
County (6)			County	Codo (7)			1000			1			60 +	-/-	
Mercer			(STATE	Code (7) USE ONLY)			Current	Use (Pri	or if be	ing der	molish	ed)			
Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASCI	M No.		Name Steve	of Abaten ens Env	nent Cor ironme	ntracto ental	r (9) Servic	ces, I	nc.			
Street Address PO Box341							Address ox 322								-
City, State, Zip Code Chesterfield, NJ 08515							tate, Zip C town, N		11						_
Project Manager for Monitoring Firm			Telepho	one No.			one No.	0000	/ I.	Licer	nse No	)	92167		_
Bill Weisgarber				98-4070		609 2	59-968			0049					
Start Date (10) 5/20/2019		6	mpletion 5/7/201	Date (11) 9		Name of MEC	of OSHA I S	Monitor						7	
Occupancy Status During Abatement (Chec		300					Address		T. Peter Inc.						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	baten Hours	nent s			City, St	ox 341 ate, Zip C		-					-	
Scope of Work (Check All That Apply)					-	Ches	terfield,	NJ 08	515						
23 sf or ≥3 lf	Пв	enova	tion			П									
≥160 sf or ≥260 lf	process.	emolit				E	Mini-Er	ntainme nclosure ag Proc	10	Negat	tive Pr	essu	re		
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(13)		2,65	1	ot	ther m	iscellane	eous)			,		oval	pair	Encapsulate	Enclosure
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Exterior		X		1	Frans	ite Sid	ing	_	12	200 sf		Х		_	
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Name of Registered Waste Hauler															-
Stevens Environmental Services		1985	JDEP W auler ID 18292	No. of	ubic Y f Wast	te	745-0	me of Fairless			ndfill				
City, State Allentown, NJ			10292	D		al Date	/ Cit	y, State	-	ACADEM				-	-0
Completed by	Title				6/7/2	nature	M	orrisvil	ie, P	4	D-1				
Mahlon E. Stevens	Projec	t Ma	nager		1		1/	/			Date 5	/8/2	019		

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Date of Notification (1) 5/8/2019			Name o	f Building	Owner/0		(2) enacre		K		Martin Salara	YANG TO CAMPARTE	ni Belancapatriquesea	= :		
Agencies Notified Type Notification			Street A	ddress						M	AY	<del>- 9</del>	201	9 -	-	Ц
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□ Emergency ( justification)	including			f Contact ichael B		: D	VD		Te	lephone		-		PRECISE I	-	
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Name of Facility Where Abatement is Taking	n Place (	3)	FAC	LITY INFO	ORMAT	ION	Tuno	f Facility	/4\							_
Main House Building #		3)					_	chool (K-								
Street Address 953 Great Rd.							SI X	ubchapte ther (i.e.	r 8 (Oth				dings,	hc -	es,	
City (5) Princeton, NJ 08540							Square		# 0	f Floors	;	1000	ldg. A	200		$\exists$
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Mercer				USE ONLY		_ ]										
Name of Monitoring Firm Hired by Building ( MECS	owner (8)		ASCN	/I No.				ement Co vironm			es,	Inc.				
Street Address PO Box341							Address 30x 322							_		
City, State, Zip Code Chesterfield, NJ 08515						100000000000000000000000000000000000000	tate, Zip	Code NJ 0850	01					_		
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	ne No. 98-4070			none No. 259-96			Licen 0049		0.				
Start Date (10) 5/20/2019	Schedul	ed Com		Date (11)			of OSHA	A Monitor								1
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Location of	100,000	Normall ed Solel	-			scription						_	Ту	ре — .	Т	-
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	Yes	No	N/A									=		זונ	e)	
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Kitchen		X		Th	ermal	Pipe Ir	sulatio	n		32 If		Х				
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City, State Allentown, NJ						sal Date /2019		City, Star Morrisy		A						
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager		S	Signature		1	7		Da	te 5/8/2	019	-		

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Date of Notification (1)			N	lame of	Building O	wner/Op	erator (	(2)					
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Agencies Notified	Type Notification		5	Street Ad	Idress	1	<u> </u>	.1		ICENS		Aures .	Mariana, pro-
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ATLO	untic (	ITY	6	STATE U	ISE ONLY)	-	-	() NIVENS	144				
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.		Name	of Abatement Co	ntractor (9)	7			
							01 1	<u> </u>	JUOU!	Y TA	JC.		
Street Address								Address 25-\	9.5th	St			
City, State, Zip Code							City, St	tate, Zip Code					
Project Manager for Mon	itorina Firm		11	Telephor	ne No. Telephone No. License No.								
	3					877 231-1080 01368							
Start Date (10)		Schedule	d Com	pletion [	tion Date (11) Name of OSHA Monitor								
May 13Th	2019			Street Address							4		
Occupancy Status During							Street	Address					
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire Pe ed Outside of Norma	eriod of A al Facility	batem Hours	ent	77.11	_	City, S	tate, Zip Code				-	
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(13)			(12)			other mi				Removal	pair	1	Enclosure
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Check#3341		Pursuant to	ASBESTOS AE NJAC 8:60 and 5	SAIEMENT 5:16)			
Date of Notification (1)			ilding Owner/Operate		Int	G	E II F
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Agencies Notified Type Notifi	ication	Sergio San Street Addr				MAY	<del>-9</del> 6
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(NJAC 5:23-8) justifica	ition)	Name of Co	ntact		Telephone N		Plantingument and
	alloll	Sergio Sant				_	
Name of Facility Where Abatement is	Taking Diago (a)	FACILIT	YINFORMATION			-	
rivate house	raking Place (3)		-	Type of Facility			
Street Address				School (K-12	2)		
				Other (i.e., p	8 (Other than K- private and comr	1 2) mercial b	ouilding
City (5)				Homes, etc.)			
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nion Jame of Monitoring Firm Hired by Build	ding O			,		onsneg)	
Same and the by Bull	uilig Owner (8)	ASCM No.	Name of Abater	ment Contractor (9)			
treet Address			Gr Tech LLC	2.000			
			Street Address				-
ity, State, Zip Code			576 Valley Rd City, State, Zip (	#283			
			Wayne, NJ 074				
roject Manager for Monitoring Firm	Tele	ephone No.	Telephone No.	+70	License No.		
tart Date (10)			973-638-1777		01127		
	connection of the						
_05 / 15 / 19	Scheduled Comple	tion Date (11)	Name of OSHA I	Monitor	01127		
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ccupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement: AM-	05 / 10 Check only one) The Period of Abate	ment rs - Describe	Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C	Road, Bldg .# 35			
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Agencies Notified	Type Notification			Street	Address		-				<u> </u>	6	<u>L</u>	Ш	-	5
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Name of Facility Where Ab Vincent House	atement is Takir	ng Place (	(3)	1710	TELLI LIKE	OKWAT	ION	Туре	of Facility	(4)					_	
Street Address									School (K-	12)		14.40				
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Name of Monitoring Firm H EnviroVision Consult	lired by Building	Owner (8	)		M No.			of Aba	atement Co	Contractor (9)						
Street Address	ants, Inc.			000	79		-		ronmenta	al Sen	ices,					
20-21 Wagaraw Road	d - Bldg. 351					Street PO E		ss 83, 4 E (	Sate D	rive						
City, State, Zip Code Fair Lawn, New Jerse	av 07/10					City, S	tate, Z	ip Code					-	_		
Project Manager for Monito	15	Т	Glenwood, NJ ( Telephone No. Telephone No.						418	Licon		-				
Fred Larson				(973) 636-9145					764-2276 703							
Start Date (10) 5/2/19		8/2/19							HA Monitor							
Occupancy Status During A			200				Street	Addre	SS							
Facility Closed/Vacate Abatement Performed  Other – Describe: we	Outside of Norm	Period of nal Facility	Abater y Hours	nent s			City, S	tate, Z	ip Code	-					_	
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Pan Argyl, PA 08072

5/2/19

President

Bignsture

Newark, NJ 07105

City, State

Completed by

R. McDonald

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/3/19 David Sears Agencies Notified Type Notification **EPA** X Initial DEP Amended City, State, Zip Code 2019 X DOL Amendment # Mt. Tabor, NJ 07640 Emergency (including Name of Contact Telephone Number X DOH justification) David Sears SBESTOS CO LICENSI DCA Cancelation TROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & Commercial buildings, home: etc.) City (5) Square Feet Mt. Tabor, NJ 07878 # of Floors Bldg. Age 738 SF 2 148+ County (6) County Code (7) Current Use (Prior if being demolished) Morris (STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Way City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/14/19 5/14/19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 08:00 AM Start Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) X ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition X Mini-Enclosure X Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location

Location of Asbestos-Containing Material (ACM)		Normall Jsed Soleh	50 E	Description of				pe	
TO BE ABATED In Facility (13)	N	Maintenan ustodial St (12)	ce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Re		Encapsulate	Enc
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Name of Registered Waste Hauler		NUDERIN					I		
Unicorn Contracting Corp.		003584	'aste Hauler ID 11	Cubic Yards of Waste	Name of Regustered				
City, State		00330	14	1	Fairless Hills Lan	dfill	_		
Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by	Title			Signature	IMOTTISVITIC, TA	Date	-	-0.0	_
Zhivko Nikolov	Preside	ent				5/3/	1		
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Date of Notification (1)  5/6/19  Agencies Notified  Type Notification  Initial Amended Amendment : Emergency (injustification)	#	Name Fran Stree City, Will	ont to NJAC 8	ESTOS ABATE 3:60 and 12:12  Dwner/Operato glo Private  de	0)	ASBES	Y = 9	) 2( ONT		A B B	int Fe
DCA Cancellation		Ton				4		3			
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFO	RWATION	Type of Fa	cility (4)			_		_
Francis Petronglo Private Home Street Address  City (5)					Subch	ol (K-12) lapter 8 (Other the (i.e. private & co	mmercia	l buil			es,
Williamstown NJ 08094					1000	1.5	ors		31dg. 35+	је	
County (6) Gloucester			y Code (7) E USE ONLY)		Current Us House	urrent Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building C N/A	wner (8)	AS	ASCM No. Name of Abatement Contractor (9) Pernaco Inc.								
Street Address			Street Address								
City, State, Zip Code			PO Box 329  City, State, Zip Code					_		-	
Project Manager for Monitoring Firm				Wes	t Berlin N.	08091			22		
¥9		relepi	none No.	•	one No. 753-9800		ense No. 1727	•			
	Scheduled	Completio	n Date (11)	Name Sam	of OSHA Mo	nitor					
Occupancy Status During Abatement (Check		)			Address						_
Facility Closed/Vacated During Entire Porting Abatement Performed Outside of Normal Other – Describe:	eriod of Ab al Facility I	atement Hours		le					-		
Scope of Work (Check All That Apply)									-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			Mini-Encl	full Containment with Negative Pressure fini-Enclosure Blovebag Procedure Ion-Exempted (*) and Non-Friable Procedu					
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City, State Elm NJ		22400		Disposal Date City, State Morrisville PA 19067							
Completed by	Title	Signature Date 5/6/19					-				

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DATE "				C 8:60 and 12:		CIC	`د	( -	_	
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Date of Notification (1)				ing Owner/Operator		505	U	1	5	
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D Emergency (includ justification)	ing	Nan	ne of Conta	act		Telephone Num	benir	11.21	-6	
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				FORMATION				-	-	
Name of Facility Where Abatement is Taking Pi	(20		CILITITE	FURRATION	1 =	10				
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Street Address				:		8 (Other than K-12) ivate & commercia		-		
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City (5)				,	Square Feet	# of Floors	Bld	Age		
KEARNY				32.2	2000	2	1	95	Ò	
County (6)		Con	nty Code /	7) (STATE USE		rior if being demolis	ched	-	-	
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Name of Monitoring Firm Hired by Building Own	or   A	SCM No.		I At of At	nent Contractor (	_	-			
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Street Address		- 65		Street Address						
				450 Sou	th River					
City, State, Zip Code				City, State, Zip (	Code			Harveino		
				Hackens	ack, N.J					
Project Manager for Monitoring Firm	Telo	phone N	0.	Telephone No.	<del></del>	License No.				
				201-329	-7444 -					
Start Date (10) Scheduled C	ompletio	n Date (1	1)	Name of OSHA	Monitor			-=	- ,	
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Occupancy Status During Abatement (Check on	ly one)	-	-							
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☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac	of Abates	nent		City, State, Zip C				100000		
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Best Removal Inc	ID N			Waste		+				
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Completed by Title				Signature /		7	Date	1		
J. MAIORANO   Est	imato	or		VMO	Lungson		S	2/1	9	
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State of New Jersey Check # 1660:											0:		
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Date of Notification	2 (1)					7 and 12:120-7 Owner/Operator			Hm) E	6	5	$\mathbb{W}$	4
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	į jourcellus.			FAC	ILITY :	INFORMATION		L					
Name of Facility Whe	ere Abatement i	s Takin	g Pla	ace (3	)		Type	of Faci	lity (4)				_
Mike Heller							] [	]School	(K-12)				
Street Address								교원의 교원님	pter 8 (Oth				
Joseph Mada Coo							[x		(i.e., priv buildings,				_
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City	c	ounty			Cou	nty Code (7)							
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City, State, Zip Cod	Δ					City, State,							-
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Project Manager for	Monitoring Fire	n Tel	ephor	e Numb	per	Telephone Num	ber			Licer	ise	Numb	e1
		N/.	A			(973) 744	-880	0		00	37	1	
Scheduled Start Date	사건 첫 시민	Compl			(11)	Name of OSHA	Monito	<b>-</b>					
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Occupancy Status Dur. [X] Facility Clos	ing Abatement	(Check	only	one)		Street Address	s						_
of Abatement													
[ ]Abatement Per Hours - Descr	rformed Outside ribe:«OffHours			Facili	ty	City, State,	Zip Coo	ie					
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Scope of Work (Check	all that apply	7)				U					20000-		
[X]>3 sf or [ ]>160 sf o				ovation olition		[X]Mini- [X]Glove	Enclos bag Pr	ure ocedure	ith Negativ	e Pre	ssu	re	
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City, State			0-20		Dis	posal Date	City	State					_
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CK300 PA		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)  MAY = Q									<u>y</u>		
Date of Notification (1) 5-3-2019				Building ( t Street,		erator	(2)		The same of the sa	MAY :	9	)19	)
Agencies Notified Type Notification  EPA Initial			Street Ac 345 10	dress th Stree	et				ASBI	ESTOS	CON	RC	)L 8
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□ Emergency (in justification)     □ DCA    □ Cancellation	cluding		Name of Gerald	Contact Eglento	owicz			Teleph 732-9	one Nu 91-11			-	
			FACIL	ITY INFO	ORMATIO	N		L					
Name of Facility Where Abatement is Taking Commercial	Place (3	)					Type of Facility (4)  School (K-12)	)					
Street Address 303 1st Street							Subchapter 8  Other (i.e. prietc.)				ings, h	nes	s,
City (5) Jersey City, 07302							Square Feet 9999	# of Flo	oors	1 7 7	dg. Ag	_	
County (6)	************		County C				Current Use (Prior	if being o	demolis	hed)		******	
Hudson			(STATE U	ISE ONLY)	-								
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			of Abatement Contr n Environmenta						
Street Address							Address Virginia Avenue						
City, State, Zip Code						tate, Zip Code ey City, NJ 0730	)4				-		
Project Manager for Monitoring Firm	Т	Telephor	ne No.		Teleph	none No.	Li	cense N	No.	-			
							333-8855	01	1174			_	
	Schedule 5-16-20		Completion Date (11)  Name of OSHA Monitor  Green Environmenta						es, Ll	_C			
Occupancy Status During Abatement (Check					Address		7.23-27						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			urs City, State, Zip Code									-	
Scope of Work (Check All That Apply)						Jersey City, NJ 07304							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoli				×							
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma d Sole intena	lly ely by ince/ Staff?		tos Conta	ystem: ng, VA	Material (ACM) s insulation, T, or	Amo (Spe SF or	cify	Removal	Typ Repair	1	Enclosure	
	Yes	No	N/A										
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2nd Floor Apt # 1	Х		F	Red/ Bla	ck Lir	noleum	144	SF	X				
Basement	X			Pipe i	nsula	ition	150	LF	X			- use	
Name of Registered Waste Hauler Green Environmental Services	1	NJDEP Waste Cubic Yards Hauler ID No. of Waste 0034889 10											
City, State Jersey City, NJ	Disposal Date City, State 5-16-2019 Morrisville, PA												
Completed by Liliana Serrano	e Ma	Manager Signature 5-3-201					19						

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W 5004	PAID			ION (	OF ASE	w Jersey ESTOS ABA 8:60 and 12:	4 1 4	MAY -	9 20	)	And the second s	week week
Date of Notification (1)			-			g Owner/Operato		YASBESTOS	CONT	<u></u>	8	_
Agency Notified	Type Notification		$\dashv$		Address	301310 3	2174111	UCE CONTRACTOR	VSING		an Carlo	
D EPA D DEP DOL	O Initial  El Amended  Amendment#		-	City, S	tate, Zip	Code .	WT. 0	2901		10000		
D-DOH DCA	O Emergency (including justification) O Cancellation	ng		Name	of Contac	KEUER.		Telephone Nur	nber		4	530
				-		ORMATION					47	
Name of Facility Where A					•		Type of Facilit	y (4)		1.00		
Street Address	2. SHATTE	ER			<del>- :</del>			2) 8 (Other than K-1: rivate & commerci		s.		e.,
City (5)	16				>	· · · · · · · · · · · · · · · · · · ·	homes, etc	) .	Bldg			_
SUE	MIT			i	70		Square Feet				34	
County (6)	N			County ONLY)		(STATE USE	Current Use (F	Prior if being demo	ished)		-	
Name of Monitoring Firm	Hired by Building Owne	es /	ASCM	No.		Name of Abater	nent Contractor					-
(8)							moval In	c				
Street Address				80 00		Street Address						
City, State, Zip Code						City, State, Zip (	th River	· St				
							ack, N.J	. 07601		-		
Project Manager for Moni	toring Firm	Te	lephor	e No.		Telephone No. 201 – 329	-7444	00388				
Start Date (10) / 7 / 19	Scheduled Co		on Da	te (11)		Name of OSHA		1 00300		-	=-	-
, , ,	1 / */	1.19					Environm	ental		_		
Occupancy Status During		•	0	19		Street Address	uyler St					
Facility Closed/Vacated     Abatement Performed     Other – Describe: 8	Outside of Normal Faci	He Hou	ement Irs			City, State, Zip C	Code	•				_
Scope of Work (Check all		C L.				5. нас	ckensack	,N.J. 07	606	_		_
22 3 sf or ≥ 3 if 12 ≥ 160 sf or ≥ 260 if				Ren Den	ovation rolition	☑ Mini- ☑ Glov	Enclosure ebag Procedure	Negative Pressu				
						□ Non-	Exempted (*) as	d Non-Friable Pro	cedure	Ai	bateme	- T
Asbestos-Containing	Location of Used Sabestos-Containing Material (ACM)  TO BE ASTED  Cus  Cus  Cus  Cus  Cus  Cus  Cus  Cu					Description of tos Containing Material (ACM) Amount thermal systems insulation, (Specify surfacing, VAT, or SF or LF)					Encapsulate Repair	T
(13)		20	(12)			other miscelland		<u> </u>		oval	Bulla	anie
		Yes	No	N/A		35	¥I	*			6	-
2ND FLOO	2/6ARAGE			V	THEKHA	( SULFACINO	6	155	SF	X		I
					*-	•		3 •	* -	1	_	-
			_						-,-	+	+	+
Name of Registered Wast Best Remov		N.E		laste H	auter	Cubic Yards of Waste	Name of Regi	stered Landfill				_
				109		3/207	DUTIO CITY	AND COUNT	Y LA	/D	FILL	-
	, N.J. 07	601				Disposal Date	NEW BUR	_	724	)		
Completed by	Title					Signature	) ,	0	Date	1	10	
J. MAJORANO ASBAT	Esti			for as	bestos lic	ensure exempted	activities.	2	5	1	17	

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	(	Purs	uant t	or As	C 8:60 and 12:	120)	1		********		All the manners	- uniphaseday	
Date of Notification (1) 4/25   19					TOHN S		MAY -	9 20	9		lass	1	
Agency Notified Type Notificati	00			t Address		BATTE	7		_	-			
	O11		Suee.	E Address	5	ł	APRECTOS	CYCANIT	Ol		li .		
D EPA Printial			City	M-4- 9-	0.4		ASBESTOS	NSING		Či		_	
D DEP D Amended Amendmen	t &		City,	State, Zix		115	07901	11/2/14/02	Wales	der Camer Dy-	Sec.		
☐ Emergency	(including		<u></u>		MINIT.	22 .			_				
☐ DOH justification ☐ DCA ☐ Cancellation			0.0000000000000000000000000000000000000	of Cont	ad 1450e50	28	Telephone N	umber			5		
					FORMATION		-		-		-		
Name of Facility Where Abatement is Tai	king Place (3	9	-			Type of Facilit	y (4)		_				
MR. SHI	TEED												
Street Address	1100			·- ·-	<del></del>	School (K-1	2) 8 (Other than K-	12)				19.	
						Other (i.e. p	arivate & commer	cial build	gs,				
City (5)				. 24		Square Feet		Bid	Ad	e		-	
SUMMIT					*	6000	STATISTICS NATIONAL		3	4	- 4		
County (6)			Count	y Code (	7) (STATE USE		rior if being dem	olished)				-	
UN1010.		14	ONLY	ο `	50 M	1	ESIDEN						
Name of Monitoring Firm Hired by Buildin	g Owner	ASC	A No.	11-11-11-1	Name of Abates				_			-	
(8)						st Removal Inc							
Street Address		77. 37		Street Address	ddress								
					450 Sou	th River							
City, State, Zip Code		1777			City, State, Zip C	Code						_	
					Hackensa	ack, N.J	. 07601						
Project Manager for Monitoring Firm	T	elepho	ne No.		Telephone No.	<del></del>	License No.					-	
					201-329-	-7444 -	116						
Start Date (10) Sched	uled Comple				Name of OSHA				-	-		_	
Occupancy Status During Abatement (Ch	5/8	119				Environm	ental		_				
	-				Street Address								
☐ Facility Closed/Vacated During Entire F	eriod of Aba	tement	ŧ			ıyler St			72.200				
Abatement Performed Outside of Normal Other - Describe: 8:00 AM TO	al Facility Ho	Surs	-		City, State, Zip C		5						
Scope of Work (Check all that apply)	2,001	۲,			S. Had	kensack	,N.J. 0	7606	_				
				- 55	□ Fed C	Containment with	Negative Pressi	ure					
12 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf		ė		ovation	A Mini-	Enclosure							
			u Den	notition	☐ Non-	ebag Procedure	d Non-Friable Pri	nandrien					
	le le	Locati	ion		- 10011	·	a reor-reaser re	occurae	A	bate	mer	建	
	1	Normal							_	Ту	pe		
. Location of Asbestos-Containing Material (ACM)		ed Sole		Anto	Description of stos Containing Ma		·						
TO BE ABATED	3	cintena Custodi			a thermai systems		Amount (Specify		75	-	Eno	E ST	
(13)		S=#?			surfacing, VAT		SF or LF		Remova	Ropair	aps	0100	
(13)	1.	(12)			other miscellane	ous)		•	Va	1	Encapsulate	enclosure	
	Yes	No	N/A	1	•	•					0		
CARAGE			1	1/Les	CMAC SURFA	UNG	135	#	×	H	1	-	
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		<del>                                     </del>	1	<u> </u>					-	H	$\dashv$		
		1	1					<del>,</del>		-	-		
Name of Registered Waste Hauler	I N.	DEPV	Vaste H	autor	Cubic Yards of	Name of Regis	torod I and Cit						
Best Removal Inc		No.		- weight	Waste	wante of Kegs	ACIOU LAIREIN						
		17	109		3cys	PIINREDI.	AND COUN	TV /A	15	×.	, 7		
City, State					Disposal Date	City, State	TIND COOK	1 4	1	1-11	رن	4	
Hackensack , N.J. 07601					5/8/19	NEWBURG	SH. PA.	1724	)	1			
7 00 1	Completed by Title							Date		,	_		
J. MAIORANO   I	stimat	tor			1 LM.	121Dus	<	161	7 =	-1.	Q		

Date of Notification (1	tdo		NOTIF (F	ursuan	tate of New d N OF ASBES t to AMAC 8 6 of Building Ow by Board of E	ΓOS 0 an	ABATEMENT d12:120)		EC		1-W-			7
05/03/2019 Agencies Notified	Type Notification			Street A		duc	ation			<u> </u>	heck N	0.	166	
□ EPA ☑ DEP ☑ DOL	☐ Initial ☑ Amended Amendment #			266 Ma	ain Street ate, Zip Code ey, New Jers	ey 0	07446	Annual Control	MAY		2019	STREAM ST		4
☑ DOH □ DCA	<ul><li>☐ Emergency (i justification)</li><li>☐ Cancellation</li></ul>	ncluding		Name of Boha	of Contact acik				ASBEST Telepho 201-78	ne:Nun	nber	1 8	etertutes	0.744
Name of Facility Wher Former Residence	e Abatement is Takir	ng Place (3	3)	FAC	ILITY INFORM	/IATI	ON Type of Facility (4	)					_	_
Street Address 29 N Franklin Turnp	nike						□ School (K-12) □ Subchapter 8 ☑ Other (i.e. priv	(Other t	han K-12) mmercial	buildin	gs, hom	es,	tc.)	
City (5) Ramsey, New Jerse	ey 07446				-		Square Feet 20,000		# of Floo	ors	Bld 50-	g. /	e	
County (6) Bergen					Code (7) USE ONLY)		Current Use (Prior if being demolished) Private Residence							
Name of Monitoring Fi Environmental Design	rm Hired by Building gn Inc.	Owner (8)		ASC	Л No.		Name of Abatement Contractor (9) Lilich Corporation						-	
Street Address 5434 King Avenue							Street Address 246 Union Boule	vard			111111111111111111111111111111111111111		6	
City, State, Zip Code Pennsauken, New J					City, State, Zip Coo Totowa, New Jer	de sey 07	512				-			
Project Manager for M Tim Gromen		Telepho 856-61			Telephone No. 973-225-8400			ense No 104	).					
Start Date (10) 04/29/2019		Schedule 05/13/2	019	oletion Da	te (11)		Name of OSHA Mo Iris Environmenta		ratories,	LLC				
Occupancy Status Dur  Facility Closed/Vac				ent		Vest								
☐ Abatement Perform☐ Other – Describe: Scope of Work (Check	med Outside of Norm	al Facility	Hours	City, State, Zip Code Union, NJ 07083										
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Renova Demolit				☐ Full Conta ☐ Mini-Enc ☐ Glove Ba ☑ Non-Exer	losure ig Proce	dure / Lim	nited Co	ontainme	ent	Tent	t
			Locat				LI NON-EXCI	ilpica (	Am	ount ecify			nent	
Locati Asbestos-Containir <u>TO BE A</u> In Fac (13	ng Material (ACM) BATED cility	Use Ma	d Sole intena todial (12)	ely by nce/	Asbestos thermal	Description of SF of LF) sbestos Containing Material (ACM) (i.e.					Remova	Repair	Encapsulate	Enclosure
4-4-5	la a v	Yes	No	N/A			•						late	Ге
1st F			Х				int Compound			0 SF	Х			
1st F	Х			Tr	ansite Panels			SF						
1st F	X				Glue Dots		250	SF						
Name of Registered W	N	NJDEP Waste Cubic Yards Name of Registered Landfill				L								
Lilich Corporation					Hauler ID No. of Waste 18724 20 Fairless Landfill									
City, State Totowa, New Jersey					Disposal Date City, State 05/13/2019 Morrisville, PA									
Completed by Adriana Olejarova Title Presider					Signature Date					19	_			
ASB-41 (R-06-08)						1	7		The same of the sa			-		