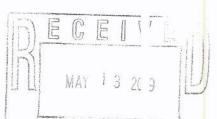


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A CONTRACTOR OF THE PARTY OF TH	MAY	1.	3 20	11	$\ U$
iction					harmeter

	1000								-1		MAY		3	201	
Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	and the same of th					
05/	08 /	19			Div	ision of F	rop	erty Manage	ement & Const	truction		40.			
Agencies Notified	Type Notifica	ation		_	Street	Address				AS	BEST		400	7 4 2 7	1 C
☑ EPA	☐ Initial				30037000000		Stre	et, 3rd Flr.		a some prior annual	1.1	JE	VSIN	(G	برغوانام
□ DOLWD	☐ Amended			î		State, Zip C		93.0				_			-
Ø DOH	Amendme	-			1000	nton, NJ									
DCA			cluding			of Contact		00		T= :					_
(NJAC 5:23-8)	justification Cancellate									Telephone N					
	L Caricellat	1011				k Ferrera				609-292-1	717				
					FAG	CILITY IN	FOR	RMATION							
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)					-
Residential									School (K-12		40)				
Street Address									☐ Subchapter 8 ☐ Other (i.e., p			bui	ldina	2	
									homes, etc.)			-	9	Ο,	
City (5)							1000		Square Feet	# of Floors		Blo	g. Ag	je	-
South River															
County (6)					Coun	ty Code (7))(STA	TE USE ONLY)	Current Use (Pri	ior if being dem	olished	d)		_	
Middlesex								**							
Name of Monitoring Firm	Hired by Build	ling C	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						-
Mark Jovic Consult	ing LLC								NAGEMENT L						
Street Address							Stre	eet Address							=
87 Main Street, Suit	e A						2	7 Outwater I	ane						
City, State, Zip Code								, State, Zip Co				_			-
Lincoln Park, NJ 07	035							arfield, NJ							
Project Manager for Monit				Tele	phone	No.		ephone No.	01020	License No.		_			=
Mark Jovic	•				3-650	0410510.0		73-928-4888		1188	ri,				
Start Date (10)	Is	ched	uled C	100	tion Da			ne of OSHA M		1100			-		-
05/_09_/					/		1000		NAGEMENT L	1.0					
Occupancy Status During				18					NAOLINILINI L	LO					
☐ Facility Closed/Vacate							528	et Address							
☐ Abatement Performed	Outside of No	rmal	Facility	Hour	nent e - Dae	criba	25-574	7 Outwater I							
Time of Abatement: _	AM-	PN	// //	PM-	3 - DC3	AM		, State, Zip Co							
							G	arfield, NJ	07026						
Scope of Work (Check all	tnat apply)							□ Full Cont	ainment with Neg	vativa Praecura					
≥3 sf or ≥3 lf			Re	novati	on			☐ Mini-Encl	osure	jative Flessule					
≥160 sf or ≥260 lf			□ De	molitic	n			Glovebag							
		-	lo	Locat	ion			⊠ Non-Exe	mpted (*) and No	n-Friable Proce	edure				_
Location	nf		130	Vorma				Description o				Aba	teme	ent T	е
Asbestos-Containing N)	1000000000	d Sole		Asbes	stos (Containing Ma		Amount		Re	Re	En	Ē
TO BE ABA			0.300	intena odial		(i.e.	, the	rmal systems i	nsulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facilit (13)	У		- Out	(12)	otan :			urfacing, VAT, ner miscellane		SF or LF)		<u>a</u>		Encapsulate	ure
(/			Yes	No	N/A		0	ioi illioodilario	ous)					te	
Exterior (behind vinyl	sidina)			П		Cement	Bos	ard Siding		575 SF	1	X	П		=
Exterior (behind vinyl	0,							nd vinyl sidir	na l	3,800 SF		A			\exists
Exterior (old windows						Window	-	•	·9	32 LF					
Exterior	,					Flat Roo				120 SF	-				
Name of Registered Wast	e Hauler				JDEP \	The I will have to Charles	gan Dates	oic Yards of	Name of Regis				Ш	П	
Century Waste / New		u			auler II	CONTRACTOR OF THE PARTY OF THE	Was		GROWS Nort	h Landfill / Fai		an	dfill /		
City, State	Jurun	5			32797	/ 0283		s Needed		I Sanitary Lan	dfill				
	arle M.I							posal Date	City, State		0.00				
Elizabeth, NJ / Newa							T	BD	Morrisville	, PA / Pen Ar	gyl, P	Α			
Completed By (Print or Ty	rpe)	Title						Signature		7000	Date		- 30		
Allen Monchik		P	roject	Man	ager			Allen	Monchie	6	5/8/	19			
ASR-41										0.00	0.01				

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



	-			7) CONTINUATION SHEET				December 1	
			William III	90 Causeway St, South River, NJ		Abatemer	nt Type		LICENS
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A						
Exterior			X	Pitch Roof Tar	1,425 SF	Х			
1st Floor- Unit 2 Mechanical Room			Х	Boiler Interior Caulk	10 LF	Х			
AND A SHEET	PED-		MARCHINE COMM						
		-					INDEXES - LONG		
	-								

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:
Aller Worlding			Allen Monchik	5/8/19

CK/105F	5	i Ce	NOT		MOITA		BES	Jersey STOS ABAT :60 and 5:16		B	E	C	E		$\overline{\mathbb{Q}}$	7
Date of Notification (1) 05 /	08 /	19					-	ner/Operator (2) ement & Const	ruction		MA	Y	3	<u>"</u> U	719
Agencies Notified	Type Notifica	ation			Street	Address	-				100	Arriva de		-00	27	+
⊠ EPA	☐ Initial						Stre	et, 3rd Flr.		1	ASE			NSI	3	1
☑ DOLWD	☐ Amended					State, Zip (, 67 July 1	The property and the	NET DE	HANDWICH		Ni-week	+
☑ DOH □ DCA	Amendme Emergen	-	oludina		Tre	nton, NJ	086	808								
(NJAC 5:23-8)	justification		Juding	17	Name	of Contac	t			Telephone N	umber	ģ.			-	1
0 (☐ Cancellat	tion			Ric	k Ferrera	3			609-292-1						
					FA	CILITY IN	IFOR	RMATION						_	-	1
Name of Facility Where A	batement is T	aking	Place	(3)		Section of the last			Type of Facility ((4)					=	1
Residential									School (K-12							
Street Address				-915				×	☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K	(-12)	Lbuil	dina			
									homes, etc.)	ivate and com	mercia	Duli	unig	٠,		
City (5)									Square Feet	# of Floors		Bld	g. Ag	е		1
South River																
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	nolishe	d)				1
Middlesex																
Name of Monitoring Firm		ding C	wner (8)	ASCM	No.	1		ent Contractor (9)							
Mark Jovic Consulti Street Address	ing LLC								NAGEMENT LI	_C						
87 Main Street, Suite	۸ ۸						10000	eet Address								
City, State, Zip Code	- A							y, State, Zip Co	100000.700							-
Lincoln Park, NJ 07	035							g, State, Zip Ct Barfield, NJ								
Project Manager for Monit				Tele	phone	No		ephone No.	07020	License No.	3				-	1
Mark Jovic				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	73-650			73-928-4888		1188						
Start Date (10)	18	Sched	uled C	200	tion Da		1	me of OSHA M		1100					-	1
05/09/					3_/				NAGEMENT LI	_C						
Occupancy Status During	Abatement (0						Stre	eet Address					_		-	+
□ Facility Closed/Vacate	d During Entir	re Per	iod of	Abate	ment			7 Outwater I	_ane							
Abatement Performed	Outside of No	ormal	Facility	/ Hou	s - Des	cribe	City	y, State, Zip Co	ode						-	1
Time of Abatement:	AM	PN	/\/	_PM		AM	0	Garfield, NJ	07026							
Scope of Work (Check all	that apply)									- 10 (- 000)						1
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De					☐ Mini-Encl								
-0.70 (1.12%)				Loca								Aba	teme	nt Ty	9	1
Location of Asbestos-Containing N		1		lorma d Sol	lly ely by	Asha	ataa	Description o				D I	고	m	п	1
TO BE ABA	TED `	''	Ma	intena	ince/	(i.e	sios e., the	Containing Ma	nsulation,	Amount (Specify		Remova	Repair	Encapsulate	Продости	
IN Facilit (13)	У		Cust	odial (12)	Staff?	,		surfacing, VAT,		SF or LF)		val	7	Sul	21110	
(13)			Yes	No	N/A	1	Ot	her miscellane	ous)					ate		
2nd Floor- Kitchen					\boxtimes	VAT / N	lasti	ic		150 SF	1]	
2 nd Floor- Bathroom					\boxtimes	VAT / N	lasti	ic		55 SF			П	П	J	1
2 nd Floor- Closet						VAT / N	lasti	ic		50 SF]	
1st Floor- Laundry Ro	om					Mortar	Mast	tic assoc. with	h Ceramic Tile	110 SF]	1
Name of Registered Wast				1.33	JDEP V	3 F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7/00/00	bic Yards of	Name of Regis GROWS North	tered Landfill					=	1
Century Waste / Nev	wark Cartin	g		F	lauler II	D No. 7 / 0283		iste As Needed	GROWS North			Lanc	itill /			
City, State		300			52131	1 0203		posal Date	City, State	, Lui			V		-	1
Elizabeth, NJ / News	ark, NJ						T	BD	Morrisville	, PA / Pen Ai	rgyl, F	PA				
Completed By (Print or Ty	rpe)	Title)					Signature	1		Date				_	1
Allen Monchik		P	roject	Man	ager	7		Allan	Manchib		5/9/	110				

KILES	PAID		NOT		ATION Irsuan	t to NJA	BES C 8:	TOS ABAT :60 and 5:10	6)		G L	<u> </u>	2016	
Date of Notification (1) 05 /	08 /	19	V		1			ner/Operator (2) ement & Const	ruction			401	1
Agencies Notified	Type Notifica	ation	_		Street	Address		et, 3rd Flr.	ment & const	ASS	LICE	NSIN	uine G	<u>. či</u>
☑ DOLWD ☑ DOH ☐ DCA	Amended Amendme	ent#_	ali i allia a		City, S	State, Zip C	Code							-
(NJAC 5:23-8)	justificatio	on)	Juding		Name	of Contac	t			Telephone N				-
		2010								609-292-1	1717			-
Name of Facility Miles	^L		DI	(0)	FAG	CILITY IN	IFOF	RMATION						
Name of Facility Where Residential Street Address	Abatement is 1	aking	Place	(3)					Type of Facility ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., pr	2) 3 (Other than K	-12) mercial b	uildino	ıs.	
									homes, etc.)		noroidi b	andn iş	,0,	
City (5) South River									Square Feet	# of Floors	В	ldg. A	ge	
County (6) Middlesex					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	ior if being dem	olished)			
Name of Monitoring Firm	Hired by Build	lina O	wner (8) T	ASCM	No	Nar	ne of Ahateme	ent Contractor (9)					_
Mark Jovic Consul		J		1			100		NAGEMENT L					
Street Address					/1.00		-	eet Address					-	-
87 Main Street, Sui	ite A						.00000000	7 Outwater	ane					
City, State, Zip Code		- Mec						, State, Zip Co						1-725
Lincoln Park, NJ 0	7035						1 3	arfield, NJ						
Project Manager for Mor				Tolo	phone	No	_		07026	Tris				-
Mark Jovic	iitoring Film			100				ephone No.		License No.				
Start Date (10)	10	اممطم	1-40	-200	73-650	out of the second		73-928-4888		1188				_
05 /09 /					tion Da		10000	ne of OSHA M LL PRO MA	onitor NAGEMENT L	LC				
Occupancy Status Durin	g Abatement (C	Check	only c	ne)			Stre	eet Address						-
□ Facility Closed/Vacat	ed During Entire	e Peri	iod of	Abate	ment		2	7 Outwater I	_ane					
Abatement Performed	d Outside of No	ormal	Facility	Hour	s - Des	cribe	City	, State, Zip Co	ode					_
Time of Abatement:		PN	1/	_PM-		AM	G	arfield, NJ	07026					
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Il that apply)		□ Re ⊠ De					☐ Mini-Enc ☐ Glovebag						
				Locat							Al	patem	ent T	e
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM ATED)	Use Ma	intena	ely by		., the	Description of Containing Ma rmal systems surfacing, VAT, her miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		08144 0851 08					_	6	_
Basement Basement						Boiler F				35 LF		-		
Exterior		-						Insulation		35 LF				ᅼ
Basement								Waterproof	ing	1,700 SF				7
	eto Herrie-		П		⊠	Sink Ur			TN	6 SF				
Name of Registered Was Century Waste / Ne		g		10.074	IJDEP I lauler II 32797		Wa	oic Yards of ste s Needed		tered Landfill h Landfill / Fai I Sanitary Lan		ndfill	1	-
City, State Elizabeth, NJ / Nev	vark, NJ						Dis	posal Date BD	City, State Morrisville	, PA / Pen Aı	rgyl, PA			
Completed By (Print or 1	Гуре)	Title	:					Signature			Date		_	
Allen Monchik	*A.C.*	110000000000000000000000000000000000000	roject	Man	ager				Monchis	6	5/8/1	9		

CK 11055	AID		NOT		ATION	OF ASI	ew Jersey BESTOS ABA .C 8:60 and 5:1					<u>U</u>	<u>V</u> 1
Date of Notification (1) 05 /	08 /	19					Owner/Operator Property Manag		ruction	NIAY		20	}
Agencies Notified ☑ EPA ☑ DOLWD	Type Notifica Initial Amended				20 1	Address W. State	Street, 3rd Flr.	7	A	Sedes (C Li(JSI U SENS		
⊠ DOH	Amendme	_				nton, NJ							
DCA (NJAC 5:23-8)			cluding	l .		of Contac		- Turke	Telephone Nu	ımber			-
,	Cancellati				Ric	k Ferrera	ĺ		609-292-1				
	100 - 100 -				FAC	CILITY IN	FORMATION			e new			
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility	(4)				-
Residential								School (K-12	2)				
Street Address								Subchapter 8 Other (i.e., pr homes, etc.)	rivate and comn		uilding	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
South River											•	J -	
County (6) Middlesex					Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			-
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No	Name of Abatem	ent Contractor (9)					-
Mark Jovic Consult	5.50	mig O	wilci (0,	AOOM	NO.		NAGEMENT LI					
Street Address	3 ===						Street Address	MACLINERI LI					-
87 Main Street, Suit	e A						27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode				_	
Lincoln Park, NJ 07	035						Garfield, NJ	07026					
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Mark Jovic				1	73-650		973-928-4888	3	1188				
Start Date (10)05 /09 /		Schedu 0		100	tion Da	80 38	Name of OSHA N	Monitor NAGEMENT LI	LC				
Occupancy Status During							Street Address						-
☐ Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed Time of Abatement:	AM	ormal PN	Facility I/	/ Hour PM-	s - Des	cribe AM	City, State, Zip C Garfield, NJ						
Scope of Work (Check all	that apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re 図 De				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
	inita i			Locat						A	atem	ent T	y =
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM TED)	Use Ma	d Sole intena	ely by		Description of stos Containing Ma ,, thermal systems surfacing, VAT	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Dactorino
(13)		İ	Yes	No	N/A	1	other miscellane	eous)				ate	*
2 nd Floor- Kitchen						VAT			175 SF				
Exterior (behind vinyl	siding)					Transite	e Siding		2,600 SF				
													1
								20 27 20 20 20 20 20 20 20 20 20 20 20 20 20					1
Name of Registered Wast	te Hauler				JDEP \		Cubic Yards of	Name of Regis	tered I andfill		1-		7 -
Century Waste / New		g		355	lauler II		Waste As Needed		tered Landfill h Landfill / Fai Il Sanitary Lan		ndfill	1	
City, State Elizabeth, NJ / News	ark, NJ						Disposal Date TBD	City, State Morrisville	, PA / Pen Ar	avi ÞA			
Completed By (Print or Ty		Title					Signature	oviile	,	Date	1		-
Allen Monchik	narv⊂ Ki		roject	Man	ager		1 3	Manshil	6.	5/Q/1	٥		

MAY 13 2019 ASSESSION CONTINUE & LICENSING

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

								1-11-11	INSING
				9 Kathryn St, South River, NJ		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely tenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A						
Exterior			Х	Window Caulk	275 LF	Х			
Exterior			Х	Cement Board Siding	6,300 SF	Х			

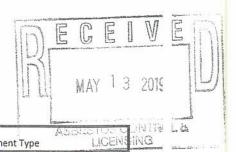
Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:
			Allen Monchik	5/8/19

1K11055	NO		MIOITA		BES	lersey STOS ABAT :60 and 5:1			5 G	L L	<u> </u>
Date of Notification (1)			Name	e of Buildin	na Ow	ner/Operator ((2)	11111	MAY	13	20
05/08/	19				200		ement & Const	ruction	19177		20
Agencies Notified Type Notific	ation		Stree	t Address				Discour	DOC 01	0.00	51.177 X
☑ EPA ☐ Initial			20	W. State	Stre	et, 3rd Flr.			SBESI	GENS	ING
☑ DOLWD ☐ Amende			City,	State, Zip	Code						-
DOH Amendm □ DCA □ Emerger		-	Tre	enton, NJ	086	08					
DCA Emerger (NJAC 5:23-8) Emerger		ng		of Contac				Telephone N	lumber		
☐ Cancella			2 10 - 2 A S S S S S S S S S S S S S S S S S S	k Ferrer				609-292-			
			1			MATION		003-232-	1717		
Name of Facility Where Abatement is	Takina Dla	20 (2)	FA	CILITY	NFOR	RMATION	T	(1)			
Residential	Taking Flat	Je (3)					Type of Facility	3,5,5,5			
Street Address							School (K-12	:) 3 (Other than K	(-12)		
oucci Address							Other (i.e., po homes, etc.)	rivate and com		uildings	۶,
City (5)							Square Feet	# of Floors	E	Bldg. Ag	e
South River											
County (6)			Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	nolished)		
Middlesex											
Name of Monitoring Firm Hired by Buil	ding Owne	r (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)				
Mark Jovic Consulting LLC					A	LL PRO MA	NAGEMENT L	LC			
Street Address					Stre	eet Address					
87 Main Street, Suite A						7 Outwater	Lane				
City, State, Zip Code						, State, Zip Co					
Lincoln Park, NJ 07035						arfield, NJ					
Project Manager for Monitoring Firm		Te	ephone	No		ephone No.	01020	License No			
Mark Jovic		100000	73-650			73-928-4888		1188			
Start Date (10)	Scheduled		(Sales 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			ne of OSHA M		1100	-		
	06	/ _2	8 /	3350 351	100		NAGEMENT L	LC			
Occupancy Status During Abatement (Check only	one)			Stre	eet Address					
Facility Closed/Vacated During Enti					2	7 Outwater I	Lane				
Abatement Performed Outside of N	ormal Facil	ity Hou	ırs - Des		City	, State, Zip Co	ode				
Time of Abatement:AM	PM/	PN	1	_AM	G	arfield, NJ	07026				
Scope of Work (Check all that apply)						П Г.:II С	laianant III. N				
≥3 sf or ≥3 lf	□F	Renova	tion			☐ Mini-Enc	tainment with Neg losure	ative Pressure	9		
≥160 sf or ≥260 lf		emolit	ion			Glovebag	g Procedure	2200000 000			
0		Is Loca	otion			Non-Exe Non-Exe	mpted (*) and No	n-Friable Proce			
Location of		Norm				Description o			A	bateme	nt Ty
Asbestos-Containing Material (ACM			lely by	Asbe	estos	Containing Ma		Amount	Re	Repair	₽ ¹
TO BE ABATED IN Facility	10.00	lainten Istodia	ance/ I Staff?	(i.e		rmal systems		(Specify	Remova	pair	cap ·
(13)		(12				urfacing, VAT, ner miscellane	200 00	SF or LF)	l /a		Encapsulate
(,	Yes	s No	N/A		Ott	ici illiscellarie	ous)		1		िं
Exterior				Window	w Gla	azing		20 LF			
									Г	ПП	
-										ПП	
Name of Registered Waste Hauler		1	NJDEP	Waste	Cub	oic Yards of	Name of Regis	tered Landfill		1-1	;
Century Waste / Newark Cartir	ıg		Hauler I		Was		Name of Regis GROWS Nort Grand Centra	h Landfill/Fair Il Sanitary Lar		ndfill/	
City, State						posal Date	City, State				
Elizabeth, NJ / Newark, NJ					T	BD	Morrisville	, PA / Pen A	rgyl, PA		
Completed By (Print or Type)	Title				_	Signature			Date		-
Allen Monchik	Proje	ct Ma	nager			Allen	Monchie	6	5/8/1	9	

PAJOD

(KIUS	\circ			(Pu	rsuan	t to NJA	C 8:	60 and 5:16	5)							
Date of Notification (1)					Name	of Building	g Owr	ner/Operator (2)		MA	Y	13	2	9	
	08 / _	19			Divi	ision of F	rop	erty Manage	ement & Const	ruction					0.032	
Agencies Notified	Type Notifica	ation			Street	Address				A	Sars	1(1		ONT	1/1	
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	☐ Cancellat	ion			Ricl	k Ferrera	i.			609-292-1	717					
					FAC	CILITY IN	FOR	MATION								
Name of Facility Where A	batement is T	aking Pla	ace ((3)					Type of Facility	(4)						
Residential									School (K-12		40)					
Street Address						e de la constante de la consta			☐ Subchapter 8 ☑ Other (i.e., pr	rivate and comr		buil	dings	5,		
City (5)							-7-7		homes, etc.)			DIA			_	
South River									Square Feet	# of Floors		Ria	g. Ag	е		
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Name of Monitoring Firm	Hired by Build	ling Own	er (8) /	ASCM I	No.	Name of Abatement Contractor (9)									
Mark Jovic Consult	ing LLC						Α	LL PRO MA	NAGEMENT L	LC						
Street Address							Street Address									
87 Main Street, Suit	e A						2	7 Outwater I	ane							
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Project Manager for Moni	toring Firm			Tele	phone I	No.	Tele	phone No.		License No.	0.					
Mark Jovic				0.000	3-650	120000000000	9	73-928-4888								
Start Date (10)	39690	Scheduled					Nan	ne of OSHA M	e of OSHA Monitor							
05 /09 /		- A	7//		_ / -	19	A	ALL PRO MANAGEMENT LLC								
Occupancy Status During			-				Stre	Street Address								
☐ Facility Closed/Vacate							27 Outwater Lane									
☐ Abatement Performed Time of Abatement: _							1	, State, Zip Co	3							
4							G	arfield, NJ	07026							
Scope of Work (Check all	that apply)							□ Full Cont	ainment with Neg	nativa Praesura						
≥3 sf or ≥3 lf				ovatio				☐ Mini-Enc	losure	jative Fressure						
≥160 sf or ≥260 lf		\boxtimes	Den	nolitio	n			☐ Glovebag	g Procedure mpted (*) and No	n Friable Dress	al. ma					
			ls I	Locati	ion			M NOII-EXE	impled () and No	II-FIIable Floce		۸ h -		-6 T	-	
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IN Facilit				odial S	Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	3		air	psc	OSI	
(13)		-		(12)	T	-		ner miscellane		,	1	-		Encapsulate	.Di	
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1st Floor- Bathroom				2000	o with VAT		250 SF	_	-	뭐	믐	爿				
Exterior								片								
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION

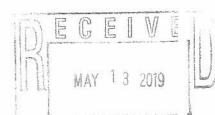


				12:120-7) CONTINUATION		d) beginner	Daniel Co.	
				7 Klausers Lane, South River, NJ		Abatement Type	ASSI	FICEM81(
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	s Locat rmally Solely itenancial Staff	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	ReRme	E n c a p s u l	E n c l o s u r
	Yes	No	N/A					
Exterior			Х	Roof Tar assoc. with Black Shingle	800 SF	Х		
Exterior			X	3rd Floor Built-Up Roof	800 SF	X	-	+-1
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchijk	Date: 5/8/19	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 05 08 Division of Property Management & Construction Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial LICENSING 20 W. State Street, 3rd Flr. ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Trenton, NJ 08608 □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Rick Ferrera 609-292-1717 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age South River County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Mark Jovic Consulting LLC ALL PRO MANAGEMENT LLC Street Address Street Address 87 Main Street, Suite A 27 Outwater Lane City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jovic 973-928-4888 973-650-0932 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / __09__ / __19__ 06 / 28 / 19 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: __AM-____PM/____PM-___AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Ty Normally Location of Description of Repair Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) 70 (12)(13)other miscellaneous) Yes No N/A Exterior П X **Building Control Joint Caulk** 40 LF X Exterior П П M Exterior Caulk assoc, with Foundation Tar 140 LF X Exterior \boxtimes Foundation Tar 140 LF X Exterior П X Caulk assoc, with Vinyl Siding 200 LF M Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Name of Registered Waste Hauler NJDFP Waste Cubic Yards of Hauler ID No. Waste Century Waste / Newark Carting Grand Central Sanitary Landfill 32797 / 0283 As Needed City, State Disposal Date City, State Elizabeth, NJ / Newark, NJ TBD Morrisville, PA / Pen Argyl, PA Completed By (Print or Type) Signature Date Allen Monchik Allen Monchik **Project Manager** 5/8/19

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION



				12:120-7) CONTINUATION			Hannens		5 Y 17 1 1 1 1 5
				9 Lee Street, South River, NJ		Abateme	nt Type	LK	ENSING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u	E n c l o s u r e
	Yes	No	N/A						
Garage Exterior (behind vinyl siding)			Х	Garage Cement Board Siding	1,205 SF	х			
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Date of Notification (1)	00 /	40				g Owner/Operator		III III MA	Y 1	3 21	110
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DCA (NUAC 5:23 8)	⊠ Emergend		ling	-	of Contac			T-I			
(NJAC 5:23-8)	justificatio			100000000000000000000000000000000000000	k Ferrera			Telephone Nu			
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Residential	waternerit is 1	aking i ic	ace (5)				Type of Facility ☐ School (K-1)				
Street Address					-		☐ Subchapter	8 (Other than K-	12)		
							Other (i.e., p	rivate and comm	ercial b	uilding	js,
City (5)							Square Feet	# of Floors	I R	ldg. A	ne en
South River							oquale rect	# 011 10013		iug. A	ge
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Middlesex				2 2 2 2 2 2 2 2 2 2	•		, , , , , , , , , , , , , , , , , , ,				
Name of Monitoring Firm	Hired by Build	ling Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Mark Jovic Consul	ting LLC					1	NAGEMENT L				
Street Address						Street Address					
87 Main Street, Sui	te A					27 Outwater	Lane				
City, State, Zip Code						City, State, Zip Co	ode		2		
Lincoln Park, NJ 07						Garfield, NJ	07026				
Project Manager for Mon	itoring Firm			lephone		Telephone No.		License No.			3
Mark Jovic				73-650	W. W. W. W. W. W. W. W. W. W. W. W. W. W	973-928-4888		1188			
Start Date (10) 05 /09 /		Scheduled 06		etion Da 28 /	10.00	Name of OSHA M				21127	
Occupancy Status During				.0_ / .	13		NAGEMENT L	LC			
☐ Facility Closed/Vacate				omont		Street Address					
☐ Abatement Performed	d Outside of No	ormal Fac	ility Ho	ırs - Des	scribe	27 Outwater					
Time of Abatement: _	AM	PM/	PN	1	AM	City, State, Zip Co					
Scope of Work (Check al	I that apply)					Garriera, No	01026				
☐ >3 sf or >3 lf			D				tainment with Neg	gative Pressure			
\(\sum_{\geq} \geq 160 \text{ sf or \geq_260 lf}\)			Renova Demolit			☐ Mini-Enc	losure g Procedure				
				107,820			mpted (*) and No	n-Friable Proced	lure		
1			Is Loca			2000			Al	atem	ent Ty
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IN Facili (13)	ity		(12			surfacing, VAT other miscellane		SF or LF)	val		Encapsulate
		Ye	es No	N/A		other misocharic	ousj				ite
Exterior (behind viny	l siding)			\boxtimes	Cemen	t Board Siding		2,600 SF		П	П
Basement- Exterior	2001-7-3-00-7-3-00-7-2					oc. with Chimne	ave	45 LF			
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Name of Registered Was		~		NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis	tered Landfill h Landfill/Fairle	ss Lan	dfill/	
Century Waste / Ne	wark Garting	9			7 / 0283	As Needed	Grand Centra	I Sanitary Land			
City, State	mule M. I					Disposal Date	City, State		29 (4.2634		
Elizabeth, NJ / New						TBD	Morrisville	, PA / Pen Arg	ıyl, PA		
Completed By (Print or T	ype)	Title				Signature			Date		
Allen Monchik		Proje	ect Ma	nager		Allen	Monchik	3	5/8/1	9	
SB-41											

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City (5)									Square Feet	# of Floors	E	Bldg. A	ge
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Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)				
Mark Jovic Consulti	ing LLC						A	LL PRO MA	NAGEMENT LI	LC			
Street Address							Str	eet Address					
87 Main Street, Suite	e A						2	7 Outwater I	_ane				
City, State, Zip Code Lincoln Park, NJ 07								y, State, Zip Co Barfield, NJ					
Project Manager for Monit Mark Jovic	oring Firm			100	phone 3-650	No. -0932	1 1 1 1 1	ephone No. 73-928-4888		License No	*		
Start Date (10)05 /09 /					tion Da	te (11) 19		me of OSHA M	onitor NAGEMENT LI	_C			
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Scope of Work (Check all \(\geq 3 \) sf or \(\geq 3 \) If \(\geq 160 \) sf or \(\geq 260 \) If	that apply)			novatio				☐ Mini-Encl					
4 8			3000	Locat							1	batem	ent Ty
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Exterior				П		Window	v Ca	ulk		250 LF		1	
Basement							3, (3,5)	terior Wall Wir	ndow Glazina			-	
_		-		2.2						15 LF			
Basement						Chimne	y Pe	enetration M	ud Packing	2 SF			
Name of Registered Wast	e Hauler		ш		JDEP \	Nasta	Cui	oic Yards of	Name of Desiri	torod Landell			
Century Waste / Nev		g		2535	auler II		Wa		Name of Regist GROWS North Grand Central			ndfill	1
City, State Elizabeth, NJ / News	ark, NJ						Dis	posal Date	City, State Morrisville,	, PA / Pen A	ravl. P4		
Completed By (Print or Ty	pe)	Title						Signature			Date		
Allen Monchik	anciola A	100000	roject	Mana	ager				Monchik		5/8/1	9	

State of New Jersey

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Date of Notification (1) 05 /	08 /	19						ner/Operator (III M	AY	J 2	119	- Indiana
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Residential									School (K-12	2)				
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									homes, etc.)	ivale and com	nerciai b	unain	js,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	_
South River												•		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			-
Middlesex														
Name of Monitoring Firm		ding C	wner ((8)	ASCM	No.	1		ent Contractor (9)					
Mark Jovic Consult	ing LLC						A	LL PRO MA	NAGEMENT L	LC				
Street Address							Stre	eet Address						
87 Main Street, Suit	e A						2	7 Outwater I	_ane					
City, State, Zip Code							City	, State, Zip Co	ode					
Lincoln Park, NJ 07				,				arfield, NJ (07026					
Project Manager for Monit	toring Firm				phone			ephone No.						
Mark Jovic	- 12				3-650			73-928-4888		1188				
Start Date (10) 05 /09 /						te (11)	100000	ne of OSHA M	70.007.700					
					_ / _	19	Α	LL PRO MAI	NAGEMENT LI	_C				
Occupancy Status During							Stre	eet Address						
☑ Facility Closed/Vacate☑ Abatement Performed	Outside of No	e Per	iod of	Abater	nent	:		7 Outwater L						
Time of Abatement: _	AM-	PN	racilly 1/	PM-	s - Des	cribe AM	17 185	, State, Zip Co						
Scope of Work (Check all				- 0.0000			G	arfield, NJ (07026					
Scope of Work (Crieck all	that apply)							☐ Full Conta	ainment with Neg	ative Proceuro				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			Re					☐ Mini-Encl	osure	alive riessule				
≥ 160 ST OF ≥ 260 IT			De	molitio	n			☐ Glovebag	Procedure	o Friable Dece	al			
			Is	Locati	ion			M MOII-EXCI	npted (*) and No	i-riiable Proce	1 80			
Location				Normal				Description of	f I		100000	Т	ent Ty	_
Asbestos-Containing N TO BE ABA	Material (ACM)		d Sole intena				Containing Mat		Amount	Removal	Repair	Enc	П э э !
IN Facility	-			odial S		(i.e.		rmal systems in urfacing, VAT,		(Specify SF or LF)	SVOL	air	apsi	3
(13)		-	V	(12)	1 11/0	-		ner miscellaned		0, 0, 2, 7	=		Encapsulate	,
Exterior		-	Yes	No	N/A								(0)	_
	• • • •					Founda				35 LF]
Exterior (behind vinyl		_				Cement	t Boa	ard Shingle		3,450 SF]
Exterior (old windows	only)				\boxtimes	Window	v Gla	zing		40 LF]
]
Name of Registered Wast				10000	JDEP \	(M) (M)	1	ic Yards of	Name of Regis GROWS North	tered Landfill	-l l	ten	,	-
Century Waste / Nev	wark Cartin	g		_	auler II 32797	/ 0283	Was	ste s Needed		Sanitary Lan		iailli		
City, State								osal Date	City, State					
Elizabeth, NJ / Newa							TI	BD	Morrisville	PA / Pen Ar	gyl, PA			
Completed By (Print or Ty	rpe)	Title	V ==					Signature	1		Date			-
Allen Monchik		Pr	roject	Mana	ager			Allow.	Manchib	·	5/8/10)		

CK1055	M	NOT					TOS ABAT :60 and 5:1			(C)	7 1	W	1
Date of Notification (1) 05 / 08	/19	9					ner/Operator (erty Manage	2) ement & Const	1127	VOT 1E	- U	111	- Complete
Agencies Notified Type No ☐ EPA ☐ Initia ☐ DOLWD ☐ Ame		ı		200000000	t Address W. State	Stre	et, 3rd Flr.			WAY	3	2019	-
	naea ndment#	#			State, Zip C				Falueria.	1. 91	Sec.	1	
	rgency (in	ncluding	I		nton, NJ		08		15	jibi	-5h	0_	
(NJAC 5:23-8) justii	ication)			Service?	of Contac k Ferrera				Telephone N				
Can	Chation			(10.000.00					609-292-1	717			
Name of Facility Where Abatemen	t is Takin	na Place	(3)	FA	CILITY IN	IFOF	RMATION	Time of Facility	(4)				
Residential	t io Takiii	ig r lace	(3)					Type of Facility ☐ School (K-12					
Street Address								☐ Subchapter 8	8 (Other than K	-12)			
								Other (i.e., p homes, etc.)	rivate and com	mercial b	uilding	IS,	
City (5)								Square Feet	# of Floors	IR	dg. A	70	
South River								oquare r cct	# 011 10013		ug. A	gc	
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Middlesex					,				ioi ii boiiig doiii	ollorica			
Name of Monitoring Firm Hired by	Building	Owner ((8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Mark Jovic Consulting LLC						Α	LL PRO MA	NAGEMENT L	LC				
Street Address					111	Stre	et Address						
87 Main Street, Suite A						2	7 Outwater I	Lane					
City, State, Zip Code						City	, State, Zip Co	ode		-			-
Lincoln Park, NJ 07035						G	arfield, NJ	07026					
Project Manager for Monitoring Fire	m		Tele	phone	No.	Tele	ephone No.		License No.	55			
Mark Jovic			1 22	73-650		9	73-928-4888		1188				
Start Date (10)05 /09 /19		duled C 06 /	_ 28			2000	ne of OSHA M LL PRO MA	lonitor NAGEMENT L	LC				
Occupancy Status During Abateme						Stre	et Address						
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment	100	2	7 Outwater I	Lane					
Abatement Performed Outside Time of Abatement:AM-	or Norma P	ii Facility M/	/ Hour PM-	s - Des	cribe AM	100	, State, Zip Co						
						G	arfield, NJ	07026					
Scope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	5.0	☐ Re ☑ De					☐ Full Cont ☐ Mini-Enc ☐ Glovebag		gative Pressure				
							Non-Exe Non-Exe	mpted (*) and No	n-Friable Proce	dure			
Location of		100000	Locat Norma				Design	,		At	atem	ent Ty	9
Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Asbe	stos (Description o Containing Ma		Amount	Re	Re	En	Д Д
TO BE ABATED IN Facility		1000000	intena todial	nce/ Staff?	(i.e		rmal systems i		(Specify	Removal	Repair	Encapsulate	П э о о о о о о о о о о о о о о о о о о
(13)			(12)				urfacing, VAT, ner miscellane		SF or LF)	<u> </u>		sula	3
		Yes	No	N/A				,				te	
1st Floor- Front Room					VAT				175 SF				
1st & 2nd Floor- Kitchen & Bat	hroom			\boxtimes	Mastic	asso	c. with VAT		200 SF	\boxtimes]
Exterior				\boxtimes	Tar Pap	er a	ssoc. with P	orch Roof	200 SF				
										П	П	П	3
Name of Registered Waste Hauler			100.00	JDEP \		Cub	ic Yards of	Name of Regis	stered Landfill h Landfill/Fair		1—		+ =
Century Waste / Newark Ca	rting		F	auler II	O No. 7 / 0283	Was	ste s Needed		h Landfill/Fair Il Sanitary Lan		atill/		
City, State				52131	10203		oosal Date	City, State	j sali				-
Elizabeth, NJ / Newark, NJ						Т	BD		, PA / Pen Ai	gyl, PA			
Completed By (Print or Type)	Titl	le					Signature	L		Date			-
Allen Monchik	F	Project	Man	ager				Monchik	2	5/8/19	9		

State
NOTIFICATION OF
(Pursuant to

CWINI			(1	ursua	IL TO NJA	NC 8:60 and 5:1	6)	linsi				
Date of Notification (1)				Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) NAY 1 3 2019								
05/	08 /	19		Div	ision of	Property Manag	ement & Cons	truction	MAI		2013	1
Agencies Notified	Type Notifica	ation		Stree	t Address			1				-
⊠ EPA	☐ Initial					Street, 3rd Flr.					d'in	i it
☑ DOLWD	☐ Amended				State, Zip (Constitution of the second second	114	100000	L III THE	NSIA	10	
⊠ DOH	Amendme		-		enton, NJ							
DCA (NJAC 5:23-8)			ng		of Contac			Telephone N	lumbor			
(110710 0.20-0)	☐ Cancellat				k Ferrera			609-292-				
								003-232-	1111			+ -
Name of Facility Where Al	natement is T	akina Dlag	0 (3)	FA	CILITYIN	IFORMATION	T= (5 111	10				1 123
Residential	Jatement is 1	aking Flac	e (3)				Type of Facility ☐ School (K-12)	5000				
Street Address			-				Subchapter	2) 8 (Other than K	(-12)			
Officer Address							Other (i.e., p	rivate and com	mercial b	uilding	js,	
City (5)							homes, etc.)					
South River							Square Feet	# of Floors	E	Bldg. A	ge	
County (6)				T 0	-t · O - d - /2	N/07475 1105 04114						
Middlesex				Cou	nty Code (/)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Name of Monitoring Firm F	liend by Duile	O	(0)	1 40014								
Mark Jovic Consulti	the state of the s	ing Owne	(6)	ASCM	NO.	1	ent Contractor (9)					
Street Address	ng LLC						NAGEMENT L	LC				_
87 Main Street, Suite						Street Address						
City, State, Zip Code	A					27 Outwater						_
Lincoln Park, NJ 070	125					City, State, Zip C						
Project Manager for Monito			1-			Garfield, NJ	07026					
Mark Jovic	oring Firm		1	lephone		Telephone No.		License No				
Start Date (10)				973-650		973-928-4888		1188				
05 /09 /	The second secon	cheduled	Charles and Control			Name of OSHA N						
				28_ /	19		NAGEMENT L	LC				
Occupancy Status During			10.55			Street Address						
 ☐ Facility Closed/Vacated ☐ Abatement Performed 0 						27 Outwater						
Time of Abatement:	AM-	PM/	ILY HO	urs - Des 1-	AM	City, State, Zip C						
						Garfield, NJ	07026					
Scope of Work (Check all t	that apply)					□ Full Con	tainmant with No.	notive Dressver				
≥3 sf or ≥3 lf			enova			☐ Mini-End	tainment with Neo Josure	jative Pressure	;			
≥160 sf or ≥260 lf			emolit	ion			g Procedure					
			s Loc	otion	_	⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure			
Location of	f		Norm			Description of	√f.		A	-	ent Ty	y 3
Asbestos-Containing M	laterial (ACM	1		lely by	Asbe	stos Containing Ma		Amount	Re	Repair	E	3
TO BE ABAT IN Facility				ance/ I Staff?	(i.e	., thermal systems		(Specify	Remova	pair	aps	2
(13)	r.:		(12			surfacing, VAT other miscellane		SF or LF)	<u> 23</u>		Encapsulate	;
		Yes	No	N/A		outer missionario	,ouo,				te	
Exterior (behind vinyl	siding)				Cemen	t Board Shingle		2,800 SF				ī
Basement					Flue Pa	1850		2 SF		-	H]
Exterior					Windov	v Caulk		200 LF		-]
Exterior	14				Chimne	ey Caulk		150 LF		-]
Name of Registered Waste	Hauler	0,000	1	NJDEP		Cubic Yards of	Name of Regis	stered I andfill			1-1	
Century Waste / New	ark Cartin	g		Hauler I	D No.	Waste	GROWS Nort	h Landfill / Fai		ndfill	1	
City, State				3279	7 / 0283	As Needed Disposal Date	City, State	I Sanitary Lan	iutiii			
Elizabeth, NJ / Newa	rk, NJ					TBD	CONTRACTOR CONTRACTOR	, PA / Pen A	ravi P/	N.		
Completed By (Print or Type	esas. 1 0.7210.000	Title					morrisville	TATELLA			<u></u>	
Allen Monchik	<i>Je)</i>		4 BA-	2000-		Signature	n , , , , , .	,	Date	230		
Allen Monerik		Proje	, i ivia	nager		Allen	Monchik	2	5/8/1	9		

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



				7 Martin Avenue, South River, NJ		Abatemer	nt Type	LICEN	SING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi S Main	s Locat rmally Solely tenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A						
Exterior			Х	Roof Pitch	1,400 SF	X			
		-							-
	-	-	_			-	***************************************	-	
	-	_	-						
TOWN TO THE TAX AND THE TAX AN		_	-						
									-
ACTUAL NAME OF THE PARTY OF THE									
					<i>y</i>				
INSTRUMENTAL DESCRIPTION OF THE SECOND SECON					i				
	1		1					-	
	-	-	-					_	
	-					1			
	-						alle and a second		
	_								

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 5/8/19
	<u> </u>		1,100012 1,12012010	010110

	1///)()(<i>(</i>				ABATEMEI		NE	C I	3 1	W 18	(5)
Date of No	tification (1)		(FURSUA		AND MADE IN COLUMN	wner / Ope			(6)	- 11	UE	3 1
04/	/ _ 09_ `	/19			PSE&G	Dunuing C	wilei / Ope	rator (2)	M				
/	/	/			Street Ac			- 11		MAY	13 2	2019	IUI
Agencies I			otification		Management of the last of the	ANLEY TER		1	of Book j	1411.11	0 6	.013	land
	EPA DEP		Initial Amended			te, Zip Cod	е	Person					and the second
	DOH	V.	Amendment	# 1	UNION, N				Tolophi		2001	THOL	-
	DOL			// justification	KEVIN K			1	732-850	ne Num	NSIN(3	
			Cancellation						1,02,000	0070			
					FACILITY I	NFORMAT	ION						
Name of F	acility Whe	ere Abaten	nent is Taking	Place (3)		Type of F	acility (4)						-
							School (K						
Street Add 2198 STAN		ACE						er 8 (Other t					
2190 STAN	NLET TERF	ACE						., private & comes, etc.)	mmercia	I			
City (5)		County (6)	County Code	(7)	Square F		# Of Floors		Buildir	ng Age		
UNION		UNION					0,000	1			0 0		
						Current L	Jse (Prior if	being demo	lished)	7	4	+ 0	
Name of M	lonitoring l	Eirm Hirad	by Bldg. Own	(0)	IACOM NO		CTION/OFFI	CE					
Ivalile of Ivi	ionitoring i	ririii Hirea	by Blag. Own	er (8)	ASCM NO	1							
LANGAN E	NGINEERI	NG				NORTHS'	TAR CONTE	RACTING GR	OUP. IN	2			
Street Add						Street Ad		0.010		<u> </u>			-
300 KIMBA		H FLOOR											
City, State,						-	ns Parkway						
PARSIPPA Project Min	gr. For Mo			Talaskas N		City, State	e, Zip Code						
BRIAN FEL		mitoring F	ırın	Telephone Nu 973-560-4857	imber	East Hand	over, NJ 079						
Sheduled S		(10)	Sched. Comp	letetion Date (1	(1)	The same of the sa	e Number	730	License	Number			
05/	06_	/19	_06	/21/	19	I siopiloli	o manibor		License	reamber			
//	/	9	/	/			84-8682				00860		
Occupancy	y Status Du	uring Abate	ement (Check ted During Ent	Only 1)			OSHA Moni						
	Abatement		ted During Ent	ire Period of		Street Ad	-	RACTING GR	OUP, INC	J			
		-	d Outside of N	lormal Facility		Street Ad	aress						
	Hours - De	scribe:				32 William	ns Parkway						
	Other - De	scribe:	7:00 AM-3:30 I	PM			e, Zip Code						
Scope of V	Vork (Chec	k All That	Apply)			East Hand	over, NJ 079	36				CHICA I	La constant
			11.77										
	Demolition			Renovation	<u> </u>			th Negative F	ressure				
	≥3sf or <u>></u> 3l ≥160 sf or					Mini - End							
	2100 31 01	<u></u>					Procedure	d Non-Friab	a Proces	turo			
		Mastaktoog estanti-				TOTAL EXOTA	iiptou () uii	a Non-i nabi	10000	iaic			
1288 88	ocation of	200 200	ls		Descript				Abateme	ent Type			
Asbes	stos Conta	ining	Location	As	bestos - C				R		E	E	
то	BE ABATE	-D	Normally Used	η.	Material e., therma			Amount	E	R	N	N	
	in Facility		Solely			facing, VA	т	(Specify SF or LF)	M	E	C	C	
	(13)		by Main-			ellaneous)		01 01 117	v	A	P	0	
			tenance/				**		A	l'i	s	s	
			Custodial						L	R	U	U	
			Staff (12)								L	R	
EXTERIOR			YES NO N/A	WINDOW GLA	ZING			21 EA		 	-	-	-
ROOF				ROOFING & F				8,900 SF	✓ ✓			- -	4-
ROOF				ROOF TAR				270 SF		1 +	-	+	=
OFFICES				VAT/MASTIC				300 SF	7		1	1	5
Name of Re				NJDEP Waste	The state of the s	Name of F	Registered	Landfill					
LINVIRONIV	IENTAL IR	ANSPORT	GROUP INC	Hauler ID No. *00692061	Yards Of	FAIRLESS	LANDFILL						
City, State				00032001	Waste -100 Disposal	City. State							
FLANDERS	s, NJ				Date	MORRISV							
					TBD				.77				
Completed	by (Print o	or Type)		Title			Signature		1/		Date		
Steve Stiles				Drain at 15			1 AA	ier L	15				
ASB-41				Project Manage	21		1	a a N				04/26/	9

STATE OF NEW JERSEY

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	ENCLOSUR
	YES NO N/A				1	-	
OFFICES	U V	AT	350 SF	V			



PAID

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

CK#1201

	A A MARL	200				10	(0)	0111	/				-	= =	1
Date of Notification (1) 05/09/2019			30,000	me of Bi ill Napi	and the second	ner/Operato	or (2)			E	C		\mathbb{V}	= =	1
Agencies Notified	Type Notification		Str	reet Add	ress				15	and or other states of the sta				20000	
	Indian									i A	MAY	13	2019		Ш
	Initial Amended		Cit	ty, State,	, Zip Code				ليا ليا	1	nn:	. 0	4013	2000	اسما
DEP X DOL	Amendment #		. V	Vestfiel	d, NJ 0	7090									
	Emergency (in justification)	ncluding	Na	ame of C	ontact				A	phone.	Mumb			8 10	
DOH DCA	Cancellation			enise)					1			and a second	VG .		2000
				FACILI'	TY INFOR	MATION									-
Name of Facility Where A	batement is Taking	Place (3)					Тур	e of Facility (4)							
Private home								School (K-12)		v 40)				
Street Address	M							Subchapter 8 Other (i.e. pri	(Otne	comm	n-12) ercial	buildir	gs, ho	n s,	
							×	etc.)							_
City (5)							Squ	uare Feet	# of	Floors		Bld	g. Age		
Westfield															_
County (6)				ounty Co			Cui	rrent Use (Prior	if beir	ng dem	olishe	ed)			
Union			(5	TATE US	SE ONLY)										
	Hired by Building (Owner (8)	1	ASCM I	No.	Nan	ne of A	batement Cont	ractor	(9)					
Traine of Memoring Care	ame of Monitoring Firm Hired by Building Owner (8					Re	emova	al Safety LL0	C						
Stroot Address	reet Address					Stre	eet Add	ress							
Street Address	reet Address					8	Crosb	y Ave							
City State 7in Code	ity State 7in Code					City	, State	, Zip Code						ali Pesso	
City, State, Zip Gode	City, State, Zip Code					Pa	aterso	n, NJ 07502	2						
Project Manager for Mor	nitoring Firm		T	elephon	e No.	Tel	ephone	No.		Licen	se No).			2
Project Manager for Mor	illoring r iirii					97	73-400-8711 01332								
Start Date (10)		Scheduled	Com	oletion D	ate (11)	Nar	me of C	SHA Monitor							
05/18/2019		05/21/2				S	ame a	ıs (9)							
Occupancy Status Durin	a Abstament (Cher	THE RESERVE OF THE PARTY OF THE	1,5478				eet Add							-	
						15787655									
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of At	ateme Hours	ent		Cit	v. State	, Zip Code							
X Other – Describe:	08:00 - 16:30	narr doiney r	100.0			_	•	· ·							
Scope of Work (Check /															
	All Itlat Apply)	101 s					П	Full Containme	ent with	h Nega	ative F	ressur	е		1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti					Mini-Enclosure)						
2100 \$1 01 2200 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				×	Glovebag Prod Non-Exempted	cedure	d Non	Eriok	la Proc	adura		
								Non-Exemple	1 () ai	IQ INOTI	-I Hab		Abater	n it	
			Location										Тур		
Location	on of		ormall Sole			Descrip				Amoun				. Т	
Asbestos-Containin		200000000000000000000000000000000000000	ntenar		Asbest	os Containii thermal sys	ng Mate	erial (ACM)		Specify		R	70		E
TO BE Al		Custo	odial S	Staff?	(1.0.	surfacing	, VAT,	or		F or LF		Remova	Repair	1	Enclosure
(13			(12)			other misc	ellaneo	ius)				val	≒.		ure
		Yes	No	N/A											
Person				х		T	SI			67		x)	
Baser	nent	_		+^-						- 6207.611		1		7	
												-		- +	
Name of Registered W	laste Hauler		IN	JDEP V	Vaste	Cubic Ya	rds	Name of	Regis	tered L	_andfi	11			
() S S S S S S S S S S S S S S S S S S			H	Hauler ID	No.	of Waste		Fairles							
Removal Safety L	LC		0	03700	7	2									
City, State						Disposal	Date	City, Sta		DΛ					
Paterson, NJ						TBD		Morris	viile,	PA		\		-	
Completed by		Title	2012			-	nature	1/	/	/	1	ate 05/09	12010		
Lasko Veskov		Pres	iden	i		000	Blex	o West	CETZ			J3/U9	2018		

1198

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) MAY												<u> </u>	III Province
Date of Notification (1)	1				Name	of Building	g Owner/Operator (2	2)	III III MA	Y 1	3 (<u> 20:</u>	-
5/	10 /	19			l	ncy Richa		- 8	42 Chk #5364	700	~ · · · · · · · · · · · · · · · · · · ·	10 and 	
Agencies Notified	Type Notific	ation		44	Street	Address			ASSES	JCEN			}L &
⊠ EPA	☐ Initial	a a								-	nyusaana	indicates a	beliance and an
☑ DOLWD ☑ DHSS	Amender Amendm				City, S	State, Zip C	ode						
DCA	☐ Emerger	_			Bur	lington,	NJ 08505						
(NJAC 5:23-8)	justificati				Name	of Contac			Telephone Numb	er			
	☐ Cancella	tion			Nar	ncy Richa	ardson						
FACILITY INFORMATION													
Name of Facility Where Al		Taking	Place	(3)				Type of Facility ((4)				
Residential Property	/) 3 (Other than K-12)					
Street Address									cial bu	ilding	S,		
	Other (i.e., private and commercial buildings, homes, etc.)												
City (5)								Square Feet	# of Floors		dg. A	ge	
Burlington					1.			+/- 2,000	3		110		
County (6)					Coun	ity Code (7)(STATE USE ONLY)		or if being demolis	ned)			
Burlington	line of her Devil	di 0	/	o> T	10011		[N. 741 .	Residential				_	
Name of Monitoring Firm I Briggs and Associate		aing C	wner (8)	ASCM	No.	Name of Abateme		- 0				
Street Address		-					Street Address	d Mold Service	s, Corp.			_	
3 Crosswicks Street							3859 Sylon B	oulovard					
City, State, Zip Code					-		City, State, Zip Co					_	-
Bordentown, NJ 085	05						Hainesport, N						
Project Manager for Monito				Tele	phone	No	Telephone No.	0 00000	License No.			-	
Doug Ferry	·				9-847		609-702-0400		00862				
Start Date (10)		Sched	uled C		tion Da		Name of OSHA M	onitor	00002			-	-
_ 5 / _ 20 / _	200				/		EMSL Analytical, Inc.						
Occupancy Status During	Abatement (Check	only o	ne)			Street Address					$\overline{}$	
□ Facility Closed/Vacated	d During Enti	ire Per	iod of	Abate	ment		200 U.S. Rout						
Abatement Performed							City, State, Zip Co		_				
Time of Abatement:	AM	PN	··/	_PM-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)						□ Eull Cont	ainmantith Nan	ativa Danasasa				
≥3 sf or ≥3 lf			⊠ Re	novati	on		☐ Mini-Encl		1		1		
≥160 sf or ≥260 lf			☐ De	molitio	n		Glovebag	Procedure	wrap	ş. (\U\2	1	
			le	Locat	ion		☐ Non-Exer	npted (") and Noi	n-Friable Procedur	-	- T		
Location of	of			lorma			Description of	f			ateme		ype
Asbestos-Containing M		/I)		d Sole intena			stos Containing Mai	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	ova	¥.	psu	uso
(13)				(12)		-	other miscellane		o. o ,	-		ilate	e l
			Yes	No	N/A								
Basement					\boxtimes	Ductwo	rk with Asbesto	s Pipe Wrap	30 LF				
Basement					\boxtimes	Ductwo	rk		30 LF				
												Е	
Name of Registered Waste	e Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Waste Management				H	auler II 17273		Waste 5	Grand Cen	tral				
City, State					1/4/3	,	Disposal Date	City, State			_		\dashv
Lafayette, NJ							5/22/19	Penn Argyl	le, PA				
Completed By (Print or Typ	pe)	Title					Signature	-1/1	Dat	e .			-
Kaysi Gruner		0	ffice A	Assis	tant		Van la	18	1	5/1	11	16	
ASB-41						71.72.00	- July V	100	1	111	1		-

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Township of Clinton / Job #1904-2436 Chk. #NA 4 29 ASBESTOS CONTROL & Type Notification Agencies Notified Street Address LICENSING **⊠** EPA ☐ Initial 1225 route 31 South, Suite 411 □ DOLWD M Amended City, State, Zip Code Amendment #1 X DHSS Lebanon, NJ 08833 □ Emergency (including) ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation 908-735-9500 Robert Martucci **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Windy Acres ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 234 East Main Street homes, etc.) Square Feet # of Floors Bldg. Age City (5) Lebanon 2.000 44 year County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential Hunterdon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Road 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Hainesport, NJ 08036 Medford, NJ 08055 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00862 Rebecca Rubnitz 888-715-2211 609-702-0400 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 5 / 15 / 19 5 / 8 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☑ Full-Containment-with Negative Pressure FNCIMME ≥3 sf or ≥3 lf ⊠ Renovation ☐ Mini-Enclosure 9 whap and cut procedu is ☐ Glovebag Procedure ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement 'vpe Normally Location of Description of Repair Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount inabonian Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A X 70 LF X Bathroom Pipe Wrap X П M 150 SF Bathroom П Floor Tile П П П П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste **Grand Central** Waste Management 17273 City, State Disposal Date City, State Penn Argyle, PA Lafayette, NJ Completed By (Print or Type) Title Date Signature

ASB-41 MAY 11

Kaysi Gruner

Office Assistant

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

State of NJ

B & G proj. #:

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

		3						Chec	K# 9287			
Date of Notification	1 (1)	- 11	Name of	Building Ow	ner/Operator (2)		me	CEI	M	[]	
10 15 1/11 10	1/1191			22.00	Towers West	50	ners. Inc.			A F	7///	
Agencies Notified	Type Notifica	ation	Street Add								111 111	
∐ EPA	☐ Initial		555 N	orth Aven	ue				MAY 13	2019	U	
☐ DEP	7	- 11	City, State	e, Zip Code		-					1	
X DOL	Amen	dment		ee, NJ 07	024			ASR	ESTOS CO	MTDOL	lary.	
⋉ DOH		11	Name of C	Contact		- 160- 14			ne Number"			
☐ DCA	☐ Cance	llation	Larry	Stitham						CHEST CORPORATION AND AND AND	Annesses, as	
			Larry						944-7791			
				FAC	ILITY INFORM	ATIO	N				122	
Name of facility wh	nere abatement	is taking p	place (3)					Type of Facility	(4) ol (K - 12)			
Mediterranear	n Towers (N	ON Sub	8)						th V	21		
Street Address									hapter 8 (Other (Private/Com		2)	
555 North Ave	enue								./Homes, etc.			
Cib. (E)		LCo	unty (6)					Square Feet	# of Floors	Blo	. Age	
City (5)		100	arity (O)				unty Code (7) ate use only)	Current Use (F	Dries if bains			
Fort Lee							ato doc omy)	iemolisne	ľ			
Annual designation of the second seco	•		ner (8)		ASCM No.	7	Name of Abatement C	apartment bontractor (9)	rananig			
Sky Environn							B & G Restoration	on, Inc.				
Street Address	ky Environmental Services Inc.						Street Address					
140 Blvd.							105 Ryerson Ro	oad			-	
City, State, Zip Code Mountain Lak		16					City, State, Zip Code					
The state of the s						_	Lincoln Park, N	NJ 07035				
Project Manager for	-000-100-00-00-00-00-00-00-00-00-00-00-0	n		Phone Numb			Telephone Number (973)696-6869	ì	License Nu 0037			
Leonid Shere	Prince College W. P.			973-588-4	307-3707/		Name of OSHA Monito			0		
Scheduled Start Dat	e (10)			tion Date (1	1)	B & G Restoration						
05/23/2019		05/	24/2019		N							
Occupancy Status D												
Facility closed	/vacated during rformed outside						City, State, Zip Code	- Shiling to Source				
Describe:		Ornoma	racinty no			_	Lincoln Park, No	1.07025				
Other-Describ						-	Lincoll Falk, No	101033				
Scope of Work (che			272					620				
	X					_	full Containment w/nega	ative pressure	Glovebag			
> <u>3</u> sf or > <u>3</u> If	×						Mini-enclosure		Non-friab		e	
Location of asbestos-cont	aining		enance/cu	y used solely istodial				Amount	· e	R	E	
material to be		staff(12)			material (A		sbestos-containing	(Specify S	SF or o	1 - 1	n	
abated in facil	ity (13)	Yes	No	N/A				LF)	v	i	L	
athroom apt#'s 8	3S & 25E		X		asbestos p	onco	orn ceiling	40 saft p	er bath	alfil	TIT	
iving Room apt#	THE RESERVE TO SHARE THE PARTY OF THE PARTY		×		asbestos p			8 sqft	Z Z		ili	
						26						
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] 🗆	
Registered Waste Ha B & G Restoration	EP Hauler 19563	ID# C	Cubic Yards of Waste Name of Registered Landfill 3 Grand Central Landfill									
City, State Disposal C Lincoln Park, NJ 05/2					Date City, State Pen Argyl, PA							
Completed by (Print or Type) Title Sign					Signature				Date			
Gordana Luna	ry/Treas	urer	Gordana Suna 05/10/2019				019					

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

B & G proj. #: 2019-10	5	(Pursuar	nt to NJAC	3:60-	7 and 12:120-7)	22	Check	#Coi	15	1/2	[y
Date of Notification (1) 0 5 / 0 9 / 1 9 Agencies Notified Type Notified		FAA Will	iam J. H	er/Operator (2 ughes Tecl	9	l Center		EC		\mathbb{V}_{-}	1	5
EPA Initia	. `	Street Addres Building	305	•				.l MA	Y 13 2	019	Manage Ma	川
= _	idment [City, State, Z Atlantic		rnational A	irport	t, New Jersey 08	405	ASBES	TOS CONT	ROL		San San San San San San San San San San
DOH Canc	ellation	lame of Con Nicholas		nt .	-			Telephon	e-Number C		abor to	
				LITY INFORM	ATIO	N		009-40	35-6937		=	
Name of facility where abatemer	it is taking pl	ace (3)					Туре	of Facility (4)			
William J. Hughes FAA 7	echnical (Center (BI	dg. B-22	21)				Schoo	I (K - 12) apter 8 (Othe	er tha	K-12)	
Street Address Atlantic City Internationa	l Airport							Bldgs./	Private/Com Homes, etc.			
City (5)	Cou	nty (6)			Co	unty Code (7)	Squa	re Feet	# of Floors		3ldg. /	Age
Atlantic City Int. Airport	Atl	antic			(St	ate use only)	100000000000000000000000000000000000000	ent Use (P	rior if being o	iemol	ned)	
Name of Monitoring Firm Hired b	80 180	er (8)		ASCM No.	1	Name of Abatemer			H-1/C		-	
Health and Safety Servi	ces, Inc.			n/a		B & G Restora	ation, Ind	D				
PO Box 365						105 Ryerson	Road					
City, State, Zip Code Berlin, NJ 08009						City, State, Zip Cod Lincoln Park		35				
Project Manager for Monitoring Fi	rm	Pho	one Numb	er	-	Telephone Number			License Nu		_	
James Proctor			6-452-13			(973)696-68 Name of OSHA Mo			0037	78	_	
Scheduled Start Date (10) 05/23/19		i. Completio 07/19	n Date (11	1)		B & G Restor		D				
Occupancy Status During Abatem	ent (Check o	only one)			-	Street Address 105 Ryerson	Road					
Facility closed/vacated during Abatement performed outsi						City, State, Zip Cod						
Describe:					_	Lincoln Park,	NJ 0703	35			y	
Scope of Work (check all that ap					1.4	Controlled Demolition						-1-1-
□ >3 sf or >3 lf	Renovation >160 sf or				_	Full Containment w/n Mini-enclosure	egative pr	essure [☐ Glovebag Non-friab			
Location of	Is locatio	n normally u		1					T	र ।	TE	1
asbestos-containing material to be abated in facility (13)	by mainte staff(12) Yes	No No	N/A	Descripti material		asbestos-containing		Amount (Specify S LF)		/ i	n c a p	n c L
Entire Structure			×			mo/Wet Methods		20 cv of		वा	垣	
				Line Dum	oster	with 6 mil poly	r	on-friabl	e acm	╬	#	
										詍	恺	古
Pogietored Weste Haules					1/1-][垣	
Registered Waste Hauler Site Enterprises, Inc.		EP Hauler II 0035220		ubic Yards of 120	vaste	Name of Registere	ed Landfill					
City, State Egg Harbor Township			Disposal D 05/23	ate 3/19 - 06/07	/19	City, State Egg Harbor T	ownship					× 5
Completed by (Print or Type) Gordana Luna	Title Secreta	ry/Treasu	rer	Signature		Gordana Luna			Date 05/09/2	2019		

State of N.I. Notification of Asbestos Abatement 2019-105 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proi. #: Check # Date of Notification (1) Name of Building Owner/Operator (2) 1<u>0 |5 |/|0 |9 |/|1 |9 |</u> FAA William J. Hughes Technical Center Street Address X EPA X Initial Building 305 DEP MAY City, State, Zip Code DOL Amendment Atlantic City International Airport, New Jersey 08405 X DOH Telephone Number Cancellation DCA Nicholas Largent 609-485-6937 FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) William J. Hughes FAA Technical Center - Bldg. B-16 School (K - 12) Subchapter 8 (Other th: K-12) Street Address Other (Private/Commercal Atlantic City International Airport Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Atlantic City Int. Airport Current Use (Prior if being demo Atlantic Name of Monitoring Firm Hired by Bldg. Owner (8) abandoned ASCM No. Name of Abatement Contractor (9) Health and Safety Services, Inc. n/a B & G Restoration, Inc. Street Address Street Address PO Box 365 105 Ryerson Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Numbe James Proctor (973)696-6869 856-452-1311 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 05/23/19 06/07/19 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) Controlled Demolition × Demolition Renovation Full Containment w/negative pressure Glovebag proce ure >3 sf or >3 If × ≥160 sf or ≥260 lf Mini-enclosure Non-friable pro dure Is location normally used solely Location of by maintenance/custodial E asbestos-containing E e e Description of asbestos-containing staff(12) Amount n material to be m n material (ACM) (Specify SF or p C abated in facility (13) 0 Yes a No N/A LF) a V p Entire Structure Controlled Demo/Wet Methods 480 cv of X

Line Dumpster with 6 mil poly non-friable acm Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Site Enterprises, Inc. 0035220 480 ACUA City, State Disposal Date City, State Egg Harbor Township 05/23/19 - 06/07/19 Egg Harbor Township Completed by (Print or Type) Signature Ciordana Luna Gordana Luna Secretary/Treasurer 05/09/2019

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

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Check #	LUIT	/ 1

B & G proj. #:	2019-105	-/	(Pursuant	to NJAC 8: nange in lar	:60-7 ai	nd 12:120-7) nauler		Check #	Cour	7	71	/ _	-
Date of Notification			f Building Owne William J. Hu			enter		NEG	EIV		1		TO THE PARTY OF TH
Agencies Notified	Type Notification	Street A		291100 10011				力			-		Π
EPA DEP	Initial	Build	ding 305					MAN AND AND AND AND AND AND AND AND AND A	/ 10 20	10	- Landson - Color		-
₩ DOL	★ Amendmen	t Atla		rnational Ai	rport, N	lew Jersey 084	05	Talenhara N	Number ON I	110			-
DOH DCA	☐ Cancellatio	n	f Contact holas Largen	t		1-20/22		609-485-	JCENSING	epartition.	in the l	50H III I	
				LITY INFORM	IATION					2000			
5.5.416	here abatement is ta	king place (3)					Туре	of Facility (4)	W 12\				
	ghes FAA Tech		-	50				Subchap	ter 8 (Other ti		-12)		
Street Address Atlantic City	International Air	port					Squ	Bldgs./H	omes, etc.	П	ig. /	Age	_
City (5)		County (6))			ty Code (7) e use only)	Cur	rent Use (Pric	or if being den	nolis	<u></u> ∋d)		=
Atlantic City		Atlantic				Name of Abateme		andoned ctor (9)		_	_		=
Name of Monitor	ing Firm Hired by Blo	ig. Owner (8)		ASCM No. n/a		B & G Restor							
	Safety Services	, inc.		11/a		Street Address	ation, n	10.			_		
Street Address PO Box 36	5					105 Ryerson				_			
City, State, Zip Co	ode					City, State, Zip Coo Lincoln Par		7035					
Berlin, NJ			Phone Num	her		Telephone Number	2000		License Num		_		
Project Manager	for Monitoring Firm		856-452-1			(973)696-6	869		00378	=	_		_
Scheduled Start I		Sched. Co	mpletion Date (11)		Name of OSHA M B & G Resto		inc.				201	= 0.0
5-20-19		6-7-19				Street Address							
Occupancy Statu	s During Abatement	(Check only	one)			105 Ryersor				_	_		_
Facility do	sed/vacated during e performed outside of	entire period o	f abatement.			City, State, Zip Co		035				- 17	
Other-Des	cribe:				<u> </u>	wrap & cut						- 11-4	
▼ Demolition	_	Renovation	20.16		X	Full Containment w Mini-enclosure	//negative		Glovebag Non-friable				
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material to	containing be	by maintenal staff(12)	nce/custodial	Descri	iption of a	asbestos-containin	g	Amount (Specify S LF)	n	n		cap	ncL
abated in	facility (13)	Yes	No N/A						e	+	+	\Box	T
See attach	ed list.			4						計	計		Ī
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Registered Was Site Enterpr	te Hauler rises, Inc.	NJDEP 00	Hauler ID# 35220	Cubic Yards 40	of Waste	Name of Regis ACUA City, State	tered Lar	ndfill					
City, State Egg Harbo	r Township, NJ		Dispos	al Date 6-7-19		Egg Harbo	r Towns	ship, NJ		_	_	v	_
Completed by Gordana L	(Print or Type)	Title Secretary	/Treasurer	Signature Cundama Suma 05/10						201	_		_

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

2019-105 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/10 16 1/11 19 1 FAA William J. Hughes Technical Center Type Notification Agencies Notified Street Address K EPA Building 305 X Initial T DEP City, State, Zip Code ASSESTOS CONTROL Atlantic City International Airport, New Jersey 08405 Amendment LICENSING X DOL Telephone Number Name of Contact X DOH Cancellation 609-485-6937 Nicholas Largent ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) William J. Hughes FAA Technical Center - Bldg. B-150 Subchapter 8 (Other than .12) Other (Private/Commercia Street Address Bldgs./Homes, etc. Atlantic City International Airport I ig. Age Square Feet # of Floors County Code (7) County (6) City (5) Current Use (Prior if being demolis 3d) (State use only) Atlantic abandoned Atlantic City Int. Airport Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Health and Safety Services, Inc. n/a Street Address Street Address 105 Ryerson Road PO Box 365 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Berlin, NJ 08009 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 856-452-1311 James Proctor Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 6-7-19 Street Address 5-20-19 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag proc jure Full Containment w/negative pressure Renovation × Demolition Non-friable pro edure X Mini-enclosure × >160 sf or ≥260 lf >3 sf or >3 if E Is location normally used solely п Location of by maintenance/custodial Amount n m Description of asbestos-containing C asbestos-containing (Specify SF or C staff(12) 0 material (ACM) а material to be L v D abated in facility (13) N/A Yes No See attached list. Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Grand Central Landfill B & G Restoration, Inc. 19563 Disposal Date City, State City, State Pen Argyl, PA 6-7-19 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna Title 05/06/2019 Secretary/Treasurer Gordana Luna

Re:

One page attachment to 14 day initial notification dated

05/06/2019 for asbestos removal at:

William J. Hughes FAA Technical Center

Building B-150

*** INITIAL:

ASBESTOS CONTROL A Atlantic City International Airport, NJ 08405 Start Date: May 20, 2019 ***

MAY 13 2019

LICENSING

The following materials shall be abated: Remove Repair Amount Is location Description of Location of (LF or SF) ACM asbestosnormally used solely containing material to by be abated in maintenance / custodial facility staff X Floor tile 3,076 sf 1st & 2nd floor n/a 100 sf X Black Mastic 1st floor n/a on fiberglass duct insulation X 645 lf Pipe insulation Throughout n/a & fittings Duct insulation 300 sf X Room 203 n/a 1,800 sf X Roof Duct tar n/a 160 sf X Transite peg Control tower n/a board X 2,800 sf Roofing and Roof n/a flashing Floor tile X 20 sf Rear entrance n/a X Window 1,620 lf Exterior n/a glazing Transite wall 100 sf X Room 100 n/a panels 450 sf X Wall plaster 3rd floor n/a telephone equipment room Floor tile and 240 sf X 4th floor heater n/a room mastic Pipe insulation 140 lf X Boiler Room n/a X 50 sf Tank Boiler Room n/a insulation X 16 sf End caps Boiler Room n/a X 50 lf Gaskets Boiler Room n/a

State of NJ Notification of Asbestos Abatement

Check # 9286

B & G proj. #:

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

Date of Notification (1)	I I Name of	Building Own	er/Operator (2)			Im	E C	E	V		
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Agencies Notified Type Notification	Olicel A					The second secon	MA	y 13	201	9	
☐ DEP Initial		Madison Av	enue			Irol Iquit 1			-01		
X DOL Amendme	7 1	te, Zip Code istown, NJ (07960			A	SBES	TOS CO	NTR	OL I	
₩ DOH	Name of					1		ICENOR		This series	SECOND TO THE SE
DCA Cancellation	n Pete	r Palmer				(0	73)97	1-4194			
			ILITY INFORM	ATION	l		10)01	1 4101		_	
Name of facility where abatement is to	aking place (3)					Type of Fa	cility (4)			
Morristown Medical Center /	30						School	(K - 12)	41	V	2)
Street Address								pter 8 (Ot Private/Co			2)
100 Madison Avenue					11		Bldgs./H	lomes, etc). 		j. Age
City (5)	County (6)			Cou	nty Code (7)	oquale i e	"	- 01 1 10013			,. r.go
Morristown	Morris			(Sta	te use only)	Current U Hospita			dem	olish)
Name of Monitoring Firm Hired by Blo	lg. Owner (8)		ASCM No.	T	Name of Abatement Co						
T&M Associates			0145		B & G Restoratio	n, Inc.					
Street Address					Street Address 105 Ryerson Ro	ad					
11 Tindall Road City, State, Zip Code				_	City, State, Zip Code	du			_		
Middletown, NJ 07748					Lincoln Park, N	J 07035					
Project Manager for Monitoring Firm		Phone Numb			Telephone Number (973)696-6869		T	License N		er	
Kevin Burns		732-676-4			Name of OSHA Monito	r			010	_	
Scheduled Start Date (10)		letion Date (1	1)		B & G Restoration						16
05/21/2019	08/30/19				Street Address						
Occupancy Status During Abatement (Facility closed/vacated during er) 5				105 Ryerson Ros	ad ————					
Abatement performed outside of	[12] 전에 시마스(10) 이번 10) (10) 전에 보고 있는데 10 (10) 전에 10 (10) 전에 10 (10) 전에 10 (10) 전에 10 (10) 전에 10 (10) 전에 10 (10)				City, State, Zip Code						
Describe: Work shift 3:	30 pm - 12:0	00 am		=	LincolnPark, NJ	07035					
Scope of Work (check all that apply)											
	enovation				ull Containment w/nega	tive pressu	ire 🗶	Gloveba	1075000		
	60 sf or ≥260 lf		7	X	Mini-enclosure			Non-fria	R	R	ire
ashestos-containing b	s location normally maintenance			nn of a	sbestos-containing	Amo	ount	**	e m	e	E E
material to be abated in facility (13)	taff(12)	T	material (obostoo oomaning	(Spe	ecify SF	or	0	a	c c
	Yes No								v e	<u></u>	p
Kitchen freezer rooms Kitchen freezer rooms		X	small & lar	rge p	ipe insulation	40 lf	ttings		X	부	414
Nitchen freezer fooms		X	1			30 11	turigs		X	屵	러뷰
											司首
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hau 19563		Cubic Yards of V 4	Naste	Name of Registered L Tullytown R		& Red	covery (Cent	er	
City, State Lincoln Park, NJ	Date /19 - 08/30/	City, State									
Completed by (Print or Type) Gordana Luna	Signature					9					

State of NJ Notification of Asbestos Abatement

2019-110 PATT (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9285 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/11 10 1/11 19 1 Lancey Clough Agencies Notified Street Address 1 3 2019 EPA X Initial DEP City, State, Zip Code ASBESTOS CONTROL & X DOL Amendment Maplewood, NJ 07040 Telephone Number Name of Contact X DOH Cancellation Lancey Clough ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K- 2) Lancey Clough Other (Private/Commercial Street Address Bldgs./Homes, etc. Bk . Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolishe) (State use only) Maplewood, NJ 07040 Essex residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/23/2019 05/22/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code X Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: 7 wrap & cut Scope of Work (check all that apply) ✓ Glovebag procec re Full Containment w/negative pressure **X** Renovation Demolition Non-friable proc lure Mini-enclosure 7 >160 sf or ≥260 lf E Is location normally used solely E е е n Location of by maintenance/custodial Amount n m Description of asbestos-containing p C asbestos-containing (Specify SF or staff(12) C 0 material (ACM) a material to be p abated in facility (13) N/A Yes No e X pipe insulation / contaminated 85 lf basement fiberglass Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Grand Central Landfill 19563 B & G Restoration, Inc. Disposal Date City, State City, State Pen Argyl, PA 05/23/2019 Lincoln Park, NJ Signature Date

Ciordana Luna

05/10/2019

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) **Butler Plaza Partnership LLC** 5 09 / 19 Type Notification Agencies Notified Street Address ☐ Initial ☐ EPA 2 Ethel Rd. Suite 205A ASSESTOS CONTROL **⊠** DOLWD City, State, Zip Code LICENSING Amendment #1 ☑ DHSS Edison, NJ 08818 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation (732) 248-8200 ext. 115 Mr. Joe Bijou FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Butler Plaza (Burger King) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1501-1506 Route 23 homes, etc.) Bldg. Age Square Feet # of Floors City (5) 1 59 4,000 Butler County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Vacant Morris ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) SAI Environmental Services, LLC N/A Street Address Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01349 (973) 852-3444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 05 / 06 / 19 05 / 17 / 19 SAI Environmental Services, LLC Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/____PM-___ Fairfield, NJ 07004 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure □ Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement ype Normally Description of Location of Repair Remova Elicabsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A **Roof Materials** 4.000 SF \boxtimes X Roof NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Waste Hauler ID No. Minerva Landfill Service Transport Group, Inc. SW2117 80 City, State Disposal Date City, State Various Waynesburgh, OH Yardley, PA Date Completed By (Print or Type) Title Signature 5/9/2019 Mary Petrovski Manager

State of New Jersey

ASB-41 MAY 11

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

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(K-12 apter (i.e., p s, etc.)	(4) 2) 3 (Ottrivate # ior if	her te and of F	han d cor	K-mm	12)	oo e	ouild Bldg 59	ling	gs	-			

Date of Notification (1)	40				g Owner/Operator (2.14	MAY	133	019	- 世
			B	utler Plaza	a Partnership LL	C	Egori I			
Agencies Notified Type Notifica	ation		Stre	et Address		Photograf (1)	ASBEST	ZIE DON	TEAN	R
☐ EPA ☐ Initial			2	Ethel Rd.	Suite 205A			CENSIN		(G
☑ DOLWD ☐ Amended ☑ DHSS Amended			City,	State, Zip (Code	To the	The same of the sa	The second secon	et manufest and a	-
□ DCA □ Emergen		ina	E	dison, NJ	08818					
(NJAC 5:23-8) justification		9	Nam	e of Contac	ot .		Telephone N	umber		
☐ Cancellat	ion		M	r. Joe Bijo	ou .		(732) 248	-8200 ex	t. 115	
			F	ACILITY IN	NFORMATION					
Name of Facility Where Abatement is 7	aking Pla	ce (3)				Type of Facility	(4)			
Butler Plaza (Burger King)						School (K-12	2)			
Street Address						Subchapter 8				
1501-1506 Route 23						Other (i.e., property)		merciai bu	lidings	,
City (5)						Square Feet	# of Floors	Ble	dg. Ag	
Butler						4,000	1		59	
County (6)		1171	Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pri		- 4		-
Morris				and code (, , (0 , , , , , , , , , , , , , , , , ,	Vacant	ior ii boing com	ionorioa)		
Name of Monitoring Firm Hired by Build	ling Owne	or (8)	LASCI	M No.	Name of Abatem	ent Contractor (9)	Ţ			
N/A	ang Owne	51 (0)	ASCI	VI INO.	The second secon	nental Services				
Street Address						nental Service:	S, LLC			
Street Address					Street Address	Danid C 40				
0: 0: 7: 0 1						Road, Suite 10	2			
City, State, Zip Code					City, State, Zip C					
					Fairfield, NJ	07004				
Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.	2020	License No.			
					(973) 852-344		01349			_
1 2 3	Scheduled	100		8 50	Name of OSHA N					
05 /06 /19	05	<i>'</i>	10/	19	SAI Environr	nental Services	s, LLC			
Occupancy Status During Abatement (Check onl	y one)			Street Address					
☐ Facility Closed/Vacated During Entite					277 Fairfield	Road, Suite 10	2			
Abatement Performed Outside of No					City, State, Zip Co	ode				
Time of Abatement:AM	PM/	P	Λ	_AM	Fairfield, NJ	07004				
Scope of Work (Check all that apply)										
□ >3 of or >3 lf		Danau			☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure	1		
≥3 sf or ≥3 lf≥160 sf or >260 lf		Renova Demoli				g Procedure				
			**************************************			empted (*) and No	n-Friable Proce	edure		
		Is Loc						Ab	ateme	nt ype
Location of	. 1	Norm	ally dely by		Description of			Z.	고	п п
Asbestos-Containing Material (ACN TO BE ABATED		Vainter		ASDE	estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	nclo
IN Facility	C		Staff?	, , , , ,	surfacing, VAT	, or	SF or LF)	val	-	Enclosure
(13)	Ye	(12 es No		_	other miscellane	eous)				are
		5 1								- -
Roof				Roof M	laterials		4,000 SF			
			10							
		ᆜ		-						
Name of Registered Waste Hauler				Waste ID No.	Cubic Yards of Waste	Name of Regis				
Service Transport Group, Inc				2117	80	Minerva La	andfill			
City, State		-			Disposal Date	City, State				
Yardley, PA					Various	Waynesbu	rgh, OH			
Completed By (Print or Type)	Title				Signature	, AI		Date		
Mary Petrovski	Mana	ager			7/1/	Jul Votan	TAK	4/26	/10	
ASB-41	wichite	-501			1/10	my were		7/20	110	_
MAY 11	* Do r	not use	this for	m for asbes	tos licensure exem	oted activities.				

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

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

Chr # 356°

			**************************************		3.5%	Ofor		Committee Co. St. of M. V.
Date of Notification (1) 5/10/19		of Building Fargo Ba	Owner / Operato	or (2)		MEC	BEIV	2
Agencies Notified Type Notification	Street	Address				2		711
□ EPA	One S	South Bro	ad Street			4		
☐ DEP ☐ Initial	City, S	state & Zip (Code			TII MA	Y 13 2019	look
☐ Amended	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	delphia, P			1 40	e Sent		Insumory
□ DOH □ Emergency		of Contact					Telephone Nui	har
DCA Cancellation		Colton			-	ASSES	1007 224 700	8
	Steve	Colton			1		267-321-780	-
	FAC	CILITY INF	ORMATION				,	
Name of Facility Where Abatement is Taking P			Type of Facili	ity (4)				-
Wells Fargo Little Ferry	· · · · · · · · · · · · · · · · · · ·		School (I					
Street Address					Other than	K 12)		
255 Liberty Street								
255 Liberty Street							ngs, homes, etc	
01/ (5)			Square Feet	1	# of Floors	5	Bldg. Age	
City (5) County (6)	County C	ode (7)	2500			2	45+	
Little Ferry Bergen	Ì		Current Use ((Prior if	being den	nolished)		
9.77			Bank					
Name of Monitoring Firm Hired by Building Owr	ner (8)	ASCM No	. Name of Aba	tement	Contracto	r (Q)		
Environmental Connection	(5)		Bristol Env					
Street Address			Street Address		ontai, IIIC			
120 North Warren Street								
City, State & Zip Code			1123 Beave		2.74			
			City, State &		ie			
Trenton, NJ 08010	I= : :		Bristol, PA					
Project Manager for Monitoring Firm	Telephone		Telephone Nu			License	Number	
Rollie Jones	609-392-4		(215) 788-60	-		00509		
Scheduled Start Date (10) Scheduled Cor	npletion Date	e (11)	Name of OSF	HA Mon	itor	-111602		
5/21/19	5/22/19		Bristol Envi	ironme	ental Inc.	G		
Occupancy Status During Abatement (Check or	nly one)		Street Addres	ss				13-85-111-1
Facility Closed/Vacated During Entire P	eriod of Aba	tement	1123 Beave	r Stree	et			
Abatement Performed Outside of Norma	al Hours - 7	am to 3pm						
Describe: 5:00 PM to 1:00 AM			Bristol, PA		10.50k			
Facility Occupied During Abatement			Briotoi, i A	10001				
Scope of Work (Check all that apply)		·						
coope or train (or ook an anat apply)					Full Conta	inment with	Negative Pressi	
≥3 sf or ≥3 lf	⊠ Reno	ovation		1 200	Mini-Enclo		ivegative Fressi	-
□ ≥160 sf ≥260 lf		olition				(전)(전)(전)(조)		
= 100 SI = 200 II	☐ Dem	Olltion				Procedures		
l sestion of	1 1 0				Non-Exem		n-Friable Proce	
Location of	Is Location		Description			Amount	Abatemen	Гуре
Asbestos-Containing Material (ACM)	Normally U		Asbestos-Cont			(Specify		
TO BE ABATED	Solely b		Material (AC			SF or LF)	2 _	ᄪ
in Facility	Custodial S	ST 533	(i.e., thermal sy insulation, surfac		_		Repair	Enclsoure
(13)	(12)	taii!	or other miscella				ova	. 2
(10)		N/A	or other miscens	arieous,	,		m	6
0.00								1
Offices			Caulking	g		60 LF		
	ПП	П						T
	FIFT	Ħ						+#
	 	H						++
Name of Registered Waste Hauler		L L	Cubic Yards	NI	of David	d 1 100		
Traine of Registered Waste Fidules	The second secon	ller ID No.	of Waste	Ivame	ui Kegiste	ered Landfill		
Sarvica Transport Inc			[[[[[[]]]]] [[]] [[]] []	80:				
Service Transport Inc.	209	30	21 Cu Yd		va Land	[]]]		
City, State		Disposal Date	City, S					
New Castle, DE		5/22/19	Wayn	esburg,	ОН			
Completed By (Print or Type)	Title	;	Signature	100			Date	
Gino Pizzigoni	Pro						5/10/19	
	The second secon	nager	JUMO 1	My	Mole	14/1	0.10/10	

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CK 2117 PAI	D'		CATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE) []	CE		\mathbb{V}	Prii G	Form
Date of Notification (1) 5/10/19				f Building Owr	ner/Operator	(2)			MAY	13 2	019		力
Agencies Notified Type Notification FPA DEP Amended Amendment			Street A		4		andre Addition of a second	ASE	BESTO: LICE	S COK		8	
DOH Emergency (justification) Cancellation	including	100		f Contact Cavrell				Tele	phone N	umber			
Hame of Facility Where Abatement is Taking	n Place (3	3)	FAC	LITY INFORM	NOITAN	Type	e of Facility (4	1)		109353112			
Residential Home	9 1 1000 (0	·/				П	School (K-1)	90.000 90.000					
Street Address						×	Subchapter Other (i.e. p etc.)	8 (Other	r than K- commer	12) cial bui	dings,	home	
City (5) Closter						Squa 350	are Feet	# of l	Floors		31dg. <i>A</i> 35 +/-		
County (6) Bergen		- 1		Code (7) USE ONLY) _		Res	ent Use (Prio sidential H	ome		shed)			
Name of Monitoring Firm Hired by Building (Project Manager	Owner (8)		ASCN	/I No.	677500 7700		atement Con s Abateme		9)				
Street Address						N. M	idland Ave	١.					
City, State, Zip Code							Zip Code rook, NJ 0	7663					
Project Manager for Monitoring Firm		-	Telepho	ne No.	Teleph 201-				License 01305	No.			
Start Date (10) 5/22/19	5/25/19	9	pletion	Date (11)	Name	of OS	HA Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8A.M to 4 P.M	Period of A al Facility	Abatem Hours	ent		City, S	tate, Z	Zip Code						-
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Renovat Demoliti			×	Mi	ull Containme ni-Enclosure ovebag Proc on-Exempted	edure				P	
Location of		Location			Description			(/ 4.14			Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenan todial S (12)	ice/	(i.e. ther	Containing Mormal systems surfacing, VA her miscellar	Materia s insul T, or	ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	3
I William Danier	Yes	No X	N/A		Delle			- 40	05	1		ite	-
Utility Room	Utility Room				Boiler			12	SF	×			-
Name of Registered Waste Hauler		N	JDEP W	/aste C	ubic Yards		Name of F	Renister	ed Landf	ill			_
All Stages Abatement		Ha	auler ID 36592	No. of 2	Waste yd		Grand 0	Central			ndfill		
City, State Saddle Brook, NJ					isposal Date BD		City, State Pen Arg						
Completed by Richard Cristofol	Title Presi	ident			Signature	/h		1		Date 5/10/1	9		

TOTAL A MARKETINE	State
VIII PAIII	NOTIFICATION OF
1/2/1055	(Pursuant to

In.	E	G	E		\mathbb{V}		-
		MAY	1	3	2019	Ab Kontroll Co. As an an annual Co.	

									' 111	LI MAY	13	20	119		11
Date of Notification (1)	Selfate				Name of Building Owner/Operator (2)										- 70
05/	08 /	19			Divi	sion of P	rope	rty Manage	ment & Const	ruction	0.00	- North State			
Agencies Notified EPA	Type Notificat ☐ Initial	ion				Address	troo	t, 3rd Flr.	-dtions.	ASBESTO LIC	ENSI	NG	ROL	- GL	
⊠ DOLWD	☐ Amended			-		tate, Zip Ci		t, ord i ii.						_	
☑ DOH	Amendme	nt #			855	iton, NJ (0							
□ DCA	⊠ Emergenc		luding	-	0.000	of Contact	1500000000	0		Tolonhana Ni	mhor				
(NJAC 5:23-8)	justification Cancellation					Ferrera				Telephone Number 609-292-1717					
	L Caricellatio)[]								609-292-1	/1/				
				727	FACILITY INFORMATION										
Name of Facility Where	Abatement is Ta	aking	Place	(3)	Type of Facility (4)										
Residential					☐ School (K-12) ☐ Subchapter 8 (Other than K-12)										
Street Address					☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,										
									homes, etc.)						
City (5)									Square Feet	# of Floors		Bld	g. Ag	е	
South River					,										
County (6)								E USE ONLY)	Current Use (Pr	ior if being dem	olished	i)			
Middlesex	Iddlesex ne of Monitoring Firm Hired by Building Owner (8)														_
Maria - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ng O	wner (B) /	ASCM I	No.			nt Contractor (9)						
Mark Jovic Consul	ting LLC						- 00		NAGEMENT L	LC					
Street Address								et Address							
87 Main Street, Sui	te A							Outwater L							
City, State, Zip Code							City, State, Zip Code								
Lincoln Park, NJ 07	District Control						10000	arfield, NJ	07026						
Project Manager for Mon	itoring Firm				phone I	100000		phone No.		License No.					
Mark Jovic				1	3-650-			3-928-4888		1188					
Start Date (10)				(50)	tion Dat	66 84 9									
					_ / _	19	Al	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate	(55)														
Abatement Performed Tirne of Abatement: _					AM Only, State, 21p SSSS										
			"			uvi	G	arfield, NJ	07026						
Scope of Work (Check a	Il that apply)							M Full Cont	ainment with Ne	native Pressure					
≥3 sf or ≥3 lf			Re	novati											
≥160 sf or ≥260 lf			□ De	molitic	n			Glovebag		- F: II - B					
		_	la	Lacat	ion			Non-Exe	mpted (*) and No	n-Friable Proce	edure				- 4
Location	of		5	Locat Iorma				Description o	f		-		-	ent Ty	-
Asbestos-Containing				d Sole		Asbes	stos (Containing Ma		Amount		Rer	Repair	Enc	3
TO BE AB			5900000	intena odial	nce/ Staff?	(i.e.		mal systems i		(Specify SF or LF)		Removal	air	aps	Tankan in
(13)	ity			(12)			oth	urfacing, VAT, er miscellane	ous)	SF OF LF)		<u>a</u>		Encapsulate	3
(3-7)			Yes	No	N/A									Э	
1st and 2nd Floor- Th	roughout					Ceiling	and	Wall Plaste	r	3,660 SF					
1st Floor- Mechanica	al Room					Cement	Воа	ard Flooring	1	36 SF	-				
Exterior						Roof Fl	ashi	ng		115 SF]
Exterior						Black F	lat R	loof		320 SF	\neg	\boxtimes]
Name of Registered Waste Hauler						Vaste	Cub	ic Yards of	Name of Regi	stered Landfill					-
Century Waste / Newark Carting						O No.	Was	73.96		th Landfill / Fa al Sanitary Lar		Lan	dfill		
City, State						7 / 0283		s Needed oosal Date	City, State	a. Juintary Lai	·				-
Elizabeth, NJ / Newark, NJ								BD		e, PA / Pen A	rgvi.	PA			
Completed By (Print or Type) Title Signature							Date					_			
Allen Monchik	ype)	100000		Man	2005			·	701 1	/					
Allen Wollchik		۲	roject	wan	ager			Allen	Monchi	e	5/8/	19			p (2003)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-

MAY 1 3 2019

CONTINUATION SHEET Abatement Type STGS CONTROL 18 Armstrong Ave, South River, NJ

								CENSI	NG .
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No.	s Locat rmally Solely tenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	Encapsul	E n c l o s u r e
	Yes	No	N/A						
Exterior			Х	Gray Flat Roof	750 SF	Х			
	-	_							
	_	_	_						
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	_		-				-		
	-		-						
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				100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm					
								Design of the last	
				-1411					

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	5/8/19

	E C	E			
	MAY	1 3	2019	The second second	- Company
ruction					

CKILOSEP	AJUD	Î	NOTI					TOS ABAT :60 and 5:16		K				-	
Date of Notification (1)					Name	of Building	OW	ner/Operator (2	2)	II III MA	AY I	3	201	9	- 1
	08 / _	19				The state of the s								_	ь
Agencies Notified	Type Notifica	ition			Street	Address			1	ASBLE	51OS (101	VIII	OL	<u>-</u>
	☐ Initial				20 \	N. State	Stre	et, 3rd Fir.	1		LICEN	SIA	IG	W.A. (1964)	
					City, S	state, Zip C	ode					-cilie-			= =
275	55	-	ludina		Tre	nton, NJ	086	08							
			auding		Name	of Contact				Telephone N	umber		_		-
,					Ric										
					1 1000 CONTROL OF THE PROPERTY										
Name of Facility Where A	batement is T	aking	Place	(3)											
Residential					N=20										
Street Address									☐ Subchapter 8	(Other than K					
											nercial l	build	dings		
City (5)					-						11	Sldc	Δα	Δ.	
South River									oquare i cor	# 01110013		Jiug	, ng		
County (6)					Coun	ty Code (7	(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)				
Middlesex								,			, , , , , , , , , , , , , , , , , , , ,				
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
Mark Jovic Consult	ing LLC					340000									
Street Address												_	-		+ =
87 Main Street, Suit	e A						2	7 Outwater I	Lane						
City, State, Zip Code					City, State, Zip Code										
Lincoln Park, NJ 07	035														
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No.					7 7
Mark Jovic				97	3-650	-0932	9	73-928-4888		1188					
Start Date (10)	S	chedu	iled C	omple	etion Date (11) Name of OSHA Monitor										
05/09/	19	_ 06	5_ /	28	_ / _	19	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address							
							2	7 Outwater I	_ane						
Abatement Performed	Outside of No	rmal F	acility	Hour	irs - Describe City State Zin Code									_	1 7
I ime of Abatement: _	AM	PM	/	_PM-		AM	10								
Scope of Work (Check all	that apply)			1111111111				1003							
□ >3 sf or >3 lf		-	Про	novoti	on					gative Pressure					
≥160 sf or ≥260 lf															
			2000	2000				Non-Exe Non-Exe	mpted (*) and No	n-Friable Proce	edure				an sa
2 70			4000		25000						A	Abat	eme	nt Ty	/p
		,				Acho	otoo				Z	,	Z	ш	
		'									l mo		epai	ncar	
	ty		Cust		Staff?		S	surfacing, VAT,	or	SF or LF)	Val		7	lusc	
(13)		Ī	Yes		N/A		oti	ner miscellane	ous)					ate	
1st Floor- Rear Foyer					-	VAT / M	asti	ic		65 SF	D.	7	\exists	П	ī -
1st Floor- Kitchen				П		Sink Un	der	coating				-		П	i -
2 nd Floor- Bedroom			100	П					arpet)			-	H	П	i
2 nd Floor- Hallway		-		П								-			i
Name of Registered Was			1,000												
	Century Waste / Newark Carting Hauler ID No. Waste GROWS North Landfill / Fairless Landfill /														
Agencies Notified Type Notification B EPA Initial DOLWD Amended Amendment & ZO W. State Street, 3rd Fir. LiCCNSING DOLWD Amended Amendment & ZO W. State Street, 3rd Fir. LiCCNSING DOLWD															
City, State Disposal Date City, State															
Completed D. (District T.)															
	1.00.7030	Pr	oject	Man	ager	1111 711 111									
ASB-41		•				-	Arcun	monun		2/8/1	9			4 4	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION



				12:120-7) CONTINUATION SHEET		are james	tions family	*******	0 2	UIJ
				47 August St, South River, NJ		Abateme	nt Type4	SEAT	TST COL	IAC
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main odi	al Staf	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u	ENSINA E n c I o s u r e	2
	Yes	No	N/A							
Exterior (behind vinyl siding)			Х	Cement Board Siding	1,950 SF	Х				
Exterior			Х	Green Flashing Paper	30 SF	Х				
Exterior (on foundation walls)			Х	Building Caulk	15 LF	Х				
Exterior			Х	Window Glazing	400 LF	X				
9.00	-	_							\vdash	
**************************************	_									
				,						

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	5/8/19

0X (0558 PA)	ID:		FICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE		т			3 (<u> </u>	5
Date of Notification (1) 5/10/19				of Building P Burea				ment			N/	Y-	3	2019	-
Agencies Notified Type Notification EPA Initial			Street A	Address				de: 401-05	R	A	SBES	STOS			8.
DEP Amended Amendment	#			ate, Zip Co		2.					West of				- Constitution
Emergency justification)	**************************************		Name o	of Contact m Bucha					100	lephor					-
DCA Cancellation			1 2000000000000000000000000000000000000	ILITY INF		ON			60)9-61	0-73	93			
Name of Facility Where Abatement is Takin Alexander Cleaners Site PI# 0151	g Place (3 23	3)				25	Тур	e of Facility (4 School (K-12	ē.						
Street Address 137 Broadway							×	Subchapter of Other (i.e. pretc.)	(Oth				ldings	, hom	,
City (5) Hillsdale							Squ 173	are Feet	# o	f Floo	rs	20	3ldg. /	Age	-
County (6) Bergen				Code (7) USE ONLY)		Curi	rent Use (Prio altor office	r if be	ing de clea	molisi ner	ned)			
Name of Monitoring Firm Hired by Building ACER	Owner (8)		ASC	M No.				eatement Cont	ractor	(9)					
Street Address 1012 Industrial Drive						Street 303 F		ess ational Road							
City, State, Zip Code West Berlin, NJ 08091	40 CO CO CO CO CO CO CO CO CO CO CO CO CO							Zip Code A 19341							
Project Manager for Monitoring Firm Matt DePalma			Telepho 856-90	ne No. 05-7703		Teleph				Lice 011	nse N	0.			
Start Date (10) 5/24/19	Schedule 5/26/19		mpletion	Date (11)		Name EMS		SHA Monitor							-
Occupancy Status During Abatement (Chec	127	35				Street									-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abater Hour	ment s			City, S	tate, 2	e 130 Zip Code							
Scope of Work (Check All That Apply)						Cinna	amır	nson, NJ							_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F										
	10000	Locat						SII EXOMPTOG	() () (4 14011	THUD		Abat	ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial (12)	ely by nce/		tos Cont thermal surfac	scription aining M systems sing, VA niscellan	lateria insul T, or		(5	moun Specify or LF	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ate	75
2nd floor North			Х	In	terior V	Vindov	v Ca	ulk	6	0 LF		Х			
1st Floor Entry Foyer			X	Inter	ior Win	dow/D	oor	Caulk	2	4 LF		X			_
		7000													-
Name of Registered Waste Hauler Waste Management	IJDEP W lauler ID		Cubic of Was			Name of R			andfill						
City, State Trenton, NJ					- 22	al Date		City, State Morrisvill							-
Completed by Jack Bally	roject	t Manag	ger	Si	gnature	M	Br. 100.	Date 5/10/19					-		