| CK1105 | PA | ID NO | (Pu | ATION (| e of New OF ASBES NJAC 8: | STOS A :60 and | 12:120 |) | | | 3 (5 (| GEI | \mathbb{V} | E | Ī | |
|---|---|----------------|---------------------------------------|-----------------------|---------------------------------|-----------------------------|----------------|-------------------------|-----------------------------|-------------------------|---------------|---------------------------|--------------|--------------------|--------------|------------|
| Date of Notification (1) 5/10/2019 | | | 0.00 | | Building O anagem | | perator | (2) | | | M | AY 22 | 2019 | | Ш | |
| Agencies Notified | Type Notification | | 31 6 | Street Add 285-289 | dress 9 Newar | k Ave | | | - Allegania | | Mayor In - | ~ | -010 | | | |
| DEP DOL | Initial Amended Amendment | # | | | e, Zip Cod City, NJ | | 12 | | | AS | BE | LICENSIN | NTRO G |)L& | | Carrier to |
| DOH DOH | Emergency (| | N | lame of (| Contact | | | | | 100 | 72200 | -869-115 | | | | |
| DCA | Cancellation | | | | anagem ITY INFO | | ON | | | | 201 | -009-110 | | | | |
| Name of Facility Where BSG Management | | g Place (3) | | TAGIL | | | | Тур | school | (K-12) | | | | | | |
| Street Address 285-289 Newark A | ve. | | | | | | | X | Subcha Other (i etc.) | pter 8 (0 i.e. priva | Other te & | than K-12) commercia | build | | | s, |
| City (5) Jersey City | | | | A - 10 | 5 | | | Squ | uare Feet | | # of 1 | Floors | 100000 | dg. <i>F</i> 50 | е | |
| County (6) | | | | County C | ode (7) SE ONLY) | | | Cui | rrent Use | (Prior if | bein | g demolishe | ed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCM N/A | No. | | | | batement lutions | | | | | | | |
| N/A Street Address | | | | IN/A | | | Street | Add | | | | | | | | |
| N/A City, State, Zip Code | | | - | | | | City, S | state, | , Zip Code Bergen, | е | 047 | | | | | |
| N/A Project Manager for Mo | nitorina Firm | | - 1- | Telephon | e No. | | Teleph | | 270 | 143 07 | 047 | License No | ·. | | | _ |
| N/A | | Schedule | d Com | nlotion F | ata (11) | | | | 2-9685 SHA Mor | nitor | | 01384 | | | | |
| Start Date (10) 05/25/2019 | | 06/02/2 | 2019 | ibledou c | Jale (11) | | Iris E | Envi | roment | | orat | ories | | | | |
| Occupancy Status Durin | ng Abatement (Chec cated During Entire | | | ent | | | Street 2333 | | ress oute 22 | West | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside of Norr | mal Facility | Hours | | | _ | | | , Zip Cod NJ 0780 | | | | | | | |
| Scope of Work (Check) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | All That Apply) | | enova emoliti | | | | | | Mini-Enclo | osure Proced | ure | Negative P | | | 1 | |
| | | 172 | Locati Iormal | 337 | | De | scription | n of | | | | | | Aba T | meni | |
| Locatio Asbestos-Containin TO BE AI In Fac (13 | g Material (ACM) BATED cility | Ma | d Sole Intenai todial S (12) | nce/ | | tos Con thermal surfa | teining f | Mate ns ins AT, c | | 1) | (S | nount pecify or LF) | Removal | Repair | Ericapsulate | E nclosure |
| | | Yes | No | N/A | | N // | oin Do | of. | | - | 110 | 00 6 5 | | _ | ē | |
| Roo | OT | | | X | | IVI | ain Ro | 100 | | | 10 | 005F | Х | | | |
| | | | | | | | | | | | | | | | - | |
| Name of Registered W | aste Hauler | | 10000 | JDEP W | 200 | 1 | Yards | | Nam | ne of Re | giste | red Landfill | | | | |
| Newark Carting Inc | : | | 13.00 | 4509 | INO. | of Wa | 171(77) | | | | hleh | em Rd L | andfi | II | | |
| City, State PO Box 5670 | | | | | | | sal Date | 3 | | State 35 App | leb | ter Rd. | | lehe | 1 | |
| Completed by Galo Zumba | | Title Princ | ipal | | | | Signatur | 5 | Dun | Obo- | 6 |) Da | te 5/10/: | 201 | - | |
| ASB-41 (R-06-08) | 512 | | | | | ~ | Don | ot us | se this for | m for as | best | os licensure | exer | npte | activ | ities. |

| | | | | Stat | e of 1 | New Je | erséy | | | | Check | # | 16615 | |
|--------------------------------------|---------------|-----------------|---------------|----------------|------------------|--------|----------------------------------|-------|-------------------------|-------------------------------------|-----------------|--------|----------------|--------|
| CX110015 | PAI | | | | | | ros abatement 7 and 12:120-7) |) | | ME | CE | | \mathbb{V} | |
| Date of Notification | (1) | | | | | | Owner/Operator | |) | 1141 | | | | |
| 5/11/2019 | | | | Jes | sica | . Mo: | ro | | | | AAV : |) n. | 2010 | . !!! |
| Agencies Notified | Type Notifi | cation | St | reet | Addre | ss | | | | | VI / 1 · | | W13 | |
| []EPA | [X]Initia | 1 | | | | | | | | | | | and the second | |
| []DEP | Notif | ication | Ci | ty, | State, | Zip | Code | | | ASB | ESTOS | S UC | MIR | - 6 |
| [X]DOL | []Amende | | | Hil. | lsda | le, | NJ,07642 | | | and the second second second second | LICE | INO | 17.63 | - |
| [X] DOH | NOTIL | ication | - | me o | Cont | act | | | Telephon | ne Number | | | | |
| []DCA | []EMERGE | MCX | 11. | Jes | sica | Mo: | ro | | | | | | | |
| | []Cancel | lation | | | | | | -1000 | | | | | | |
| | | | | m7 | | LITY I | NFORMATION | lm- | pe of Facil | iter (A) | | | | - |
| Name of Facility Whe Jessica Moro | re Abatemen | t is T | aking | PIAC | e (3) | | | 1 7 | | | | | | |
| nessica moro | | | | | | | | | []School []Subchap | | er tha | n K | -12) | |
| Street Address | | | | | | | | | [X]Other (| i.e., priv | ate & | COM | mer- | |
| | | | | | | | Table | - | uare Feet | # of Flo | | | J. Ag | |
| | | | | | | 6 | nty Code (7) | Squ | dare reet | W 01 110 | OLS | DIC | g. 119 | |
| City | | Count | сy | | | | ATE USE ONLY) | Carr | rrent Use (| Prior if h | eina d | iemo | lishe | 7 |
| Hillsdale | | Ber | gen | | | | | 1 | LIENC USE (| 21102 11 2 | cang c | | | • |
| Name of Monitoring F | irm hired b | | _ | ASCM | No. | | Name of Abates | ment | Contracto | r (9) | | | | |
| Owner (8) | 'A7. | _ | | | | | AZTECH M | AN | AGEMENT | , Inc. | | | | |
| N/A Street Address | | | | | | | Street Address | s | | | | | | - |
| | | | | | | | 86 Chris | to | pher St | • | | | | |
| City, State, Zip Cod | e | | | | | | City, State, | | | 6,11,600 | Transcis de Car | | MALITY TO VE | - |
| | | | | | | | Montclai | r, | NJ 070 | 42 | | | | |
| Project Manager for | Monitoring | Firm | 1000 | | Numbe | er | Telephone Num | | | | Licen | | | |
| | | | N/A | 12 | | | (973)744 | -8 | 800 | | 003 | 371 | | |
| Scheduled Start Date | (10) Sc | hed. Co | | | | (11) | Name of OSHA I | Moni | itor | | | | | |
| 05 30 19 | | 05 | 31 | | 19 | | N/A | | | | | | | |
| Occupancy Status Dur | ing Abateme | Month nt (Ch | Day eck or | aly o | Year ne) | | Street Address | s | | | | | | - |
| [X] Facility Clos | sed/Vacated | During | Enti | re Po | riod | | | | | | | | | |
| of Abatement []Abatement Per | rformed Outs | side of | Norm | al Fa | acilit | y | City, State, | Zip | Code | | | | | - |
| Hours - Desci []other - Desci | ribe: «OffHor | Occupa | ncy D | escr | nt» | | | | | | | | | |
| Scope of Work (Check | | | | | | | 11 | | | | | | | - |
| scobe or work tonecy | . 011 0100 0 | PPTI | 0.0000000 | | | | | | tainment wi | th Negativ | e Pres | ssui | e | |
| [X]≥3 sf or []>160 sf o | | | | | ration .ition | | [X]Mini- [X]Glove | | Procedure | | | | | |
| 1 12200 02 0 | | | | | · . | | []Non-F | 'ria | ble Procedu | ire | 7 | hat | ement | Type |
| Location | of | | | Is ation | | | Description | on o | f | | - | | | E |
| Asbestos-Con | taining | | τ | mall; | 7 | | Asbestos-Con | | | Amount (Specif | | R | R I | C |
| Material TO BE AB | | | By | lely Main | | | Material (i.e., thermal | | | SF or | _ | M | PA | 0 |
| In Facil | | | | ance, todia | | | sulation, surf | aci | ng, VAT, | LF) | | V A | I R | S U |
| (13) | | - | | f (1: | 2) N/A | | or other misce | 11aı | neous) | | | L | . : | R |
| Basement | | | - | - | | Pipe | insulati | on | | 65 LF | 2 | | | |
| 202000000 | | | | | | - | - | | | | | | | T |
| | | | | | | | | | | | | | | |
| Name of Registered V | Waste Hauler | : | 1 | EP Wa | | 0.000 | bic Yards | N | ame of Regi | | dfill | | | |
| AZTECH MANAG | | | Hau | ler I | D No. | of | Waste 1.5 | | Tri - S | tate | | | | |
| City, State | | | | | | | sposal Date | | ity, State | | | | | |
| Montclair, NJ | 07042 | | | | | 07 | /03/19 | | Bronx, | NY, 104 | 174 | | | |
| | on March L | ni bl | | | | | Signature | | 1 7. | 17 | Dat | ie. | | |
| Completed By (Print Constantine V | | ritle Presi | den | t | | | Digital Care | | tothe | MAR | 1.000 | | 2019 | |
| COMP CONTENTS A | - V 6005 | | | | | | . L CM | 1 | 10000 | W/1110 | + | | | |

| NOCK | State of N | ew Jersey - Notifi | ication of Asbestos Ab | atemen | EG | EIV | E | m |
|---|--|--|---|---------------------------|---------------------|--|------------|-------|
| GAC Project # 060-19 | | (I distant to M.J.A.C | 2. 0.00-7 and 12:120-7) | lini | 1 | | Er dan | |
| Date of Notification (1) May 11, 2 | 2019 | | Name of Building Owner/Op RUTGERS, THE STA | erator (2) | MAY | 2 2 201 OF NJ | - American | U |
| Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED | Typograp should ha | Notification ded Notification #2 – phical error on dates ave been "06" not "05" | Street Address ENVIRONMENTAL HI 74 STREET 1603, BLI City, State, Zip Code PISCATAWAY, NJ 08 | EALTH & | SASAEET | Y DEPT. | | |
| I DOH | Line! | | Name of Contact MICHAEL F. SMITH, I HEALTH & SAFETY | ENV. | Telephon 848-44 | e Number 5-2550 | | |
| Nome of Facility M/harm Ab -t- | 11. T.11. DI (0) | FACILITY IN | FORMATION | | | | | |
| Name of Facility Where Abatemen | 6025 | % | Type of Facility (4) School (K-12) Subchapter 8 (other than K | (-12) Occup | ied | | | |
| Street Address COOK CAMPUS | | | ☐ Other (i.e. private & comme | ercial buildi | ngs, homes | , etc.) <u>ge:</u> 80+ ye ; | s | |
| | unty (6) MIDDLESEX | County Code (7) (State Use Only) | Current Use (prior if being de | emolished) | : ACADE | МІС | | |
| Name of Monitoring Firm Hired by ATC | Bldg. Owner (8) | ASCM No. 00098 | Name of Contractor (9) GREENWOOD ABATE | MENT CO | ONSULT | ANTS, INC. | | |
| Street Address 3 TERRI LANE | | | Street Address 511 MAIN STREET | | | | | |
| | 016 | | City State, ZipCode BUTLER, NJ 07405 | | | - | | |
| Project Manager for Monitoring Fire BRIAN R. KEARNEY | | | Telephone Number | | License No | umber | | |
| Scheduled Start Date (10) | 609-386 Scheduled | Completion Date (11) | 973-492-0477 Name of OSHA Monitor | | 00840 | | | |
| 06/17/2019 | 06/27 | | ENVIROVISION, INC. | | | | | |
| Occupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Describe: | g Entire Period of A | batement | Street Address 20-21 WARGARAW RC City, State, Zip Code | AD, BL | OG# 35E | | | |
| ☑ Other- Describe: Bldg. Occu - 5AM (24 HOURS & WEEK | pied Work Area V ENDS AS NEED | acated - Schedule: 5PM ED) | FAIRLAWN, NJ 07410 | | | | | |
| Scope of Work (Check all that appl | y) | | | | | G1 | | |
| □≥ 3 sf or >3 lf ☑≥ 160 sf or ≥ 260 lt | f | ☑Renovation ☐ Demolition | □ M □ Gi | ini-Enclosu ove bag Pı | ire rocedure / ' | legative Presi Wrap & Cut Non-Friable P | | |
| Location of Asbestos-Containing | Is Location Normal | ly Used Description of Ast | bestos Containing Material | Amount | | atement Type | cedur | e |
| Material (ACM) in Facility (13) | Solely by Maint./Co Staff? (12) YES NO | | nal systems insulation, surfacing, | (Specify or LF) | SF | nove Repair E | ap En | close |
| Rooms 310, 312, 313 | X | TSI | | 350 1 | LF X | | \Box | |
| Rooms 310, 312, 313 | X | VAT | | 600 3 | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | NJDEP Was See Below | ste Hauler ID # | Cubic Yards of Waste: 25 | CY | | egistered Land | | |
| Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509 | Newark, NJ 04509 | Butler, NJ 07405 | | sposal Date | - | City, State 100 New F Rd. Morris 19067 215-736-1 | ille, P | |
| Completed by (Print or Type) RAYMOND C. PEDALINC | SENIOR PI MANAGER | District Annual Control Control | Signature Raymond C. Pedai | lino | Date May 11, | 2019 | X | |

| | Sta | ate of N | | | cation of Asbestos 2. 8:60-7 and 12:120-7) | | teme | nt [| C | El | 7 | |
|--|---------------------|---------------------------------------|-------------------------|---|---|--------|------------------|----------------|------------------------------|--|----------|--------------|
| GAC Project # 060-19 | | | | | | | 1 | 31 | | | | |
| Date of Notification (1) May 10, | 2019 | | | | Name of Building Owner RUTGERS, THE S | /Ope | rator (2) | VERS | SIT A | 0F N3 2 | 9 | |
| Agencies Notified IX EPA IX DCA IX DOL IX DEP- No Longer REQUIRE | | New start Emerg | Notificated Note: & com | rification #1 – apletion dates (including | Street Address ENVIRONMENTAL 74 STREET 1603, I City. State, Zip Code PISCATAWAY, NJ Name of Contact | HE. | ALTH G 411 | & SA 6, LIV | FETY | DEPT. (| EH | |
| ⊠ DOH | | □Cance | | | MICHAEL F. SMITI HEALTH & SAFET | | VV. | | -445-2 | | | |
| N 65 W 100 | | | | FACILITY INF | | | | | | | 75110-2 | |
| Name of Facility Where Abatemeter LIPMAN HALL, BLDG# | | g Place (3) | | | Type of Facility (4) School (K-12) Subchapter 8 (other that | an K-1 | 2) Occu | pied | | | Sin c | |
| Street Address COOK CAMPUS | | | | | Other (i.e. private & co | mmer | cial build | ings, ho | | tc.) <u>80+ ye</u> a | s | |
| NEW BRUNSWICK | ounty (6) MIDDLE | ESEX | County (State | Code (7) Use Only) | Current Use (prior if bein | g den | nolished |): AC | ADEMI | С | | |
| Name of Monitoring Firm Hired by | y Bldg. Owr | ner (8) | ASCM | No. | Name of Contractor (9) | | - | | | | | |
| ATC | | 320-1150 | 0009 | 8 | GREENWOOD ABA | TEM | ENT C | ONSL | JLTAN | ITS, INC. | | |
| Street Address 3 TERRI LANE | | | | | Street Address | | | | | | | |
| City, State, Zip Code | | | | | 511 MAIN STREET | | | | | | | |
| 10 Earlie Carlotte Ca | 3016 | | | | City State, ZipCode BUTLER, NJ 07405 | | | | | | | |
| Project Manager for Monitoring Fi | | Telephone N | Number | | Telephone Number | | | Licens | se Num | hor | _ | |
| BRIAN R. KEARNEY | 0.10-6 | 609-386 | | | 973-492-0477 | | | 0084 | | <u>Der</u> | | |
| Scheduled Start Date (10) 05/17/2019 | <u>s</u> | 05/27 | | on Date (11) | Name of OSHA Monitor ENVIROVISION, INC | С. | | 000 | | | | |
| Occupancy Status During Abate Facility Closed/Vacated During | ng Entire P | Period of Al | batemen | nt | Street Address 20-21 WARGARAW | ROA | D, BL | DG# 3 | 35E | | | |
| Describe: | | 1900-000 00-00 00-00 0 0 0 | | | City, State, Zip Code FAIRLAWN, NJ 074 | 10 | | | | | | |
| ☑ Other- Describe: Bldg. Occ – 5AM (24 HOURS & WEE! | KENDS A | rk Area Va AS NEEDI | ecated - ED) | Schedule: 5PM | PAIRLAWN, NJ 074 | 10 | | | | | | |
| Scope of Work (Check all that app | oly) | | | | | | | | | | | |
| $\square \ge 3$ sf or >3 If $\square \ge 160$ sf or ≥ 260 | lf | | | ☑Renovation ☐ Demolition | | 1 Mini | -Enclos | ure | 3610 33 13606 3 1 | ative Press | re | |
| 1 | T | | | | | Non | -Exemp | ted (*) a | and Nor | n-Friable Pr | cedi | ure |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | | ion Normall y Maint./Cu 12) | | | estos Containing Material al systems insulation, surfaci | ng, | Amour (Specif | 170 | | ment Type re Repair Er | ın F | Enclose |
| | YES | NO | NA | VAT, OF Other Hills | Jen.) | | or LF) | | 1301110 | o Hopon Er | <u> </u> | 21101000 |
| Rooms 310, 312, 313 | | X | | TSI | | - | 350 | LF | X | T | 7 | |
| Rooms 310, 312, 313 | | X | | VAT | | | 600 | | X | + | - | \vdash |
| | | | | | | | | - | | + | - | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | JDEP Was | | r ID # | Cubic Yards of Waste: | 25 (| Y | | | stered Land North La | dfi | II |
| Hauler #1) Greenwood Abatemer | nt Consulta | ants, Inc. – | Butler, N | NJ 07405 | | Disp | osal Dat | <u>e</u> | T | City, State | 10000 | SOURCE STATE |
| NJDEP # 12561 Hauler #2) Newark Carting, Inc NJ DEP # 4509 | , Newark, N | NJ 04509 | | | | 05 | 5/27/20 | 19 | | 100 New F Rd. Morris 19067 215-736-17 | lle, | |
| Completed by (Print or Type) | Title | | | | Signature | | | Date | | | 2 | |
| RAYMOND C. PEDALIN | | NIOR PE NAGER | | T | Raymond C. Pe | datir | io | May | 10, 20 | 019 | | |

| | | State of N | New Jo | ersey - Notif | ication of Asbestos | Abatem | en e | BEIV | | The same |
|--|------------|--|-----------|--------------------|---|---------------|--------------|---|-------------------------------------|------------|
| GAC Project # 060-19 | | | (Pur | suant to N.J.A. | <u>C</u> . 8:60-7 and 12:120-7 | | 1 | of a new major and discovery a control to the published that the control to the | | antender o |
| Date of Notification (1) | | | | | Name of Building Owne | er/Operator (| 2) 1/ | AV 2 a 2016 | $- \parallel \downarrow \downarrow$ | 11 |
| April 30 Agencies Notified |), 2019 | | - | | RUTGERS, THE | STATE UI | VIVERS | TY OF NJ | Land | - |
| - 10 10 10 | | Notification XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | ration | Street Address | | 1 | | 1 | STOP STOP |
| X EPA | | 100 100 100 100 100 | | tification # | ENVIRONMENTA 74 STREET 1603, | PLDC 44 | 1 & SAF | ETY DEPT. | EHS) | - |
| ⊠ DCA | | | | (including | City, State, Zip Code | BLDG 41 | IO, LIVI | NGSTONCA | IPUS | 1 |
| X DOL | | justif | ication |) | PISCATAWAY, N. | J 08854 | | | | |
| DEP- No Longer REQUIR DOH | ED | □ Cance | | , | Name of Contact | | Telep | hone Number | | _ |
| 220011 | | | | | MICHAEL F. SMIT | | | 445-2550 | | |
| | | | | EACH ITY IN | HEALTH & SAFE | ГҮ | | 4 | | |
| Name of Facility Where Abatem | ent is Ta | king Place (3 |) | PACILITY | IFORMATION Type of Facility (4) | | | | _ | |
| LIPMAN HALL, BLDG# | 6025 | | - | | School (K-12) | | | | | |
| Street Address | | | | | Subchapter 8 (other th | nan K-12) Oc | cupied | | | |
| COOK CAMPUS | | | | | Other (i.e. private & co | ommercial bu | ildings, hor | nes, etc.) | | |
| and the second s | | | | | Sq. Feet: N/A | # of Floors | 4 Bldg | . Age: 80+ ye | 'S | |
| City (5) NEW BRUNSWICK | County (6 | | | v Code (7) | Current Use (prior if hei | na damaliak | | D=1110 | | |
| NEW BRONSWICK | טטוואו | LESEX | State | Use Only) | Current Use (prior if bei | ng demolish | ed): ACA | DEMIC | | |
| Name of Monitoring Firm Hired b | nu Blda (| O | 1000 | | | | | | | |
| ATC | by blug. (| Jwner (8) | 000 | | Name of Contractor (9) | | | | | |
| WWW.9400.257 | | | 000 | 30 | GREENWOOD ABA | TEMENT | CONSU | TANTS INC | | |
| Street Address | | | - | | Street Address | | 0011001 | LIANTO, INO | | _ |
| 3 TERRI LANE | | | | | 511 MAIN STREET | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | - | _ |
| | 8016 | | | | BUTLER, NJ 07405 | | | | | |
| Project Manager for Monitoring F BRIAN R. KEARNEY | -irm | Telephone | | | Telephone Number | | License | Number | | |
| | | 609-386 | -8800 | | 973-492-0477 | | 00840 | , | | |
| Scheduled Start Date (10) | | Scheduled | Completi | on Date (11) | Name of OSHA Monitor | | 00040 | , | | |
| 05/10/2019 | | 05/20 | | | ENVIROVISION, IN | C. | | | | |
| Occupancy Status During Abat | tement (| Check only o | ne) | | Street Address | | | | | |
| □ Facility Closed/Vacated Duri □ Abatement Performed Outside | ing Entire | e Period of A | bateme | nt | 20-21 WARGARAW | ROAD, B | LDG# 35 | 5E | | |
| Describe: | de of No | illiai Facility | nours - | | City, State, Zip Code | | | | | - 277 |
| Other- Describe: Bldg. Occ | cupied V | Vork Area V | acated - | Schedule: 5PM | FAIRLAWN, NJ 074 | 10 | | | | |
| - 5AM (24 HOURS & WEE | KENDS | S AS NEED | ED) | | | | | | | |
| | | | | | | | | | | |
| Scope of Work (Check all that ap | oply) | | | | | | | | | |
| | | | | | E | Full Conta | inment wit | h Negative Press | 50 | |
| ≥ 3 sf or >3 If | | | I | Renovation | | Mini-Enclo | | ii Negative Flest | 16 | - 1 |
| \ge 160 sf or \ge 260 |) If | | | Demolition | | | | e / Wrap & Cut | | - |
| Location of Asbestos-Containing | 1.0 | | | | 1 | | | nd Non-Friable Pi | cedure | |
| Material (ACM) in Facility (13) | | cation Normal y by Maint./Cu | | Description of Ast | pestos Containing Material al systems insulation, surfac | Amou | | Abatement Type | | |
| 5 50 5 050 5 | Staff? | ? (12) | | VAT, or other mis | | or LF | oify SF | Remove Repair Er | ip Enclose | |
| | YES | NO | NA | | | - Sec. (1988) | | | | |
| Rooms 310, 312, 313 | | X | | TSI | | 350 |) LF | X | | ٦ |
| Rooms 310, 312, 313 | | X | | VAT | | 600 | SF | X | | ٦ |
| N | | | | | | | | | | ٦ |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Was | | r ID# | Cubic Yards of Waste: | 25 CY | | Registered Land | | ٦ |
| | | See Below | | | | | G.R.O. | W.S. North La | dfill | |
| Hauler #1) Greenwood Abateme NJDEP # 12561 | nt Consu | ıltants, Inc. – | Butler, ! | NJ 07405 | | Disposal Da | ate | City, State | | 1 |
| Hauler #2) Newark Carting, Inc. | , Newarl | s, NJ 04509 | | | | | | 100 New F Rd. Morris | | |
| NJ DEP # 4509 | | | | | | 05/20/2 | 019 | 19067 | ne, ra | |
| Completed by /Date to Tax | | | | | | | | 215-736-17 |) | |
| Completed by (Print or Type) RAYMOND C. PEDALING | | tle ENIOR PI | 00 150 | `T | Signature | | Date | | - | 7 |
| | | IANAGER | | , I | Raymond C. Pe | dalino | April 3 | 30, 2019 | | |
| | I IV | MINAGER | V | | | | | | | |

| GAC# 676-2019-002 | K3 | 244 | | PAID | o- | Trees. | V P P | Check | = 324 |
|---|--|---|-------------------------------|----------------------------------|--|--------------------------------|--|--|-----------|
| _Date of Notification (1) | May | 17 2019 | | | Name of Building Owne CELGENE CORPOI | r/Operator (2) | 166 | L L L | 5 11 |
| Agencies Notified EPA DCA DOL | inity, | Notification Initial Amend Emerg | Notifica led Not | ification including | Street Address 86 MORRIS AVEN City, State, Zip Code SUMMIT, NJ 0790 Name of Contact | UE I | Company of the Compan | Y 2 2 20: | Lapendar |
| DEP (No Longer REQUI | RED) | □ Cance | | | Mr. Janos Angeli - Engineering & Co | | | 97-4646 _{1G} |)1.8 |
| Name of Facility Where Abate CELGENE CORPORAT Street Address | ION – SU | king Place (3) IMMIT WES | T "S-1" | | Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other the X) Other (i.e. private & co | | : | | |
| 556 MORRIS AVENU | County (6 | DRRIS | | y Code (7) Use Only) | Sq. Feet: ~57,000 | # of Floors: | Bldg. Ac | <u>qe:</u> ~55+ y | |
| | | | | | Current Use (prior if beir | ng demolished |): ADMINI | STRATIVE OF | ICES |
| Name of Monitoring Firm Hire EWMA | d by Bldg. | Owner (8) | ASCM N/A | No. | Name of Contractor (9) GREENWOOD ABA | TEMENT C | ONSULTA | ANTS, INC. | |
| Street Address 100 Lanidex Plaza | | | | | Street Address 511 MAIN STREET | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | | | | City State, ZipCode BUTLER, NJ 07405 | | | | |
| Project Manager for Monitorin Craig Gorczyca | <u>g Firm</u> | Telephone N 973-560- | | | <u>Telephone Number</u> 973-492-0477 | | License Nu | umber | |
| Scheduled Start Date (10) 05/28/2019 | | Scheduled 0 06/04/201 | | on Date (11) | Name of OSHA Monitor ENVIROVISION, IN | C. | | | |
| Occupancy Status During Al Facility Closed/Vacated I Abatement Performed Outling Describe Facility Occupied During SUB 8 Friday 7am – 12 mid | Ouring Enti utside of N Entire Per | ire Period of A ormal Facility riod of Abatem | batemer Hours nent Area | a Vacated (NOT | 20-21 WARGARAW City, State, Zip Code FAIRLAWN, NJ 074 | ROAD | | | |
| Scope of Work (Check all that $\underline{\square} \ge 3$ sf or ≥ 3 If | | | | ▼ Renovation | | Full Containr Mini-Enclosur | | egative Pressi | Э |
| ■ > 160 sf or > Location of Asbestos-Containi | | ocation Normall | v Used | ☐ Demolition Description of Asl | bestos Containing Material | Glovebag Pro Non-Exempt | ed (*) and N | Ion-Friable Priatement Type | :edure |
| Material (ACM) in Facility (13) | Sole /Cus YES | ly by Maint. todial Staff? (1 | | | al systems insulation, surfac | | y SF | nove Repair En | p Enclose |
| 1 st Floor Perimeter (1F-FT1 | 5) | X | | VAT & Mastic | | ~600 \$ | F 🗵 | | |
| | | | | | | | | | |
| Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509 | | NJDEP Wast | | · ID# | Cubic Yards of Waste: | | | egistered Land | dfill |
| Notes: None | | | | | | Disposal Da 06/04/201 | | City, State 100 New For Morrisville, 215-736-17 | a 19067 |
| Completed by (Print or Type) RAYMOND C. PEDAL | INO S | Title SENIOR PF MANAGER | | т | Signature Raymond C. Pe | dalino | Date May 17, | | |

State of NJ
Notification of Asbestos Abatement
Rursuant to NJAC 8:60 and 12:120

| D&S Proj. #: 19-98 | T P | AID | | | | 60 and 12:120) | A CAN IN THE STATE OF THE PARTY OF | DEC | E I | \mathbb{V} | | Printegan Account | - Troping page |
|--|-----------------------------------|---------------------------|-------|--------------------------|-------------|------------------------------------|------------------------------------|------------------------------------|------------------------|--------------|-------------------------------------|-------------------|--|
| Date of Notification (1) 0 5 / 1 6 / 1 9 Agencies Notified Type Notifica | J. (| campoli & | | ner/Operator (2 s | 2) | | COS distribution to a material la | III MAY | 2 2 3 | 2019 | And the second second second second | IJ | Parket of the state of the stat |
| ☐ EPA ☐ Initial ☐ DEP ☐ Amended | | Milton St. | | | | | Professor | ASBESTO | IS CON ENSING | inOL | | | |
| DOL Amendment # | | State, Zip Co | ode | | | | | 4470 | m1401141 | | - | _ | |
| DOH Emergency (including | | resskill, NJ | 076 | 26 | | | | | | | | | |
| justification) | Name | e of Contact | | | | | | Telephor | ne Numb | er | | | |
| DCA Cancellation | 1 <u>Jo</u> | hn Campol | i | | | | | 201-56 | 8-1100 | | | | |
| | | | FAC | ILITY INFORM | IATIO | N | | | | | | | |
| Name of facility where abatement | s taking place | (3) | | | | | Т | Type of Facility | (4) | | | | |
| Warehouse Basement | | | | | | | | | ol (K - 12 | 50 | | | |
| Street Address | | | _ | | | | - | | apter 8 ((Private/ | | | K-12) |) |
| 437 Tonnelle Ave. | | | | | | | | Bldgs. | (Private/ /Homes, | etc. | erci | | |
| City (5) | County (| 6) | _ | | Ι ο. | | _ | Square Feet | # of Flo | ors | Γ | Ildg. | Age |
| 500 f , A0 f 0 | | -, | | | | unty Code (7) ate use only) | | 40,000 Current Use (P | 01 | na dos | 17 | | |
| Jersey City, NJ 07302 | Hudsor | | | | | " | | Vacant | nor ii bei | ng der | noii | iea) | |
| Name of Monitoring Firm Hired by | 3ldg. Owner (8 |) | | ASCM No. | | Name of Abater | nent (| ontractor (9) | | | _ | | |
| N/A Street Address | | | | | | D & S REST | ORA | TION, INC. | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| City, State, Zip Code | | | | | _ | 20 Californi City, State, Zip C | | e. | | | | | |
| West and the second sec | | | | | | Paterson, N | | :02 | | | | | |
| Project Manager for Monitoring Firm | | Phone N | umb | er | - | Telephone Numi | 2.45 (2.40) | 003 | License | e Num | ber | _ | |
| | | | | | | 973-345-8 | 020 | | 1 | 01169 | | 11 | |
| Start Date (10) | Sched. Co | mpletion Date | e (1 | 1) | _ | Name of OSHA | | 55 | | | | | |
| 05/30/19 | 06/04/19 | | | | | D & S Resto | oratio | n, Inc. | | | _ | | |
| Occupancy Status During Abatemen | | | | | | 20 California | Ave | enue | | | | | |
| Facility closed/vacated during Abatement performed outside Describe: | of normal facili | f abatement. ty hours- | | | | City, State, Zip C | | , and a | | | | | |
| Other-Describe: NORMAL H | | | | | - | Paterson, N. | J 075 | 03 | | | | | |
| Scope of Work (check all that apply 3 sf or >3 If | | | | | | • | ⊠ F | ull Containment w | /negative | press | sure | | |
| | Renovation | | | | | | | lini-enclosure lovebag procedur | _ | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | | | lon-Exempted (*) | | -friable | pro | edur | е |
| Location of asbestos-containing | Is location nor by maintenance | | olely | 5400 90 00 | | | | | | R | R | E | E |
| material (acm) to be | staff(12) | | _ | Description material (/ | | sbestos-containin | g | Amount (Specify S | For | m | р | n c | n |
| abated in facility (13) | Yes | No N/ | Α | | · · | | | LF) | | o v | i | а | L |
| Warehouse Basement | | X | | Boiler Insul | ation | | | 60 SF | | e | ſ | - | 1 |
| Warehouse Basement | | X | | Pipe Insulat | ion | | | 40 LF | | | 늗 | H | H |
| Warehouse Basement | | X | | Boiler Packi | ng/D | ebris | | 10 CY | | | | 片 | 1 |
| | | | | | | | | | | | | | |
| Registered Waste Hauler | NJDEP H | aula a ID# | | Ibio Varda af V | 11- | | | | | | | | |
| D & S RESTORATION, INC. | 13506 | auler ID# | 1000 | ubic Yards of W 3 yds | vaste | Name of Registe | | andfill ESOURCE RE | COVE | v | | | |
| City, State | | Dispos | _ | | | City, State | ., ., | KE | COVE | . 1 | | | |
| PATERSON, NJ 07503 Completed by (Print or Type) | T-11 | | _ | Ci | | TULLYTOV | /N, F | PA | | | | | |
| DOOD | Title PRESIDENT | | | Signature |) Virgin | don To | 1 | / _ | Date | 10 | | | |
| | Do not use this | | esto | s licensure exe | mpte | d activities. | | - C | 05/16/ | 19 | _ | _ | |

| CILOUUL PA | No | (Pu | rsuant to | OF ASBES | STOS A 60 and | 12:120 |) | T ID | | G E | | y E | The state of the s | - Company |
|---|----------------------|-----------------|------------------------------|-------------------------|-----------------------------|---------------|---------------------|---|---------|------------------------------|------------------------|---------------|--|----------------|
| Date of Notification (1) 05-17-19 | | | | Building Ov Assets M | | | | LC | | MAY 2 | 2 20 | 119 | | |
| Agencies Notified Type Notification EPA Initial Amended | - | (| City, State | oadway S e, Zip Code | e | 3 | | | ASI | BESTOS LICEN | CONTI ISIN G | 301.8 | _ | and the second |
| Amendment # Emergency (ir justification) | | 1 | Paterso Name of Andy R | | 7514 | | | | | phone Nur 3) 296-8 | | | _ | |
| DCA Cancellation | | | | ITY INFOR | RMATIC | ON | | | 1 | | | | _ | |
| Name of Facility Where Abatement is Taking Private Property | Place (3) | | | | | | Тур | oe of Facility (4) School (K-12 |) | | | | | |
| Street Address | | | | | | | K | Subchapter 8 Other (i.e. pri etc.) | vate & | commerci | al build | | | , |
| City (5) Paterson | | | | | | | | uare Feet | | Floors | | dg. Ag∈ | | |
| County (6) Passaic | | | County C (STATE U | ode (7) SE ONLY) | 7 | | Cu | rrent Use (Prior | if beir | ng demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building O N/A | wner (8) | | ASCM | No. | | | | batement Cont ontracting LL | | (9) | | | | |
| Street Address | | | | | | Street 522 | | 31.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | | | | |
| City, State, Zip Code | | | | | | | | , Zip Code ity NJ 07087 | 7 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | Telepl 201 | | No. -9603 | | License N 01206 | No. | | | |
| | Scheduled 06-07-1 | | npletion [| Date (11) | | | | SHA Monitor ontracting LL | _C | | | | 3 | |
| Occupancy Status During Abatement (Check | Only One | ∍) | | | | Street 522 | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | al Facility | Hours | nent | | _ | City, S | State | , Zip Code City NJ 0708 | 7 | | | 79 | _ | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Re r De | enova emolit | ation tion | | | Savara Branco | | Full Containme Mini-Enclosure Glovebag Proc Non-Exempted | edure | | | cedure | - | |
| | | Locat | | | | | | | | | | Abater Typ | int | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mair | d Sole ntena | ely by | | os Cont thermal surfa | | Matens in: AT, o | | (5 | mount Specify F or LF) | Removal | Repair | 1 | Enclosure |
| All Floors | | X | | C | eiling (| & Wal | I Pla | aster | 14, | 400 SF | х | | | |
| 7 11 1 1 0 0 1 0 | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP V | | 1 | Yards | | | | ered Landf | | - | - | |
| Delfa Contracting LLC | | | Hauler ID 356240 | | | 30 sal Dat | e. | Tullytov City, State | | source F | Recov | ery Fa | ;ilit | У |
| City, State Union City, NJ | | | | | 06-07 | | | Tullytov | | A | | | | |
| Completed by Jaime Delgado | Title Proj. | Man | ager. | | (| Signatu | re | A | | 100 | Date 05-17- | 19 | | |

| г | ı | 11 | | U | 11 | r | ı | r | |
|---|---|----|--|---|----|---|----|---|--|
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| CK# | 1114 |
| (NTT | 111 |
| · · · | |

| Date of Notification (1) | | | | ling Owner/ | | | | E G | F | 1 W | F | - |
|--|-------------------------------|--|--|--|--|---|---------------|-------------------------|----------------|-----------------------|-----------|--|
| 05/13/2019 | | | vate Pro | | | · - / | 1141 | | <u> </u> | 0 10 | - 10000 | 7 |
| Agencies Notified Type Notifica | tion | Stre | et Addres | \$ | | | | | | | - | + |
| EPA Initial DEP Amende Amendn Emerger justificati DCA Cancella | ent # cy (including on) | Jer | , State, Zip rsey City ne of Conta n Fontar | , NJ, 073 act | 07 | | Tel | ASSEST ephone N | 08.0 | ONTR | - | - International Property of the Property of th |
| Name of Facility Where Abatement is Ta | king Place (3 | F. | ACILITY I | NFORMATI | ION | | | | | - | | |
| Priate Property | aking Flace (S | ?) | | | | Type of Facility School (K | 50.0 | | | | li Pareco | |
| Street Address | | | | | | Subchapt Other (i.e | ter 8 (Othe | er than K- & commer | 12) cial bu | ildings, | , om | es, |
| City (5) Jersey City | | | | | | Square Feet 1500SF | # of | Floors | T | Bldg. <i>A</i> +50 | • • | |
| County (6) Hudson | V | Cour (STA | nty Code (| 7) (LY) | | Current Use (P | | ng demoli | shed) | | | |
| Name of Monitoring Firm Hired by Buildi N/A | ng Owner (8) | | SCM No. | | | of Abatement C | | | | | - | |
| Street Address N/A | | 14/ | es. | | Street A | Solutions Se | ervices | LLC | | | . — | |
| City, State, Zip Code | | | - - | | | 51st Street ate, Zip Code | | | | | - | |
| N/A Project Manager for Monitoring Firm | | Teler | hone No. | | | Bergen, NJ | 07047 | | | | | |
| N/A | 9 | | | | Telepho 201-5 | 552-9685 | | License I 01384 | No. | | | |
| Start Date (10) 05/15/2019 | 05/19/2 | | on Date (1 | 1) | | of OSHA Monito Inviromental I | | ories | | | _ | |
| Occupancy Status During Abatement (Cr Facility Closed/Vacated During Entir Abatement Performed Outside of No | e Period of A | hatament | | | Street A | ddress Route 22 We | | | | | - | |
| Other - Describe: | ormal Facility | Hours | | | | ate, Zip Code , NJ 07803 | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovation emolition | | · | × | Full Containm Mini-Enclosus Glovebag Pro Non-Exempte | re ocedure | | | | - | |
| Location of | 1/0/200 | ocation | | | 2001 | | 7 (7 (1)(1) | NOTITION. | 10 | Abater Typ | nt | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | Solely by htenance/ idial Staff? (12) | Asbe (i. | estos Conta e. thermal s surfaci | cription of ining Ma systems ing, VAT, scellane | terial (ACM) nsulation, or | (Sp | ount ecify or LF) | Remova | Repair | T | Enclosure |
| Dath | Yes | No N/A | | | | | | | - | | | Ø |
| Bathroom | | X | | Joint C | | | 196 | SSF | х | | 1 | |
| Kitchen | | X | - | Joint C | ompou | nd | 336 | SSF | х | | . I | |
| | | | 1 | | | | | | | | . + | _ |
| Name of Registered Waste Hauler | | NJDEP | | Cubic Ya | | Name of | Registere | d Landfill | | | | |
| Newark Carting Inc | | 04509 | J NO. | of Waste | 9 | | ethlehe | | andfil | I | | |
| City, State PO Box 5670 | | Name of the Control o | | Disposal | Date | City, State | e pplebytt | er Rd F | Rethl | sham | | |
| Completed by Galo Zumba | Title Princip | al | | Sig | natro | A A Do | -6 | Dat | e | | - | - |
| | 1 | | | 0 | and the | 7 | 0 | 05 | /13/2 | 019 | | |



| _ | 1. 11 | | - 20 | . 1 |
|---|-------|------|------|-------|
| 1 | 料 | - 11 | 4 | 14 |
| | 1-1 | 11 | 1 | 0.000 |
| | . 4 | | | |

FIIIIL FUITII

| Date of Notification (1) 05/08/2019 | | 1 | of Building Ow e Property | ner/Operator | r (2) | ME | GE | | E | |
|--|-----------------------------------|---------------------------------------|---|--|--|---|-----------------------|------------------|-------------|-----------|
| Agencies Notified EPA DEP Amended Amendmen Emergency justification DCA Type Notification Initial Amended Amendmen Emergency justification Cancellation | t# (including | Fair L | ate, Zip Code awn NJ 07 f Contact | | | | MAY 2 | or the species . | Lá | |
| Name of Facility Where Abatement is Takin Private Property Street Address City (5) Fair Lawn County (6) Bergen County Name of Monitoring Firm Hired by Building N/A Street Address N/A City, State, Zip Code | | County | Code (7) USE ONLY) | Name ACM Street 1435 | Type of Facility School (K-Subchapte Other (i.e. etc.)) Square Feet Current Use (Prior Abatement Cod Solutions Sed Address 551st Street | 12) r 8 (Other the private & cor # of Floor 2 ior if being de | nmercial b | Bldg. / | | es, |
| N/A Project Manager for Monitoring Firm N/A Start Date (10) 05/20/2019 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: | Period of Abat | 9 ement | | Nort Teleph 201- Name Iris E Street 2333 City, S | h Bergen, NJ (none No. 552-9685 of OSHA Monitor Environmental L Address B Route 22 Westate, Zip Code on City, NJ 078 | aboratorie | ense No. 384 es | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Is Loc | | | | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | Procedui Abat | nent | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Norn Used So Mainter Custodia (1: | olely by nance/ al Staff? 2) | (i.e. the | Description Containing N rmal systems urfacing, VA ner miscellar | Material (ACM) s insulation, T, or | Amour (Specif SF or L | 100 | Removal | Encapsulate | Enclosure |
| Floor Tile | | Х | Firs | t Floor thro | oghout | 1800S | F | | | |
| Name of Registered Waste Hauler Newark Carting Inc City, State PO BOX 5670 | | NJDEP W Hauler ID 04509 | No. of | ubic Yards Waste sposal Date | | | | | | |
| Completed by Galo Zumba | Title Principa | l | | Signature | of Jun | abo-O | Date | 8/2019 | | |

| 1 | E | C | E | | \mathbb{V} |
|---|---|---|---------------|----------------|--------------|
| | | | مارية وينفسان | AND THE PERSON | |

| VIC | - 1 200 |) | (1 41 | Suaint t | 0 NOAC 0.00 | Jana i | 2.120 | , | | and the same of th | MAY 2 | 2 | 2010 | | UIL |
|---|--|---------------------|----------|---------------------|----------------------------|--------------------|-------------|--------------------|----------------------------|--|---------------------|----------------------|-----------------|------------------|-----------|
| Date of Notification (1) 5/17/19 | | | - 1 | | Building Owr (Operator | 7.0 | | 7.00 | e of Cam | 1 | WHI | 2 | cul3 | and the state of | |
| Agencies Notified | Type Notification | | 1 27 | Street Ad 801 Ea | ldress ast Clemen | nts Bri | dge l | Road | Andrew Control | AS | BESTOS LICE | COP NSIN | ITAC | .& | |
| EPA DEP | Initial Amended | | C | City, Stat | e, Zip Code | | | | | S-randstack | | | | | |
| DOL | Amendment # | | _ 1 | Runne | mede NJ (| 08078 | | | | | | | | - | |
| ☑ DOH | Emergency (ir justification) | iciuaing | | | Contact | | | | | | ephone N | | | | |
| DCA DCA | Cancellation | | ' | Vince | | | | | | 60 | 9-941-1 | 186 | | | |
| N. C. W. 104 104 | At a Table | DI (2) | | FACIL | ITY INFORM | MATION | 4 | Tuna | of Facility (4 | 1 | | | | | |
| Name of Facility Where Our Lady of Hope | | Place (3) | | | | | | | | | | | | | |
| | regional ochool | | | | | | | | chool (K-12 ubchapter 8 | | er than K- | .12) | | | |
| Street Address 420 South Black H | orse Pike | | | | | | | Oet | ther (i.e. pr | ivate 8 | k commer | | | hom | es, |
| City (5) | 22 | | | | | | | Square | | 1 50.00 | Floors | | Bldg | ige | |
| Blackwood NJ 080 | 12 | Decision and | | | | | | 1000 | | 1 | | | 35+ | | |
| County (6) Camden | | | | County C STATE U | Code (7) ISE ONLY) _ | | - | Curren | t Use (Prio | r if bei | ng demoli | ished) | | | |
| Name of Monitoring Firm | n Hired by Building O | wner (8) | | ASCM | No. | 1 | | | ement Cont | ractor | (9) | | 17-1-2 | | |
| MDG Environment | al LLC | | | | | | Pern | aco In | ic. | | | | | | |
| Street Address | | | | | | | | Address | | | | | | 190 | |
| 1000 Maplewood I | Orive Suite 207 | | | | | | | Box 32 | | | | | | | |
| City, State, Zip Code | | | | | | | | tate, Zip | | • | | | | | |
| Maple Shade NJ 0 | | | | | | | 200 | | n NJ 080 | 91 | | N | | _ | |
| Project Manager for Mo Chris Macri | nitoring Firm | | 7 | Telephor | ne No. | | | 753-9 | | | License 00727 | | | | |
| Start Date (10) 5/20/19 | | Schedule 5/24/19 | | pletion [| Date (11) | i | Name Sam | | A Monitor | | | | | | |
| Occupancy Status Durin | ng Abatement (Check | Only On | e) | | | 1 | Street | Address | s | | | | 1 | 22.5 | |
| Facility Closed/Vac | cated During Entire P | eriod of A | batem | | | | | | | | | | | | |
| | ned Outside of Norma SECTION OF SCHOOL CL | | Hours | | | - | City, S | state, Zip | p Code | | | | | | 1200 |
| Scope of Work (Check | All That Apply) | | | | | | Vices: | | | | | De with the brief of | | | |
| ≥3 sf or ≥3 lf | | X R | enovat | tion | | | | | Containme | | n Negative | e Pres | sure | | |
| ≥160 sf or ≥260 lf | | | emoliti | ion | | | H | | i-Enclosure vebag Proc | | | | | | |
| | | | | | | | Σ | | -Exempted | | d Non-Fr | iable F | Proced | re | |
| | | Is | Location | on | | | | | | | | | AŁ | teme | nt |
| Locatio | on of | | lormall | | | | ription | | | | | - | | ype | _ |
| Asbestos-Containin | g Material (ACM) | | d Solel | | Asbestos | Contai | ining N | Material | (ACM) | 200 | mount | 1. | 77 | g | ш |
| TO BE All | | Cust | odial S | Staff? | | ermai s surfaci | | s insula AT, or | tuon, | | Specify F or LF) | | Remova | cap | nclo |
| (13 | | | (12) | | 0 | ther mi | scella | neous) | | | | | oval | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | 6 | |
| Library | Wing | | | X | Flo | oor Til | le & l | Vlastic | | 8 | 00 SF | 2 | K | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | | \top | 1 | |
| Name of Registered W | aste Hauler | 1 | 300 | JDEP V | | Cubic Y | | | Name of | Regist | ered Lan | dfill | | | |
| United Roll Off | | | 8.8 | lauler ID 2459 | 08878 | of Wast 3 | te | | G.R.O. | | Š | | | | |
| City, State Elm NJ | | | | | | Disposa 5/24/1 | | 9 | City, Stat Morris | | A 1906 | 57 | | | |
| Completed by | | Title | - | | | Sic | gpatur | è | | | T | Date | - | | |
| Anthony T Perna | | 2000 | ident | | | (| | 0_ | | | | 5/17 | 7/19 | | |

| | | | | | | | | * | | | | Pri | nt Fo |
|--|-------------------|------------------|-------------------|---|-----------------------------|----------|---------------------------|--|--------------------------|--|----------|--|-----------|
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| Date of Notification (1) | | | | f Building Own | | | | | | * | | - Automatical Control of the Control | Ш |
| 5/16/19 | | | Frank | Kucsan Pri | vate Hon | пе | Service Services | l M | AY 22 | 20 | 9 | |]] |
| Agencies Notified Type Notif | ication | | Street A | ddress | | | - | - | | | | 1 | |
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| | cation) | | Name of Brian | f Contact | | | | Telep | hone Num | ber | | | |
| DCA Cand | ellation | | 1912/1914/1914 | LITY INFORM | ATION | | | | | 8 | | | |
| Name of Facility Where Abatement i | s Taking Place (3 |) | FACI | LITT INFORM | ATION | Type | of Facility (| 4) | | | | | - |
| Frank Kucsan Private Home | | | | | | | School (K-1 | 100 E | | | | | |
| Street Address | | | | | | | Subchapter | | than K-12 |) | | | |
| | | | | | | | Other (i.e. p | rivate & d | commercia | l build | ling | home | s, |
| City (5) | | | | | | | etc.) re Feet | # of F | loors | В | ldg. | .ge | |
| Maple Shade NJ 08052 | | | | | | 100 | | 2 | | | 5+ | 3- | |
| County (6) | | | County | Code (7) | | Curre | ent Use (Pri | or if being | demolish | ed) | | | |
| Burlington | | | | USE ONLY) | | | No. | -manadaka,2180 i | | | | | |
| Name of Monitoring Firm Hired by Br | uilding Owner (8) | | ASCN | No. | Name | of Aba | tement Cor | ntractor (9 |) | | | | |
| N/A | | | | | Peri | naco I | nc. | | | | | | |
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| | | | | | PO | Box 3 | 29 | | | | | | |
| City, State, Zip Code | | | | | 8.55.55 | | ip Code | | | | | | |
| | www | | | | Wes | st Berl | in NJ 080 | 091 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | V 2000 | hone N | | 11.5 | icense No |). | | | |
| | | | | | | -753-9 | | | 00727 | | | | |
| Start Date (10) | | d Con | npletion | Date (11) | | | HA Monitor | | | | | | |
| 5/29/19 | 6/5/19 | | | | San | | 72 // h-1 | | | | _ | | |
| Occupancy Status During Abatemen | t (Check Only On | e) | | | Street | Addres | SS | | | | | | |
| X Facility Closed/Vacated During Abatement Performed Outside Other – Describe: | | | | | City, S | State, Z | ip Code | (************************************ | | | _ | | |
| Scope of Work (Check All That Apply | y) | | | | | | | | | | - | | - |
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| Location of Asbestos-Containing Material (A | CM) Use | d Sole | ly by | Asbestos C | Description Pontaining N | | I (ACM) | Am | ount | | | m | |
| TO BE ABATED | . Iviai | ntenar | | (i.e. then | mal system | s insula | | (Sp | ecify | Re | R | ince | Enc |
| In Facility (13) | 000. | (12) | ,,,,,,, | | urfacing, VA er miscella | | | SF c | r LF) | Remova | Repair | Encapsulate | Enclosure |
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| 181.1. 5.11 | Yes | No | N/A | | | | | 050 | 05 | | _ | | |
| Kitchen, Bathroom Laund | ıry | | X | F | loor Tile | only | | 259 | SF | Х | _ | | |
| & Pantry | | | | | | | | | | | | | \Box |
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| Name of Registered Waste Hauler | | | JDEP Wallauler ID | | bic Yards Waste | | Name of | | a Landfill | | | | |
| United Roll Off | | 10000 | 2459 | 3 | | | G.R.O. | W.S. | | | | | |
| City, State | | | | | sposal Date | 1 | City, Stat | е | | | | | |
| Elm NJ | | 88 | | 6/ | 5/19 | | Morrisv | ille PA | 19067 | | | | |

Completed by

Anthony T Perna

Title

President

Date

5/16/19

Signature

| (V K73 | 12 1 | DA | NO. | | ATIO | | SBE | Jersey STOS ABA 8:60 and 5: | | In | EG | E | | W | | [[|
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| | 17 / | 19 | 9 | | Pe | ennsauk | en P | ublic Schoo | ols | IU L | II MAY | 2 2 | 2 21 | 019 | | IJ |
| Agencies Notified | Type Notifi | cation | | | Stre | et Address | ; | | | - | - | | | _ | + | |
| ⊠ EPA | | | | | 16 | 95 Hylto | n Ro | oad | | | ASBEST | 08.0 | Ohio | 001 | 7 | |
| ⊠ DOLWD | Amende | 5350 | | | City, | State, Zip | Cod | e | | | LIC | CENS | ING | 136.16. | - | - |
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| (NJAC 5:23-8) | ☐ Emerge justifica | tion) | iciuair | ıg | | e of Conta | | | | | Telephone | Numb | or | | - | |
| | Cancella | | | | Ja | ck Killio | n | | | | 856-662 | | | E40 | | |
| | | | | | | | | DMATION | | | 030-002 | -0500 |) X 0 | 519 | - | |
| Name of Facility Where A | hatement is | Takin | a Dlac | 0 (2) | F.F. | ACILITY | NFC | RMATION | T= | | | | | | _ | |
| Baldwin Elementary | | Taking | y Flac | e (3) | | | | | Type of Fa | | 1000 | | | | | |
| Street Address | 3011001 | | | | | | | | School Subcha | | Other than | V 121 | | | | |
| 3901 Sharon Terrac | | | | | | | | | Other (i | e., pri | ivate and co | mmero | ial b | uildine | | |
| | е | | | 0.00 | | | | | homes, | etc.) | | | | | | |
| City (5) | | | | | | | | | Square Fee | et | # of Floor | S | В | ldg. A | ; | |
| Pennsauken | | | | | | | | | 67,000 | | 2 | | | 80 | | |
| County (6) | | | | | Cou | inty Code | (7)(S7 | TATE USE ONLY | Current Use | e (Pric | or if being de | molish | red) | | - | |
| Camden | | | | | | | | | School | | | | | | | |
| Name of Monitoring Firm I | Hired by Bui | Iding C | Dwner | (8) | ASCN | l No. | N | ame of Abaten | nent Contracto | or (9) | | | | | - | |
| Arcadis U.S., Inc. | | | | | | | | Shade Envi | ronmental, l | LLC | | | | | | |
| Street Address | | | | | | | _ | reet Address | , | | | | | | _ | |
| 10 Friends Lane, Su | ite 100 | | | | | | | 623 Cutler A | venue | | | | | | | |
| City, State, Zip Code | | | | | | | - | ty, State, Zip 0 | | | | | | | | |
| Newtown, PA 18940 | | | | | | | | Maple Shad | | | | | | | | |
| Project Manager for Monito | oring Firm | | | Tele | ephone | No | - | elephone No. | C, 140 00032 | | License M | | | | - | |
| David Hilinski | 3 | | | | | 5-4069 | | 856-755-009 | 0 | | License N | 0. | | | | |
| Start Date (10) | | School | uled C | | | ate (11) | _ | | | | 00842 | | | | _ | |
| 06 /19 / _ | 19 | _0 | 7_ / | | | 19 | | ame of OSHA I EMSL Analy | | | | | | | | |
| Occupancy Status During | | | | | | | St | reet Address | | | | | | | | |
| ☐ Facility Closed/Vacated | During Enti | ire Per | iod of | Abate | ment | | | 200 Route 1: | 30 North | | | | | | | |
| Abatement Performed (Time of Abatement: | Jutside of N | ormal | Facilit | y Hou | rs - De | | Cit | y, State, Zip C | ode | - | | | | | - | |
| rane or Abatement. | | PIV | /1/ | PIVI | | _AM | (| Cinnaminso | n, NJ 08077 | | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | | ntainment with | | tive Pressur | Α | | | 12000 | |
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| ≥ 100 St 01 ≥ 200 If | | | ∐ De | emolitio | on | | | | g Procedure | . N | E-i-Li-D | | | | | |
| | | 1 | Is | Locat | ion | T | | ☑ NOII-EXE | empted (*) and | Non- | Friable Prod | ceaure | | | - | |
| Location of | f | | - 1 | Vorma | lly | 1 | | Description (| of | | | | Ab | ateme | : Ty | /pe |
| Asbestos-Containing M | | 1) | | d Sole | | Asbe | estos | Containing Ma | | 1 | Amount | | Rei | Repair | 1 | En |
| TO BE ABAT IN Facility | <u>ED</u> | | | todial | | (i.e | e., the | ermal systems | insulation, | | (Specify | | Removal | pair | 5 | Enclosure |
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| Exterior | | | | \boxtimes | | Windov | v Ca | ulking | | | 2,370 LF | = | \boxtimes | |] | |
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| Name of Registered Waste | Hauler | | | N | JDEP \ | Naste | Cul | oic Yards of | Name of R | ogists. | rod Londen | | Ш | \Box | 7 | Ц |
| Freehold Cartage | 1100101 | | | Н | auler II 15939 | No. | Wa | | Fairless | | | | | | | |
| City, State | | | | | 10000 | | | posal Date | City, State | | | | | | _ | - |
| Freehold, NJ | | | | | | | 1 | 7/12/2019 | Morrisv | ille. F | PA | | | | | |
| Completed By (Print or Type | e) | Title | | | | | | Signature | - | -, . | | Date | | | - | |
| Christina Lynch | (d) | | ce Pro | eside | nt of (| Operation | าร | Marela | EX. | *** | | Date | | 19 | | |
| | | | | | | weiling and the second | | UNIVOR | = × | 1 | 7 | 01 | 1+ | 11 | | - 1 |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 16 Lorraine Walijeski 2) 2010 Agencies Notified Type Notification Street Address □ DOLWD ☐ Amended TOS CONTROL City, State, Zip Code LICENSING **⊠** DOH Amendment # South River, NJ 08882 ☐ Emergency (including ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Lorriane Walijeski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Walijeski Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial building, homes, etc.) City (5) Square Feet # of Floors Bldg. A 3 South River 1,698 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 29 / 19 __05__ / __31__ / __19_ EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North $\hfill \square$ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-__PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatem it Type Normally Location of Description of Repair Encapsulate Used Solely by Enclosure Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) No N/A Yes Living Room Floor Tile \boxtimes 100 SF \boxtimes П Floor Tile Sitting Room \boxtimes 138 SF X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 City, State Disposal Date City, State Freehold, NJ 05/31/2019 Morrisville, PA Completed By (Print or Type) Signature Date Christina Lynch Vice President of Operations 5/16/16

State of New Jersey

ASB-41 JAN 13

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 16 1 19 Holmdel Board of Education Agencies Notified Type Notification Street Address **⊠** EPA 65 McCampbell Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # LICENSING Holmdel, NJ 07733 DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Dr. Robert McGarry 732-946-1800 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Indian Hill Elementary School School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 735 Holmdel Road homes, etc.) City (5) # of Floors Square Feet Bldg. Age Holmdel 80,000 2 67 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants Incorporated 0057 Shade Environmental, LLC Street Address Street Address PO Box 385 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __06__ / __14__ / __19 06 / 21 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Mini-Enclosure
☐ Glovebag Proc $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement ype Normally Location of Description of Used Solely by Remova Lincaboniate Enclosure Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Classrooms 10, 13 and 14 \boxtimes Joint Compound 79 SF Г Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 30 City, State Disposal Date City, State Freehold, NJ 06/21/2019 Morrisville, PA Completed By (Print or Type) Title Signature Christina Lynch Vice President of Operations

State of New Jersey

ASB-41

| .05.2019 06:46 AM A. | Mac (| Cont | ract | ing | 2 | 0126 | 2052£ | E | | SPA | GE. | | 2/ |
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| CKIZUG PAID | N | | CATION | te of New Jeres OF ASSESTOS o NJAC 6:60 as | ABATE | | A A | | 2 2019 | | 妙 | 14 | 7 |
| Date of Notification (1) | and the same of th | | Name of John B | Building Owners | Operator | (2) | ASSES | OS (| OOVIRDE SING Y | 8/1 | MAK | 1 | |
| Agencies Notified Type Notification | | | Stree! Ad | dress | | | - Industrial Engine | - | | 1/74 | T. L. L. | TY C | 57, 77 |
| EPA Initial Amended Amended Amendment | , | | | e, Zip Code lown, NJ 077 | 48 | | - | Loren | W/A I/VE | 16 | | | |
| M DOH Letifloation) DCA Cancellation | ncluding | | | e Curchy | | | | Tel | ephone Num | ber | | | |
| Neme of Fedilify Where Abatement is Taking | Place (3 | 1 | PACI | ITY INFORMA | TION | Type | of Facility (4 | 11 | | | and the same | | |
| Brown Street Address | | | | The break side is to see the second | | | School (K-1) | 2) 8 (Oth | er than K-12 & commercia |) I bullo | ings, | home | På, |
| City (5) Middletown | | | | | | 2500 | e Feet | 2 | f Floors | 5 | idg. A S | 50 | |
| County (6) Monmouth | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | County C | oda (7) | - | Curre Res | nt Use (Prid | r if be | ing demolish | ad) | | | |
| Name of Monitoring Firm Fired by Building | Wher (6) | | ASCN | No. | | | tement con intracting | | (9) | | | | eranir kalan |
| Street Address | | | - | | | Vresis | e nd Ave | | | | | | |
| City, State, Zip Code | | - | | | | State, Z | p Cods ark, NJ 0 | 7432 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | hone No -262-5 | 30 (A. C. 1999) | | License No 00156 |). | | | |
| 8tert Date (10) 5 1.5 1.7 | Schedule 5 | 9 Cor | mpletion | Data (11) | | | A Monker Nironmer | ntal S | ervices in | ė. | | | |
| Occupancy Status During Absternent (Chec | | 100 | nant | | | Huyle | r Street | | | | | | |
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| | | Local | | | | | | | | | Abate | men! pe | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma Cue | Norma Id Bok Intena Iodiei (12) | ely by Ince/ Stan? | Asbestos Co (l.e. them sui | Description of the property of | Material ne insuli | ation. | i | Amount Specify For LF) | Removal | Repair | Encapostate | Enclosure |
| Bedroom | Y89 | No | N/A X | | VAT | 0 | | 2 | 50 SF | X | - | - | 十 |
| | 1 | | | | | | | | | | | | F |
| Name of Registered Waste Hauler | | | UDEP V | | olc Yarda | | The state of the s | | ared Lendfill | | | | |
| Newark Carting Inc. | | Ó | 4509 | 2000 | Vaete | | 1 | | rai Sanitar, | / Ler | ndfill | | |
| Newark, NJ 07105 | | | | 5 | IS/ | 100 | | | A 08072 | | | | |
| Completed by R. McDonald | Pres | ident | | | Signat | Mi | Hunds | 1 | Pi | 1 | 5 | 119 | ľ |

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| UK1118 | P | AID | NOT (F | IFICA1 | TION ASE | New Jersey BESTOS ABATE C 8:60 and 12:12 | EMENT 20) | DE G | <u></u> y 2 | | <u>W</u> | וויונ |
|--|---------------------|---------------------------|---|---|----------------------------|---|----------------------------------|---|----------------|----------------|-------------|-------|
| Date of Notification (1) 5/17/1 | 9 | | | | | ling Owner/Operate Charter School | or (2) | | | 6. 6 | .010 | - |
| Agencies Notified | Type Noti | | | 24 TO 10 TO 10 | eet Addres 0 Bunn D | | | ASDLO | ICEN | ISIN | THE G | F. 1 |
| DEP | Emerg | dment #_ ency (include | dina | | , State, Zip inceton, N | Code NJ 08540 | | | | | | Ξ |
| DOH DCA | justific Cance | caton) | • | 1 | me of Co ry Patton | | | Telephone Nu 609-924-057 | | | _ | - |
| | - | | | F. | ACILITY IN | FORMATION | | | | | | = |
| Name of Facility Where Administration Build | Abatement i ding | s Taking Pla | ace (3) | | | | Type of Facilit | | | | _ | |
| Street Address 100 Bunn Drive | | | | | | | Other (i.e., | r 8 (Other than K- private 8 commerc | | ilding | 5, | |
| City (s) Princeton, NJ 08540 | | | | | | | Square Feet 2500 SF | # of Floors | 100 | Bldg. 75 yr | | 1 |
| County (6) Mercer | | | | Co | ounty Code SE ONLY) | e(7) (STATE | | rior if being demo | | | <u> </u> | |
| Name of Monitoring Firm (8) | Hired by Bu | ilding Own | er | ASC | M No. | Name of Abate AEi2, LLC | ment Contractor (| | | | == | |
| Street Address | | | | | | Street Address 361 E. Flemi | | | | | _ | |
| City, State, Zip Code | | | | | | City, State, Zi | ip Code | | - | | _ | |
| Project Manager for M | onitoring F | irm | Te | lephone | e No. | Telephone No. 609-481-212 | | License No. 00689 | | | _ | |
| Start Date (10) 6/1/19 | | Scheduled 6/3/19 | Comp | etion D | ate (11) | Name of OSHA | | | | | = | |
| Occupancy Status During | Abatement | | ly one | _ | | AEi2, LLC Street Address | | | | | | |
| | | | | | t | 361 E. Flem | | | | | | |
| Abatement Performed Other - Describe: | Outside of N | Normal Faci | ility Ho | urs | | City, State, Zip C Hammonton | Code | | | | _ | |
| Scope of Work (Check all | that apply) | | | | | Full Co | ntainment with N | egative Pressure | | | _ | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoliti | tion on | | Mini-En Gloveba | ag Procedure | on-Friable Proced | | | | |
| 1 - 2 | | | Locat | ly | | | | on-Friable Proced | _ | Abate Typ | | |
| Asbestos-Containing Ma TO BE ABATE IN Facility (13) | aterial (ACM |) Ma | ed Sole aintena Custodi Staff? (12) | nce/ al | | Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaned | rerial (ACM) nsulation, or | Amount (Specify SF or LF) | R e m | R e p | нисери | |
| | M150 | Yes | No | N/A | | | | | a 1 | i | u 1 a | |
| Basement | | _ | - | X | TSI | | | 120 LF | X | | 0 | |
| | | | | | | | | | - | | | |
| Name of Registered Wast | e Hauler | | | NJDEP 1 | Masta | Cubic V | I Name (D | | | | | |
| AEi2, LLC | o ridulti | | H | lauler II | | Cubic Yards of Waste 10 | Name of Regis | stered Landfill | | | | |
| City, State Hammonton, NJ | | | | | | Disposal Date TBD | City, State | 7 | | | | |
| Completed By Wm. Minnick | | Title Prograi | m Mg | r. | | Signature / | Mmic | Date 5/17/19 | | | = | |
| 3-41 | | | | | | 1000 | | | | | | |

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-94 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/1 14 1/11 19 MAY Willie Wright Agencies Notified Type Notification Street Address ☐ EPA Initial ASBESTOS CONTROL & Amended DEP City, State, Zip Code Amendment #: DOL M Emergency Hillside, NJ 07205 (including DOH Name of Contact Telephone Number justification) DCA Willie Wright Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than F 12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors B g. Age City (5) County (6) County Code (7) 1,200 60 (State use only) Current Use (Prior if being demolish 1) Hillside, NJ 07205 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 05/15/19 05/20/2019 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 if Mini-enclosure \bowtie Renovation Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable proc dure Is location normally used solely R E Location of E by maintenance/custodial е е asbestos-containing n Amount Description of asbestos-containing staff(12) n m material (acm) to be p С (Specify SF or material (ACM) C abated in facility (13) 0 a а Yes No N/A V Basement PIPE INSULATION 11 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1/2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 05/14/19 ASB-41 Do not use this form for asbestos licensure exempted activities.

Do not use this form for asbestos licensure examples activises.

ABB-41

haze i

Wancome College GASIOSSIAGO

State of NJ

Notification of Asbestos Abatement

| B & G proj. #: | 2019-111 | ATI | | 11 | | | 1 16 | | Check # | 9294 | | _ | | e. | |
|---|--------------------------------|---------------------|--------------|-------------|-------------|----------|--|-------------------------|--|-------------|---------|---|--------------|-------|------|
| Date of Notification (| 1) | I I No | mo of Ruil | A- | | - | - // | Tin | FC | EI | W/ IE | Ī | 7 | | |
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| Agencies Notified | | | | | J. 2.00.100 | | | | NA AV | 222 | 010 | + | # | | - |
| ☐ EPA | ☐ Initial | | 2 Park A | venue | | | | | WAI | - 2 6 | UIY | _ | | | |
| ☐ DEP | | Cit | ty, State, Z | ip Code | | | | | <u> </u> | | | | | 144 | Ī |
| X DOL | X Amendm | ent | Park Ric | lge, NJ C | 7656 | | | 0 | 110 | FNSIN | HUL | | | | _ |
| ▼ DOH | | | me of Con | tact | | | | 1 | Telephone | Number | | | | | |
| ☐ DCA | L Cancellat | ion | Robert \ | Vright | | | | | 201-573 | 3-6000 | | = | | | _ |
| - | | | | FACI | LITY INFORM | ATION | | | | | | | | | |
| Name of facility whe | ere abatement is | taking place | ce (3) | | | | | | | | | | | | |
| Park Ridge Hig | gh School (No | ON-Sub | 8) | | | | | | | | her tha | (-1 | 2) | | |
| Date of Notification (1) O 5 / 1 6 / 1 9 | | | -, | | | | | | | | | | | | |
| Secretaries and property | 9 | | | | | | | | | | | Ide | g. Ag | | _ |
| Extra scope & Monito Date of Notification (1) 0 | | nty Code (7) | Squa | re reet # | | | | yea: | | | | | | | |
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| | | | | | | L., | | - | the state of the s | | | = | 90 | | = |
| | | | r (8) | | | | | | | | | | | | |
| | Environinenta | al, LLC | 7 | | 11/a | _ | | ation, Inc |). | | - | = | _ | - | - |
| | Lane | | | | | | 105 Ryerson | | | | | _ | | | 1000 |
| City, State, Zip Code | PA 19380 | | | | | | | | 135 | | | | | | |
| | | | I Ph | one Numb | er | _ | | Commence of the comment | 7 | License | Numbe | = | | - | = |
| 7 | | | | | | | | | | 00 | 378 | _ | | | _ |
| | | TSched | Completic | n Date (11 | 1) | | | | | | | | | | |
| | .5 (1.5) | F-25/1-2-0-2-2-2 | | | | | | ation, in | C | | | = | | | - |
| NO PORTO STORE AND STORES AND STORES | Ouring Abatemen | t (Check o | nly one) | | | | | Road | | | | | | | |
| Facility closed | /vacated during | entire perio | od of abate | ment. | | - 1 | City, State, Zip Cod | e | | | | = | | | = |
| Abatement pe | rformed outside eekend work | of normal f Only | acility hour | 'S- | | | Lincoln Doub | N I 0702 | - | | | | | | |
| Other-Describ | e: start work | Friday 4: | 00 pm | | | - | Lincompark, i | NJ 0703 | 5 | | | = | 23 | | |
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| | | | | | | - | | legative pi | _ | | | | | | |
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| | taining | by mainte | | | | ion of a | sbestos-containing | | | | 0.000 | | n | E n | |
| material to be | | | | | | | | | | F or | 0 | | c a | C | |
| abated in raci | шу (13) | Yes | No | N/A | | | | | | | e | | р | | _ |
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| | srooms-A wir | | | | | | | | | | | 1 | 븜 | ዙ | - |
| Koom # 12 | * | | × | # | J bibe (wia | Pac | 40 | | 7.11 | | H | \forall | 片 | 情 | - |
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| Registered Waste H | lauler | | | ID# C | | Waste | | | | | .,— , | | | - | |
| B & G Restorat | tion, Inc. | | 19563 | Diagonal | | | | al Landfi | ll | | | _ | | | - |
| City, State Lincoln Park | ۸J | | | | | | | PA | | | | 12500 | | | |
| Completed by (Print | t or Type) | | | | Signature | | 0,0 | | | | 0/004 | _ | | | Í |
| | | Secreta | ry/Treas | urer | 1 | | Jordana Zuna | | | 05/1 | 0/2019 | _ | | | |

| Date of Notification (1) | AID | N | (Pu | CATION | DALM O | STOS A | BATEMENT | Annual An | MAY | 2 2 | 20 | 19 |
|--|--------------------------------------|-----------|--|---------------------|----------------------|----------------|---|--|---------------------|---------------|--------|--|
| 05/17/2019 | | | i | viaple S | hade Bo | ard of 5 | ducation | | ASBES C | HECK N | 0, 14 | 8 |
| Agencies Notified Type Notifie | | | Ľ | | derick Ay | | 10 | D | 01, -10 T | AT | 7 | - |
| E DOL Ame | ended endment #_ engency (incl | ludina | A | vlaple S | | ie ew Jers | ey 08052 | | "[[] | | | SAST SAST SAST SAST SAST SAST SAST SAST |
| ☑ DOH just | ification) cellation | | 8 | dame of Beth No | rcia | | | 8 | 66-779-1750 | | | |
| Name of Facility Where Abateme | nt is Taking I | Place (3) | | FACIL | ITY INFO | RMATIC | Type of Fecil | (4) WAII | IER APPT | 10M | D | |
| Maple Shade High School Street Address 180 Frederick Avenue | | _ | | | | | School (I | K-12) ter 8 (Other the | n K-12) | s bome | s etc | . 1 |
| City (6) Maple Shade, New Jersey 08052 | | | | | | | Square Feet 20,000 | | of Floors | | . Age | _ |
| County (5) Bargeri | | | 6 | County C | ode (7) SE ONL Y) | | Current Use | (Prior if being di High School | emplished) | | | |
| Name of Monitoring Firm Hired b Environmental Design Inc. | y Building Ol | Hner (8) | | ASCM | No. | | Name of Abai | errent Contract ration | er (9) | | | |
| Street Address 5434 King Avenue | | | | | | | Street Address 246 Union E | oulevard | | | | |
| City, State, Zip Code Pennsauken, New Jersey 08: | | | | | | | | V Jersey 0761 | 2 | | | |
| Project Menager for Monitoring F Tom Pruno | | | 3 | Telephor 358-618 | -9516 | | Telephone No 973-225-840 | 00 | License No 01104 | 10 | | |
| Start Date (10) 05/23/2019 Occupancy Status During Abater | 1 | 05/2720 | 19 | etion Dat | e (11) | | | nental Labora | tories, LLC | | _ | |
| E Fecility Closed/Vacaled Duris | 10 Entire Per | iod of Ab | ateme | nt | | | Street Address 2333 Route | 22 West | | | _ | _ |
| C Other - Describe: Scope of Work (Check All That A | | | | | | | City, State, Zi Union, NJ 0 | 7083 | | | _ | _ |
| ☑ 3 sf or ≥3 ff □ ≥160 sf or ≥250 ff | | | lerovat remoliki | | | | D Die | Containment w N-Enclosure wa Bag Proced N-Exampted (*) | ure I Limited Co | ntalom | ent & | Te |
| | | ls | Locatio | on | | | | I-LASING (U.S. | Amount (Specify | _ | pater | |
| Location of Asbestos-Containing Materia TO BE ABATED In Facility | i (ACM) | Usa Ma | Normali id Solei intenar todiel S | ly by | Aabs: | sice Cor | Description of deining Materia emainsulation VAT, or | al (ACM) (i.s. , surfacing, | SF of LF) | Res | Тур | |
| (13) | | Yes | (12) No | N/A | | othe | er miscellaneo | ua) | | Resnoval | Repair | Enterts de la |
| Acress the Hall from Storag | | | | ж | | Doub | le Transite Po | anels | 6 SF | X | | |
| Across the Hall from Storag | ge Room | | | × | Blac | kboard | W/ associate | d glue dots | 28 SF | × | - | |
| Name of Registered Wester Hau | ler | | | NDE6 N | | | Yarda | Name of Rag | létored Landfili | | | |
| Lilich Corporation | | | | lauler ID 18724 | No. | of Wa | ste | Fairless La | กซลิแ | | | |
| City, State Totowa, New Jersey | | | | | | Dispo 05/27 | sal Date | City, Stale | PA | | | _ |
| Completed by Adriana Olejarova | | Title | esiden | it | | 1 | signatur | TOU | Da | te 3/17/20 | 19 | |

| Date of Notification (1) | 185PAII | N | | CATION ursuant Name of | to NJAC | STOS A 8:60 and Owner/C | ABATEMENT | | MAY | 22 | W E | 2 | The second secon | |
|---|---|-----------------------|-----------------|-------------------------------|--------------------------|-------------------------------|---|--|-----------------|---------------------|--------------|------------|--|-----------|
| Agencies Notified | Type Notification | | - | Street A | ddress | | | 1 | Marie I III III | | | - | - Calabar | |
| □ ЕРА | ☑ Initial | | | | alisades | |) | <i>P</i> 10 | LIC | S CONT ENSING | HUL & | | - | |
| □ DEP □ DOL □ | Amended Amendment #_ | | | | ite, Zip Co e, New Je | | 7024 | | | | | | | |
| ☑ DOH ☐ DCA | ☐ Emergency (incomplete justification)☐ Cancellation | auding | | Name of Kenny I | f Contact Barry | | | | | one Numb 47-3331 | er | | | |
| Name of Facility When | re Abatement is Taking | Place (3) | | FACI | LITY INFO | RMATI | ON Type of Facility | (4) | | | | | | |
| The Plaza | | , (0) | ŝ | | | | ☐ School (K-1 | 735 | | | | | | |
| Street Address 1500 Palisades Ave | enue | | | | | | ☐ Subchapter ☑ Other (i.e. | 8 (Other ti | | | s, hom | es, (| ; .) | |
| City (5) Fort Lee, New Jerse | ey 07024 | | | | | | Square Feet 120,000 | | # of Flo | oors | Bldg 50+ | | | |
| County (6) Bergen | | | | County (| Code (7) USE ONLY) | - | | ondo Bldg | | hed) | | | | |
| Name of Monitoring F Whitman | irm Hired by Building C | Owner (8) | | ASCN | 1 No. | | Name of Abater Lilich Corpora | nent Contra tion | actor (9) | | | | | |
| Street Address 7 Pleasant Hill Roa | d | | | | | | Street Address 246 Union Box | ulevard | | | | | | |
| City, State, Zip Code Cranbury, New Jers | sey 08512 | | | | | | City, State, Zip of Totowa, New . | Code Jersey 07: | 512 | | | | | |
| Project Manager for N Kevin Lovely | Ionitoring Firm | | | Telephor 732-390 | | | Telephone No. 973-225-8400 | | 100 | cense No. 1104 | | | | |
| Start Date (10) 06/03/2019 | | Scheduled 06/07/20 | | oletion Da | te (11) | | Name of OSHA Iris Environme | | ratories | , LLC | | , | | |
| | ring Abatement (Check | | | 00.754 . | | | Street Address 2333 Route 22 | 2 West | | | | | 1000000 | |
| ☐ Abatement Perfor☐ Other – Describe: | | | | | | | City, State, Zip 0 Union, NJ 070 | | | | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l | | | enova emolit | 220.783/1 | | | ☐ Mini-E | ontainment Enclosure Bag Proced Exempted (* | dure / Lii | mited Cor | tainme | | ∍nt | |
| | | 12.55 | Locat | | | | | | A | mount specify | | ate Tyr | ent | |
| Asbestos-Contain TO BE / | tion of ing Material (ACM) ABATED acility 3) | Used Mai | ntena | ely by ince/ Staff? | | stos Cor mal syst | Description of ntaining Material (tems insulation, s VAT, or er miscellaneous) | urfacing, | | of LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | ite | Œ |
| 29th Floor No | rthern Corridor | | Х | | | Acoust | tical Ceiling Pla | ster | 40 | 00 SF | X | | | |
| | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | |
| Name of Registered V Lilich Corporation | Vaste Hauler | | 1 | NJDEP W Hauler ID 18724 | | Cubic of Wa 5 | ste | Name of Re Fairless L | 100 | I Landfill | | | | |
| City, State Totowa, New Jerse | у | | | | | Dispo: 06/7/2 | sal Date | City, State Morrisville | , PA | | | | - | |
| Completed by Adriana Olejarova | | Title Pre | sider | nt | | 9 | Signature | a. | A | Date 06/ | e /17/209 | 9 | | |

| Date of Notification (1) | PAI | NOTI (| FICATION Pursual | State of New J ON OF ASBES nt to NJAC 8:6 | TOS ABATE 0 and 12:12 | 20) | NT | | E C | E [| 201 | 1 | rint For |
|--|------------------------|---------------------------------------|---------------------------|---|---|--------------------------|--|--------------------------|---------------------------|---------------|--------|-------------|-----------|
| Agencies Notified EPA DEP DOL DOL DOH DOH Type Notification Initial Amended Amendmer Emergency justification | nt # | g | Street City, S | Greenfield Address State, Zip Code of Contact | | | ore that are the second of the | | ASBESTA LIC | CENS | ING | KOL | Ž. |
| DCA Cancellatio | n | (3) | The second | Greenfield | MATION | | | | | Unitide | | | |
| Street Address City (5) | Ing Flace | (3) | | | | × | School (K-1 Subchapter Other (i.e. petc.) | 12) 8 (Oth private | & commer | cial bu | | | ies, |
| Jackson County (6) | | | Count | 0.1.7 | | | | | f Floors | | Bldg. | Ag€ | |
| Ocean | | | (STATE | Code (7) USE ONLY) | | Cur | rrent Use (Prid | or if bei | ng demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building Street Address | Owner (8 |) | ASC | M No. | AAA | LEA | batement Con AD PROFE | tractor SSIO | (9) NALS | | | | |
| 83.855 | | | | | Street 6 Wh | | ess DOVE CO | DURT | | | | | |
| City, State, Zip Code | | | | | | | Zip Code OOD, NJ 08 | 3701 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | Teleph 732-6 | one l | No. | | License | No. | | - | _ |
| Start Date (10) 05/23/19 | Schedul 05/27/ | | mpletion | Date (11) | | | SHA Monitor | SSIO | | | | | - |
| Occupancy Status During Abatement (Chec | | | | | Street | Addre | | | VALO | | | | - |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: | period of nal Facility | Abaten y Hours | nent | | City, St | tate, 2 | Zip Code | | | | | | - |
| Scope of Work (Check All That Apply) | | | | | LANE | LVVC | OOD, NJ 08 | 3701 | | | | _ | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | × | M Gl | ull Containme ini-Enclosure lovebag Proce on-Exempted | edure | | | | re | |
| Location of | 1 | Locati | ly | | Doggelation | | | | | | Abate | | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intenar todial S (12) | nce/ | Asbestos C (i.e. thern su | Description ontaining Manal systems rfacing, VAT miscellane | ateria insul 「. or | lation, | (S | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | Yes | No | N/A | DOD | 20DN 0E | | 10 | | | <u>a</u> | | ate | Ге |
| an Enon | | | | POPC | CORN CE | ILIN | IG | 50 | 0SF | x | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | Ha | JDEP W auler ID 509 | 100 Total | oic Yards Vaste | | Name of R | egister | ed Landfill | | | | - |
| City, State NEWARK, NJ | | | | | oosal Date 27/19 | | City, State BETHLE | HEM | ΡΔ | | | | |
| Completed by IOSEPH PERLSTEIN | Title OWN | ER | | | Signature | | | . 1-11 | Da | ite 5/20/1 | 9 | - | - |



CK#1001

| Date of Notification (1) | | | | | Man | f D!!-!!- | - 0 | /0 | (0) | | - | | = = | |
|--|-----------------|------------------------------|-------------|--------|---------------------------|--------------|----------|----------------------------------|--|-----------------|--------------------|--------------------------|-------------|-------------------|
| | 21 / | 19 | | | 597.65 | nk of Am | | vner/Operator a | (2) |)EG | E | $\underline{\mathbb{V}}$ | | |
| Agencies Notified | Type Notific | ation | | | Stree | t Address | | | | 31 | | | - + | |
| ⊠ EPA | | | | | 84 | Parkl Av | enu | е | The state of the s | III MAY | 2 2 | 2019 | | U |
| ⊠ DOLWD | Amended | S. commercial and the second | | | City, | State, Zip (| Code | | 11. | The Diff. | - L. | 4013 | | |
| ☐ DHSS | Amendm Emergen | _ | ludine | | Hil | lside, NJ | 076 | 42 | was the same of th | | ATTENDED PROPERTY. | energy to be set | | 1 |
| (NJAC 5:23-8) | justificati | | iuaing | 3 | 1 | e of Contac | | | | Telephone N | lumber | HTRO | 1 2 6 at | |
| () | Cancellat | | | | The state of the state of | no Nappi | | | | 516-972 | ULIVOI | NG | d1 | page on the first |
| | | | | | FA | CILITY IN | IFO | RMATION | | | | | | |
| Name of Facility Where A | Abatement is 7 | Taking | Place | (3) | | | | | Type of Facility (4 | 4) | | | | |
| Bank of America | | | | | | | | | School (K-12) | 04.17 | | | | |
| Street Address | | | | | | | | | Subchapter 8 | | | | | |
| 84 Park Avenue | | | | | | | | | Other (i.e., pri homes, etc.) | vate and com | mercial | building | j: | |
| City (5) | | | | | -2-115 | | | | Square Feet | # of Floors | - | Bldg. A | | |
| Hillside, NJ 07642 | | | | | | | | | 5,000 | 1 | | 45 | 5 | |
| County (6) | | | | | Cou | nty Code (7 | r)(STA | ATE USE ONLY) | Current Use (Price | or if being dem | nolished |) | | |
| Bergen | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding Ov | wner (| (8) | ASCM | No. | Na | me of Abatem | ent Contractor (9) | | | | | |
| ARCADIS U.S Inc. | | | | | V | | | JVN Restora | tion Inc | | | | | |
| Street Address | | | | | | | Str | eet Address | | | | | | |
| 44 South Broadway | 1 | | | | | | 4 | 7 Foster Ro | ad | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip C | ode | | | | | |
| White Plains, NY 10 | | | | | | | 5 | Staten Island | NY 10309 | | | | | |
| Project Manager for Moni | toring Firm | | | Tel | ephone | No. | Tel | ephone No. | | License No | | | _ | |
| Dino Nappi | | | | 5 | 16-972 | 2-8809 | 7 | 18-605-6256 | ; | 00774 | | | | |
| Start Date (10) | | | | . 8 | | ite (11) | - | me of OSHA N | 1onitor | nis nees | | | _ | |
| 06 /01 / | | 06 | | | 6_ / | 19 | Т | estor Tech | | | | | | |
| Occupancy Status During | | | | | | | Str | eet Address | | | | | | |
| ☐ Facility Closed/Vacate ☐ Abatement Performed | | | | | | | | 0- 59 Jacks | | | | | | |
| Time of Abatement: | | | | | | | 365 | y, State, Zip Co | | | | | - | |
| Sunday 9:00 am to | 3: 00 pm. | AM | | = | , acar a | | L | IC NY 11101 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | ⊠ Eull Con | rainment with Nega | itiva Decesives | | | 70.00 | |
| ≥3 sf or ≥3 lf | | | ⊠ Re | novat | ion | | | ☐ Mini-Enc | tainment with Nega losure | itive Pressure | | | | |
| ≥160 sf or ≥260 lf | | |] De | moliti | on | | | Gloveba | g Procedure | | | | | |
| | | | le | Loca | tion | | | ☐ Non-Exe | mpted (*) and Non- | -Friable Proce | | | | |
| Location | of | | | Norma | | | | Description of | .f | | F | Abateme | е Т т — | Гуре |
| Asbestos-Containing I | Material (ACM | 1) | | | ely by | Asbe | stos | Containing Ma | | Amount | Ze | Repair | 1 | Enclosure |
| TO BE ABA IN Facilit | | | | | ance/ Staff? | (i.e | | rmal systems | | (Specify | Kemova | air | 1 | dos |
| (13) | .y | | | (12) | | | | surfacing, VAT her miscellane | | SF or LF) | <u>a</u> | - | 1 | ure |
| | | | Yes | No | N/A | | | | / | | | | Ī | |
| 1st Floor | | | \boxtimes | | | Floor T | ile a | nd Mastic | | 650 SF | B | |] | |
| 1st Floor | | | \boxtimes | | | Cove B | ase | Mastic | | 75 LF | D | |] | |
| | | | | | | | | | | | | | ī | |
| | | | | П | Tim | | | | | | 1 | | 1 | Ħ |
| Name of Registered Wast | te Hauler | | | | NJDEP ' | Vaste | Cut | oic Yards of | Name of Registe | red Landfill | | 1 _ | L _ | |
| Newark Carting | | | | 200 | Hauler II | D No. | Wa | ste | Grand Centi | | Landf | ill | | |
| City, State | | | | | NJ-56 | 00 | 1 Dis | 5 posal Date | City, State | | | | | |
| Newark, NJ | | | | | | | | 6/08/2018 | Pen Argyl, F | A | | | | |
| Completed By (Print or Ty | /pe) | Title | | | | | | Signature, / | 1 /1 | | Date | | | |
| Ralph Barnhardt | r -/ | | piect | Man | ager | | | Jighature / | | | | -12. | P | De l |
| | | | -1001 | mai | agei | | | 11/11/ | 1 forman | | :77 | C1- | 3 | 1 1 |

| | | 8 | | State of New Jersey TIFICATION OF ASBESTOS ABATEMENT Check No. 5882 | | | | | | | | | |
|--|---|--|---------|---|-----------------|----------------|--------------------------------------|--|--|------------------------|---------|-------------|-----------|
| (K 558 | 7 | PAT | 13 VOL | | TION uant to | | | | | | | | |
| Date of Notification (1) | 0 | - All All All All All All All All All Al | | - | Name | of Buildi | ng Owner/Operator | (2) | DEG | ا كا | 17 | | 11 |
| May 16, 2019 | | | | | | | y Transit Corp | A11 | | 772 | | | |
| Agency Notified | Type N | lotification | | | | Address | | Oration | III MA | 22 | 2015 | - | H |
| | | | | | | | Plaza East | | 17 27 | | | | |
| EPA DEP Notinequired per Sate Reg. 10:2004 | ☑ Initia ☐ Ame | | | | | State, Zip | | | I Date of the last | 6 | - | | |
| ☑ DOL | | endment # | | | | | J 07105-2246 | | ASSEST | L & | | | |
| ⊠ DOH | | ergency (includ ification) | ing | | | of Conta | | | Telephone Nu | Market Barrier Barrier | - Tones | and or | to Market |
| □ DCA | | cellation | | | | | Goetchius | | 973-491-83 | | | | |
| | | | | | | | ORMATION | | 010 101 00 | | | - | |
| Name of Facility Where Al | bateme | nt is Taking Pl | ace (3 |) | | | | Type of Facility | (4) | | | | |
| Hoboken Terminal | - Pull | man Buildi | ng | | | | | ☐ School (K-12 | 2) | | | | |
| Street Address | | | | | | | | ☐ Subchapter | 8 (Other than K-1 | | | | |
| 1 Hudson Place | | | | | | | | homes, etc.) | rivate & commerc | ial buildir | ngs, | | |
| City (5) | | | | | | | | Square Feet | # of Floors | Bldg | . Age | - | |
| Hoboken, NJ 07030 | | | | | | | | 8,645 | 2 | 111 | | | |
| County (6) | | | | | Count | y Code (7 | 7) (STATE USE | | rlor if being demo | | | _ | _ |
| Hudson | | | | | ONLY | | , , | Train Statio | | | | | |
| Name of Monitoring Firm H | ame of Monitoring Firm Hired by Building Ow | | | | | | Name of Abatem | The state of the s | | | - | 2 | |
| is Labs of Union N | ris Labs of Union NJ | | | | | | | toration Co., | 750 | | | | |
| Street Address | | | | | | Street Address | | | | | 1 | | |
| 333 Highway 22 | | | | | | 223 Randolp | h Avenue / | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | | | | | - | _ |
| West Union, NJ 070 | 83 | | | | | | Clifton, NJ 0 | | | | | | |
| Project Manager for Monito | oring Fi | rm | T | elepho | ne No. | | Telephone No. | | License No. | | | | |
| Rick Eustaquio | | | 5 | 73-4 | 94-37 | 62 | 973-494-468 | 1 | 0120 | | | | |
| Start Date (10) | | Scheduled C | omple | tion Da | te (11) | | Name of OSHA | | | | | | |
| May 29, 2019 | | August 3 | 1, 20 | 19 | | | Iris Labs of | Union NJ | | | | | |
| Occupancy Status During | Abatem | ent (Check on | ly one |) | | | Street Address | | | | | | |
| ☑ Facility Closed/Vacated | During | Entire Period | of Aba | tement | | | 333 Highway | | | | | | |
| ☐ Abatement Performed O | utside | of Normal Faci | lity Ho | ours | | | City, State, Zip C | ode | | | | | |
| Other - Describe: | | | | | | | West Union, | NJ 07083 | | | | | |
| Scope of Work (Check all t | hat app | oly) | | | | | | Containment with | Negative Pressu | ro | | | |
| $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ | | | | | | ovation | ☐ Mini- | Enclosure | Negative i lessu | | | | |
| ≥ 160 sf or ≥ 260 If | | | | | ⊠ Dem | olition | | ebag Procedure | l Non-Friable Pro | cedure | | | |
| | | | 1. | . 1 | | | Z 11011 | | THOM THUBICT TO | ocaaic | Ab | eme | ent |
| | Wa | | 3337 | s Locat Normal | | | | | | | | /pe | _ |
| Location Asbestos-Containing | | I (ACM) | | ed Sole | | Asha | Description of stos Containing Ma | | Amount | | | | |
| TO BE ABA | ATED | | 325.763 | aintena Custod | | | ., thermal systems | insulation, | (Specify | | Re: | nca | Enc |
| IN Facili (13) | ty | | | Staff? |) | | surfacing, VAT other miscellane | | SF or LF) | 8 | Removal | ıpsu | Enclosure |
| (13) | | | | (12) | /11/ | | other miscenane | ous) | | | val !: | Encapsulate | ure |
| | | | Yes | No | N/A | | | | | | | | |
| 2nd Floor Rear RT Room | 2nd Floor Rear RT Room & Locker Room | | | | | | Tiles & Masti | С | 113 | 0 sq ft | M | T | |
| 2nd Floor Middle Ro | | X | | Linol | eum Flooring | | 56 | 1 sq ft | X | | | | |
| 2nd Floor Middle Ro | X | | Debri | s Cleanup of co | llapsed wall | 17 | 0 sq ft | X | | | | | |
| | | | | | | | | | | | 1 | | |
| Name of Registered Waste | Haule | | 100000 | | Vaste H | lauler | Cubic Yards of | of Name of Registered Landfill | | | | | |
| B&N&K Restoration | | Inc./ | 0.000 | No. | / 195 | E1 | Waste | Cumberland (| County Landfill / | pris | es, | | |
| Jimmy Byrne Trucking 1269 City, State | | | | | | JI | 15 | Inc. | | | | | |
| | | | | | | | Disposal Date 05/30/2019 to | City, State | | | | | |
| Clifton, NJ 07011 / Bronx, NY Completed by Title | | | | | | | 08/31/2019 | Newburg / | Waynesburg | | | | |
| | | | | Signature | Date 5/16/2019 | | | | | | | | |
| G. Roger Woodman | Project M | anag | er | | | 2/1/2 | | 2015 | | | | | |

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-99 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 5 / 1 7 / 1 9 Patricia & Leonard Kozzi Agencies Notified Type Notification Street Address ■ EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL ☐ Emergency Roselle Park, NJ 07204 DOH. (including Name of Contact Telephone Number justification) DCA Cancellation Patricia & Leonard Kozzi **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than -12) Street Address Other (Private/Commercia Bldgs./Homes, etc. Square Feet # of Floors dg. Age City (5) County (6) County Code (7) 1,600 02 60 (State use only) Current Use (Prior if being demolis 3d) Roselle Park, NJ 07204 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 05/28/19 06/04/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable prod dure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing e Description of asbestos-containing Amount n staff(12) material (acm) to be m n p (Specify SF or C material (ACM) abated in facility (13) C 0 a LF) a Yes No N/A L Basement PIPE INSULATION 144 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 **TBD** TULLYTOWN, PA Completed by (Print or Type) Title Signature Date Paige Boylan Owner 05/17/19 Do not use this form for asbestos licensure exempted activities. ASB-41

| Date of Notification (1) | | N | lame of B | uilding | Owner/Operator (| (2) | TE CIE | | - 7 | | - | | | |
|--|--|--------------------|--------------|----------|---------------------------------|---|--------------------|------------|--------------|-----------------|--|--|--|--|
| S)17) | 19 | | MARY | H | sip chri | STIAN A | CACOMY | - | . ‡ | and the same of | Appending Com- | | | |
| Agency Notified | Type Notification | 8 | Street Add | ress | BELMON | T AUE | MAY 2 | 2 2019 | - 1 | 1 | The state of the s | | | |
| DEP | ☐ Initial ☐ Amended | 0 | | - | A | on, No | 0750 | 8 | To a Charles | | - | | | |
| DOL | Amendment # | | No Name of C | | | 0, 10 | | | = = | 1 | - | | | |
| арон | justification) □ Cancellation | 1 | Name of C | AA. | DREW | | 973 Lib | 701G80 | . 8 | . | - | | | |
| DCA | - Casception | | FACILIT | | RMATION | | | | | | - | | | |
| Name of Facility Where | Abatement is Taking Place | (3) | | | | Type of Facility (| 4) | | | | | | | |
| MARION | RESIDENCE | | | | | School (K-12) | (Other than K-12) | 1 | | | | | | |
| Street Address | | | | | | Other (i.e. priv | rate & commercial | buildings, | | | | | | |
| | | | | - | | homes, etc.) Square Feet | # of Floors | Bldg. Age | | | • | | | |
| City (5) NORTH HJ | 11-5 22 | | | | ., | 2000 . | 2 | 1920 | } _ | | | | | |
| County (6) | are a single | | County C | ode (7) | (STATE USE | shed) | | | | | | | | |
| DAS | SAIC | | ONLY) | | | | DESIDEN | (C) | - | | - | | | |
| Name of Monitoring Fit | rm Hired by Building Owner | ASCM | | 7 | | ment Contractor (9 | | | | | | | | |
| (8) DETAIL AS | ssociates | 1 | 0012 | | Street Address | | | | - | | • | | | |
| Street Address | NE - SUITE O | 265 | 92 | | 450 South River St | | | | | | | | | |
| City, State, Zip Code | NO SCITTO | 30- | | | City, State, Zip | | | | | | | | | |
| ENGLEWOO | D CLIFFS. 0 | 7632 | 2 | | Hackens Telephone No. | | - | | | | | | | |
| Project Manager for M | Ionitoring Firm | Telepho | one No. | 9 | 201-329-7444 00388 | | | | | | | | | |
| Start Date (10) | LENTIN & Scheduled Cor | mpletion Da | ate (11) | <u> </u> | Name of OSHA | Monitor | | | | | | | | |
| 5/30/ | 19 5/31 | 119 | | | | Environm | ental | | - | | - | | | |
| Occupancy Status Du | iring Abatement (Check only | one) | × | | Street Address | uyler St | | | | | | | | |
| ☐ Facility Closed/Vac | cated During Entire Period of need Outside of Normal Facili | Abatemer | nt | | City, State, Zip | Code | | | | | | | | |
| D Abatement Perform Other – Describe: | TOO AM TO S | : 02 8 | м . | | S. Ha | ckensack | , N.J. 0 | 7606 | . – | - | | | | |
| Scope of Work (Chec | | | / | | | Containment with | Negative Pressu | re | | | | | | |
| □≥3sfor≥3lf | | | ☑ Reno | 2000 | D'Cle | ni-Enclosure ovebag Procedure n-Exempted (*) an | | | | | | | | |
| □ ≥ 160 sf or ≥ 260 lf | · · · · · · · · · · · · · · · · · · · | | | | □ No | A | l te | | - | | | | | |
| | | Is Loca Norm | 1000000 | | | • | | - | N N | pè | | | | |
| . Loc | cation of aining Material (ACM) | Used So Mainter | olely by | Asb | Descriptio estos Containing | Material (ACM) | Amount (Specify | . 7 | | Enc | | | | |
| TOB | E ABATED | Custo | odial | (i. | e., thermal syster surfacing. V | AT, or | SF or LF | | 3 | Encapsulate | | | | |
| I IN | Facility (13) | Star (1) | | | other miscella | aneous) | | - a | | late | | | | |
| | 33, 35,000 | Yes N | o N/A | | | 1/20 | | | | | 1 | | | |
| BASEMET | 1 | | U | 1166 | PMAL SYSTON | IN SULATION | 200 | LF X | - | - | - | | | |
| 5,20.00. | | | | | | | | | - | - | | | | |
| | | | | - | | | | | _ | | - | | | |
| | | NIDE | P Waste I | Hauler | Cubic Yards | of Name of Reg | istered Landfill | | - | - | 4 | | | |
| Name of Registered | i Waste Hauler emoval Inc | ID No | | | Waste A. Le | | a Enterp | rises | Ĺ. | LC | | | | |
| Dest no | | 1 | 7109 | | Disposal Date | 11 | | | . ~ | | | | | |
| City, State | sack , N.J. 07 | 7601 | | | 5/31/1 | | sburg, 0 | h,4468 | 1_ | | | | | |
| Completed by | Title | OOT | | | Signature | 71 | | Date S/17 | 1 | , < | | | | |
| J.Maiora | ino Est | imato | r | | 1 | Yarous , | | 10/11 | . '- | | 1 | | | |
| ASB-41 | * Do no | ot use this | form for a | sbestos | s licensure exemp | ked acdvilles. | | | | | | | | |

| 011 | (K | N | | State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | | | | |
|--|---|-------------------------------|----------------------------|--|-------------------------|--|--|---|------------------------------|-------------|------------|---------------------|-----------------------|--|--|
| Date of Notification (1) 05/16/2019 | ROJECT PUT (| ON HOL | - I | Name of | | | perator (2) | | eck No. 1472 | | | Brown | The State of State of | | |
| Agencies Notified | Type Notification | | | Street Ac 538 Ch | ddress urch Stre | et | *************************************** | D T T T T T T T T T T T T T T T T T T T | MAY 2 | 2 20 |)][| - Broads and a | | | |
| □ EPA ⊠ DEP ⊠ DOL | ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (in | | | City, Sta Middlet | ite, Zip Co own, Nev | de w Jerse | y 07748 | | ASSESTOS CONTRI LICENSING | | | | | | |
| ☑ DOH □ DCA | justification) □ Cancellation | oldding | | | Contact uyre c/o | Straigh | t Edge Cons | | elephone Numb 32-223-7859 | er | | Tell dispersion () | | | |
| Name of Facility When | a Abatament is Takin | n Place (3) | \ | FACI | LITY INFO | PRMATI | ON Type of Fac | sility (A) | | | | | | | |
| Mater Dei Prep | e Abatement is Takin | g 1 1200 (0, | , | | | | □ School | | | | | | | | |
| Street Address 538 Church Street | | | | | | | ☐ Subcha | pter 8 (Other tha e. private & com | | s, home | s, | ic.) | | | |
| City (5) Middletown, New Je | ersey 07748 | | | | | | Square Fee 20,000 | t # | of Floors | Bldg 50+ | | е | | | |
| County (6) Monmouth | | | | County (| Code (7) JSE ONLY) | <u> </u> | Current Use | (Prior if being de Private Sch | | | | | | | |
| Name of Monitoring F RAMM Environmen | | Owner (8) | | ASCN | No. | | Name of Aba Lilich Corpo | | | | | | | | |
| Street Address 77 Nottingham Roa | d | | | | | | Street Addre | 17 Table 193 | | | | | | | |
| City, State, Zip Code Fair Lawn, New Jer | sey 07410 | | | | | City, State, Z Totowa, Ne | | _ | | | | | | | |
| Project Manager for M Rodger Headrick | Ionitoring Firm | | Telephor 201-47 | | | Telephone N 973-225-84 | | | | | | | | | |
| Start Date (10) 05/17/2019 | ON HOLD | Scheduled 05/25/20 | | | | | Name of OS Iris Environ | HA Monitor Imental Labora | tories, LLC | | | | | | |
| Occupancy Status Du | ring Abatement (Chec | k Only On | e) | | | | Street Addre | _ | | | | | | | |
| ☐ Facility Closed/Vaca☐ Abatement Perfor ☐ Other — Describe: | med Outside of Norm Occupied | | | t | | | City, State, Z Union, NJ (| Zip Code | | | = | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | 507-700g (1 - 504) | lenova emolit | | | | | ssure ntainme Proced | | Tent | | | | | |
| | , , , , , , , , , , , , , , , , , , , | ls | Locat | ion | | | | , , , , , | Amount (Specify | Ab | | nent | | | |
| | tion of ing Material (ACM) | Use | lormal d Sole intena | ly by | Asbe | stos Cor | Description of taining Materi | ial (ACM) (i.e. | SF of LF) | | <u>T</u>] | е | | | |
| In Fa | ABATED acility 3) | | todial (12) | | the | - 5 | tems insulation VAT, or er miscellaned | 22.1 | | Removal | керап | Encapsulate | Enclosure | | |
| | | Yes | No | N/A | | | | | | | | lte | CD | | |
| | oom 324 | | Х | | | | Glue Dots | | 50 SF | X | | | | | |
| Classro | Classroom 325 | | | | | | Glue Dots | | 50 SF | X | | | | | |
| Classro | Х | | | | Fume Hood | | 1 (ea) | X | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered V Lilich Corporation | 733 | IJDEP W lauler ID 18724 | | Cubic of Wa 10 | Yards ste | Name of Registered Landfill Fairless Landfill | | | | | | | | | |
| City, State Totowa, New Jerse | | | | | sal Date | City, State Morrisville, F | PA | | _ | | | | | | |
| Completed by Adriana Olejarova | esider | nt | | 1.0 | signature (| s led | Date 05/ | 16/201 | 19 | | | | | | |

| Date of Notification (1 05/07/2019 |) | | | lame of B Nater De | Building O | wner/Op | erator (2) | F | eckno G47k | | | | |
|--|--|--------------------------------|---------------|---------------------------|----------------------|-----------------------|---|--|--------------------------------------|-----------------|-------------|------------------------|-------------------------|
| Agencies Notified | Type Notification | | | Street Add | iress ch Stree | et | | | ALAV 2 |) 1 | MΩ | approved the second | Harris Property |
| □ EPA ☑ DEP ☑ DOL | ☑ Initial☐ AmendedAmendment # | | N | City, State | , Zip Cod wn, New | e Jersey | 07748 | Townson | MA | 6 | 115 | mile of Maller Profile | AND THE PERSON NAMED IN |
| ⊠ DOH | ☐ Emergency (indiginal justification) ☐ Cancellation | cluding | N | Name of C | Contact yre c/o S | Straight I | Edge Const | | elephone Numb 32-223-7859 | | TRO L | L& | (le let |
| □ DCA | ☐ Cancellation | | | FACILI | ITY INFOR | RMATIO | N | | | | | | |
| Name of Facility Whe | ere Abatement is Taking | Place (3) | | I AOIL | 1111110 | | Type of Facili | ty (4) | | | | | |
| Mater Dei Prep | | | | | | | ☐ School (K | (-12) | | | | | |
| Street Address 538 Church Street | | | E+ | | | | ☐ Subchapt | ter 8 (Other tha | n K-12) mercial buildings | s, hom | , etc | ;.) | |
| City (5) Middletown, New J | Jersey 07748 | | | | | | Square Feet 20,000 | # 2 | of Floors | Bld 50- | Age | | |
| County (6) Monmouth | | Œ. | | County Co | ode (7) SE ONLY) | | Current Use | (Prior if being d Private Sc | | | | | |
| Name of Monitoring I RAMM Environme | Firm Hired by Building ontal Services Inc. | Owner (8) | | ASCM | No. | | Name of Abat Lilich Corpo | | | | | | |
| Street Address 77 Nottingham Ro | ad | | | | | | Street Addres 246 Union E | | | | | | |
| City, State, Zip Code Fair Lawn, New Je | e ersey 07410 | | | | | | City, State, Zi Totowa, Nev | p Code w Jersey 075 | 12 | | | | |
| Project Manager for Rodger Headrick | Monitoring Firm | | | Telephon 201-475 | | | Telephone No 973-225-84 | o. 00 | License No. | | | | |
| Start Date (10) 05/17/2019 | | Scheduled 05/25/20 | | letion Dat | e (11) | | Name of OSH Iris Environ | HA Monitor mental Labora | atories, LLC | | | | |
| | During Abatement (Che | | | | | | Street Address 2333 Route | ss 22 West | | | | | |
| ☐ Facility Closed/Va☐ Abatement Perfo | cated During Entire Pe formed Outside of Norm be: Occupied | riod of Abat nal Facility h | emen lours | t | | | City, State, Z Union, NJ 0 | | | | | | |
| Scope of Work (Che ⊠ ≥3 sf or ≥3 lf | | ⊠ R | enova | tion | | | □ Full | essure | | | | | |
| □ ≥160 sf or ≥260 |) If | □ D | emolit | ion | | | □ Glo | ni-Enclosure ove Bag Proced n-Exempted (*) | dure / Limited Co and Non-Friable | ntainr Proce | ent & ure | Tent | |
| | | 100 | Locat | 3000001 | | | | | Amount (Specify | | aten Typ | | |
| Asbestos-Conta TO Bi | cation of aining Material (ACM) E ABATED Facility (13) | Use Ma | intena | ely by ince/ Staff? | Asbe ther | stos Cor rmal syst | Description of ntaining Materi tems insulation VAT, or er miscellaneo | al (ACM) (i.e. n, surfacing, | SF of LF) | Remova | Repair | Encapsulate | Enclosure |
| | (13) | Yes | No | N/A | | | | | | = | | ate | O |
| Class | sroom 324 | | Х | | | | Glue Dots | | 50 SF | X | | | |
| Class | sroom 325 | | Х | | | | Glue Dots | | 50 SF | X | | | |
| Class | sroom 324 | | Х | | | Н | Fume Hood | | 1 (ea) | X | | | |
| | | | | NJDEP V | Vaste | Cubic | Yards | Name of Re | gistered Landfill | <u>L</u> | | | |
| Name of Desistant | d Macta Hauler | | 1.00 | | No. | of Wa | | Fairless L | r = 1/9/19/17/4 | | | | |
| Name of Registere | | | | 18724 | | 10 | | rainess L | anum | | | | |
| = | n | | | | | Dispo 05/25 | sal Date 5/2019 Signature | City, State Morrisville | , PA | ate | _ | | |

16.05.2019 06:54 AM A. Mac Contracting 2012620321 CELL # 973-390-6521 MARL NOTIFICATION OF ASSESTOS ABATEMENT : (Pursuant to NJAC 8:00 and 12:129) Name of Building Owner/Operator (2)

MTT — BAYONNE Date of Notification (1) Type Netfleston Street Address Agendias Noticed 250 E. 22 " STREET H Initial EPA Disp City State. Zip Code 1.1 MY LD Amended BAYOUUS Amendment # Emergency (Including Name of Contact refeshere Number . luetification) DOH CARL GIROLAMO 973-413-1821 Cancellation DCA LACILLY PEGNICATOR Name of Facility Where Abatement is Taking Piece (3) Type of Feality (4) IMTT-BAYOUNE School (K-12) Subchapter \$ (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address PURTLE & ROOF 2.1 ate.) Saugro Paet 9 of Floors 8100. Ase BAYONUE 3 000 50 Current Lea (Prior I being demollshed) County (6) County Code (7) 1448502 Name of Monitoring Pirm Hired by Building Owner (\$) ARCM No. Name of Abatement Contractor (6) A. Mac Contracting Inc. Street Address Street Address 185 Vrestand Ave. Chy. State, Zip Code City, State, Zip Gode Midland Park, NJ 07432 Project Manager for Mankering Firm elephone No. Telephone No. License No. 201-262-5841 00156 Scheduled Completion Deta (11) Start Date (10) Name of OSHA Monitor Omega Environmental Servicer Inc. Capupency Slatus During Abetement (Crisck Only One) Sireet Address 280 Huyler Street Facility Closed/Vacated During Entire Feriod of Abstement Abstement.Parlormed Outside of Normal Facility Hours Other - Desorbe: City, State, Zip Gode Hackensack, NJ 07605 Scope of Work (Check All That Apply) 28 of or 28 H Renovation Pull Containment with Negative Pressure 2160 of or 2200 if Demolition Mini-Endeaure Glevebag Procedure Non-Exempted (*) and Non-Friable Procedure Abetement le Location Type Normally Used Solely by Location of Description of Asbeston-Centeining Meterial (ACM) Asbastos Containing Maleriai (AOM) Amount Maintanence/ Custodial Staff? (i.e. thermal eyeteme insulation, surfacing, VAT, or other miscelleneaus) (Specify In Facility (42) (15) Yes No WA PIER PIPE × 22020: NUDER Weste Havier to No. Cubic Yards of Wests Name of Registered Wests Hayler Name of Registered Landis Grand Central Sanitary Landfill Newark Carting Inc. 0450B Dispossi Date City, State City, State /19 ON Newark, NJ 07106 Pen Argyl, PA 08072 Signatura Completed by 16 President R. McDonald

page 1

May 16 2019 03:59PM NJ Asbestos Control 609.633.0664

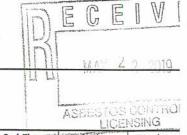
| 16 2019 04:00PM NJ Asbestos | Contro | trol 609.633.0664 | | | | | page 1 | And the second s | DE C | E | | | | |
|---|--|-------------------------------|-------------|---|----------------------------|--|-------------------------|--|--|----------------|----------|-------------|--------------|--|
| 05.2019 11:53 AM A. | Mac | Con | trac | ting | | 2 | 012620 | 321 | MAY | 2 2 | AGE | 19 | 2 | |
| OKIROL PAI | UD" | | ATION | e of New Je Of Assesti On NJAC 8:80 | DS AB | | | | DOL ST | | AY | /2 | 5 | |
| Osta of Notification (1) | | 1 | GA: | Building Own BRELL IA | eriOpe | Tolan 2-A | SOCIAT | 2,5 | la di la | | 7 | | Minipor | |
| Agencies Notified Type Notification | S | 1 | 7.5 | | 17 | 50 | utit | | | 7 | 1/ | 7 | Random. | |
| EPA Inklei Amended Amended Amendment | n | _ 7 | Aly State | AAM LL | 1 | ノン | 07 | 65-1 | VAIVER A | | rinj. | Th | | |
| Emergancy (in Justification) DCA Emergancy (in Justification) Cancellation | duding | 1 | PICH | Conted | 400 | ناء | | Telephone Nun | de's | -0 | 2/ | 0 | | |
| | | | | HY IR CIA | | | | | | | | death | | |
| Name of Facility Where Absterners to Taking Hous E | Pisca (5 |) | | | | | Type of Fa | eny (4) n (k-12 | | | | | | |
| Street Address | | | | | | | - Suber | spter f | (Other than K-12 vets & commerci | !) Il bulld | home | 16. | | |
| CHY PRAVELIN LAKES | | | | | , | | Squere Fe | | # of Figore | (8) | dg. A | 38 | | |
| COUNTY (8) | | 1 | STATE (| ode (?) | | | Current Ve | Prior | W being demoler | 1 0 | 16 1655 | calessa. | Finance Park | |
| Name of Monitoring Firm Hires by Building O | wher (8) | - | ASCN | No. | | | ef Abateme ac Contra | | sniracior (0) lg inc. | | | | | |
| Street Address | · · | | lane. | | - | Street | | | Maria de la compansión de | - | | | | |
| City, State, Zip Gods | | | | , | 1 | 185 Vreeland Ave. City, State, Zip Cods Midland Park, NJ 07432 | | | | | | | | |
| Project Manager for Monitoring Firm | | | relephor | se No. | | | and Park, | NJ 07 | 432 Ucanes N | 0. | | - | - | |
| Start Date (10) | Sanadill. | T Par | iala)) ma 1 | Date (11) | | 201- | 282-5841 | | 00156 | | - | | | |
| 5/16/17 | ی | /2 | 0/1 | | | Omega Environmental Servicer Inc. | | | | | | | | |
| Occupancy Status During Abatement (Check | | 200 | ant. | V | | Street Address 280 Huyler Bireat | | | | | | | | |
| Abatement Performed Outside of Normal Other - Describs: | al Factilty | Hours | | | 7 | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | | |
| Beope of Work (Chack All That Apply) 23 of or 23 if 2150 of or 2250 if | | lanova Jernoliti | llon | | | | Mini-En | dozure IS Pres | nt with Negative F Jeure (*) and Non-Friet | ile Pro | endur | - | | |
| Location of | 1 1 | Locati | v | | Desc | Eigtion | n ad | | | | Abete | man pe | ž. | |
| Asbestos-Conteining Meterial (AQM) TO BE ASATED In Facility (13) | id Scis Intensi Indial S (12) | 100/ | (1.0. 110 | Contai mai s wristi | ining A yatem no. VA | Vaterial (AC | M) | Amount (Specify SF or LF) | Resnova | Requisir | Епсарий | Summodical | | |
| | No | N/A | | | | - | | | | | - | - CI | | |
| CRAWLIPACE | + | - | × P | | | | A Wildington | + | 804 | X | | | + | |
| | | | | | | | | | | | | | | |
| Name of Registered Weste Heuler | | TN | UDEPV | sale C | ubic Y | erds. | Ne | me of F | egistered Lendfli | | | | _ | |
| Newark Carting Inc. | 04 | Haular ID No. of Was 04509 | | | | of Weels / . Grand Central Sanitary Landfill | | | | | | | | |
| Oity, State Newark, NJ 07105 | Diapo | | | | 6 // | 7 ou P | y, State an Arg | yi, PA 08072 | | 4 | #2 21 | | | |
| Completes by R. McDonald | Ident | | | 816 | gnatur | Name and Address of the Owner, where the Parket | 119 | 2000 | 10-/ | 16 | 1,0 | > | | |

| | PCC3 |
|-------|----------|
| int | Form |
| 11 11 | -()((()) |

| CK843 | 337 P | AII | | ICATION | ate of Ne I OF ASB to NJAC | ESTOS | ABATE | | ID,E | CE | | | 1 | Market Services | |
|--|--|---------------------------|---------------------------------------|--------------------|----------------------------------|---|--|---|---------------------------------|---------------------------------|---------|----------|-----------|-----------------|--|
| Date of Notification (1) 5/16/2019 | | | | | f Building UNIVE | | | (2) | | MAY Z | 2 251 | Q | | | |
| | Type Notification X Initial | | | Street A | ddress MORRIS | S AVEN | NUE | | | | | J | | | |
| DEP DOL | Amended Amendment | | _ | | ite, Zip Co N, NJ 07 | | | | ASBESTOS CONTROL & LICENSING | | | | | | |
| ☑ DOH ☐ DCA ☐ | Emergency (i justification) Cancellation | ncluding | | | f Contact E REMO | OTTI | | | | Telephone 908-737- | | | _ | - | |
| Name of Facility Where Al | estament is Taking | Dloos (| 2) | FACI | LITY INF | ORMATI | ON | T (| E104 (4) | | | | | | |
| WILLIS HALL | delinent is raking | Place (3 | >) | | | | | Type of Facility (4) School (K-12) | | | | | | | |
| Street Address 1000 MORRIS AVEN | NUE | | | | | | | Sul | bchapter 8 (ner (i.e. priv | Other than kate & comme | | ldings | , hc | es, | |
| City (5) UNION, NJ 07083 | | | | | | | | | Square Feet # of Floors Bldg. | | | | | - | |
| County (6) UNION | | | | County (| Code (7) JSE ONLY | | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm F | | wner (8) | | ASCN | l No. | | | Le of Abatement Contractor (9) O BROTHERS CONTRACTING, INC. | | | | | | | |
| Street Address 1253 NORTH CHUR | CH STREET | | | | | Street Address 11 VREELAND AVENUE | | | | | | | | | |
| City, State, Zip Code MOORESTOWN, NJ | 08057 | | | | | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | 1 | | | |
| Project Manager for Monitor JAMES GUILARDI | oring Firm | | | Telephoi 856-84 | ne No. -0-8800 | | | one No. 956-870 | 00 | License 00494 | | | _ | | |
| Start Date (10) 5/28/2019 | | Schedule 6/25/20 | | npletion I | Date (11) | | | of OSHA IE AS (9 | Monitor ABOVE | | | | | | |
| Occupancy Status During | Abatement (Check | Only Or | ne) | | | | Street | Address | | - | | | - | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: | ed During Entire Pod d Outside of Norma | eriod of A al Facility | Abatem Hours | nent | | | City, S | tate, Zip 0 | Code | | | - 7.0 | - | - | |
| Scope of Work (Check All | That Apply) | | | 12-2-3-3 | | | - | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Pemolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | e | | |
| | | | Locati Vormali | | | | | | | | | Abat | | t | |
| Asbestos-Containing M TO BE ABAT In Facility (13) | laterial (ACM) ED | Use Ma | d Sole intenar todial S (12) | ly by nce/ | | tos Cont thermal surfac | | laterial (A s insulatio T, or | | Amount (Specify SF or LF) | Removal | Repair | писарэпіа | Enclosure | |
| | | Yes | No | N/A | | | | | | | | | ā | | |
| SEE ATTAC | HED | | | | | | | | | | | - | _ | | |
| Programme and the second | | | | | | | | | | | | \vdash | - | | |
| | | | | | | | | - | | | - | + | _ | H | |
| Name of Registered Waster TWO BROTHERS CO | | Н | JDEP W auler ID 8743 | | Cubic of Was 200 + | ste | 1 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.V | | | | | | | |
| City, State TOTOWA, NJ | | | | | | | al Date 2019 | | City, State | /ILLE, PA | W. | | | | |
| Completed by VIVECA RAMOS | ROJECT COORDINATOR | | | | | | | Date 5/16/2 | 019 | | - | | | | |

Tectonic '

Table 5 - Asbestos Containing Materials Estimate Willis Hall, Kean University 1000 Morris Avenue, Union, NJ



| | 1 | | | | 1 | LIUE | NOW |
|------------------------------------|--------|----------|-----------|-----------|-----------|------------|----------|
| Homogenous Area | U.O.M. | Basement | 1st Floor | 2nd Floor | 3rd Floor | 4th Floor | Penthous |
| 9" Tile (BEI-WHT) + Mastic | S.F. | | 1,500 | 1,500 | 1,390 | 1,400 | |
| 9" Tile (BLK) Mastic Only | S.F. | | | | | 10 | |
| 9" Tile (BRN) + Mastic | S.F. | | 570 | | | | |
| 9" Tile (CRM) + Mastic | S.F. | | | 50 | | | |
| 9" Tile (CRM) + Mastic | S.F. | | 210 | | | | |
| 9" Tile (CRM) + Mastic | S.F. | | | | | 200 | |
| 9" Tile (GRN) + Mastic | S.F. | | | | 320 | | |
| 9" Tile (GRY) + Mastic | S.F. | | 120 | 250 | 70 | 450 | |
| 9" Tile (GRY) + Mastic | S.F. | | | | 20 | | |
| 9" Tile (OLV) + Mastic | S.F. | | 4,600 | 6,760 | 2,740 | 5,700 | |
| 9" Tile (OLV) + Mastic | S.F. | | | 100 | | | |
| 9" Tile (TAN) + Mastic | S.F. | | 410 | 1,150 | 660 | 950 | - |
| 9" Tile (TAN) + Mastic | S.F. | | 850 | 350 | 700 | 500 | |
| 9" Tile (TAN-BEI) + Mastic | S.F. | | 1,170 | 600 | 590 | 980 | |
| 12" Tile (BEI) | S.F. | | 480 | | 7000 | | |
| 12" Tile (BEI) | S.F. | | 1,000 | 1,000 | 400 | 400 | |
| 12" Tile (BEI) Mastic Only | S.F. | | | | 40 | | |
| 12" Tile (BLUE) Mastic Only | S.F. | | | 1,050 | 1,760 | | |
| 12" Tile (CRM) + Mastic | S.F. | | 170 | ,,,,,,, | 1,700 | | |
| 12" Tile (GRN) + Mastic | S.F. | | | | 40 | | |
| 12" Tile (TAN) + Mastic | S.F. | | 1,000 | | | | |
| ACM Elbow Joints (~6") | EA | | 10 | | | | |
| ACM Fittings (~2") | L.F. | 2 | 80 | 10 | | 20* | |
| ACM Fittings (-24") | EA | | | - 10 | | 20 | 2 |
| ACM Fittings (-4") | EA | | 10 | | | 30* | 5 |
| ACM Pipe / Fitting Insulation | L.F. | | 20 | | | 30 | 3 |
| ACM Pipe / Fitting Insulation | L.F. | 1 | 190 | | | | |
| Black Mastic | S.F. | | 150 | | | 1.400* | |
| Carpet Glue | S.F. | | | | | 1,400* | |
| Duct Caulk (BLK) | S.F. | | | 40 | | 1,400* | |
| Hidden ACM Pipes in wall risers | L.F. | | 180 | 190 | 210 | 190 | |
| Hidden ACM Pipes perimeter risers | L.F. | | 175 | 175 | 175 | 180 175 | |
| Laboratory Countertop | S.F. | | 1/3 | 30 | 1/5 | 1/5 | |
| Off-WHT Spray-On (Ceiling) *** | S.F. | | 170 | 30 | | | |
| Plaster Soffit *** | S.F. | | 1,800 | 2,450 | 2.070 | 0.700 | |
| Plaster Soffit (BRN) | S.F. | | | 2,450 | 2,970 | 2,780 | |
| Tile under 12" (BLUE) | S.F. | | 400 | 100 | | | |
| Tile under 12" (TAN) + Mastic | S.F. | | 800* | 100 | | | |
| Tile under 12" Tile (BRN) + Mastic | S.F. | | 800* | | 000 | | |
| Tile under Carpet + Mastic | | | | | 620 | | |
| Transite® | S.F. | | 1.010 | 1.010 | 770 | 1.0/- | |
| | S.F. | | 1,210 | 1,210 | 1,210 | 1,210 | |
| | S.F. | | 180 | 360 | 360 | | |
| Wall Plaster (Stair backing) *** | S.F. | | 100 | 200 | 200 | | |

Notes:

*Double layer

*Sub-Carpet

*Some Fittings in Stairwells

S.F. (Square Feet) L.F. (Linear Feet)

EA (Each)

*** Limited Containment

| CX 337 | 9 PAI | D NO | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | ; E | | \mathbb{V}_{-} | 7 7 7 | A COLUMN TO THE PARTY OF T | |
|--------------------------------------|--|--------------|---|---|-----------------------|--|--|--------------------|-------------------------|--------------------|-----------------------|--------|------------------|---------------|---|-----------|
| Date of Notification (1) | | | | | Building Own | | | | | And the second | MA | YZ | 2 | 2019 | | 1 |
| 5/16/2019 | CHECK#3379 | | | | Charter So | cnool | OT EX | cellen | ce | ant and | | | | | _ | |
| Agencies Notified | Type Notification | | 100 | Street Add | dress den Aven | מוום | | | Į. | 1 | ASBES | 57735 | | NTRO | -8 | 7 |
| EPA | ☐ Initial | | 1 | | e, Zip Code | The state of the s | | | | | MODIL | LICE | | | _ | _ |
| DEP DOL | Amended Amendment | # | | 1,00 | n, NJ 071 | | | | | | Channe Lander (S. C. | - | | | | 55500 |
| | Emergency (| | | Name of (| 18 | | | | | Tel | ephone i | Numb | er | | _ | |
| DOH DCA | justification) Cancellation | | 100 | | odore Bo | oler | | | | 97 | 3-373- | 3223 | 3 | | | |
| | our sometion | | | FACIL | ITY INFORI | MATIO | N | | | | | | | | | |
| Name of Facility Where | | | | | | | Type of Facility (4) | | | | | | | | | |
| Burch Charter Scho | ool of Excellenc | е | | | | | School (K-12) | | | | | | | | | |
| Street Address | | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, | | | | | | | ngs, ho | ies | , |
| 100 Linden Avenue |) | | | | | | | etc.) | | | | | | | | - |
| City (5) | | | | | | | | 2000 000000 | e Feet | | f Floors | | 50 | ig. Age)+ | | |
| Irvington | | | | | . (=) | | 10,000 | | | | | | | | | |
| County (6) | | | | County C (STATE U | ode (/) SE ONLY) _ | | Current Use (Prior if being demolished) School | | | | | | | | | |
| ESSEX | III. de Dildina | O | | ASCM | No | | Name | | ement Cor | ntractor | (9) | | | | - | \dashv |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCIVI | NO. | | | | es Corpo | | 3000 | | | | | |
| Street Address | | | | | | | 1-75 | Addres | (3) | | | | | | - | |
| Street Address | | | | | | | | 69th S | | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | State, Zi | p Code | | | | | | | |
| ony, outo, Espace | | | | | | | Gutt | enber | g, NJ 07 | 093 | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telephon | e No. | | | none No | | | Licens 0107 | | | | | |
| | | | | | | | | 295-1 | | | | _ | | | | |
| Start Date (10) | | Schedule | | npletion D | Date (11) | | Name of OSHA Monitor | | | | | | | | | |
| 5/18/2019 | | 5/21/20 | | | | | Same as above Street Address | | | | | | | | _ | _ |
| Occupancy Status Durin | ng Abatement (Chec | ck Only On | e) | | | | Same as above | | | | | | | | | |
| Facility Closed/Vac | cated During Entire | Period of A | baten | nent | | - | City, State, Zip Code | | | | | | | | - | - |
| Abatement Perform Other – Describe: | ned Outside of Norr AM | nai Facility | Hours | S . | | _ | City, State, Zip Code | | | | | | | | | |
| Scope of Work (Check / | | | | | | | | | | | | | | | - | |
| | чи тпат Арргу) | ⊠ R | Renova | ation | | | |] Ful | II Containm | nent wit | h Negati | e | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emoli | | | | | Mir | ni-Enclosu | e | | | | | | |
| | | · · | | | | | 3 | Glo No | ovebag Pro n-Exempte | cedure ed (*) a | e nd Non-F | riable | e Pro | cedure | | |
| | | | 7 | | | | | | | | | | | Abater | ent | |
| | | 5.5 | Locat Norma | | | Dec | criptio | n of | | | | | | Тур | _ | |
| Location Asbestos-Containing | | | d Sole | | Asbesto | s Conta | aining I | Materia | I (ACM) | 1 8 | Amount | | _ | | 1 | ш |
| TO BE A | | | | Staff? | (i.e. th | | system sing, V | ns insula AT or | ation, | | (Specify SF or LF) | | Remova | Repair | 1 | nclo |
| In Fac | State of the state | | (12) | | | | | neous) | | | | | ova | pair | - | Enclosure |
| | | Yes | No | N/A | | | | | | | | | _ | | 8 | |
| D | t | | х | | | Pine | Insul | ation | | | 4 LF | | | х | | |
| Baser | nent | - | ^ | | | 1 ipc | moun | | | - | 2 =2 | | | | - | |
| | | | | | NV- | | | | | | | | - | - | | |
| | | | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered W | aste Hauler | .07 | NJDEP W | 145, R. T. S. | Cubic | | | Name o | f Regis | tered La | ndfill | | | | | |
| Tri-State Transfer | Hauler ID 19551 | | of Was | old | | Miner | Minerva Enterprises Inc | | | | | | | | | |
| City, State | Disposal Date City, State | | | | | | _ | | | | | | | | | |
| Bronx, NY | TBD Waynesbrug, OH | | | | | | _ | | | | | | | | | |
| Completed by Title | | | | | | | Signature / // / Date | | | | | 040 | | | | |
| Gina Betances | | anager | | | Eleuas 5/16/20 | | | | | U19 | _ | | | | | |

F int Form

| CK 195 | XU ID | ATT | 1507000000000 | | | JAC 8:6 | | | | The state of the s | Sheck | # 19 | 84 | The ministra | |
|---|--------------------------------|---|---------------|---|----------------------------|---|---|-----------------|--------------------------------|--|-----------------------------------|--------------|-------------|--------------|------------|
| Date of Notification (1) | | A.J. | | Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center | | | | | | | | | | | |
| | May 17, 2019 Type Notification | on | | _ | Address | gioriai wie | ulcai ce | nter | £ 1 1 | 3 | Married Co., Special Co., Special | | not take at | | - |
| □EPA | | | | 1925 P | acific Av | enue | | | enterent enterer | MAY | 2 2 | 201 9 | | | |
| □DEP □DOL | ✓ Initial | | | City S | tate & Zip | Code | | | | | | | - | | + |
| ⊠DOH | Amend | ded dment #_ | | | c City, N | | | | | ASSEST | S CON ENSIN | . HU G | È. 1 | 3 | de a const |
| DCA | Cance | | | Name | of Contac | et | | | | THE THE WAS SHOULD BE SEED TO SHE WAS A SHOULD BE SHOULD | Telep | hone | Ni | ber | \neg |
| | | | | Willian | n Malazi | ta | | | | | 609- | 345-40 |)0(| | |
| | | 101 | | FAG | CILITY | INFORM | MOITA | 1 | | | | | _ | | |
| Name of Facility When AtlantiCare Regional | | | lace (3) | | | Ту | pe of Fa | | | | | | | | |
| Street Address | Medical Cente | | | | | - | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | - 1 |
| 1925 Pacific Avenue | | | | | | lb | | | , private & co | | ldinas. | home | . (| c.) | |
| | | | | | | _ | uare Fe | | # of Floo | Age | _ | | | | |
| City (5) | | | | | | 0 | | - (D-i | :6: | a liabad) | | 120 | Υe | rs | - |
| Atlantic City, NJ | | | | | | irrent Us ospital | e (Pri | or if being dem | olisnea) | | | | | | |
| County (6) Atlantic | | unty Code | | | | | | | | | | | | | |
| Name of Monitoring Fig | | ner (8) | | ASCM | 100 | | | nent Contractor | (9) | | | | | | |
| Hillmann Consulting, Street Address | inc. | | | | | natech, reet Add | | | | | | | | \neg | |
| 1600 Route 22 East, S | | | | | | 829 Radio Road | | | | | | | | | |
| City, State & Zip Code Union, NJ 07083 | | | | | | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | | | |
| Project Manager for Me | onitoring Firm | | 100000 | lephone N | | Te | Telephone Number License Number 609-296-6916 00817 | | | | | | | | |
| Stephen Cherepany Scheduled Start Date (| (10) | cheduled | | 8-688-780 on Date (1 | manufacture and the second | - | Name of OSHA Monitor | | | | | | | | \dashv |
| May 28, 201 | 19 | | Novem | ber 19, 20 | | Sy | natech, | Inc. | | | | | | | _ |
| | d/Vacated Duri | ng Entire I | Period of | | nt | 82 | reet Add 9 Radio | Road | | | | | | | |
| | erformed Outsid | de of Norn | nal Hours | ; | | 1.330 | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | | | |
| Other – Descr | ribe: pied During Aba | tement | | | | Li | Little Egg narbor, NJ 00007 | | | | | | | | |
| Scope of Work (Check | | | | | | | | _ | | | (44) | | _ | | |
| D > 2 of or > 50 lf | | | | Renovatio | | | Full Containment with Negative Pressure | | | | | | | | |
| ≥3 sf or ≥ 50 lf ≥160 sf or ≥260 | If | | | Demolitio | | | I I | = | ini-Enclosure ovebag Proced | ure | | | | | |
| 23 2100 SI OI 2200 | | | | | | | İ | = | on-Exempted(* | | ble Prod | edure | | | |
| | ition of | | | on Norma | | | Descr | iption | of | | | | | nt Ty | ре |
| Asbestos-Contair TO BE | ning Material (A ABATED | CM) | | y Mainten dial Staff | | F | Asbestos Materi | | | Amount (Spo SF or LF | | | | | |
| INF | acility | | | | | | .e., therr | nal sy | stems | | · | T | | m | п |
| | 13) | | | | | | other mi | | ng, VAT ineous) | | | em | керап | ncap | 20 |
| | | | | | N/A | | | | | | | Removal | Jair | Encapsulat | Enclosure |
| 1st Floor Offices | | | Yes | No | X | | Joint C | omno | und | 2,500 SF | | X | _ | 7 | - |
| 1st Floor Offices | | | | | X | F | Joint C | | | 2,000 SF | | î l | | - 1 | |
| 1st Floor Offices | | | X | | Plaste | | | 660 SF | _ | X | | - 1 | | | |
| | | | | | | | | | | \perp | | | | | |
| Name of Registered W | Jaste Hauler | | NJDEP \ | Naste | Cubic | Yards of W | laste | - In | lame of Registe | ered Landfill | | | _ | | |
| | No. | | . 3.35 01 11 | | | | | orih. | | | | | | | |
| Synatech, Inc. City, State | 429 | 80 Atlantic County Utilities Author Disposal Date City, State | | | | | iority | | - | | - | | | | |
| | | | | | | | | | | | | | | | |
| Little Egg Harbor, NJ 08087 Completed By Title | | | | | | December 2, 2019 Egg Harbor Township, NJ Signature Date | | | | | | | - | | |
| | | | o Admiri | otroto- | 4 | 110-0 | in a lolly | | | | | | | | |
| Diane Aloia | | LACCULIV | e Admini | SUBLUE | | vunce | | ~~~ | | May 17, 2019 | | | _ | | |

| | 70 mm A 50 | 750 | State | of New | Jersey | | | Check | # 160 | 5: |
|--|--|-----------|------------------------------------|-----------------------|-------------------------------------|--|--|------------|------------------------|--|
| (N 110109 | 11 PAJ | NOTI | FICATION | OF ASBI | ESTOS ABATEMENT | | PE | | 7\// | 2 1 . \ |
| Date of Notification | (1) | (Pursu | | |)-7 and 12:120-7 g Owner/Operato | | IN E | | 4 /Al | - = 1111 |
| 5/17/2019 | | | Richa | | | L (2) | | | | Miles de la constitución de la c |
| Agencies Notified | Type Notifi | cation | Street Ad | idrass | | | | NV 2 7 | -1/1/1/ | - 414 |
| [·]EPA | [X]Initial | | ourcec, in | actess. | | | M/ | 41 - 4 | 2015 | |
| | | cation | | | | | | | | _ [|
| []DEP | []Amended | | City, Sta | | | | ASSE | STOSIC | NTH | G &c |
| [X] DOL | | cation | Monto | Lair | ,NJ,07042 | Ç | | LICENS | NG | field attenued to the |
| [X] DOH | | | Name of C | Contact | | Teleph | one Number | | | |
| []DCA | []EMERGEN | CX | Richa | rd A | zar | | | | | |
| | []Cancell | ation | | | | | | | | |
| Name of Facility Whe | ro Abatament | in Malai | | | INFORMATION | | | | | |
| Richard Azar | re abatement | is Takir | ng Place | (3) | | Type of Faci | .lity (4) | | | |
| | | | | | | []School | | | | |
| Street Address | | | | -210001114-1-1-1-1 | | | pter 8 (Oth (i.e., priv | | | |
| 7 | | | | | | | buildings, | | | |
| | | | | | | Square Feet | # of Flo | ors Bl | dg. Z | Ai i |
| City | | County | | | unty Code (7) | | | | | |
| Montclair | | | | (S | TATE USE ONLY) | Current Use | (Prior if b | eing der | nolis | h i) |
| | ¥ | Essex | | | | | | - | | |
| Name of Monitoring Fi | irm hired by | Building | ASCM No | | Name of Abate | | 0 Table (10 Table) | | | |
| Owner (8) N/A | | | | | AZTECH M | ianagemen: | f, Inc. | | | |
| Street Address | | | | | Street Addres | S | A PARTICULAR DE LA CONTRACTOR DE LA CONT | | | |
| | | | | | 86 Chris | topher St | ŧ. | | | |
| City, State, Zip Code | 9 | | | | City, State, | | | | | |
| A CONTRACTOR OF THE STATE OF TH | | | | | | r, NJ 070 | 042 | | | |
| Project Manager for M | Monitoring F | irm Tel | ephone Nu | mber | Telephone Numi | | | License | Numb | |
| energenes. Minde fill dina a | 3 | N/ | Marie and the second of the second | | (973) 744 | | | 0037 | 0.01 - T T T T T T T T | |
| Scheduled Start Date | (10) Sch | formo? be | etion Dat | e (11) | Name of OSHA N | | | | | |
| 06 05 19 | 200 CO | | 7 19 | | N/A | MOIII COL | | | | |
| Month Day Yes | ar Mo | onth D | av Ye | | 100 | | | | | |
| Occupancy Status Duri [X] Facility Close | ng Abatemen | t (Check | only one) | | Street Address | 3 | | | 7.5 | -1 |
| of Abatement | ed/ vacated D | uring Ent | TITE PELIC | ou. | | | | | | |
| []Abatement Per | | | | Lity | City, State, 2 | Zip Code | | | | |
| Hours - Descri | | | | > | | | | | | |
| Scope of Work (Check | | | | - | 1 | | | | | |
| (oncon | and app | 7-11 | | | []Full (| Containment w | ith Negative | e Pressu | ire | |
| [X]≥3 sf or ≥ []>160 sf or | | 1770 |]Renovati | and the second second | F. D. H. T. B. J. S. B. B. B. B. | Enclosure | | | | |
| []2100 81 01 | . 2260 IF | L |]Demoliti | on | | bag Procedure riable Proced | | | | |
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| Location Asbestos-Cont | 7.57 | No | rmally | | Description Asbestos-Cont | | Amount | R | - I | l E |
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| TO BE ABAT | | | Main- nance/ | 1 . | (i.e., thermal | | SF or | 0 | E P A | 1 0 |
| In Facili (13) | сy | | stodial ff (12) | 110 | sulation, surfa or other miscel | | LF) | A | IR | τ σ |
| | | Yes | No N/A | | | | | L | | I R E |
| Basement | | | X | Pipe | e Insulation | on | 75 LF | X | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Wa | | | DEP Waste | | bic Yards | Name of Regi | stered Land | fill | | |
| AZTECH MANAGE | MENT, IN | | ler ID No | of | Waste 1.0 | Tri - S | tate | | | |
| City, State | | | | Di | sposal Date | City, State | | | - | |
| Montclair, NJ | 07042 | | | | | | NY, 104 | 74 | | |
| 1.20 | | | | 06 | /10/19 | ************************************** | 10 mg (10 | | | |
| Completed By (Print o | r Typel mi | :le | | | Signature | | 11 | D | | |
| Constantine Vi | | esider | nt | | Jaguaruje - | to Die | Vin | Date 5/17/ | 2019 | |
| | | | | | 1 Chs | 101/10/ | 1/1/00 | 1 -,, | | |

| - CANAL | | 5 | State of Ne | w Jer | sey | | C | heck # 1 | 662 | _ | |
|----------------------|--|--------------|--------------------------|-------|---|---------------|--|-----------|--------|------------|--------|
| OVIION | DATE | OTIFICA | ATION OF AS | BESTO | S ABATEMENT | | MEC | 9 F 1 | W | F | 1.5 |
| MUUA | | rsuant | to NJAC 8: | 60-7 | and 12:120-7) wner/Operator | (2) | | <u> </u> | | | 7 |
| Date of Notification | n (1) | | oel Car | | | | 1131 | ę# | | | |
| 5/17/2019 | | 110 | oer cer | | | | HI III MA | 14 2 g | 2031 | | H |
| Agencies Notified | Type Notification | Str | eet Address | 3 | | | 17 7 | 31 2 | 401 | | Lucia |
| []EPA | [X] Initial | | | | | | | | | | |
| | Notification | Cit | y, State, | Zip C | ode | | ASBE | STOS COI | JTF3 | 1.8 | |
| []DEP | []Amended | I M | iontclai | r,N | J,07042 | | The second section is a second section of the section | LICENSIN | IG | - | |
| [X]DOL | Notification | n | | | • | Telepho: | ne Number | | | | |
| [X] DOH | r 1 m con contact | 1 . | ne of Contac | | | Terebro | | - | | | |
| []DCA | []EMERGENCY | 11 - | Toel Car | Lno |). | ř | | | | | |
| | []Cancellation | | | | | | | | | | - |
| | | | | TY IN | NFORMATION | Type of Facil | Lity (4) | | | | |
| Name of Facility Wh | ere Abatement is I | aking | Place (3) | | | 1 | | | | | |
| Joel Carino | | | | | | []School | (K-12) oter 8 (Othe | r than K | -12 | | |
| | | | | | | [X]Other | (i.e., priva | te & com | mer. | | |
| Street Address | | | | | | cial 1 | ouildings, h | omes, et | C.) | | |
| S0 | | | | | | Square Feet | # of Floo | rs Bldg | 3. Z | е | |
| | Cour | + | | Cour | ty Code (7) | | | | | | |
| City | Com | ıcy | | | ATE USE ONLY) | Current Use | (Prior if be | ing demo | lis | ad) | |
| Montclair | | | | | | | | | | | |
| | | sex | a cont No | | Name of Abate | ment Contract | or (9) | | | | |
| Name of Monitoring | Firm hired by Buil | Lding | ASCM No. | | | ANAGEMENT | | | | | |
| Owner (8) N/A | | | | | 1000 10 | | | | - | | |
| Street Address | | | | | Street Addres | | _ | | | | |
| | | | | 3 | | stopher Si | · · | | | | |
| City, State, Zip Co | nde | | | | City, State, | Zip Code | | | | | |
| CILY, State, alp of | | | | | Montclai | Lr, NJ 076 |)42 | | | | |
| | - Manitoning Firm | Teler | hone Number | r | Telephone Num | ber | | License N | | r | |
| Project Manager for | r Monitoring Film | N/A | | | (973) 744 | 1-8800 | | 00371 | _ | | |
| | | | | 111 | Name of OSHA | Monitor | | | i cont | 17. | |
| Scheduled Start Da | | 80 Combre | ion Date (| 1 | N/A | | | | | | |
| 06 06 | 19 06 | 2.5 | | | 10,22 | | | | | | |
| Chatter D | Year Month | heck or | nly one) | | Street Addres | 38 | | | | | |
| [X] Facility Cl | osed/Vacated Duris | ng Enti | re Period | | | | | | | | |
| of Abateme | ent Performed Outside (| | | V | City, State, | Zip Code | | | - | | |
| Hours - Des | cribe: «OffHours De | escript | :>> | 4 | | | | | | | |
| []other - Des | cribe: «Other Occu | pancy D | escript» | | | | | | | | |
| Scope of Work (Che | ck all that apply) | | | | 5 373-33 | Containment | with Negativ | e Pressu | re | | |
| 1.00 miles | | | n | | []Full [X]Mini | -Enclosure | | | | | |
| [X]≥3 sf o | or <u>></u> 3 lf f or <u>></u> 260 lf | | Renovation Demolition | | [X]Glov | ebag Procedur | 9 | | | | |
| []5100 21 | . 01 2200 11 | | *** | 4 | []Non- | Friable Proce | dure | Aba | tem | it T | ype |
| - | | T-00 | Is cation | | Descripti | on of | | | | E | E |
| Locati | | No | rmally | | Asbestos-Co | ntaining | Amount | _ 15 | R | C | C |
| Asbestos-C | | S | Jsed olely | | Material | (ACM) | (Specif | | E | A P | CHOSUR |
| TO BE | | | Main- nance/ | | (i.e., therman sural sur | al systems | LF) | V | AI | S | S |
| In Fac | | Cus | todial | ın | or other misc | ellaneous) | | A | R | L | |
| (1 | 3) | Yes | Ef (12) No N/A | | | | | | - | | E |
| Decemon's | | | X | Cei. | ling Insu | lation | 100 SF | X | - | - | - |
| Basement | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | NED Wests | lo- | bic Yards | Name of Re | gistered La | ndfill | | Carrier Ca | A. |
| Name of Registered | i Waste Hauler | | EP Waste | | Waste 1.5 | | State | | | | |
| AZTECH MANA | AGEMENT, INC. | 17 | 040 | | | | | | | - | |
| City, State | | | | | isposal Date | City, Stat | 9777 10 | ATA | | | |
| Montclair, M | J 07042 | | | | 6/10/19 | Bronx | , NY, 10 | 2 1 2 | | | |
| | | | | | Signatu | ra | | Date | | | |
| Completed By (Pri | nt or Type) Title | | | | Signacu | 221. | Alina. | 5/17 | | 3 | |
| Constantine | Vivian Pre | side | nt | | (61Y | SKym | Minin | | | | |
| | | | | | | , , | | | | | |

| | The A | NO | TIFIC | ATIC | NOFA | New Jersey SBESTOS ABA | TERRENIE | | | | |
|---|------------------------------|----------|----------------------------------|---------------------|---------------|--|--|--|----------------|----------|----------|
| Check#3353 | PAI | D | (F | ursu | ant to NJ | AC 8:60 and 5:1 | 1EMENT | | | חח | - |
| Date of Notification (1) | 18 | 10 | | Nan | ne of Buildi | ng Owner/Operator | (2) | DEG | | \V/ | = |
| | | | | Joyc | e Jones | | | | | | |
| Agencies Notified EPA | Type Notificati | on | | | et Address | | | H LI MAY | 2) | 2010 | - |
| ☑ DOLWD | | | | | | | | had bad j | - | 2010 | Š |
| ☑ DHSS | Amended | it # | | City | , State, Zip | Code | | - Albander - Communication - C | age (E. v. v.) | | - |
| DCA | ☐ Emergency | | ina | Ride | refield Par | k, NJ 07660 | | ASPEST | | | 8 |
| (NJAC 5:23-8) | justification |) | ii.a | Nam | e of Conta | ct | | Telephone Nu | CENS: | NO | - |
| W | ☐ Cancellatio | n | | | e Jones | | | relephone NO | moer | | |
| | | | | | | NFORMATION | | | | | |
| Name of Facility Where | Abatement is Tal | cina Pia | ce (3) | 1.7 | TOILITT | NFORWATION | I = | | | | |
| Private house | - 15, - | | 00 (0) | | | | Type of Facilit | 5003 30 | | | |
| Street Address | | | | | | | School (K- | 12) r 8 (Other than K-1 | 21 | | |
| | | | | | | | Other (i.e., | private and comm | ercial b | uildina | |
| City (5) | | | | | | | homes, etc | i.) | | runun g | £ |
| | 1660 | | | | | | Square Feet | # of Floors | E | Bldg, Ag | <u> </u> |
| Ridgefield Park, NJ 07 County (6) | 000 | | | 1 - | | | | | | | |
| | | | | Cou | inty Code (7) | (STATE USE ONLY) | Current Use (F | Prior if being demo | lished) | | - |
| Bergen Name of Monitoring Firm | Hirad by D. T. | - 6 | | | | | | | | | |
| or Morntolling FIFM | rilled by Buildin | g Owne | r (8) | ASCN | No. | Name of Abateme | ent Contractor (S | 9) | A | | - |
| Street Address | | | | | | Gr Tech LLC | | | | | |
| Street Address | | | | | | Street Address | | | | | - |
| City Ctata 7: 0 | | | | | | 576 Valley Rd # | 283 | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | - |
| 2-1-11 | | | | | | Wayne, NJ 0747 | 70 | | | | |
| Project Manager for Moni | toring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | - |
| | | | | | | 973-638-1777 | | 01127 | | | |
| Start Date (10) | Sch | | | | ate (11) | Name of OSHA M | onitor | 01127 | | | |
| | | | / _ 2 | 3_/ | _19_ | Envirovision Co | | | | | |
| Occupancy Status During | Abatement (Che | ck only | one) | | | Street Address | iisuitants,inc | | | | |
| X Facility Closed/Vacate | ed During Entire I | eriod o | f Abate | ment | | | D 1 D11 " | 255 | | | |
| Abatement Performed | Outside of Norm | al Facil | ity Hou | re Das | scribe | 20-21 Wagaraw City, State, Zip Co | Koad, Bldg .# | 35E | | | _ |
| Time of Abatement: | Alvi- | PM/ | PM_ | | _AM | Fair Lawn, NJ 03 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | nation with negativ | - Description | | - |
| 2 >3 ef or >3 If | | | | | | Full Cont | ainment with Ne | nation with negativ gative Pressure | e press | sure | |
| >3 sf or >3 If > 160 sf or >260 If | | | enovati emolitic | | | Mini-Encl | osure | | | | |
| | | | OIL IOIILI | <i>7</i> 11 | | Glovebag Non-Exer | Procedure | Tent with Negative on-Friable Procedu | e Press | sure | |
| | | | s Locat | ion | | | ipico () and ivi | Trable Floced | - | i | m. |
| 8 | | | Norma | | | Description of | | | - | atemer | i Ty |
| Ashestos-Containing N | | 11- | CO 5016 | ly by | Asbes | stos Containing Mat | erial /ACtA) | Amount | Re | Repair | |
| Asbestos-Containing N | Material (ACM) | | | nce/ | | ere containing Mat | Chai (ACIVI) | | | pa . | |
| | Material (ACM) TED | M | aintena stodial | | (i.e | ., thermal systems in | sulation. | (Specify | Off | | |
| Asbestos-Containing N TO BE ABA | Material (ACM) TED | M | aintena | | (i.e | thermal systems in surfacing, VAT, | nsulation, or | | Removal | = | |
| Asbestos-Containing N TO BE ABA IN Facility | Material (ACM) TED | M | aintena stodial (12) | | (i.e | ., thermal systems in | nsulation, or | (Specify | noval | = | |
| Asbestos-Containing M <u>TO BE ABA</u> IN Facility (13) | Material (ACM) TED | Cu | aintena stodial (12) | Staff? | (i.e | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify SIF or LF) | | i I | |
| Asbestos-Containing M <u>TO BE ABA</u> IN Facility (13) | Material (ACM) TED | Yes | aintena stodial (12) | Staff? N/A | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify | moval | | |
| Asbestos-Containing M <u>TO BE ABA</u> IN Facility (13) | Material (ACM) TED | Yes | aintena stodial (12) | Staff? N/A | (i.e | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify SIF or LF) | | | |
| Asbestos-Containing M <u>TO BE ABA</u> IN Facility (13) | Material (ACM) TED | Yes | aintena stodial (12) | Staff? N/A | (i.e | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify SIF or LF) | | | |
| Asbestos-Containing M TO BE ABA' IN Facility (13) | Material (ACM) TED y | Yes | aintena stodial (12) | Staff? N/A | (i.e | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify SIF or LF) | | ir | |
| Asbestos-Containing M TO BE ABA' IN Facility (13) | Material (ACM) TED y | Yes | aintena stodiai (12) No | N/A N/A | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned | nsulation, or us) | (Specify SIF or LF) 65 LF | | | |
| Asbestos-Containing M TO BE ABA* IN Facility (13) sement ame of Registered Waste | Material (ACM) TED y | Yes | aintena stodiai (12) No No | N/A N/A BEP Waste | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned station | nsulation, or us) | (Specify SIF or LF) 65 LF | | | |
| Asbestos-Containing M TO BE ABA IN Facility (13) sement ame of Registered Waste | Material (ACM) TED y | Yes | aintena stodiai (12) No No | N/A N/A | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned station Cubic Yards of Waste TBD | Name of Regis | (Specify SIF or LF) 65 LF | | | |
| Asbestos-Containing M TO BE ABA' IN Facility (13) assement ame of Registered Waste Tech LLC ity, State | Material (ACM) TED y | Yes | aintena stodiai (12) No No | N/A N/A BEP Waste | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned station Cubic Yards of Waste TBD Disposal Date | Name of Regis T.R.R.F. Inc City, State | (Specify SIF or LF) 65 LF | | | |
| Asbestos-Containing M TO BE ABA' IN Facility (13) assement ame of Registered Waste Tech LLC ity, State ayne, NJ 07470 | Aterial (ACM) TED Y Hauler | Yes | aintena stodiai (12) No No | N/A N/A BEP Waste | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned station Cubic Yards of Waste TBD | Name of Regis | (Specify SIF or LF) 65 LF | | | |
| Asbestos-Containing N TO BE ABA IN Facility | Aterial (ACM) TED Y Hauler | Yes | aintena stodiai (12) No No | N/A N/A BEP Waste | Pipe insu | ., thermal systems in surfacing, VAT, other miscellaned lation Cubic Yards of Waste TBD Disposal Date TBD Signature | Name of Regis T.R.R.F. Inc City, State | (Specify SIF or LF) 65 LF stered Landfill | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEM

| IENT | | |
|------|--|--|

| N23378 | PAT | NOTIF | urs | uant to | NJAC 8:60 | and 12:120 |) | E STATE OF THE STA | A STATE OF THE PARTY OF THE PAR | MAY 2 | 2 20 | 19 | - | |
|---|---|----------------------------|-------|-----------------------------------|-----------------------|---|--------------|--|--|-------------------------------------|----------|---------------|---------|-----------|
| ate of Notification (1) | CHECK#3378 | | Na | me of Boorthwe | uilding Ownerst Essex | er/Operator Communi | (2) ity F | Health Care | Netwo | rk | | ROL & | ; — | |
| /15/2019 gencies Notified | Type Notification | | Str | eet Add | ress | | | | A | | VSING | | | - |
| S2 | ✓ Initial | 5 | | | ut Street | | 0.754 | | | | | | - | 7 |
| DEP | Amended Amendment #_ | | | | ir, NJ 070 | 42 | | | | | | | _ | 4 |
| DOL | Emergency (in | cluding | Na | me of C | Contact | | | | | phone Numb 3-450-3100 | | | | |
| DOH DCA | justification) Cancellation | | Α | | / Lucibello | | | | 9/3 | 3-450-5100 | | | - | - |
| - | | DI (2) | | FACILI | TY INFORM | IATION | Ty | pe of Facility (4 | -) | | | | | |
| ame of Facility Where A Northwest Essex Co | batement is Taking | Care Net | work | k | | | | School (K-1 | 2) | (40) | | | | |
| Street Address | offiniality 1.00mm | | | | | | I X | | 8 (Othe rivate & | er than K-12) commercial | building | gs, hon | rs, | |
| 83 Walnut Street | | | | | | | | etc.) | | Floors | | . Age | - | - |
| City (5) | | | | | | | | quare Feet 5,000 | 1 | 1 10013 | 50+ | | | |
| Montclair | | | TC | ounty C | ode (7) | | | urrent Use (Pri | or if bei | ng demolishe | ed) | | | |
| County (6) | | | (5 | STATE U | SE ONLY) _ | | (| Clinic | | | | | _ | _ |
| ESSEX Name of Monitoring Firm | Hired by Building O | wner (8) | 1 | ASCM | No. | Nam | e of | Abatement Cor | tractor | (9) | | | | |
| N/A | | | | | | | | rvices Corpo | ration | | | | - | |
| Street Address | | | | | | 426 | 6-69 | ddress 9th Street | | | | | _ | |
| City, State, Zip Code | | | | | | City, | Sta | te, Zip Code nberg, NJ 07 | 093 | | | | | |
| | | 100 | 1~ | r. 1 h a . | as No | | | ne No. | - | License N | 0. | | - | |
| Project Manager for Mo | nitoring Firm | | 1 | Γelephor | ne ivo. | | | 95-1700 | | 01074 | | 5.50 | | |
| Start Data (10) | | Scheduled | Com | pletion l | Date (11) | | | f OSHA Monitor | | | | | | |
| Start Date (10) 5/24/2019 | | 5/30/201 | | | | | | as above | | | | | - | |
| Occupancy Status Duri | ng Abatement (Chec | k Only One) | | | | | | as above | | | | | r 20-00 | |
| Facility Closed/Va Abatement Perform Other – Describe: | cated During Entire I med Outside of Norm Starting 3 PM | Period of Abnal Facility H | atem | nent | | | | ate, Zip Code | | | | | _ | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | nova | | | | × | Mini-Enclosu | rocedur | ith Negative I e and Non-Fria | ble Prod | edure | _ | |
| | | 1 | | · | | | | | | | | Abater Typ | n nt | |
| | ng Material (ACM) | Used Mair | ntena | ally ely by ance/ Staff? | Asbest (i.e. | Descriptos Containir thermal syst surfacing other misc | ng N tems | Material (ACM) s insulation, T, or | | Amount (Specify SF or LF) | Removal | Repair | 1 | Liciocaio |
| | 200 | Yes | No | N/A | | | | | - | 10015 | ** | | - | - |
| Base | ement | | X | | | Pipe Ins | sula | ation | | 100 LF | X | | - | |
| | | | | | | | | | | | | | | |
| | | | | - | + | | | | | | (51) | | _ | |
| Name of Registered | Waste Hauler | | T | NJDEP | | Cubic Ya | | | | istered Land | | | | |
| Tri-State Transfe | | | | Hauler 19551 | | TBD | | | | nterprises | IIIC | | - | |
| | ************************************** | | | | | Disposal | Dat | e City, | State | rug, OH | | | | |
| City, State Bronx, NY | | | | | | TBD | | | nesol | lug, On | Date | | _ | |
| Completed by | | Title | | | | Sign | natu | re (Dena | ·X | | 5/15/ | 2019 | | |
| Gina Betances | | Offic | e N | lanage | er | | | yuu | | shaetas licen | | | | |

| K3377 P | The second secon | | ATION C | e of New Je OF ASBEST NJAC 8:60 | OS AE | | | and the second s | | | | 2 | 2016 | <u></u> | |
|---|--|--------------|----------------------------|---------------------------------------|----------------------------|---|-----------------------------|--|--------------|-------------------------------|--------|---------|---------------|---------|-----------|
| Date of Notification (1) 5/15/2019 CHECK#3377 | Jet Jet Jet | | | Building Owr | | | | RY SCHO | OL OL | I M | 41 | - 1 | 2019 | | |
| Agencies Notified Type Notification | | S | treet Add | | | | | | | ASSE | STO | S C(| INTRI | 1 6 | ž |
| EPA Initial Amended | | С | ity, State | , Zip Code | | 4 | | | | T-Maritana talahan | LICI | ENO | IIVO | - | 7 |
| DOL Amendment Emergency (| | | MANVII | LLE, NJ 0 | 8835 | | | | Tole | ephone N | umbe | er . | | _ | _ |
| DOH justification) DCA Cancellation | | 150 | | KOLOSK | (I | | | | | 8-231-1 | | | | | |
| Name of Facility Where Abatement is Takin | a Place (2) | | FACILI | TY INFORM | MATIO | N | Type | of Facility (4 | 1 | 1 | | | | _ | _ |
| Christ the King Elem School Street Address | g i lace (5) | | | | | | | School (K-12 Subchapter 8 Other (i.e. pr |) 3 (Othe | er than K | -12) | wildi | nas ho | ies | |
| 99 North 13th Street | | | | | | | | etc.) | | | Ciai L | | ig. Age | | _ |
| City (5) Manville, | | | | | | | 12,0 | | 2 | Floors | | 50 | _ | _ | |
| County (6) SOMERSET | | | County Co STATE US | ode (7) SE ONLY) _ | | _ | Sch | ent Use (Prio 100l | r if bei | ng demol | ished |) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM | No. | | | | atement Cont ces Corpor | | 200 | | | | | |
| Street Address | | | | | - | Street | Addre | ess | | | | | | _ | |
| TTI Environmental Consultant City, State, Zip Code | | | | | | representation of | antonio sono | Street Zip Code | | | | | | | |
| 1253 N Church Street, Moorestow | n, NJ 0805 | 7 | | | | Gutte | enbe | rg, NJ 070 | 93 | | | | | | |
| Project Manager for Monitoring Firm | | 1 63 | elephone 856-84 | e No. 0 - 8800 | | Teleph 201- | | | | License 01074 | | | | | |
| Start Date (10) | Scheduled C | | pletion D | ate (11) | | | | HA Monitor | | | | | | | |
| 5/28/2019 Occupancy Status During Abatement (Chec | 5/30/2019 ck Only One) |) | | | | Street | | above | | | | | | _ | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr | Period of Aba | teme ours | ent | | | | | above Zip Code | | | | | | - | |
| Other – Describe: Starting 9 AM | | | | | | | | | | | | | | _ | _ |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ⊠ Ren | | | | | × | M GI | ull Containme ini-Enclosure lovebag Proc on-Exempted | edure | | | | | _ | |
| | Is Lo | | | | | | | | | | | | Abaten Typ | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Mainte Custod | enan | y by nce/ | | Conta ermal s surfac | cription aining N system ing, VA iscellar | Materia s insu AT, or | lation, | (| Amount Specify F or LF) | | Removal | Repair | 1 | Enclosure |
| | Yes 1 | No | N/A | | | | | | | | | | - | + | |
| ATTACHED | | | | | АТТ | ACH | ED | | AII | TACHE | ט | | - | + | |
| | | | | | | | | | | | | | _ | + | |
| | | | | | | | | | | | | | | 1 | |
| Name of Registered Waste Hauler Tri-State Transfer Assoc | | Н | JDEP W auler ID 9551 | No. | Cubic of Was | | | Name of Minerva | | | | ; | | | |
| City, State | | | | | | al Date | 9 | City, Stat | | n OH | | | | | |
| Bronx, NY Completed by | Title | | | | 77-1X-1X | ignatur | e / | 2// | (| / | Date | | 019 | | |
| Gina Betances | Office | Mai | nager | | | | (| Velle | 1 | | 5/1 | 3/2 | פונ | _ | |

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

| MAY 2 2 2 | E | G | 造 | | 1 |
|-----------|---|-----|---|---|----|
| | | MAY | 2 | 2 | 20 |

| 1,K3658 | 7-10 AT | TTA | (Pu | rsuant | to NJAC | 8:60 and 5:16 | 5) | LL LIJ MAY | 4 2 | 2019 | and Company | لمعا | | | | |
|---|--------------------------|---------------|-------------|----------------|-------------|--------------------------------------|----------------------------------|--|-------------------|----------|-------------|-----------|--|--|--|--|
| Date of Notification (1) 05 / | 17 / | 19 | | | | Owner/Operator (2 ounty Park Sys | 71 | ASBEST | (550) | ATA-D | 1 | | | | | |
| Agencies Notified | Type Notification | on . | - | Street A | Address | | | - man - , manager representatives | CHUSIN | 465 |) given | 73.6 | | | | |
| ⊠ EPA | | | | 805 | Newman | Springs Road | | | | | | | | | | |
| □ DOLWD | ☐ Amended | 75.22 | | City, St | ate, Zip Co | ode | | | | | | | | | | |
| □ DOH | Amendment | | | Linc | roft, NJ 0 | 7738 | | | | | | | | | | |
| DCA (NJAC 5:23-8) | Emergency justification) | (including | | Name | of Contact | | | Telephone Num | ber | | 100000 | | | | | |
| (NJAC 5.23-6) | ☐ Cancellation | | | Johr | n Eisema | nn | | 732-766-192 | 29 | | | | | | | |
| | | | | FAC | ILITY INF | ORMATION | | I | | | | | | | | |
| Name of Facility Where A | Abatement is Tak | king Place | (3) | 1,000 | | | Type of Facility | (4) | | | _ | | | | | |
| exterior concrete s | | 50 7 . | A 10 | | | | School (K-12 | | - | | | | | | | |
| Street Address | | | | | | | Subchapter 8 | 3 (Other than K-12 rivate and comme | 2) ercial buil | dinas. | | - 3 | | | | |
| 211 Greenwood Ro | ad | | | | | | homes, etc.) | | oroidi bui | uge, | | | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | Bld | g. Age | | | | | | |
| Marlboro | | | | | | | N/A | | | | | | | | | |
| County (6) | | | | Count | ty Code (7) | (STATE USE ONLY) | Current Use (Pr | ior if being demol | ished) | | | | | | | |
| Monmouth | | | | | | | | | | | _ | | | | | |
| Name of Monitoring Firm | Hired by Buildir | ng Owner (| 8) | ASCM I | No. | Name of Abateme | | | | | | | | | | |
| | | | | | | Street Address | ntracting, Inc. | | | | _ | - | | | | |
| Street Address | | | | | | | Route 9, Unit 61 | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | Code | | | | | | | | | |
| 5.554-5 pa 546. | | | | | | | New Jersey 08 | | | | _ | _ | | | | |
| Project Manager for Mor | nitoring Firm | | Tel | ephone I | No. | Telephone No. 732-349-9932 | 2 | License No. 00624 | | | | | | | | |
| Start Data (10) | Sc | heduled C | omple | etion Da | te (11) | Name of OSHA | | | | | - | | | | | |
| Start Date (10)05 /18 / | | 05 / | | | | E.M.S.L. Ana | | | 8 | | _ | | | | | |
| Occupancy Status Durin | | | | | | Street Address | | | | | | | | | | |
| ☐ Facility Closed/Vacat | ted During Entire | Period of | Abate | ement | oribo | 1056 Stelton | <u> </u> | | | | _ | - | | | | |
| ☐ Abatement Performe Time of Abatement: | d Outside of Nor AM | mai Facilit | _PN | 11s - Des 1 | AM | City, State, Zip C | New Jersey 08 | 8854 | | | | | | | | |
| Scope of Work (Check a | all that apply) | | | | | | | 100 Annual Control | | | _ | | | | | |
| ≥3 sf or ≥3 lf | | ПRe | enova | tion | | ☐ Full Cor | ntainment with Ne closure | gative Plessure | | | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | ⊠ De | emolit | ion | | ☐ Gloveba | ag Procedure empted (*) and N | on-Friable Proced | dure | | | | | | | |
| | | - 1 | Loc | otion | | M NOII-LX | empted () and re | I I I I I I I I I I I I I I I I I I I | | atemer | Ту | pe | | | | |
| Locatio | n of | 10 | Norm | | | Description | of * | | | | ī | | | | | |
| Asbestos-Containing | | | | lely by | | stos Containing M | laterial (ACM) | Amount | Removal | Repair | | Enclosure | | | | |
| TO BE AE | | | | nance/ | (i.e | e., thermal systems surfacing, VA | | (Specify SF or LF) | ova | = | | nus | | | | |
| IN Fac | | | (12 | | | other miscellan | | , | | | - | æ | | | | |
| (1.5) | | Yes | No | N/A | | | V8.77 | | | 1 |] | | | | | |
| slab-exterior | | | \boxtimes | | asbest | sbestos floor tile 100 sf 🗵 🗆 | | | | | | | | | | |
| | | | | | | | | | | |] | | | | | |
| | | | | | | | | | | |] | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | | NJDEP | | Cubic Yards of | | istered Landfill | | | | | | | | |
| Guardian Contrac | | | | Hauler 2022 | | Waste 2 | T.R.R.F. | | | | _ | | | | | |
| City, State | | | | | | Disposal Date | City, State | _ | | | | | | | | |
| Toms River, New | Jersey | | | | | 05/20/19 | Tullytow | n, Pennsylvani | a | | | | | | | |
| Completed By (Print or | Type) | Title | | | | Signature | Λ | n | Date | and the | - | | | | | |
| Nicholas Fernicol | 50 | Projec | t Ma | nager | | | 7 1 | + | 5/1 | $\cap H$ | 9 | | | | | |

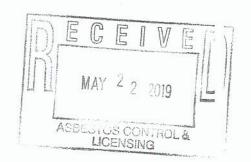
PATE

ASB-41

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

| | - 1 | 1 | 図 朗 昭 | (FUNSUAN | ALL TO MON | C 0.00-7 AN | D 12.120-7 | C-1-C- | | | | - | - |
|--|--|--|-----------------|---|--|--|-------------|-----------------|-----------|----------------------|---------|-----------------|-----------------|
| Date of Notification (| | Distriction of the last | - de servicion | | Name of | Building Ow | ner / Oper | ator (2) | 1 | 2 6 | E I | 1\// | |
| 06_ /07 | / 18 | | | | Mondelez | Internationa | 1 | 5.5 | | EC | E | \¥f | = ; |
| | / | | | | Street Ad | dress | | | IIUIT | | | | 11 |
| Agencies Notified | Type of No | otifica | tion | | 2211 Rou | te 208 North | | | lm | | | | - 11 |
| ☑ EPA | | Initial | | | The second secon | e, Zip Code | | | | MAY | 10 | 0010 | 11 |
| DEP | | Amer | Prince-serv | | | New Jersey, | 07410 | | | MAY | 2 2 | 2019 | Į L |
| ☐ DOH | | | idea idment# | | Name of | | 07410 | | Talaska | - a Misses I | | | + |
| | | Contract of the Contract of th | | The second control of | | | | | | ne Numb | oer | L' SECTION DE | |
| ☑ DOL | l H | | | / justification | PETER V | ILLANO | | | 201-794 | SEEST | OS CO | NIRO | & |
| | | Canc | ellation | | | | | To Sent Charles | | | CENCIN | 10 | - |
| | | | | F | ACILITY IN | FORMATIO | N | | | HOLE SHAPPED SHAPPED | | MARKET CONTRACT | distribution of |
| | | | | | | | | | | | | | |
| Name of Facility Whe | ere Abatem | ent is | Taking I | Place (3) | | Type of Fa | cility (4) | | | | | | |
| Mondelez Internationa | I | | | | | | | | | | | | |
| | | | | | | | School (K | -12) | | | | | |
| Street Address | | | | | | | Subchapte | er 8 (Other | than K-1 | 2) | | | |
| 2211 Route 208 | | | | | | | | private & | | | | | |
| | | | | | | | bldgs., ho | | | | | | |
| City (5) | County (6) | | | County Code | (7) | Square Fee | | # Of Floor | 9 | Buildin | an A ne | | |
| Fairlawn | Bergen | | | County Couc | (*) | 1,000 | | # 0111001 | | Dullull | ig Age | | |
| · umann | Dergen | | | | | Current Us | | | | + | 40 | . 9 | |
| | | - | | | | - | e (Prior II | being dem | olisnea) | 1 | 40 |) + | |
| | | - | | | | Bakery | | | | | | | |
| Name of Monitoring I | Firm Hired | by Blo | dg. Own | er (8) | ASCM NO | 1 | | | | | | | |
| 13-100-1-1 | | | | | | | | | | | | | |
| AET | | | | | 1 | NORTHSTA | AR CONTE | ACTING G | ROUP, IN | 1C. | | | |
| Street Address | | | | | | Street Add | | | | | | | - |
| 907 Doolittle Drive | | | | | | | . 000 | | | | | | |
| City, State, Zip Code | | | | | | 32 Williams | Parkway | | | | | | |
| | 7 | | | | | | - | | | | *** | | |
| Bridgewater, NJ 0880 | | | | | | City, State, | Zip Code | | | | | | |
| Project Mngr. For Mo | nitoring Fi | rm | | Telephone Nu | mber | | | | | | | | |
| Eric Houseknecth | | | | 908-218-1108 | | East Hanov | | 36 | | | | | |
| Sheduled Start Date | (10) | Sche | d. Comp | letetion Date (1 | 1) | Telephone | Number | | License | Number | | | |
| 06 / 25 | / 18 | | 06 | / 24 / | 19 | | | | | | | | |
| /// | / — | | / | / | | 973-884 | 4-8682 | | | 1 | 00860 | | |
| Occupancy Status Di | uring Abate | ement | (Check | Only 1) | | Name of O | | or | | | | - | |
| | | | | ire Period of | | NORTHSTA | | | ROLID IN | IC. | | | |
| Abatemen | | ieu Du | iiiig Liit | ile i ellou oi | | The same of the sa | | ACTING | NOOF, II | 10. | | | |
| | | | | | | Street Add | ress | | | | | | |
| | | | | ormal Facility | | | | | | | | | |
| | escribe: | | | | | 32 Williams | | | | | | | |
| ☑ Other - De | scribe: _ | 7:00A | M - 3;30I | PM | | City, State, | | | | | | | |
| | | | | | | East Hanov | er, NJ 079 | 36 | | | | | |
| Scope of Work (Chec | k All That | Apply |) | | | - | | | | | | | |
| | | | | | | | | | | | | | |
| ☐ Demolition | 1 | | 1 | Renovation | 7 | Full Contai | nment wit | h Negative | Pressur | е | | | |
| ☐ >3sf or >3 | If | | | 511-51-51.0-61.0-61.0 | | Mini - Encl | | | | | | | |
| | | | | | | Glovebag F | | | | | | | |
| -100 31 01 | _20011 | | | | Ä | Non-Exem | | d Non Eria | ble Proce | nduro | | | |
| | | | | | | NOII-EXEIII | pieu () an | u NOII-FIIa | DIE PTOCE | aure | | | |
| l continue of | | | I. | | D | | | | | | | | |
| Location of | Samuel | 100 | ls | 120 | Descript | | | | Abateme | III Type | | 120 | |
| Asbestos Conta | ining | | cation | As | sbestos - C | | | _ | R | | E | E | |
| 1970°000 PM (1980°15 0 1970°15 0 1980°15 0 1980°15 0 1980°15 0 1980°15 0 1980°15 0 1980°15 0 1980°15 0 1980°15 | ************************************** | No | rmally | 1000 | Material | | | Amount | E | R | N | N | |
| TO BE ABATI | ED | l | Jsed | | .e., therma | | | (Specify | M | E | C | C | |
| in Facility | | S | olely | insu | lation, sur | facing, VAT, | | SF or LF) | 0 | P | A | L | |
| (13) | | 322 | Main- | | | ellaneous) | 8 | - 1 | V | Α | P | 0 | |
| 11000 | | | nance/ | | | | | | A | l i | s | S | |
| | | | stodial | | | | | | l î | R | lu | Ü | |
| | | 100000000000000000000000000000000000000 | aff (12) | | | | | | _ | | li I | R | |
| | | | NO N/A | | | | | | | + | + | | |
| OND ELOOP OVENE | | 153 | | DOLLED CAS | VETO | | | 00.05 | | + | - | | |
| 2ND FLOOR OVEN#7 | | | V | ROLLER GASI | VE12 | | | 80 SF | V | + | 1 | | |
| 2ND FLOOR OVEN#7 | | - | | TRANSITE | | | | 100 SF | > | | | | |
| 2ND FLOOR OVEN#7 | | | 7 | GASKET | | | | 4,000 SF | 7 | | | | |
| 2ND FLOOR BAKE SH | HOP | | V . | PIPE & FITTIN | IG | | | 60 LF | 7 | | | | |
| Name of Registered \ | Waste Hau | ler | - | NJDEP Waste | Constitution of the last of th | Name of Re | | | | | | | |
| NEWARK CARTING | | | | Hauler ID No. | | GROWS | 3 - 10.00 | | | | | | |
| NORTHSTAR CONTR | RACTING | ROUP | . INC | | of Waste | | | | | | | | |
| City, State | 0.011140.0 | | , 1110. | 1 4505 | | City Ctata | | | | | | | |
| | | | | | Disposal | City. State | DA 4000- | | | | | | |
| NEWARK, NJ | | | | | Date | Morrisville, | PA 19067 | | | | | | |
| EAST HANOVER, NJ | | | | | | | | | | | | | |
| Completed by (Print | or Type) | | | Title | | | Signature | 1 | 1 | | Date | | |
| | | | | | | | VL | | 115 | _ | | | |
| Stave Stiles | | | | Drainet Manage | ~ " | | 11 111 | 1.1 | 1 1 | 0.70 | 1 | DEIDA | • |

| 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 | E N C L C S L F |
|--|---|--|---------------------------------|--|-----------------------|-----------------|-----------------|
| | YES NO N/A | | | | | 1 | † — |
| MEZZANINE | | PIPE & FITTING | 4 LF | V | | | |
| DC WAREHOUSE | | PIPE & FITTING | 6 LF | V | | | † |
| 1ST FLOOR BAKERY | | PIPE & FITTING | 5 SF | 7 | | 1 1 | 十一 |
| BOILER ROOM | | BOILER JACKET | 10 SF | 7 | T T | 1 1 | 十一 |
| DC CHARGING AREA | | PIPE & FITTING | 15 LF | 7 | | | |
| BOILER ROOM | | PIPE & FITTING | 4 LF | 7 | | | 十一 |
| DC WAREHOUSE | | PIPE & FITTING | 100 LF | V | | | THE |
| DC WAREHOUSE | | PIPE & FITTING | 44 LF | 1 | | TH | t in |
| BAKERY WAREHOUSE | | PIPE & FITTING | 130 LF | 7 | | | 十一 |
| BAKERY MEZZANINE | | PIPE INSULATION | 60 LF | 7 | In | T T | 一一 |
| BAKERY WAREHOUSE | | PIPE & FITTING | 70 LF | 7 | | | T |
| | | | | | | | |
| | | | | | | | 十市 |
| | | | | | | TH | T T |
| | | | | Tī T | | Th | t fi |
| | | | | | | | |



"OPEN NOTIFI :ATION CK# 9653 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 5/20/ Name of Building Owner/Operator (2) PSF&G Agencies Notified Street Address 2019 4000 HADLEY ROAD **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # SOUTH PLAINFIELD, NJ 07080 ASBESTOS CONTROL& Emergency (including Name of Contact × DOH justification) DCA JEFFREY GAZICK 117 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building homes. X etc.) Square Feet # of Floors Bldg. \ge NIA N County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) ESSEX Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS 0045 UNIQUE SYSTEMS OF AMERICA INC Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM GEIGER 732-290-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC. Occupancy Status During Abatement (Check Only One) Street Address 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: OUT DOORS SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedi Aba ament Is Location pe Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No OUTDOORS SOMASTIC 150 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. WASTE MANAGEMENT of Waste **FAIRLESS** 1125 APPX City, State Disposal Date City, State ELIZABETH, NJ TBD MORRISVILLE, PA Date 5 Completed by Signature

OFFICE MGR.

CAROL RAIMO

| CK# 9653 | | | S | tate of Nev | w Jerse | у | | In | "O | PENI | TOV | F | CAL | |
|---|-----------------------|---|-----------------------|------------------------|------------------------------|---|-------------------|---|-------------|---------------------------|-------------------|-----------|---|---------------|
| Date of Notification (1) | | | ursuant | N OF ASB t to NJAC | 8:60 an | d 12:120 | 0) | | M 7 | (V)) | 0010 | | 771111111111111111111111111111111111111 | Partial dept. |
| Date of Notification (1) 5/20/19 | <i>}</i> | | PSE& | G. | | | (2) | The second second | MA | 11 2 2 | 2019 | | | |
| Agencies Notified Type Notification EPA Initial | | | Street A | Address HADLEY | 'ROA | D | | 1 | ASBES | ros co | NTAC | 375 | | manda ya |
| DEP Initial Amended Amendment | # | | | ate, Zip Co H PLAIN | | חות כ | 7080 | -7-1-144-10 | | LICENS | NG_ | | M-1 | 1 |
| | (including | 3 | Name o | of Contact | | | 7211-0-20 | | E 25733 | ephone N | | | - | |
| | | | | FFR. | | | 210 | ユス | 8 | 56-6 | 28- | 2 | 12 | 7_ |
| Name of Facility Where Abatement is Takin | g Place (| (3) | | | 21 | | Туре | of Facility | | | | | | |
| PSG4G-LOCATION-S Street Address 62-64 BLANC | , , | _ | / | | <u> </u> | | × | School (K- Subchapte Other (i.e. etc.) | er 8 (Oth | er than K- & commer | -12) rcial bui | ldinį | , hom | es, |
| City (5) | 171) 1 | ` 2 | _ | • | | | Squa | re Feet | | Floors | | Bldg | Age / A | |
| NEWARK. | | 1 | | Code (7) | | | Curre | ent Use (Pr | | | ished) | | H | |
| ESSEX Name of Monitoring Firm Hired by Building | Owner (8 | 1 | | USE ONLY) | | Name | of Aba | ntement Co | ontractor | (9) | | | | |
| ENVIRONMENTAL TACTICS Street Address | | | 004 | | | UNIC | QUE : | SYSTEM | | | CA INC | <u> </u> | | |
| 64 BROAD STREET | | | | | | Street 396 V | | ss EHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | , | A " | | | | ip Code IVER, N | J 0888 | 2 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho 732-29 | ne No. 90-2217 | | Teleph 732-4 | | | | License 01111 | | | | |
| Start Date (10) 6/5/19 | Schedu | / | npletion | Date (11) | | | | HA Monitor | | MERIC | CA INC | | | - |
| Occupancy Status During Abatement (Chec | T-6 | ne) | | // | | Street | Addre | ss | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: out Dooks | Period of nal Facilit | Abaten y Hours | nent | | | City, St | tate, Z | EHEAD ip Code | | • | | | | |
| Scope of Work (Check All That Apply) | | | | | | 300 | IHK | IVER, N | J 0888 | | | _ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoliti | | | | X | Ful Mir Glo | l Containm ni-Enclosur vebag Pro n-Exempte | e cedure | | | | е | |
| 2 (2) | | Locati Normail | | | | | | | | | | Section 1 | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Solel aintenar stodial S (12) | ly by nce <i>l</i> | Asbest (i.e. | os Cont thermal surfac | scription aining M systems cing, VAT niscelland | aterial insula | (ACM) | (S | nount pecify or LF) | Remova | Kepair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | ale | 9 |
| outbooks | | X | | Pip. | ϵ S | SOMA | sT, | C | 15 | TO 4 | EX | | | |
| | | | | | | | | | | | +- | - | | |
| Name of Registered Waste Hauler | | l N. | JDEP W | aste l | Cubic ' | Yards | | Name of | Register | ed Landfi | I | | | |
| WASTE MANAGEMENT | | | auler ID 125 | | of Was | te | | FAIRLE | | | (V) | | | |
| City, State ELIZABETH, NJ | | i. | | | Dispos | al Date | | City, Stat | | Е, РА | | | | |
| Completed by CAROL RAIMO | Title | CE M | GR. | 1 | | gnature | 1 | , , | 00. | | ate 5 | 12. | 110 | 7 |

| CK# | ra. | ID | | ICATIO | tate of Ne N OF ASE t to NJAC | BESTO: | SABATE | | | "OPE | 1 0 0 | OT ∅. | F | :AT | ION |
|---|---|---------------|------------------------------|-----------------------|-------------------------------------|-----------------|---|--------------------------|--|---------------------------|----------|-----------------|--|---|-----------|
| Date of Notification (1) | 5/20/19 | , | | Name o | of Building | Owner | /Operator | (2) | | MAY | 2 2 2 | 019 | A. A. S. | Image: Control of the | |
| Agencies Notified EPA DEP | Type Notification Initial Amended | | | 4000 | Address HADLE ate, Zip C | | AD | | A | SBESTO: | NOINC | HOI | L & | | |
| | Amendment Emergency (justification) Cancellation | | | SOUT Name of | TH PLAI of Contact EFFR | NFIEL | | | | Telepho 856 | one Nun | | _ | 17. | 7 |
| Name of Facility Where APSG4G-L | | | 3) | FAC | ILITY INF | ORMA | | | e of Facility (| (4) | - 60 | 0 | | | |
| Street Address ALB & City (5) | | AV | |) | • | | | × | Subchapter Other (i.e. p etc.) | 8 (Other the sirvate & co | mmercia | al buil | | home | es, |
| NE | WARK |) • | | | | | | Squ | are Feet N/A | # of Flo | | E | N N | | |
| County (6) ESSEX | | | | | Code (7) USE ONLY | o | | Curi | rent Use (Pri | or if being o | lemolish | ed) | | | |
| Name of Monitoring Firm ENVIRONMENTAL | Hired by Building C TACTICS | Owner (8 |) | ASCI 004 | M No.1 5 | | | | atement Cor SYSTEMS | | ERICA | INC | - | | |
| Street Address 64 BROAD STREE | Γ | | | | | | Street 396 | | ess TEHEAD A | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 077 | 47 | | | 7 | e | | | | Zîp Code RIVER, NJ | 08882 | | | | | |
| Project Manager for Moni TOM GEIGER | 2203 | | 0.04 | Telepho 732-29 | ne No. 90-2217 | •((| Teleph 732- | | | | ense No | 0. | | | |
| Start Date (10) 6/5 | /19 | | 7/ | npletion | Date (11) | | 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | SHA Monitor SYSTEMS | OF AM | ERICA | INC | —). | | |
| Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: 0 | ted During Entire P d Outside of Norm | eriod of | Abaten | nent | | | City, S | WHI ⁻ tate, 2 | ΓΕΗΕΑD A Zip Code | | | | _ | _ | |
| Scope of Work (Check All | | | | | | | SOU | TH F | RIVER, NJ | 08882 | | | _ | E-11 | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoliti | | | | × | Mi | ull Containme ini-Enclosure ovebag Proc on-Exempted | edure | | | | э | |
| Location Asbestos-Containing I | Material (ACM) | Use | Locati Normali ed Sole | y ly by | Asbes | | escription | of | | Amou | | | | ment | |
| <u>TO BE ABA</u> In Facilit (13) | <u>TED</u> y | Cus | intenar todial S (12) | staff? | | therma surfa | al systems acing, VA miscellan | insul T, or | ation, | (Spec SF or I | ify | Removal | Repair | Encapsulate | Enclosure |
| outbooks | 3 | Yes | No X | N/A | P; | E | SOMA | ST | i'c | 150 | LF | X | | е | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | 110-110-1 | | | | | _ | - | |
| Name of Registered Wast WASTE MANAGEME | | | H | JDEP Wauler ID 125 | | of Wa | Yards aste | | Name of F | Registered I | andfill | | | | |
| City, State ELIZABETH, NJ | | | | | | Dispo | sal Date | | City, State | SVILLE, I | PA | | | - | |
| Completed by CAROL RAIMO | | Title OFFI | CE M | GR. | | | Signature | // | 21.0 F | 1 | | 5 | 120 | /19 | 7 |

| CKAISI PA | AID | | CATION | | OS ABATEMENT O and 12:120) | | | | | | | | | | | | |
|---|--|-------------------|---------------------------|------------------------------------|--|-----------------------|----------------------------|--|---|------------------|-------|--------|-----------------|-------------|-----------|--|--|
| Date of Notification (1) 5/20/19 | | | | ord Park | | | | | | MAY | 2 ' |))/ | 110 | | | | |
| Agencies Notified Type Notification | 1 | | Street A | - Hara | NS & IN | ecrean | on | led led | | **** | F-0 Z | - 41 | 119 | - 11 | - 2 | | |
| EPA Initial | (I.) | | | entenni | al Ave | 2 | | | AOD | | | | | | delphines | | |
| DEP Amended | Amended City, State, Zi | | | | | | | | | | | | | | | | |
| X DOL Amendmer ☐ Emergency | | | 2. Social money | ord, NJ | Section 1985 | | | The state of the s | | | | | | | | | |
| DOH justification |) | | | f Contact Roberta | | | | Telephone Number 908-709-7283 | | | | | | | | | |
| | | | | LITY INF | The state of the s | ION | | - | 300 | J-7 US | 7-120 | | | | | | |
| Name of Facility Where Abatement is Taki Commercial Pool House | | | | | Type of | Facility (4) | acility (4) | | | | | | | | | | |
| Street Address | | | | | | nool (K-12 | | r than | K 12 | Λ. | | | | | | | |
| 401 Centennial Ave. | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home | | | | | | | | | | | | | | | | |
| City (5) | | | | | Square F | | # of | Floors | ; | В | ge | | | | | | |
| Cranford | | | | | | | 20000 | | 2 | | | | | 65 +/- | | | |
| County (6) Union | | | | Code (7) USE ONLY |) | | | Use (Prior ercial P | | 17.0 | | ed) | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCN | / No. | | Name | of Abatem | | | | | | 20.100 | | | | |
| Project Manager | | | | | | | tages Al | | | 15 d | | | | | | | |
| Street Address | | | | Street Address 280 N. Midland Ave. | | | | | | | | | | | | | |
| City, State, Zip Code | | | tate, Zip C | | 663 | | | | | | - | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | Teleph | one No. | | | Licen: | |). | | | - | | | |
| Start Date (10) 5/29/19 | | | | | | | of OSHA | | | 0100 | | | | | | | |
| Occupancy Status During Abatement (Che | | ne) | | | Street | Address | | | | | | | | | | | |
| Facility Closed/Vacated During Entire | nent | | | 0001 | , 1001000 | | | | | | | | | | | | |
| Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M | mal Facility | Hours | 3 | 2000000 | _ | City, State, Zip Code | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | The same of the sa | Renova Demolit | ion Mini-Encl Glovebag | | | | | | ntainment with Negative Pressure nclosure ag Procedure tempted (*) and Non-Friable Procedure | | | | | | | | |
| | | | | | | | I Non-E | xempted (| *) and | Non-F | riabl | | cedure Abate | | . — | | |
| Location of | 1 | Locati Normal | ly | | De | scription | of | | | | | | Ту | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | d Sole intena | | | tos Cont | taining M | laterial (Ad insulation | | | nount | | | | Щ | П | | |
| In Facility | Cus | todial S (12) | Staff? | (1.6. | surfa | cing, VA | T, or | 1, | | pecify or LF) | | Remova | Repair | caps | Enclosure | | |
| (13) | Yes | No | N/A | | other n | niscellan | eous) | | | | | oval | air | Encapsulate | SIIFE | | |
| Utility Room | X | 140 | IN/A | | Pi | oe Wra | р | | 22 | 7 LF | | x | | | - | | |
| | | | | | | | | | | | | 1119-2 | | | | | |
| | | | | | | - diciti | | | | /II 00-=_ | | | | - | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | 110000 | JDEP W | 101010 | Cubic of Was | | N | ame of Re | egister | ed Lar | ndfill | | | | - | | | |
| All Stages Abatement | All Stades Anatoment | | | | | 316 | (| Grand Co | and Central Sanitary Landfill | | | | | | | | |
| | | 0 | 036592 | 4 | 3 yd | | - | | | | | | | | | | |
| City, State Saddle Brook, NJ | | 0 | 036592 | 1 | 120 | sal Date | С | ity, State Pen Argy | | 27-08-2-08-2 | | | | | - | | |

Pr t Form

| | | | | | * | | | | | | | | 1 | rn | |
|---|---|-----------------------------|---------------------------------------|--|----------------------------------|------------------------------|--|----------------------------|------------------------------|---------------------------|----------------------------|---------|--------|-------------|--|
| CKAN | 09 PA | UUD' | | CATION | ate of Ne I OF ASB to NJAC | ESTOS | ABATE | | Environment of the second | 0), | EG | E | | | |
| Date of Notification (1) 5/15/2019 | <u> </u> | | | | f Building ester Tv | | | | ls | | MAY | 2 2 | 201 | 0 | |
| Agencies Notified | Type Notification | | | Gloucester Twsp. Public Schools MAY 2 2 2019 Street Address 17 Erial Road | | | | | | | | | | 9 | |
| EPA DEP DOL | Initial Amended Amendmen | t # | | City, Sta | ite, Zip Ci | ode | ASBESTOS CO LICENSI | | | | | | | OL | |
| X DOH X DCA | Emergency justification) | (including | | | f Contact | | | | | | ephone Nun 6-227-768 | | | | |
| N DON | Cancellation | 1 | | | LITY INF | ORMATI | ON | | | | 0-221-100 | | | 1100000 | |
| Name of Facility Where Erial Elementary S | | ng Place (3 |) - | 1 401 | LITT IN | OKWATI | ON | Тур | e of Facility (4) |) | | | | | |
| Street Address 20 Essex Avenue | | | | | | × | School (K-12 Subchapter 8 Other (i.e. pri | (Oth | | | ldings, | home | | | |
| City (5) Erial | | | | | | | Squ | etc.) are Feet | # 0 | f Floors | | Bldg. A | ge | | |
| County (6) Gloucester | | | | | Code (7) USE ONLY | ? | | | rent Use (Prior 1001 | rior if being demolished) | | | | | |
| Name of Monitoring Firm Pennoni Associate | | Owner (8) | | ASCM No. | | | | | atement Conti npany Inc. | ractor | (9) | | | | |
| Street Address 515 Grove Street | | | ı | , 00 | 104 | | Street | Addre | | | | | | | |
| City, State, Zip Code Haddon Heights, N | | | | | | | Zip Code IJ 07011 | | | | | | | | |
| Project Manager for Mor Tom Leisse | | Telepho | ; | Teleph | none l | | | License N 00704 | 0. | | | | | | |
| Start Date (10) 06/17/2019 | | Schedule | | pletion | | Name | of OS | SHA Monitor mpany Inc. | | | | | | | |
| Occupancy Status Durin | ng Abatement (Che | I ck Only Or | ne) | | | | | Street Address | | | | | | | |
| Facility Closed/Vac Abatement Perforn X Other – Describe: | cated During Entire ned Outside of Nor occupied | Period of A | Abatem Hours | nent | | | City, State, Zip Code | | | | | | | | |
| Scope of Work (Check A | All That Apply) | | Renova | | | | × | 4 5 | ull Containmer | nt with | Negative P | ressu | Jre | | |
| | | | , ciriont | 1011 | | | | G | lovebag Proce on-Exempted | | d Non-Friab | le Pro | ocedur | e | |
| Locatio | n of | 11.00 | Locati | | | | escription of taining Material (ACM) I systems insulation, ucing, VAT, or miscellaneous) | | | | | | | ment pe | |
| Asbestos-Containing TO BE AB In Faci (13) | g Material (ACM) BATED ility | Use Ma | d Sole intenar todial S (12) | ly by nce/ | | stos Con thermal surfa | | | | (8 | mount Specify or LF) | Removal | Repair | Encapsulate | |
| Boiler R | 200m | Yes | No | N/A | | pipe fitt | ing inc | ulati | on - | | 515 | - | | (TD | |
| Doller | NOOIII | | Х | | | breech | | | | | 50 SF | x | - | | |
| | | | | | | | | | assume <u>d</u> | | 00 SF | × | | | |
| | | | | | | 770 - 1255 | | | | | | | | | |
| Name of Registered Wa Newark Carting Inc. | Н | JDEP W lauler ID 5409 | ID No. of Waste | | | | Name of R | of Registered Landfill NS | | | | | | | |

Disposal Date

Signature

Title

President

City, State Newark, NJ

Completed by

Voytek Roszkowski

Date

05/15/2019

City, State Morissville, PA

| (Kadey F | AII | | | to NJAC 8:6 | | | | | IIK' | | 9 5 |) L | | | | |
|--|---|---|--|--|-----------------------|---------------------------------|---|---|--|---------------|-----------|-----------|---------|--|--|--|
| Date of Notification (1) 5/15/2019 | | | | f Building Ow am United | | | ch | | And the second s | M | AY : | 2 2 | 20 | | | |
| Agencies Notified Type Notification | | | Street A | ddress ain Street | | | | | | | | | | | | |
| EPA Initial Amended | | - | | ate, Zip Code | | ASBESTOS CONTI LICENSING | | | | | | | | | | |
| DOL Amendmen Emergency | | _ | | am, NJ 079 | 928 | | | | | | | | | | | |
| □ DOH justification □ Cancellation | | | Name of Glen V | f Contact Valker | | | | | Telephone Number 917-699-8757 | | | | | | | |
| Name of Facility Add. | | | FACI | LITY INFOR | MATION | | | 011 000-0101 | | | | | | | | |
| Name of Facility Where Abatement is Takir Chatham United Methodist Church | าg Place (วั | 3) | | | | | of Facility (4 | 1.500 | | | | 500-50-50 | | | | |
| Street Address 460 Main Street | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | | | | | |
| City (5) Chatham | | | | re Feet | # 0 | f Floors | | Bldg. Age | | 3 | | | | | | |
| County (6) Morris | *************************************** | | County (| Code (7) USE ONLY) | | Curre | nt Use (Prio | r if bei | ng demolis | hed) | | | | | | |
| Name of Monitoring Firm Hired by Building USA Environmental, Inc. | | | | | | | tement Con pany Inc. | | (9) | | | - | | | | |
| Street Address 344 W. State Street | | 1112 | | t Addres | | | | | | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber | | Telephor | ne No. 56-8101 | | hone N- -253-8 | | | License N | lo. | | | | | | | |
| Start Date (10) 08/05/2019 | Schedul 08/15/2 | | npletion I | Date (11) | | | HA Monitor pany Inc. | | L | | - | | | | | |
| Occupancy Status During Abatement (Chec | k Only Or | ne) | | · · · · · · · · · · · · · · · · · · · | | t Addres | | | | - | 200-05 | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied | Period of a | Abaten / Hours | nent | | City, State, Zip Code | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | 33 (2) (3) | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demolit | | | | Mir Glo | l Containme ni-Enclosure vebag Proc n-Exempted | edure | | | | e | | | | |
| | | Locati | 29100 | | | | | | | | Abat | emen | t | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Normal ed Sole iintenai todial S (12) | ly by nce/ | (i.e. the | Descriptio Containing rmal systen surfacing, Voner miscella | (ACM) | Amount (Specify SF or LF) | | Removal | Repair | e Encapsulate | Enclosure | | | | | |
| Poiler Deam | Yes | No | N/A | | | | | | | | | (D) | | | | |
| Boiler Room | | X | | | ipe insula | 38 7 | | | 40 LF | X | | | | | | |
| | - | | | | eching ins | | n | | 12 SF | X | | | <u></u> | | | |
| | - | | | D | oiler insu | lation | | 11 | 10 SF | X | | | | | | |
| Name of Registered Waste Hauler | N | JDEP W | aste C | ubic Yards | | Name of R | Registe | red Landfill | 1 | | | | | | | |
| Newark Carting Inc. | | 0.000 | auler ID 5409 | | Waste | | GROWS | 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | Tou Larianii | | | | | | | |
| City, State Newark, NJ | | D | Disposal Date City, State Morissy | | | | Α | | | | | | | | | |
| Completed by Voytek Roszkowski | eted by Title | | | | | |) oska | d | Da | ite 5/15/ | 2019 | | | | | |
| | | | - | | | 7 | V | | | | | | | | | |

State of New Jersey

| K001951] | PAI | NOT | St FICATION Pursuant | V OF AS | ew Jerse BESTOS C 8:60 an | ABATE | MENT | | () () | C [| | \mathbb{V} | 1 1 3 | Self-tennent and an annual an annual and an annual and an annual and an annual and an annual an an | | | |
|---|--|---|-------------------------------------|--|---------------------------------|----------------------------------|--|-------------------|-----------------------|----------|--------|--------------|----------------|--|--|--|--|
| Date of Notification (1) 5/20/2019 | | | | | g Owner/olutions | | | | U N | 1AY | 2 2 | 2019 | | | | | |
| Agencies Notified Type Notification | n | 0.0 () () () () () () () () () (| 1020 I | Street Address 1020 King George Post Road ASSESTOS CONTROL City, State, Zip Code LICENSING | | | | | | | | | | | | | |
| | Amendment #5 Emergency (including | | | | | | Fords, NJ 08863 | | | | | | | | | | |
| ■ DOH justification □ DCA Cancellation |)` | | Name o Lisa D | f Contact aniels | t | | | Telepho 732-30 | | | | - | | | | | |
| Name of Facility Where Abatement is Taki | ng Place (| 3) | FACI | ILITY INF | FORMAT | ION | Type of Fa | cility (4) | | | | | | | | | |
| LANXESS Solutions US Inc. Street Address 1020 King George Post Road | | School (I Subchap Other (i.e | | | | | | | | dings, | h n | ies, | | | | | |
| City (5) Fords | | | | | | | Square Fe | | | | | Bldg. A | g | | | | |
| County (6) Middlesex | | | County (| Code (7) USE ONL | y) | | Current Us boiler ho | | | | | lant i | — — & эі | nks | | | |
| Name of Monitoring Firm Hired by Building Emilcott Associates, Inc. | Owner (8) |) | ASCN | / No. | | | of Abatement er Demol | nt Contra | ctor (9) | | | | | | | | |
| Street Address 190 Park Avenue | | | | | | ool Road, STE 910 | | | | | | | | | | | |
| City, State, Zip Code Morristown, NJ 07960 | | | | City, S | tate, Zip Cone, PA 19 | de | | | | | - | | | | | | |
| Project Manager for Monitoring Firm David Tomsey | Telephor | |) | Teleph | one No. | | Lice 012 | ense N | 0. | | | | | | | | |
| Start Date (10) 2/18/2019 | Start Date (10) Scheduled Co | | | | | | of OSHA Mo | | | 3.95 HOS | al Se | rvice | s _ | LC | | | |
| | Occupancy Status During Abatement (Check Only One) | | | | | | Address Old Eagle | | | | - | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: boiler house | Period of a mal Facility | Abate / Hou | ment rs | HEHL | | | | | - Toau, | OIL | 310 | | d = | | | | |
| Scope of Work (Check All That Apply) | | | | | 087 | · | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | X C | Renov Demol | ation ition | | | ××× | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | 3 | | | | |
| | | Loca | | | | | | | , | | 1 | Abate Ty | n ni | t | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | d Sol | ely by ance/ Staff? | | stos Cont thermal surfac | taining M systems cing, VA | ription of ning Material (ACM) rstems insulation, ig, VAT, or icellaneous) | | | y =) | Remova | Repair | | Enclosure | | | |
| | Yes | No | N/A | | | | | | | | _ | | | O | | | |
| #6 Fuel Line | | X | | | Pipe Ins | | | | 197 LF | = | X | | | | | | |
| Door Gasket on boiler, caulk | | X | | | | ner Mis | | | 64 LF | | X | | | | | | |
| Ester 2 Area | | Х | | | Pipe Ins | | | | 480 LF | | X | | | | | | |
| Ester 2 Area, PA Tank Area | | X | UDED!! | | | urfacing | | | 719 SI | 1010 | X | | | | | | |
| Name of Registered Waste Hauler Horwith Trucks, Inc. | | | NJDEP WAR Hauler ID I SW-1998 | No. | of Was | | | | gistered L nd Cour | | andfil | I | | | | | |
| City, State Northampton, PA | | | Disposal Date 6/7/2019 | | | | | State | ourg, PA | ν. | | | | | | | |
| Completed by Mark Klotzbach | | | | | | | ure Date 5/20/2019 | | | | 19 | 4 | | | | | |

rint Form

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

B & G proj. #:

2019-126

Check # 9301

| Date of Notification (1) O S / 1 O S Name of Building Owner/Operator (2) Janeen Ortega | | | 里里里 2 | B | | | | | CHECK | # 5501 | | | | |
|--|--|-------------|----------------|----------------|-----------|--------------|--------|-----------------------|--|---|--------------------|-------|--|--|
| Agenical Notified Type Notification General Part General Par | Date of Notification (1) | | Name | of Buildin | g Owne |) | | III) E | C C I N | E | 177 | | | |
| EPA DEP Marital Decay | 0 15 1/12 10 1/11 19 | | Jan | een Orte | ega | 20 9000 | | | 110),45 | <u> </u> | E | | | |
| DEP MAI 2 2 Dep MAI 2 2 Dep De | | cation | Street | Address | | | | | | | | | | |
| DOL | X Initia | al | | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MAY 2 2 201 | | U | | |
| Name of facility where abatement is taking place (3) Janeen Ortega Telephone Namp8ekSiNG Janeen Ortega | | | | | | | | | Printed | | | | | |
| DCA | | nament | | ASBESTGS CONTR | | | | | | | | | | |
| DGA Janeen Ortega FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Other than 12) School (K-12) Subchapter 8 (Other than 12) Subchap | | ollation | Name | of Contact | t | | | | Telephon | e Number/SING | halfold-displayer. | Who e | | |
| Name of facility where abatement is taking place (3) Janeen Ortega Street Address City (5) Pompton Plains, NJ 07444 Norris City (5) Pompton Plains, NJ 07444 Norris City, State use only) Pompton Plains, NJ 07444 Norris City, State use only Pompton Plains, NJ 07444 Name of Monitoring Firm Hired by Bildy. Owner (8) ASCM No. Street Address City, State, Zip Code City, State, | ☐ DCA ☐ Canc | Cliation | Ja | neen Or | tega | | | | : | | | | | |
| School (K-12) Street Address Street Address County Code (7) State use only) Current Use (Prior if being demoli residential Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address ASCM No. Street Address Street Address ASCM No. Street Address Street A | | | | | FACI | LITY INFORM | MOITA | I | | | | | | |
| Street Address City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demoil red) residential | Name of facility where abatement | nt is takir | ng place (3 | 3) | | | | | | | | | | |
| Street Address City (5) County Code (7) | Janeen Ortega | | | | | | | | | , in the second of the second | (12) | | | |
| City (5) Pompton Plains, NJ 07444 Morris ASCM No. Square Feet # of Floors Idg, Age Current Use (Prior if being demoil residential residential residential residential Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Completed VpPnit or Type) Title Signature City, State City | | | | | | | | | 1 (18 to 18) The second of th | | (-12) | | | |
| City (5) Pompton Plains, NJ 07444 Morris Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Lincoln Park, NJ 07035 City, State | oli od i nad i odo | | | | | | | | Bldgs. | Homes, etc. | 1-1 | | | |
| Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. | Cit. (5) | | County (6 | 1 | | | Cou | unty Codo (7) | Square Feet | # of Floors | lag. A | \ge | | |
| Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address Street Address Street Address Street Address Street Address Street Address OS Ryerson Road Old, St.et. Zip Code Clipy, State, | 0-0 20 -0 0 (14-0-0-0 | | | | | | | | Current Use (P | rior if being demoli | ied) | | | |
| B & G Restoration, Inc. | | | VESCONSTRUCTED | | | | | | residential | | | | | |
| Street Address City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 (0378) Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 (0378) Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 City State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 (0378) Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 City State, Zip Code Lincoln Park, NJ 07035 Ture Description of asbestos-containing material to be abated in facility (13) by maintenance/custodial staff(12) yes No N/A Crawl pace Description of asbestos-containing material (ACM) Total pace Total Completed Waste Hauler B & G Restoration, Inc. Disposal Date Of0/3/2019 Completed Waste Hauler B & G Restoration, Inc. Disposal Date Of0/3/2019 Completed by (Print or Type) Title Signature Title Date Disposal Date Of1/2019 City, State City, | Name of Monitoring Firm Hired | by Bldg. | Owner (8) | | | ASCM No. | | Name of Abatement | Contractor (9) | | | | | |
| 105 Ryerson Road City, State, Zip Code City, Sta | | | | | | | _ | | ion, Inc. | | | | | |
| City, State, Zip Code City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 | Street Address | | | | | | | | Road | | | | | |
| Project Manager for Monitoring Firm Phone Number Phone Number | City, State, Zip Code | | | | | | | | - | | | | | |
| Scheduled Start Date (10) | 7, | | | | | | | Lincoln Park, | NJ 07035 | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | Project Manager for Monitoring F | Phone | Numb | er | | | 0 | | | | | | | |
| Scheduled Start Date (10) 05/31/2019 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: City Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag proc sture | | | | | | | | | | 00378 | _ | _ | | |
| O5/31/2019 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: City, State, Zip Code | Scheduled Start Date (10) | S | ched. Cor | npletion D | Date (11 | 1) | | | | | | | | |
| Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 | 05/31/2019 | | 06/01/2 | 019 | | | | | | | | | | |
| Abatement performed outside of normal facility hours—Describe: Cother-Describe: Lincoln Park, NJ 07035 | | | | | | | | | | | | | | |
| Describe: Completed by (Print or Type) Completed by (Print or Type) Title | | _ | 17 | | nt. | | | City, State, Zip Code | | | | | | |
| Scope of Work (check all that apply) Demolition Renovation Solution Solution Demolition Renovation Solution Solution Solution Description of asbestos-containing material to be abated in facility (13) Crawl pace Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Signature Description of Subsets os-containing material (ACM) Description of asbestos-containing material (ACM) Specify SF or one of a containing material (ACM) Description of asbestos-containing material (ACM) Specify SF or one of a containing material (ACM) Crawl pace Non-friable procedure Amount (Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Description of asbestos-containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing material (ACM) Specify SF or one of a containing mate | Describe: | | | | | | | Lincoln Park, N | IJ 07035 | | | | | |
| □ Demolition □ Full Containment w/negative pressure □ Glovebag proc ture □ Sa sf or >3 If □ ≥160 sf or ≥260 If □ Mini-enclosure □ Non-friable procedure □ Location of asbestos-containing material to be abated in facility (13) □ N/A □ Description of asbestos-containing material to be abated waste Hauler □ N/A □ N/A □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | nnly) | | | | | _ | | | | _ | 43.4 | | |
| Signature Signature Signature Non-friable procedure Non-friable pro | | | ovation | | | | | Full Containment w/ne | gative pressure | Glovebag proc | iure | | | |
| Location of asbestos-containing material to be abated in facility (13) Crawl pace Registered Waste Hauler B & G Restoration, Inc. Is location normally used solely by maintenance/custodial staff(12) Yes No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Per No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Amount (Specify SF or LF) Description of asbestos-containing material (ACM) Specify SF or LF) Description of asbestos-containing material (ACM) N/A N/A Description of asbestos-containing material (ACM) N/A De | | _ | sf or >260 | If | | | X | Mini-enclosure | Non-friable pro | edure |) | | | |
| asbestos-containing material to be abated in facility (13) Crawl pace Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) N/A | | Is lo | cation nor | mally used | | / | | A | | | E | F | | |
| Registered Waste Hauler B & G Restoration, Inc. No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A | asbestos-containing | | | ce/custodi | al | | | | | l m | 10000 | n | | |
| Crawl pace | | 1 | | No | N/A | material | (ACM) | | | 101 | | 100 | | |
| Registered Waste Hauler B & G Restoration, Inc. Disposal Date Disposal Da | | _ | | | 77 74 | l nine incul | ation | | 25 If | | + | dh | | |
| B & G Restoration, Inc. 19563 1 Grand Central Landfill City, State Lincoln Park, NJ Disposal Date 06/03/2019 City, State Pen Argyl, PA Completed by (Print or Type) Title Signature Date | crawl pace | | | <u> </u> | | hibe ilisui | allOII | | 35 11 | | 計 | | | |
| B & G Restoration, Inc. 19563 1 Grand Central Landfill City, State Lincoln Park, NJ Disposal Date 06/03/2019 City, State Pen Argyl, PA Completed by (Print or Type) Title Signature Date | | | \dashv | | | 1 | | | _ | | 忙 | | | |
| B & G Restoration, Inc. 19563 1 Grand Central Landfill City, State Lincoln Park, NJ Disposal Date 06/03/2019 City, State Pen Argyl, PA Completed by (Print or Type) Title Signature Date | | === | | T | | | | | | | | | | |
| B & G Restoration, Inc. 19563 1 Grand Central Landfill City, State Lincoln Park, NJ Disposal Date 06/03/2019 City, State Pen Argyl, PA Completed by (Print or Type) Title Signature Date | ************************************** | | | | | | | | | | | | | |
| City, State Lincoln Park, NJ Ccmpleted by (Print or Type) Disposal Date 06/03/2019 City, State Pen Argyl, PA City, State Pen Argyl, PA Date | | | | | C | | Waste | | | | | | | |
| Lincoln Park, NJ 06/03/2019 Pen Argyl, PA Completed by (Print or Type) Title Signature Date | City, State | | | | | ate | | City, State | ar Edildilli | | | | | |
| Completed by (1 mile of 1) pb/ | Lincoln Park, NJ | | | | 06/0 | | | Pen Argyl, PA | | | | 3. | | |
| | | | reasure | r | Signature | | | | | | | | | |

B & G proj. #: 2019-125

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

| B & G proj. #: 2019-125 | ALL | (Pursuani | LO INC | JAC 0.00-1 | air | u 12.120 .) | Chec | k # 9300 | 0 | = | _ | _ |
|---|---------------------------|---|--------------------|------------------------|---|------------------------------|----------------|----------------|----------------------------------|-----------|---------|----|
| Date of Notification (1) | | Building Owne | r/Opera | ator (2) | | | IDE | CE | IVE | 1 January | | |
| 0 15 1/12 10 1/119 | Arkad | ipta Ghosh | | | | | 1151 | | | H | $^{++}$ | - |
| Agencies Notified Type Notification | Street Ad | dress | 10 | | | | | MAY 2 | 2 2019 | - | 1 | |
| EPA Initial | | | | | | | feet and | | | = | - | - |
| ☐ DEP | City, Stat | City, State, Zip Code ASBESTOS CONTROL & ASBESTOS CONTROL & | | | | | | | | | | |
| X DOL Amendment | Mont | Montclair, NJ 07043 | | | | | | | | | | |
| ₩ DOH | 1.1 | Name of Contact | | | | | | | | | | |
| ☐ DCA ☐ Cancellation | 1 Arka | Arkadipta Ghosh | | | | | | | | | | |
| | 11 | FAC | ILITY IN | NFORMATIC | N | | | | | | | _ |
| | (2) | | | | | | Type of Facili | ty (4) | 40) | | | |
| Name of facility where abatement is ta | king place (3) | | | | | | | nool (K - | | 10 | | |
| Arkadipta Ghosh | | | | | | | | | 3 (Other than In e/Commercial | |) | |
| Street Address | | | | | | | X Oth Bid | gs./Home | s, etc. | | | |
| | | | | | | | Square Feet | # of F | loors B | g. | Age | |
| Cit. (5) | County (6) | | | | | / Code (7) | | | | = | | _ |
| City (5) | | | (5 | State | use only) | Current Use residentia | | being demolish | u) | | | |
| Montclair, NJ 07043 | Essex | | 1 | MANI | LIN | lame of Abatement (| | - | | = | | _ |
| Name of Monitoring Firm Hired by Bld | g. Owner (8) | | ASC | CM No. | | B & G Restorati | | | | | | |
| | | | | | | treet Address | 011, 1110. | | | | | |
| Street Address | | | | | 105 Ryerson R | oad | | | aparti | | | |
| | | | | = | ity, State, Zip Code | | | | | | | |
| City, State, Zip Code | | | | | Lincoln Park, | NJ 07035 | | | _ | | | |
| Project Manager for Monitoring Firm | Phone Num | nber | | = 7 | Telephone Number License Number (973)696-6869 00378 | | | | | | | |
| Project Wallager for Memoring | | | | 1 | Name of OSHA Mon | 00010 | = | | _ | | | |
| Scheduled Start Date (10) | Sched. Con | npletion Date (| (11) | | - ' | B & G Restora | | | | | | |
| 05/31/2019 | 06/04/20 | | | | 1 | Street Address | | | | | | |
| | | | - | | - | 105 Ryerson F | Road | | | _ | | |
| Occupancy Status During Abatement Facility closed/vacated during e | ntire period of | abatement. | | | 16 | City, State, Zip Code | | | | 1000 | | |
| Abatement performed outside of | of normal facilit | y hours- | | | | | 1107025 | | | | | |
| Describe: Other-Describe: | | | | | - | Lincoln Park, I | 40 07000 | | | = | - 1 | |
| Scope of Work (check all that apply) | | | | | | | | | | 4 | | |
| | Renovation | | | [| 2017 | ull Containment w/ne | egative pressu | | Glovebag proc Non-friable pro | | | |
| ▼ >3 sf or >3 lf | 160 sf or ≥260 |) If | | [| M | lini-enclosure | | | Non-mable pro | T | E | |
| | Is location no | mally used so | lely | | | | A mar | unt. | е | | n | E |
| Location of asbestos-containing | by maintenan staff(12) | ce/custodial | | | | sbestos-containing | Amo (Spe | ecify SF o | or m | | c | C |
| material to be abated in facility (13) | | No N/ | | material (A | (CIVI) | | LF) | | v e | | р | L |
| abated in facility (10) | Yes | | | منعما ملم | | | 1 lf | | X | П | | |
| basement | | X | | ipe debris AT & mas | | | 450 | sf | X |] | | |
| basement | | X | | AT & III do | tio | | | | | | | |
| | | | = | - | | | | | |] | | 10 |
| | | | # | | - | | | | |] | | |
| Desistered Monte Houler | INIDEP | Hauler ID# | Cubi | ic Yards of W | /aste | Name of Register | ed Landfill | | | | | |
| Registered Waste Hauler B & G Restoration, Inc. | 195 | 563 | | 5 | | Grand Cen | trai Landiili | | | - | | |
| City State | | Dispos | sal Date 06/04/ | e /2019 | | City, State Pen Argyl, PA | Д | | | _ | | r |
| Lincoln Park, NJ | I = u | | | Signature | | | | | Date OF 100 1001 | e de | | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/ | Treasurer | | 1650 | | Gordana Luni | z | | 05/20/201 | = | _ | |
| | | | | | | | | | | | | |