														Pri	Forn
CKU446PAII	N	(P	CATION ursuant	ate of New I OF ASBE to NJAC 8	STOS :60 and	ABATEI d 12:120	0)	T		C	E		\mathbb{V}		And the second s
Date of Notification (1) 05/17/2019			Name o Reside	f Building O ence	wner/C	Operator	(2)		-	MAY	2	3 8	019	-	7
Agencies Notified Type Notification X EPA X DEP X DOL Amendment #	ŧ			ddress ate, Zip Cod Brunswick		08901			AS	BEST	OS I	CON	IRO 3	18	
□ Emergency (ii □ DOH	ncluding	-	Name o	f Contact Herrera					Tel	ephone	Num	ber			+
			FACI	LITY INFO	RMATI	ON			J						-
Name of Facility Where Abatement is Taking Residence	Place (3)						Тур	oe of Facility (0.50 0.00						
Street Address						4	×	Subchapter Other (i.e. p etc.)					dings,	home	
City (5) New Brunswick							200	uare Feet 260	# of 2	Floors)	1000	ldg. A 9	ge	
County (6) Middlesex				Code (7) USE ONLY)		_	Cur	rrent Use (Prid	or if bei	ng dem	nolish	ed)		-	
Name of Monitoring Firm Hired by Building O A. Seine Lighthouse Solutions	wner (8)		ASCN	1 No.				batement Con ank Service		(9)					
Street Address PO Box 354						Street 1256		ress erty Avenu	е						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666		Teleph 844-4		No. -7465		Licens 0131).			
	Schedule 06/18/2		npletion	Date (11)				SHA Monitor Lighthouse	e Solu	itions					
Occupancy Status During Abatement (Check	Only One	2)				Street	Addr	ress							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	nent				tate,	Zip Code		2					-
						Souti	h O	range, NJ ()7079						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×××	N C	Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	edure	S0750				2	
Location of	104(00)	_ocati			Day	scription							Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Sole ntenar odial S (12)	nce/	(i.e. ti	s Cont hermal surfac		fateri s insu T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		nir	oe wra	n		6	0 LF		X		ē	_
Dasement		^			hil	JC WIA	۲		0	O LF		Λ			_
Name of Registered Waste Hauler Newark Carting		Н	JDEP Wauler ID 4509		Cubic of Was			Name of I	- T			ındfi	l		
City, State East Orange, NJ					Dispos	sal Date		City, State		PA					-
Completed by Alison Lamers	Title Office	Mar	nager		S	ignature	a	MUNS			Date 05/	Figure 1	2019		

NOCK	State of New NOTIFICATION OF ASBER (Pursuant to NJAC 8:	Jersey STOS ABATEMENT	E C E I V	-	The state of the s	Forr
Date of Notifica 05/11/19 Agencies Notifie // Agencies Notifie	Name of Building Or	wner/Operator (2)	TSELSTON COM. AUXHEENSHYR	HOL&	-	
EPA diffa.	SSI MISON City, State, 215 Code	AVE. P.O.B.				
DOM English DOM DOM DOM Day platfon	Name of Contact	480 4 , NJ, S 3ABEY	080 P.3 Telephone Nu 732 794			-
Name of Facility () series to Taking Playe (JUMPLE PAR		Type of Facil	ity (4)	0011		=
Street	2	Other (i.	oter 8 (Other than K-1) e. private & commerci	2) al buildin	gs, home	
County (3)	County Code (7)		Prior if being demolish	1	. Age '() +	
Name 1 Month - e to Came (6	ASC/M No.	Name of Abatement	NO			-
Ø4 -3,		Street Address 144 M1LL City, State, Zip Code				
Proje and GERGER	Telephone No. 73224	PATERSON	License N	0.		-
01/28/19 061	1 Completion Date (11)	Name of OSHA Monit	or			
To the state of the second sec	natement Hours	City, State Zip Code	1	2-171	/	-
Scor do	naovation amolitica	Full Contain Mint-Enclos Giovebag P	ment with Negative P	ressure		
	constitution of the consti	Description of	ted () and Noti-Friabi	Aba	ure itement Type	
	tenance / Ascessos cure) \$1.57 (i.e. the	Containing Material (ACM) rmal systems insulation, urfacing, VAT, or her miscellan rous)	Amount (Specify SF or LF)	Removal	Encapsulate	
BOILER ROOM V	TE	5/	200 5	V		-
Nem- AsiAi		/vaste	Registered Landfill			
DEPLON, NJ		sposal Date City, St		DA		
~ - 1 / / / / / / / / / / / / / / / / / /	CEO	Signature			119	

) V K 720	PATI	N	ОТІІ		TION		BES	ersey TOS ABAT 60 and 5:16		EC	E I	\mathbb{V}			1
UK 3 130	LARLA		1122 - 12	,					lund	4					111
Date of Notification (1) 05 /	17 /	19	<u>.</u>					ner/Operator (2 ainsboro R	²⁾ egional School	District AY	2 3	201	9		
Agencies Notified	Type Notificat	tion			Street	Address	HIIV)===								
⊠ EPA					321	Village F	Road	East	Ì	ASBESTO	S CON	TR	511	ŝ	-
□ DOLWD	☐ Amended					tate, Zip C			+		ENSIN		Car dise	_	
□ DOH	Amendme	nt #			- 10 To 10 T	st Windso		.1 08550	- Transmiss	THE PROPERTY OF THE PARTY OF TH	turcantiva manage	94704000	Dispusion of	at he de	-77.00
☐ DCA	☐ Emergenc		uding			of Contact				Telephone Nu	mher			1000	100
(NJAC 5:23-8)	justificatio				200.000.000					609-716-5		335	1		
	Cancellation	On			17000000	mas Daly				009-710-3	000 X V		-	-	
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking F	Place	(3)					Type of Facility (4)					
Maurice Hawk Elen	nentary Scho	ool							School (K-12)		40)				
Street Address			1.5-10						☐ Subchapter 8 ☐ Other (i.e., pr			nuile	dinas		
305 Clarksville Roa	ad								homes, etc.)	ivato and com					
City (5)									Square Feet	# of Floors	E	Bldg	. Ag		
Princeton Junction	18								80,000	2		70)		
County (6)	•				Coun	ty Code (7)	VSTA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)				
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Mercer				0)	10011	N	- NI	f A h a t a sa				1/2-	_	-	_
Name of Monitoring Firm		ling Ow	vner (8)	ASCM	NO.			ent Contractor (9)						
PARS Environmen	tal, Inc.						-	A COLOR MANAGEMENT CONTRACTOR	onmental, LLC					_	_
Street Address							330.55	eet Address							
500 Horizon Drive,	Suite 540						6:	23 Cutler Av	venue						
City, State, Zip Code							City	, State, Zip C	ode						
Robbinsville, NJ 08	3691						IV	laple Shade	, NJ 08052						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.					
Julian Fernandez				6	09-468	-6946	8	56-755-0099)	00842					
Start Date (10)	S	chedul	led Co	omple	tion Da	te (11)	Nan	ne of OSHA N	Monitor					-	
ALEXANDER OF THE PROPERTY OF T	_19_				1/		Е	MSL Analyt	tical, Inc.						
Occupancy Status During	-						V.0000000	eet Address							
□ Facility Closed/Vacate								00 Route 13							
☐ Abatement Performed							City	, State, Zip C	ode						
Time of Abatement: _	AM	PM/		_PM		AM	C	innaminsor	n, NJ 08077						
Scope of Work (Check a	Il that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novat moliti				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No						
		Т	ls	Loca	tion	1					1	Abat	teme	t Ty	/pe
Location	ı of			lorma				Description of	of		-	\neg			
Asbestos-Containing	SECOND OF STREET	1)			ely by			Containing Ma		Amount	Kellova		Repair	2	Enclosure
TO BE ABA					ance/ Staff?	(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	0		¥	200	nsc
IN Facil (13)	ity		000	(12)				her miscellane		31 01 11)	1 2	-		Encanculate	ē
(13)			Yes	No	N/A		0							D	
Gymnasium				\boxtimes		Floor T	ile a	nd Mastic		3,114 SF	D	3			
			П								I				
			<u> </u>		-	-						7	\exists	7	
			Ш									1			Ц
Name of Registered Wa	ste Hauler			1	NJDEP	Waste	5203007	oic Yards of	Name of Regis	tered Landfill					
Freehold Cartage					1593			0	Fairless La	andfill					
City, State								posal Date	City, State						
Freehold, NJ							0	7/01/2019	Morrisville	, PA					
Completed By (Print or 1	Гуре)	Title						Signature	~		Date				
Christina Lynch		Vic	ce Pr	esid	ent of	Operatio	ns	Mis	- Clax		5	17	1		

Check #

State of New Jersey

DATE /	052	NOTI		TION	OF ASB	w Jersey BESTOS ABAT		DE	C	5		
Date of Notification (1)			(Pu			C 8:60 and 5:16 Owner/Operator (2	80		MAY	2 3	20	TC
05/_1	7 / 201	9		Ryc		Owner Operator (-/	The second of th		J		
Agencies Notified ☐ EPA	Type Notificatio	n		Street A	Address Gordon	Avenue		ASE	BESTO	S O		K
☑ DOLWD	☐ Amended				ate, Zip Co			The second second	Sand Na.		11 11 11	entra .
☑ DOH ☐ DCA	Amendment Emergency					ille, NJ 08648						
(NJAC 5:23-8)	justification) Cancellation				of Contact			Telephone Num 609-895-8500				
				FAC	ILITY INI	FORMATION		000 000 0000				_
Name of Facility Where A		ing Place	(3)				Type of Facility (☐ School (K-12	1. 8				7
Ryder Truck R Street Address	ental, inc.						☐ Subchapter 8	Other than K-12				
18 Eastman Roa	d						homes, etc.)	rivate and comme	rcial bui	laings	i,	
City (5) Parsippany, N	ew Jersey 0705	54					Square Feet 2800	# of Floors	1000	g. Ag 0+	е	
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Morris	Lliend by Duildin	a Oumor (0)	ASCM N	lo.	Name of Abateme	ant Contractor (9)			-		-
Name of Monitoring Firm LANGAN Engineer			0)	ASCIVI IV	10.	MAK-B F						
Street Address						Street Address 104 Marke						_
300 Kimball Driv City, State, Zip Code	/e, 4th Floor					City, State, Zip C	ode					
Parsippany, NJ 07	054					N. S.	NJ 07026					
Project Manager for Mon Vijay Patel	itoring Firm			phone N 3-560-49		Telephone No. 973-931-3293	3	License No. 01365				
Start Date (10)		heduled Co				Name of OSHA N	Monitor					-
		05 /	20	_ / _	19	The same	as above					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: _					cribe AM	City, State, Zip C	ode					-
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)	IXI Re □ De				Mini-End ☐ Gloveba	g Procedure	gative Pressure	ıre			
	NI-	2077	Loca						Ab	ateme	ent Ty	'pı
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED	Use Ma	inten	ely by ance/ Staff?		Description of the stos Containing Management of the stose Containing Management of the surfacing, VAT other miscelland	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lucionain
(15)		Yes	No	N/A		55. (m.500marit					Œ	_
Boiler Room					Boil	ler Breeching		8 LF	X			
No. 5D interest Ma	t- 11			NJDEP V	Mosto	Cubic Yards of	Name of Regi	stered Landfill		Ш	Ш	L
Name of Registered War Newark Carting, Inc				Hauler IC 11222		Waste 2	G.R.O.V	I.S., Inc.				_
City, State Newark, NJ						Disposal Date May 20, 2019	City, State Morrisvill	e, PA				
Completed By (Print or 1 Kiril Nestorov	ype)	Title Pr	rojec	Manag	er	Signature	pr /	Nector 1	ate 05-	17-20)19	

NOTIFICATION OF ASBESTOS ABATEMENT Check#3352 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 MAY 2 3 2019 Chris Librizzi Agencies Notified Type Notification Street Address ☐ EPA X Initial ASSESTOS CONTROL **⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment # X DHSS ☐ DCA Emergency (including Madison, NJ 07940 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Leonard G.Leider FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__/_18__/_19 05 / 19 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥3 sf or >3 if Renovation Mini-Enclosure 2 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement 7 be Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A 1st floor X Pipe insulation 45 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date eutic Wenas N.Jevtic Owner 05/17/19 ASB-41

State of New Jersey

											Prin	t orm
OK 3098	NO.	(Purs	ATION C	NJAC 8:60	OS ABATE and 12:12	0)	T D	EGE		\mathbb{V}		
Date of Notification (1) 5-15-2019				Building Owr Street JC	ner/Operator	(2)	Control of the Contro	MAY 2	4 3	2019	- Control	: /
Agencies Notified Type Notification		22,733	reet Add		Washing	ton /	Avenue	ASSESTOS			L&	No.
□ EPA □ Initial □ Amended □ Amendment #_	1			e, Zip Code n, NJ 088	50		- T	LICA.	MSM.	IG.	andra and an	
	cluding	N	ame of (Telephone Nu 732-829-70				
			FACIL	ITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residential	Place (3)		9 al 220-0, 1923 (1924)			Тур	pe of Facility (4) School (K-12)					
Street Address				-		×	Subchapter 8 Other (i.e. priv	(Other than K- vate & commerc	12) cial bu	ıildings	, homes	3
City (5)						100000	etc.) uare Feet	# of Floors		Bldg. 70+	Age	
Jersey City, NJ 07306		1.0	sunt C	ada (7)			48 irrent Use (Prior	if being demolis	shed)	701		
County (6) Hudson			ounty C	ode (/) SE ONLY) _			•		sneu)			
Name of Monitoring Firm Hireo by Building Ox	vner (8)		ASCM	No.			batement Contr Environmenta		LC			
Street Address					Stree 235		iress ginia venue					
City, State, Zip Code					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e, Zip Code City, NJ 0730)4				
Project Manager for Monitoring Firm		T	elephon	e No.	Telep	hone		License 01174	No.			
1	Scheduled 5-16-201		oletion D	Date (11)	Name	e of C	OSHA Monitor Environmenta	al Services I	LC			
5-16-2019 Occupancy Status During Abatement (Check		477					iress					
			ant		235	Virg	ginia venue					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:							e, Zip Code City, NJ 0730	04				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic	(F) [10] (1			×	Full Containment Mini-Enclosure Glovebag Proce	edure				
			1		91		Non-Exempted	(*) and Non-Fri	able F		atement	
Location of		ocation ormally			Description	on of			_		Гуре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely itenan dial Si (12)	ce/	(i.e. th	s Containing ermal system surfacing, Vother miscell	Mate ms in /AT, o	sulation, or	Amount (Specify SF or LF)		Removal	Encapsulate	7,21,22
	Yes	No	N/A			_,	:-!	1000.05	X		le	
Roof		X		ŀ	Roofing m	ater	ial	1000 SF	- X			-
Name of Registered Waste Hauler Green Environmental Services, LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP Wauler ID	No.	Cubic Yards of Waste 7		Name of F Fairless	Registered Land Landfill	dfill			
City, State					Disposal Da		City, State					
Jersey City, NJ	Title				5-16-2019 Signate		Morrisvi	ile, PA	Date			
Completed by Liliana Serrano	Office	Man	ager		4		wolker	all (luc		5-201	9	

22	~	June 01 1	ten dersey -	· MOIII	ication of Asbest	os Abatei	nen	@ E 7 D7	
CK 3AUF	(PA		(Pursuant to	N.J.A.	C. 8:60-7 and 12:120	-7))][[GEIV	1 1 1 1
Date of Notification (1)	ノ · · · ·		38.0		_ · · · · · · · · · · · · · · · · · · ·	-') r	160		
May 20, 2019					Name of Building Ow	mer/Operator	(D)	MAY 2	. Ш
Way 20, 2019					The Valley Hos	nital		MAY 2 3 2019	
Agencies Notified		Notificatio	n Type		Street Address	pital			-
⊠ EPA			Notification		Street Address	- 1			1
☐ DCA		Amend			223 North Van L	ien Avenu	IE ASI	BESTOS CONTROL	
x DOL					Sity, Otate, Zip Code			LICENSING	: -
⊠ DEP		Emerge	ency (including		Ridgewood, N.	07450-2	736	and a supplementary control of the supplementary of	· water
x DOH		justifi	cation)		Name of Contact	07450-2			
					William Stasiak		<u>le</u>	lephone Number	
			EAG	CILITYIN	IFORMATION		_ 2	01-447-8141	
Name of Facility Where Abater	ment is Tak	king Place (3)		CILIT I IIV					
The Valley Hospital-B	lood Ba	nk Room			Type of Facility (4)				
					School (K-12)				
Street Address					Subchapter 8 (other	than K-12)			
223 N. Van Dien Aven	ue				Other (i.e. private	e & commercia	al buildin	aa baaaa	
City (5)	0 1				Sq. Feet: Unknow	vn # of El	ooro: A	ys, nomes, etc.)	
Distance	County (6)		County Code (7)			# 0111	0015. 4	blug. Age: 50+ y	ars
Ridgewood	Bergen		(State Use Only)	1	Current Use (prior if be	oina demali-	ad)		
Nome of M					Process of the property	uemonsh	ea): H	ospital	
Name of Monitoring Firm Hired	by Bldg. O	wner (8)	ASCM No.		Name of Contractor (9)				
Colden Corporation					GREENIMOOD 45	A TEN		K - 12 57 1431000001 300 1407 - 4 - 4 - 4 - 4 - 4 - 4	75.00
200 - 100 -					GREENWOOD AB	AILMENT	CONS	ULTANTS, INC.	
Street Address					Street Address				
28 Washington Street					511 MAIN OTD	_	-		-
City, State, Zip Code					511 MAIN STREET	<u> </u>			
Ballston Spa, NY 1202	20				City State, ZipCode		V		-
Project Manager for Monitoring		Tolonhari	li ina h		Butler, NJ 07405				
Jim Miades		Telephone N	armber 2504		Telephone Number		Lice	nse Number	-
Scheduled Start Date (10)		347.435.			973-492-0477		008		
May 31, 2019		ocneduled C	completion Date (11)	Name of OSHA Monitor		300		
Occupancy Status D		June 3, 2	019		EMSL inc.				
Occupancy Status During Aba	tement (CI	heck only or	ne)		Street Address				
Facility Closed/Vacated	During En	tire Period o	of Abatement		.541000				
Aparement Performed C	outside of N	Normal Facil	ity Hours -		1056 Stelton Road	1			
Describe				1	City, State, Zip Code				
Other - Describe:					Piscataway, NJ 08	854			
Source of Work (Check all that a	pply)								
	· · · · · · · · · · · · · · · · · · ·						. 10	6539/64	-
$\geq 3 \text{ sf or } \geq 3 \text{ If}$			Rene	ovation		x Full Conta	inment	with Negative Pressure	į.
□≥ 160 sf or ≥ 260						Mini-Encl	osure		
			Dem	nolition		Glovebag F	rocedur	e	
ocation of Asbestos-Containing	1	Is Location N	ormally Used Solely	. 16		Non-Exemp	oted (*) a	and Non-Friable Proce	ire
aterial (ACM) in Facility (13)	b	by Maint./Cus	stodial Staff? (12)		scription of Asbestos	Amou	int	Abatement Type	. 410
	,	YES N	O NA	the	ntaining Material (ACM) (i	1 72 65	ify SF	ALLOW THE PROPERTY OF THE PARTY	
			- 3F0 E	Sur	ermal systems insulation, facing, VAT, or other misc	or LF)	Remove Repair Encap	<u>Incl</u>
ood Bank Room						eii.)			
Dalik Room		1777		VA	T & Mastic	400 s	f	X	-
		X				100 3		1121	
2-									
				-					
me of Reg. Waste Hauler	IN	JDEP Waste	Houles ID "						_
e Hauler Below # 1 & 2	9	ee Below	riduler ID#	9	Cubic Yards of Waste:		Name	of Registered Landfill	-
					il.	5	Mead	lowfill Landfill/GROV	2
uler #1) Greenwood Aba	tement C	Consultan	ts, Inc Butler.	NJ 074	105	Disposal Da	te		
149 DEL # 15001						June 3, 2		City, State	1
uler #2) Newark Carting,	Inc Ne	wark, N.I 0	4509 NIDED # 1	10551		Julie 3, 2	019	Route 2, Box 68 Bridgeport, WV	
indicted by (Fillit of Type)	Title		1007, 110 DEF # 1					304-842-2784	50
arin Graure		NIOR PRO	LECT	5	Signature		Date	001-012-2104	. —
	BAA	MACER	JUEUI	0	Marin Par			20, 2019	
	IVIA	NAGER		1	Marin Graune			,10	
C # 2019-673-004									

Date of Notification (1) 05/17/2019 Agencies Notified X EPA X DEP X DOL X Initial Amended Amendmen	nt #		Name Resi Street	State of New Jers ON OF ASBESTO ant to NJAC 8:60 a e of Building Owner idence t Address State, Zip Code erville NJ 0887	S ABATI Ind 12:12	20)	DE C		2019 NTFO	P	nt Fo
DOH Emergency justification)	ig	100000	of Contact			Teleph	one Numb	er		_
carlochatio				e Parker CILITY INFORMA	TION			1			
Name of Facility Where Abatement is Takin Residence Street Address	ng Place	(3)	- 10	OILTY INFORMA	HON	Subc	ol (K-12) hapter 8 (Other to	nan K-12) mmercial	ouilding	s. hom	
City (5)						etc.) Square Fe			Bldg.		-
Somerville County (6)			0	=		1,323	2		99	, ige	
Somerset			(STATE	Code (7) USE ONLY)		Current Us	e (Prior if being o	lemolished)		
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	CM No.	Name Brink	of Abateme	nt Contractor (9)				-
Street Address PO Box 354						Address					-
City, State, Zip Code South Orange, NJ 07079					City, S	Liberty A tate, Zip Code, NJ 07	de				-
Project Manager for Monitoring Firm Sarah Calandra				one No. 49-2666	Teleph	one No. 462-7465	Lic	ense No.			-
Start Date (10) 05/28/2019	Schedul 06/18/	led Cor	npletion	Date (11)		of OSHA Mo	nitor				
Occupancy Status During Abatement (Chec						Address	ouse Solution	is			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Ahaten	nent		PO B	ox 354	e				
Scope of Work (Check All That Apply)							NJ 07079				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Encl Glovebag	ainment with Neg osure Procedure npted (*) and Nor			· a	
Location of		Locati	7.000				() a.ia ito.	T Habie I	Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/	Asbestos Cont (i.e. thermal surfac	scription of aining Ma systems sing, VAT aiscellance	aterial (ACM insulation,) Amour (Specif SF or LI	y z	T	Encapsulate	
	Yes	No	N/A					<u> </u>	 	ulate	i
Basement		Х		pip	e wrap		60 LF	X			-
Name of Registered Waste Hauler Newark Carting		Ha	IDEP Wauler ID				e of Registered La		l ill		
City, State East Orange, NJ				Disposa	al Date	City,	State		1000		-
Completed by Alison Lamers	Title Office	Mana	ager	Sig	mature		Argyle, PA	Date 05/17/	2019		-

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Date of Notification (1) 05/21/19					Building C			(2)		ЦЦ	M	ΑY	2 3	201	9		
Agencies Notified EPA	Type Notification X Initial			Street Ad 1144 E	^{ddress} East Cou	inty L	ine Roa	ad, Su	iite 103		ASBE:		S OC		OL.	-	
DEP X DOL	Amended Amendment				te, Zip Coo ood, NJ)1				Tables in Sprendid.	Consultation of the Consul	Des destinitions	110	PROJECULA	****	
DOH DCA	justification) Cancellation	including		Name of Atlantic	Contact C Site Co	onstri	uction			100000000000000000000000000000000000000	ephone 2-703-						
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Name of Facility Where 927 Farmingdale R Street Address 927 Farmingdale R	oad	g Place (3	5)					×	of Facility (4 School (K-1; Subchapter Other (i.e. petc.)	2) 8 (Oth				ings,	home	l	
City (5) Jackson									re Feet	# of	Floors		BI	dg. A	ge		
County (6) Ocean	y!			County C	Code (7) JSE ONLY)			Curre	ent Use (Pric	r if bei	ng demo	olishe	ed)			2 Son to 1	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		100000000000000000000000000000000000000		tement Con PROFE								
Street Address								Addres	ss DOVE CO	URT	<u> </u>	S				-	
City, State, Zip Code									ip Code OD, NJ 08	3701						-	
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none N 668-9			License No. 1200						
Start Date (10) 06/03/19		Schedule 06/04/		mpletion (Date (11)				HA Monitor PROFE	SSIO							
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Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State, Z	ip Code								
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City, State NEWARK, NJ							osal Date)4/19)	City, State BETHL		Л РА	240000					
Completed by JOSEPH PERLSTE	IN	Title OWN	NER				Signatur	е				Dat 05	e /21/1	19			

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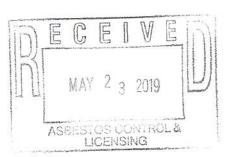
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	e of Notification (1) /21/19				Name of Resipro	Building (Owner/0	Operator	(2)		I_A	SBEST	OS COI	VI RC	I IL &		
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	ne of Facility Where A	Abatement is Taking	g Place (3)	PACIL	LITTINIC	KIVIAI	ION	Туре	of Facility (School (K-1	2)	500	~ 000				
	et Address -81 Finlay Place								×	Subchapter Other (i.e. p etc.)				dings,	home		
City	(5) wark	7,0000								are Feet		f Floors		Bldg. A	ge		
Es	inty (6) sex		3 3		Š.	JSE ONLY)	-			ent Use (Pri		47.4351	lished)			_	
	ne of Monitoring Firm	Hired by Building (Owner (8)		ASCM	l No.		AAA	LEA	atement Cor D PROFE		1000					
	eet Address							30000000000	HITE	DOVE CO	OURT						
City	, State, Zip Code									Zip Code OOD, NJ 0	8701						
Proj	ject Manager for Mor	itoring Firm			Telephor	ne No.		Telepi 732-		No. 9078		License 1200	No.				
	rt Date (10) /02/19		Schedule 06/04/		mpletion (Date (11)				SHA Monitor D PROFE	ESSIONALS						
Occ	cupancy Status Durin	E8						100000000000000000000000000000000000000	Addre	DOVE CO	OURT		**				
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	INTER	IOR					PIPE	INSUL	ATIO	N		60LF	х			_	
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NE	y, State WARK, NJ		TV				06/0	osal Date 4/19		City, Sta BETHL		И РА	Date				
	mpleted by SEPH PERLSTE	IN	OWN	NER				Signatu	е				05/21	/19		_	

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Date of Notification (1) May 17, 2019			Name of NJIT	f Building Owne	r/Operator	(2)		MAY 2	3	2019)		and the same of th
Agencies Notified Type Notifi		1	Street A 323 Di	^{ddress} r. Martin Lutl	ner King	Jr. Blvd.		SEESTOS			78 0		-
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Name of Facility Where Abatement is NJIT Tiernan Hall Forenics La					3		ool (K-12)						
Street Address 120-142 Bleeker Street AD	DRESS CHAI	NGE		>				(Other than ate & comm			ings,	home	,
City (5) Newark						Square Fe	eet	# of Floors		BI	dg. A	ge	
County (6) Essex	***************************************			Code (7) USE ONLY)	-	Current U		f heing dem	olishe	d)	58		-
Name of Monitoring Firm Hired by Bu Omega Environmental Servic			ASCM	1 No.		of Abateme	ent Contra	actor (9)					
Street Address 280 Huyler Street					Street	Address Main Stre	et #26	1					-
City, State, Zip Code South Hackensack, NJ 07606					City, S	State, Zip Co eysville, F	ode						
Project Manager for Monitoring Firm Geiser Fajardo		- 1	Telephor	ne No. 39-8700	Teleph	none No. 400-8711		Licens 0137					_
Start Date (10) May 28, 2019	Schedule June 6	ed Com	pletion l	Date (11)	Name	of OSHA M	lonitor	es Global					
Occupancy Status During Abatemen		C. S. C. S. C. S. C.				Address	Joratorit	es Olobai	1110.				-
Facility Closed/Vacated During Abatement Performed Outside of the Country of the	of Normal Facility	Hours		tement	City, S	State, Zip Co	ode						-
Scope of Work (Check All That Apply					Rich	mond, VA	4 23220						-
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	ls	Location	on					,			Abate	ment	
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	Yes	No	N/A									Ф	
Room 209		Х			ounter T			102SF	_	X			_
Room 209		Х			Hood M			90SF		X			
Room 209		X		Floor	Tile with	Mastic		2,050SF		X			
Name of Registered Waste Hauler		N	JDEP W	aste Cut	ic Yards	Na	me of Re	gistered Lar	ndfill				
Century Waste Services LLC		100000	auler ID	1000	Vaste		airless L	2000000					
City, State Elizabeth, NJ				Dis	oosal Date		y, State orrisville	e, PA					
Completed by Carol Bradford	Title Presi	dent			Signature	alka	ter J	real	Date		, 201	9	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 2 3 2019 Gloucester City Public Schools 19 17 05 Street Address Type Notification Agencies Notified ☐ Initial 1300 Market Street ASBESTOS CONTROL **⊠** EPA M Amended LICENSING ☑ DOLWD City, State, Zip Code Amendment #1 **⊠** DOH Gloucester City, NJ 08030 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 609-617-3208 ☐ Cancellation John Kenney **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Gloucester City High School Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) 1300 Market Street Bldg. Age # of Floors Square Feet City (5) 67 80.000 2 Gloucester City Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) School Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Shade Environmental, LLC Management & Enviro. Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00842 609-298-4070 856-755-0099 Bill Weisgarber Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 05 / 29 / 19 EMSL Analytical, Inc. 05 / 23 / 19 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/ 3 PM-12:00AM Time of Abatement: ____AM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement ' 'pe Is Location Normally Description of Location of Encapsulate Removal Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)No N/A Yes X 350 SF Floor Tile and Mastic M Room No. C13 X 50 SF П \boxtimes П Chalkboard Mastic Room No. C13 \boxtimes 100 SF \boxtimes Chalkboard Mastic Room No. C14 Chalkboard Mastic 50 SF X П Room No. C16 Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste Fairless Landfill Freehold Cartage 15939 20 Disposal Date City, State City, State 05/29/2019 Morrisville, PA Freehold, NJ Date Signature Completed By (Print or Type) Vice President of Operations Christina Lynch

Location of Asbestos-Containing Material	Is Location by Mainter	Normally l	Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
(ACM) TO BE ABATED In Facility	Yes	No	N/A	Di Illiand Mactic	100 SF	X
Room No. C18		X		Chalkboard Mastic Chalkboard Mastic	75 SF	X
Room No. C23		X		- Chaikboard Mastic		



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Date of Notification (1) 5/20/19			Name of Building Owner/Operator (2) Rutgers University MAY 2 a 2019							and the second s	lus	Angel College annual region	
Agencies Notified Type Notification EPA DEP DOL DOH DOH DOA Type Notification Amended Amended Amendmen Emergency justification	t # (including		City, Sta Piscata Name of	ghtsbridg te, Zip Cod away, Nu Contact	le		ASBESTOS CONTROL & LICENSING Telephone Number						
			Joan S	LITY INFO	RMATION			848-445-240)4			(1) 10 mm	
Name of Facility Where Abatement is Takin Building D Corwin Buildings, Cool Street Address 8346 Nichol Ave. City (5)		npus			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, he etc.)								
New Brunswick, NJ						Squ	Square Feet # of Floors Bldg. Age 2 50+						
County (6) Middlesex						Current Use (Prior if being demolished) Former Dormitory							
Name of Monitoring Firm Hired by Building N/A (Demolition)		The state of the s				ame of Abatement Contractor (9) 'annuzzi Environmental Services, Inc.							
Street Address			000				eet Address 5 Kinnelon Rd. Suite 102						
City, State, Zip Code		F 100 000	City, State, Zip Code Kinnelon, NJ 07405										
Project Manager for Monitoring Firm						phone No. License No. 3-218-0880 01228							
Start Date (10) 6/10/19	Schedule 6/15/19		pletion I	Date (11)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	ent		Stree 135 City,	Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405									
Scope of Work (Check All That Apply)					- Nin	rieioi	n, NJ 0740	5					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	1.0110					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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											F -		
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City, State Kinnelon, NJ					Disposal Date 6/10 to 6/1		City, Sta	te ville, PA					
Completed by	Title					e	Alls	nile, PA	te	- All	-/ -		
John Mucha							1 11	//		1			

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DOH justification) Cancellation					of Conta	ct			(2	****					
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Name of Facility Where	Abatement is Taki	ng Place	(3)	PAC	ILIIYIN	FORMAT	ION	Type of Facili	4. (4)				_		
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Street Address 8346 Nichol Ave.					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,										
City (5)								elc.)	e. private	e & commerc	ial bui	ldings,	om	nes,	
New Brunswick, NJ	1							1					3		
County (6) Middlesex				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)							
Name of Monitoring Firm	Hired by Building	Owner (9				-17		Former Dormitory							
N/A (Demolition)	· ····od by ballolling	Owner (8)	ASCM No. Nam				me of Abatement Contractor (9)							
Street Address								Yannuzzi Environmental Services, Inc.							
								et Address 5 Kinnelon Rd. Suite 102							
City, State, Zip Code								State, Zip Code							
Project Manager 5 11								Kinnelon, NJ 07405							
Project Manager for Monitoring Firm				Telepho	ne No.		Telephone No. License No.							_	
Start Date (10) Scheduled Co.								8-218-0880 01228							
Start Date (10) Scheduled Co. 6/4/19 6/7/19					Date (11)		e of OSHA Monitor							
Occupancy Status During					nuzzi Environmental Services, Inc.										
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Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe:						ŀ		Kinnelon Rd. Suite 102 State, Zip Code							
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≥3 sf or ≥3 lf							Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure								
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TO BE ABAT	odial S	ice/ staff?	(i.e	. thermal s	systems	insulation.	(3	Z	_	1	Ш				
(13)		(12)	surfac			ng, VAT scellane	, or	SI	Remova	Repair		Enclosure			
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Name of Registered Waste												-	+	_	
	Hauler			IDEP Wa		Cubic Y		Name of	Registe	ered Landfill				-	
17					VO.	of Wast	9	GROWS/Fairless							
City, State Kinnelon, NJ						Disposa	I Date	City, Sta					_		
Completed by						6/5/19		Morris		A					
John Mucha Sr. Project				Manager				WI		Date	1		-		
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