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Date of Notification (1)			1	lame of	Building O	wner/O	perator	(2)	-					_	The section of
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L) DOA	TIOCHAGO!			FACIL	ITY INFO	RMATIC	ON							_	_
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Street Address								Addres							
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City, State, Zip Code							City, S	State, Zip	Code						
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2nd Floor			x Floor Tile 1,500 SF							500 SF	<				
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Garfield, NJ			-0.000000000000000000000000000000000000	The following the same of the		טפו			IVIOITIS	vino, 1	, ,				_

Signature

Title

Secretary

Date

5/22/19

Completed by

E. Cirovic

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Project Manager for Mon	itoring Firm		Т	Telephon	e No.		Telep	hone	No.		Licens	e No.				
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Garfield, NJ Completed by		Title				1	Signatu			-1		Date		0		
E. Cirovic		Secr	etary	/			E. C.	no	r_			5/2	22/1	9		

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5-20-2019			Name of Strekt	of Building te Corpo	Owner/ oration	Operator	(2)			- WAL			
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DEP DOL	Amended Amendment #			ate, Zip C							PARTIE STATE	A STATE OF THE PARTY OF THE PAR	
IN DOH	Emergency (including ustification) Cancellation			of Contact d Eglen	towicz					elephone Nu 32-991-1			
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City (5) Jersey City, NJ 07304							Squa 500	re Feet	# 0	of Floors		Bldg 75+	Age
County (6) Hudson				Code (7) USE ONLY	n		Curre	ent Use (Prid	or if be	ing demolis	shed)		
Name of Monitoring Firm Hired b	by Building Owner (8)		ASCN	A No.				atement Con vironment			LC		
Street Address						Street	Addre						
City, State, Zip Code						City, S	tate, Z	ip Code y, NJ 073	***********		-11-150-1		
Project Manager for Monitoring F	Firm		Telepho	ne No.		Teleph 201-3	one N	0.		License N	No.		
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Project Manager for Monitoring Firm			Talaph	na No.	.	Teleph	nd Park, NJ one Ne.		License A	lò.		-	_
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Rursuant to NJAC 8:60 and 12:120)

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	Abatement is Taking Place				•		Type of Facility	(4)				
BAS	F CORPORAT	100	7				School (K-12		20			
Street Address					**********		Subchapter 8	3 (Other than K-12 ivate & commercia) Muldinas			
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(8) 王刊1						Best Re	moval In	c				
Street Address						Street Address						
655 WEST 9	SHORETRALL					450 Sou	th River	St				
City, State, Zip Code	3					City, State, Zip						
	NJ. 07871					Hackens	ack, N.J	. 07601				
Project Manager for M		Tele	phon	e No		Telephone No.		License No.			_	
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J. V. UDN DOHR	Scheduled Co				1 1-96	Name of OSHA		00300			_	
Start Date (10)	Scheduled Co	9/./		= (11)			Environm	ontal				
6/8/19	6/	1	7			Street Address	BILATLOHIM	entar			-	- 33
Occupancy Status Dur	ring Abatement (Check only	y one)		9			1 0.					
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	ed Outside of Normal Facil 730∆M 10 S: ∞ 6		S	-		City, State, Zip		,N.J. 07	7606	3		
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	ation of		Solei		Acho	Description stos Containing M		Amount	ŀ		Ш	-
	ning Material (ACM) ABATED		tenar stodi			thermal system		(Specify	1	Removal	Encapsulate	ne
IN.I	Facility		Staff?			surfacing, VA		SF or LF		Remova	nad	Enclosure
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Date of Notification (1) 5/21/2019					Buildi ng DVIEW			0.000	NY		MAY	2 9	20	19	1
Agencies Notified EPA	Type Notification			Street A	ddress RKET ST	TREET	2				ASBEST	OS C		ROL	į.
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				FACII	LITY INFO	ORMAT	ION								
Name of Facility Where A	Abatement is Takir	ng Place (3)					19	Туре	e of Facility (School (K-1	2)					
Street Address 1 MARKET STREE	Т							×	Subchapter Other (i.e. p etc.)				dings,	hom	•
City (5) ELMWOOD PARK								Squ	are Feet	# 0	f Floors	В	ldg. A	.ge	
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Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	l No.				atement Cor OTHERS			IG, IN	C.		
Street Address							Street 11 V		ess LAND AV	ENUE		- 100			-
City, State, Zip Code							Y11220000000000000000000000000000000000		Zip Code A, NJ 0751	2					-
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		Teleph 973-		No. -8700		License N	No.			
Start Date (10) 6/1/2019		Scheduled 6/7/2019		npletion [Date (11)		2.0000000000		SHA Monitor S (9) ABO	VE					×
Occupancy Status During	g Abatement (Che	ck Only One))				Street	0.11				-			_
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Ab nal Facility H	atem	ent			City, S	State, 2	Zip Code						0.
Scope of Work (Check A	Il That Apply)									-					_
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City, State TOTOWA, NJ						6/7/	sal Date 2019		City, State		LE, PA				
Completed by		Title PRO IF	СТ	COOF	TANIOS		Signature	9 , ~	A)	1.000	ate /21/2/	110		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) DORIAN HUNTER Type Notification Street Address Agency Notified 2 9 201 a Initial DEPA City, State, Zip Code ☐ Amended D DEP NJ. 070 1 DOL Amendment# MONTCLAIR. ☐ Emergency (including HOOTE justification) AR HUNTER ☐ Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DONAN HUDTER School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet Bldg. Age City (5) MONTCHIA 1800. Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) RESIDENCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours

□ Other - Describe: 8:20 Au To 5:20 PM City, State, Zip Code S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Z1≥3 sf or ≥3 lf Renovation -EMini-Enclosure Demolition & Glovebag Procedure □ ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Aba ment Is Location Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Remova mepan TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial SF or LF) IN Facility surfacing, VAT, or Staff? (13)other miscellaneous) (12)

Enclosure Yes No N/A YOLF BASEMENT THERMAL SYSTEM, NSULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Best Removal Inc Minerva Enterprises ,I ,C 17109 City, State City, State Disposal Date Hackensack , N.J. 07601 Waynesburg, Oh, 44688 Completed by Title J.Maiorano Estimator * Do not use this form for asbestos licensure exempted activities. ASB-41

page 1

05/20/2019 10:29AM 2013297440

BEST REMOVAL INC

CK 5097 PAGE 82/84 DOL HITO DAY C State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Persuant to MJAC 8:60 and 12:128) Date of Holification (1) Herns of Building Owner/Operator (2) 2 b 019 MARIA TEIXEIRA OS 19 Type Notification Agency Notific D Feltini D EPA TROL & ABBESTOS CO City, State, Zip Cods ☐ Amended D DEP 07105 Amendeset #

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D Abetement Periormed Outside at Homal Facility Hours
LE Other - Describe: 6:40AM 70 \$:00 FH City, State, Zip Code S. Hackensack .N.J. 07606 Boops of Work (Check all that apply) © Full Contribution with Negative Pressure

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Demolition #2 3 #4 # 2 3 # G 3 180 # # 3 200 # Ci Non-Econgled (*) and Non-Psishie Presedun Abalamunt le Lecetion Type Normally Used Solely by Description of
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5/24/19 City, Shirts City, State Waynesburg, Ob, 44688 Hackensack , N.J. 07601 Completed by 5/20/19 Burancias J. Maiorano Estimator Do not use this form for aspestos licensme lefemble d scholes. ASE-41

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	of Notification (1) /2019					of Building				NY		— ₩A1	1	7 6	UIJ	Section .
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City (5	WOOD PARK								Squa	are Feet	# of Flo	ors	BI	dg. A	ge	
Count						Code (7) USE ONLY))		Curr	ent Use (Prior	r if being d	emolished	1)			
Name N/A	of Monitoring Firm	Hired by Building	Owner (8))	ASC	И No.				atement Cont		CTING,	IN	 С.		
Street	Address							Street 11 V		ess LAND AVE	NUE				 *	
City, S	State, Zip Code									Zip Code A, NJ 07512	2					
Projec	t Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N		Lic	ense No.)494				
Start E	Date (10) 2019		Schedul 6/7/20		npletion	Date (11)		Name	of OS	SHA Monitor S (9) ABOV		7404				
Occup	ancy Status During	g Abatement (Chec	k Only O	ne)				Street								
□ A		ated During Entire I ed Outside of Norn					_	City, S	State, 2	Zip Code						-
Scope	of Work (Check A	II That Apply)											2/2-21			
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				Locat				_		on-Exempted	() and No	II-I Hable		Abate Ty	men	
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	eted by CA RAMOS		Title	JECT	COO	RDINAT	ACCOUNT NO.	gnature	9	V-J.	N.	Date 5/21	/20	19		

Ch 19404			ASBESTO NJAC 8:60			ENT	m.	EG		\mathbb{V}	1 1	7	7	
Date of Notification (1) MAY 23, 2019		Nah J(ne of Bu DHN L	ilding Own EVINE P	er/Opera ROPEI	tor (2)	K	11.437	0.0	2010		And the second second second	
Agencies Notified Type Notification	Ti.	Stre	et Addre	ess					MAY-	29	-2018		ton	and a
EPA Initial Amended Amendment	: #			Zip Code DN, NJ 07	760				ASBESTO LIC	S CC	NTRO NG	51 8	k	
DOH Emergency justification)			ne of Co		CLATO			Tel	ephone Nur	mber				
DCA Cancellation	1			NGUAGO Y INFORM								_		
Name of Facility Where Abatement is Takin FORMER RESIDENCE	ng Place (3)		ACILIT	TINFORM	ATION	1	Type of Facility (4)				-		
Street Address							School (K-1 Subchapter		er than K-1	2)				
							Other (i.e. p				dings,	hı 1	es,	
City (5) RUMSON, NJ 07760						,	Square Feet 3468 SF	# 0	f Floors		ldg. Ag 1950			
County (6) MONMOUTH			nty Cod			(Current Use (Pri RESIDENCI		ng demolisl	ned)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	A	SCM No	ο.			f Abatement Cor ning Touch Asb			t Corp	., Inc.			
Street Address							ddress nompson Stre	et						
City, State, Zip Code							ite, Zip Code Long Branch	n, NJ (07764		. 1			
Project Manager for Monitoring Firm N/A		Tele	phone N	No.			ne No. 222.8372		License N 00040	0.				
Start Date (10) JUNE 3, 2019	Scheduled JUNE 3		tion Date	e (11)		ne o	f OSHA Monitor							
Occupancy Status During Abatement (Che	ck Only One)				Stre	eet A	ddress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					City	, Sta	ite, Zip Code							
Scope of Work (Check All That Apply)										-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novation molition				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure						
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Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp	., Inc.	111	P Waster ID No.	. of	bic Yard: Waste CY	s			ered Landfill _ANDFIL					
City, State WEST LONG BRANCH			enski	Dis	sposal Da /4/19	ate	City, State		LE, PA					
Completed by JOSEPH P. MILLER	Title PRES	SIDENT			Signat	ure V	Malla			ite 5/23/1	9	-		
					1//	1	A. A. A. A.					_		

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



	minick Tring		Pres.				Dominick T	ringali			18/18
	enton, NJ eted By (Print	or Type\	Title				Disposal Date 5/31/18 Signature		City, State Tullytown, F	The second secon	
Fre	of Registered eehold Cart		ler		ste Hauler ID # 18693	‡	Cu. Yds. of Was		TRRF	stered Landfill	
											<u></u>
		(13) Main Ro	of	(12) N/A		r othe	er miscellaneous		260 SF	Remo	ı il
	Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of Asbestos-Containing Material (ACM) TO BE ABATED M				y ce or	Asbe Ma (i.e., t	escription of stos-Containing aterial (ACM) thermal systems on, surfacing, VA		Amount (Specify Square Feet or Linear Feet)	Abatemen (Specify: R Repair, Enca or Enclo	e noval, sulation
Х	Quantity is 2	≥ 160 SF or					X Other: N				
Scope X	of Work (Che Demolition Large Project Quantity is ≥	ot	Renovat	ion			Full Conta Mini-Enclo Glovebag	osure	with Negative	Pressure	
	Describe: Other - Desc	Area Isola cribe:	ated During A			10.000	nroe Township		8831		
x	Facility Close	ed/Vacated	During Entire P Outside of Norm	eriod of Abat		443	Schoolhouse State & Zip Coo				
	5/30/19		ement (Check or	5/31/19		Glo	bal Abatemen et Address		ces, LLC		
	Geiger uled Start Dat	te (10)	Scheduled Cor	732-290-2		-	-605-9062 ne of OSHA Mon	itor		00714	
Projec	t Manager for		Firm	Telephone I	Number		nroe Township phone Number	o, NJ 08	License	Number	
City, S	tate & Zip Coo	de 47				City	, State & Zip Coo	de	2004		
64 Br	Address oad Street					- 3897777	et Address Schoolhouse	Road			
Envir	onmental Ta	Firm Hired actics, Inc	by Building Owi	ner (8)	ASCM No.		ne of Abatement				
	Perth Ami	boy	Middlesex			S 200 C 10 TO	rent Use (Prior if	being de	emolished)	•	
City (5)		County (6)	County C	ode (7)			# of Floo		Bldg. Age	
Street	Address	MARKATAN MARK	v Brunswick	Ανα			Subchapter 8 (C Other (i.e., priva			ings homes a	
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City, State, Zip Code								С	ity, State, Zip Co	ode								_	
North Bergen NJ 07	047								Phila PA 1913	36									
Project Manager for Moni				Te	lepho	ne l	No.	Te	elephone No.			Lic	ense	No.					
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Anthony Jones		Pr	oject	Mai	nage	r			Andle	OWY To	97 /	A			5	9.	. 123		

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Date of Notification (1) 05 /	21 /	19					the management	\$4 marco	ner/Operator hool Distri				M A	Y ?	9 2	019			- Common
Agencies Notified ⊠ EPA ⊠ DOLWD ⊠ DOH □ DCA	Type Notifica Initial Amended Amendme	I ent #_ cy (inc	cluding	l	Cit	52 H ty, S Deli	Address Hartford State, Zip C	ode 8075					C.S.C. GERLAND	LICEN	ISING	1	L &	page	
(NJAC 5:23-8)	justification Cancellat	0.00					of Contact Brian Br		hul				Telepho	one Ni 461-6					
									RMATION				000	101 0	-				
Name of Facility Where A		aking	Place	(3)		-	JILIT III	101	WATION		e of Fac School ((K-12)	l) (Other ti	han K.	-12)			-	
Street Address 282 Conrow Road												e., pri	vate and			l bui	lding		
City (5) Delran	an (6) ington of Monitoring Firm Hired by Building stal Environmental Complianc Address Box 167 tate, Zip Code monton, NJ 08037 Manager for Monitoring Firm									7	uare Fee 0,000		# of FI		4	6	g. Aç 5		
County (6) Burlington	y (6) lington of Monitoring Firm Hired by Building (estal Environmental Compliance Address Box 167 state, Zip Code nmonton, NJ 08037							100	TE USE ONLY)	S	chool		r if being	g dem	olishe	d)			
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	ty (6) rlington e of Monitoring Firm Hired by Building astal Environmental Compliance t Address Box 167 State, Zip Code mmonton, NJ 08037 ct Manager for Monitoring Firm thy Ledden Date (10) Sche							100	, State, Zip 0 laple Shad		08052								
Project Manager for Mon Cathy Ledden	D Box 167 State, Zip Code mmonton, NJ 08037 ct Manager for Monitoring Firm thy Ledden Date (10) Sched					ne I 885-	No. -9984		ephone No. 56-755-009	9			Licens 008		8				
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Name of Registered Was Freehold Cartage	e of Registered Waste Hauler						Waste O No.	Cub	oic Yards of		ame of F		ered Lar	ndfill			Ш		
City, State Freehold, NJ			-10010000		15	939)		oosal Date 6/26/2019	Ci	ity, State								
Completed By (Print or Ty	ype)	Title Vi	ece F	res	iden	t of	Operation	ons	Signature)			Date 5	12	11	1	

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		NOTIE (F	ursuant	TO NJAG	8:60 an	ABATE d12:12	WEN 0)	Neu	In) E	CZ		$\overline{\mathbb{W}}$	
Date of Notification (1)				f Building		79	335000		TIU				-	7
5/14/19			Sand	y Nacca	Privat	e Hom	е		IIn	1				
Agencies Notified Type Notification			Street A	Address						<u>l</u> M	AY 8	9	2019	
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Name of Facility Where Abatement is Takir	ng Place (3	3)	FACI	LITY INF	ORMAT	ION	Tym	e of Facility	14)					-
Sandy Nacca Private Home	ig i idoc (c	-)					Тур		30000					
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City (5)				///9.55 				are Feet		f Floors			Age	
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County (6) Ocean				Code (7) USE ONLY	,			rent Use (Prouse & Ga		ing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	4 No		Name		atement Co	2000 77000	- (0)				
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Occupancy Status During Abatement (Chec	ck Only Or	ne)				Street	Addr	ess						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					SIZENTS	City, S	tate,	Zip Code		***				
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The state of the s	y 22, 2019		Nam Bank	e of Buildi c of Amer	ing Owner / Operator ica	(2)	II LI MA	Y 29 2	19	Walter Calendaria
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o i i di k Avende					Other (mmercial building		.)	
City (5)					6,000		1	g. Age 65		
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	iii				Bank					
County (6) Bergen		USE ONLY	e (7)							
Name of Monitoring Firm H	lired by Buildir			ASCM	No. Name of Aba	tement Contractor	(9)			-
Arcadis US, Inc. Street Address					Synatech, In				-	
35 Columbia Road					Street Addres					
City, State & Zip Code					City, State &				-	\neg
Branchburg, NJ 08876					Little Egg Ha	arbor, NJ 08087			-	
Project Manager for Monito	oring Firm		lephone 8-526-10	Number 100	Telephone No 609-296-6916		License Num	ber 00817		
Scheduled Start Date (10)	Sche	eduled Completi			Name of OSH			00017		$\overline{}$
June 1, 2019			st 27, 20	19	Synatech, In			19	-	
Occupancy Status During / Facility Closed/Va	Abatement (Ch	neck only one)	Abatama	nt	Street Addres					
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Other – Describe:		n Homiai i louis	•		City, State &	arbor, NJ 08087				
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(13)					insulation, surf	acing, VAT		7	υ	m
					or other misce	ellaneous)		Repair Remova	200	당
		Yes	No	N/A				Repair	Encanculate	Enclosure
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irst Floor Teller Line Are	X-3-17			Х	Floor Tile an	nd Mastic	650 SF	X		
Front Office, Safe Deposi	t, Vault Areas			Х	Cove B	ase	75 LF	X		
Name of Registered Waste	Hauler	NJDEP V	Vacto	Cubia	Varda of Masts	Nome of D				
Tame of Registered Waste	I laulel	Hauler ID		Cubic	Yards of Waste	Name of Registe	ered Landfill			
Synatech, Inc.			429	14		Fairless Hills		CE III		
City, State				Dispos	al Date	City, State			A.	
ittle Egg Harbor, NJ 080	187			August	t 28, 2019	Morrisville, PA				
Completed By	Title	9		Signatu			ate		_	-
Diane Aloia	F	outive Admilet	stunt -	1 1	cane alor	_				
riante Atola	⊏Xe	cutive Adminis	urator	10	00.00	IM	lav 22, 2019			- 1

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Date of Notification (1) 05 /	21 /	19			1	e of Buildir eila Paln	A	vner/Operator	(2)	The same and	MAY	292	01	9	PARENT.	#
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					FA	CILITY I	NFO	RMATION		-					STILL	
Name of Facility Where A Palmer Residence Street Address	batement is	Taking	g Place	e (3)					Type of Facil School (K Subchapt Other (i.e homes, e	-12) er 8 ., priv	Other than		al bu	ıildings	3	
City (5) Camden									Square Feet	(6.)	# of Floors	S		dg. Ag	_	
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Street Address PO Box 341				·			1015000	eet Address 623 Cutler Av	/enue		3				<u> </u>	
City, State, Zip Code Chesterfield, NJ 085	amden inty (6) amden ne of Monitoring Firm Hired by Building Owner (8 anagement & Enviro. Consulting Service et Address O Box 341 , State, Zip Code hesterfield, NJ 08515 ect Manager for Monitoring Firm ill Weisgarber t Date (10) Scheduled Co							y, State, Zip Co								-
Project Manager for Monit Bill Weisgarber	oring Firm				phone 09-298	No. 3-4070	Tel	lephone No. 856-755-0099			License N 00842	0.			9,774	
Start Date (10) 05 /30 /					tion Da	Contract of the second second		me of OSHA MEMSL Analyt								
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City, State Freehold, NJ				-			Dis	oosal Date 5/31/2019	City, State Morrisvil	le. F	PA				3.00	
Completed By (Print or Typ	oe)	Title						Signature				Date			-	
Christina Lynch		11/21/12/23	ce Pr	eside	nt of (Operation	ns	Omet		\		5/	21.	19		

Date of Notification (1)	N	PE	CATION repant	of ASB of ASB to NJAC Building	STOS 8 60 an	ABATE	0)	-	D,	EC	E 1	VE	- Burnamena	1
5/21/19				and Do					ЦЦ	MAY	292	2019	L	2
Agencies Notified Type Notification EPA Initial Amended Amendment #			1,07.0	ddress te, Zip Co				Autor		ASBESTO LIC	OS CON CENSIN	TROL 8	pered.	
□ DOH □ Emergency (ir justification)	cluding			Contact					-	Telephone I	Number		-	
DCA Cancellation				Maccio					1					
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	DRMATI	ON	Type	e of Facility	(4)					
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Street Address	W.						×	Subchapte	er 8 (C	other than kee & comme		ldings, h	ne	s,
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Name of Monitoring Firm Hired by Building Or Atlas Environmental Inspections	wner (8)		ASCM	l No.				atement Co Constructi						
Street Address P.O Box 11645						Street P.O		ess 11587					_	
City, State, Zip Code Philadelphia, PA 19116								Zip Code hia, PA	1011	6			-	
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph	none N	No.	1011	License			-	
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Name of Registered Waste Hauler			JDEP W		Cubic			Name o	f Regi	stered Land	dfill	1 1		
Frymar Construction Inc			auler ID 3619	No.	of Was	ste		Weste	ern-B	erks com	munity	/ landfil		
City, State Philadelphia, PA	930E 102					sal Date		City, Sta		PA			-	
Completed by Efraim Dua	Title V.P					Signature	9./	1	,		Date 5/21/2	2019	_	
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Doa				Name o	f Contact					Tel	ephone	Numh	er		-	
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23 sf or ≥3 lf	Scope of Work (Check All That Apply)					P	IIIIa	auei	pnia, PA, 19	110						-
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Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (13) Yes No N/A Basement X Duct wrap 100 LF x Name of Registered Waste Hauler Frymar Construction Inc City, State Philadelphia, PA Completed by Ffraim Dua Location of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Odd Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Duct wrap Name of Registered Landfill Western-Berks community Landfi City, State Disposal Date 5/23/2019 Birdsboro, PA Completed by Ffraim Dua Figury 2010 Figury		la la	1					1 11	ion-Exempled () and	I NOII-F	TIADIE	_	377 7666	nt	\dashv
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Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	INEC) E	1 1	1	E
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Name of Facility Where A	Abatement is	Taking I	Place	(3)				Type of Facility ☐ School (K-1)					
Street Address		t		_					8 (Other than K-	12)			
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Street Address			-					minerital LLC				-	
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Project Manager for Moni	torina Eirm			T-1		NI-	Trenton NJ 0	8650				4	
r roject Manager for Mon	toring Firm			rei	ephone	NO.	Telephone No.		License No.				
Start Date (10)		0 1 1 1	1.0	L.,			609-847-2956		01222				
Start Date (10)05 /28 /		Schedul 05				ate (11) 19	Name of OSHA M EMSL Analyt	\$45.400 ND-5000	e				
Occupancy Status During							Street Address						
□ Facility Closed/Vacate							200 US 130						
Abatement Performed	Outside of N	ormal F	acility	Hou	rs - Des	scribe	City, State, Zip Co	ode				-	
Time of Abatement: _	AM	PM/		_PM		_AM	Cinnaminson						
Scope of Work (Check all	that apply)											-	
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			Rer Der	novat			☐ Mini-Enc	Procedure	gative Pressure on-Friable Proced	lure			
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Location				orma	illy elv by	200 200	Description o	f		-	_	-	_
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Name of Registered Wast	e Hauler			N	JDEP 1	Waste	Cubic Yards of	Name of Regis	stered Landfill			-	
Alpha Environmenta	al LLC			H	noss:		Waste 1	Grows Lar	ndfill				
City, State			/	1	00333	000	Disposal Date	City, State				_	
Trenton NJ							various	Morrisville	PA				
Completed By (Print or Ty	pe)	Title		-			Signature			Ooto			
Kelly Sisk		612/2/2/2/2	ject l	Man	ager		Signature	- 1	3 < 1.	Date	$\int_{-\infty}^{\infty}$	1	<i>></i> i

(VX±5318)		FICATION	A A A A A A A A A A A A A A A A A A A	Estos	GEORES		E C E	□ □ 2019		
Date of Notification (1)		Name o	of Building	Owner/C	Operator ((2)			_	
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Agencies Notified Type Motification		Street A	amess	16			LICENS	ING	en menanen	
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Emergency		-	of Contact	199	() Se	Jey	Telephone N	umber	_	*******
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Street Address	Super Proper				a di-cheri		r 8 (Other than K- private & commen		li is he	mes
					1	elc.)	-		_	Salara Salara
City (5)					7.4	Square Feet	#af Floors	5	M .Age ううt	
County (6)		County	Code (7)			1400	rior il being demoli	1	2 / 1	
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Name of Monitoring Firm Hired by Building		I ASCI	II No.		l Name o	f Abatement C				
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Street Address					Street A	ddress	100 11-11			-
				1	95	Montros	170			
City, State, Zip Code					City, Siz	ite, Zip Code				
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Project Manager for Manitoring Firm	-	Telephon	re No.	/1	Telepho	-	License			
Start Date (10)	Scheduled Co	malation	Data (111)			294175-	\ \ \	029		
5 31 1 G	Schedelen Co	II G	Date (11)		Mame o	f OSHA Manito	ī			
Occupancy Status During Abatement (Cher	* Only One)	11-1			Street A	delace			-	marrie o mandago de
F-1003	100				CASSES	*******				
Facility ClosedNacated During Entire Abatement Performed Outside of Norm Other - Describe:				_	City, Sta	ote, Zip Code	£ ,1.7		_	
Scope of Work (Check All That Apply)				1						
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Location of	Norm			Ũe:	echpEon c	ú		-	Type	-;-
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In Facility	Custodial (12)		(1.6.	surfac	ing, VAT,	or	(Specify SF or LF)	Removal	mncapsulate	1
(13)	1			other m	iscellane	ous)		have	- Interest	
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All Insulation	1 20 70	1208	<u> </u>		· 5	1_(')	Vios_		_	
City, State			1	Disposi	ai Vate	City, Stat	le a			

Date

City, State

(0/7/19 Signature

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NUAC 8:60 and 5:16)

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				354)				E000000	BEX.	HL	W.C.			10	
Date of Notification (1)					Name	of Buildin	g Owi	ner/Operator (2	2)						
	22 / _	19			D 8	A Demo	, LL	С			ASBEST	ros ce	NT	ROL	
Agencies Notified	Type Notifica	tion			Street	Address				es es un militar	L	ICENS!	NG	-	n seestemen
☑ EPA	☐ Initial				215	6 Campl	ain F	Road							4 (22)(20)(4)
□ DOLWD	☐ Amended					State, Zip (-
☑ DOH	Amendme	_				sboroug		1 08844							
DCA	⊠ Emergend		luding			of Contac		7 00044		Tol	ephone Nu	ımhor			
(NJAC 5:23-8)	justificatio					onio Din				77-9					
	Cancellati	1011								1	32-713-4	496			
					FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)					
Residence									School (K-1			40)			
Street Address							12		☐ Subchapter ☑ Other (i.e.,				uild	inas	
									homes, etc.		and comin	rici ciai c	una	iiigs,	
City (5)									Square Feet	# (of Floors	E	ldg.	Age	-
Madison									2000 sf		2		70	# F	
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if b	eina demo	olished)			
Morris						,	.,		Residence						
Name of Monitoring Firm	Hired by Build	lina O	wner (8)	ASCM	No	Nar	me of Ahateme	ent Contractor (9	<u> </u>		-			
Guardian Contracti	- 5	iiig O	******	٥,	/ (OOW)	110.	0000		ntracting, Inc.	20					
Street Address	ing, inc.							eet Address	illiacting, illo			CITIC SOR			
1889 Rte. 9, Unit 61	B						2.5000.0		11-14-04						
	L:							889 Route 9	<u> </u>						
City, State, Zip Code								, State, Zip Co							
Toms River, New J		<u> </u>					-		New Jersey 0						
Project Manager for Mon	10.00			32.	ephone		Tele	ephone No.			cense No.				
Nicholas Fernicola				- 2	32-349		7	32-349-9932			00624				
Start Date (10)	S				etion Da	37 53	Nar	me of OSHA N	lonitor						
05 /23 /	19	_ 0	5_/	_2	8_ /	19	E	.M.S.L. Ana	lytical						
Occupancy Status During	g Abatement (C	Check	only o	ne)	7.2		Stre	eet Address							3 (5
☑ Facility Closed/Vacate	70			- 7	ement		1	056 Stelton							
☐ Abatement Performed						cribe		, State, Zip Co	ode						
Time of Abatement: _								48	New Jersey 0	8854					
Scope of Work (Check al	II that apply)							iscataway, i	New Jersey O	0004					
Scope of Work (Check at	ii tilat apply)							☐ Full Cont	tainment with Ne	aative	Pressure				
≥3 sf or ≥3 lf			☐ Re					☐ Mini-End	losure	3					
☐ ≥160 sf or ≥260 lf			⊠ De	molit	ion				g Procedure mpted (*) and N	on Eric	abla Drago	dura			
			lo	Loca	ation -	1		☐ Non-Exe	mpled () and N	On-Frie	able Ploce		1		. —
Location	of			Norm		İ		Description of	,¢				1		t ype
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			Ш					Carr Chamber] [
Name of Registered Was					NJDEP 1		1000000	oic Yards of	Name of Reg	istered	Landfill				
Guardian Contracti	ing, Inc.				Hauler II 2022:		Wa 3		T.R.R.F.						
City, State					2022			posal Date	City, State						-
Toms River, New J	ersey						1	5/28/19	Tullytowr	ı, Pen	nsylvani	ia			
Completed By (Print or T		Title						Signature	1/1		7	Date	1		-
Nicholas Fernicola	#.F.00080	000000E0		Mar	nager			Signatule	/	1		Date	1		6
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		NOTE	ICATIO	tate of Nev N OF ASBI t to NJAC	STOS	ABATE	MENT 0)	r C	hec	K	+	1/6)		
Date of Notification (1)				of Building		Operator	r (2)		T amounts				D F		nandaro tropago
05/22/2019 Agencies Notified Type Noti	fination			Manger						E	C	E		<u>U</u>	巨厅
	iication		Street A	Address					114		PRIESTA DE CONS				
EPA Initia		ŀ	City, St	ate, Zip Co	de					li Ii	MAV	2 ())(19	-
X DOL Ame	ndment #			Haledon		7508			In r	4	MAY	5 8	2 (113	
	rgency (including ication)		Name o	of Contact					1.	1		***		Apple	
	ellation		Dawn	Manger										RC	&
Name of Facility Where Abatement	e Taking Place (3)	FAC	ILITY INFO	RMAT	ION	Tun	of Facility /	1			-E140	71140	and the	
Residential Property	s raking Flace (3)					Туре	e of Facility (- 50						
Street Address		-					H	School (K-1 Subchapter		er than	K-12				
							×	Other (i.e. p					lings,	ho	es,
City (5)							Squ	etc.) are Feet	# 0	Floors	3	В	ldg. A	ge	\dashv
North Haledon							1,18	83	2			1	935		
County (6) Passaic				Code (7) USE ONLY)			Curr	ent Use (Prid	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by B	uilding Owner (8))	ASC	M No.				atement Con		(9)					
Street Address						Street	Addre	ess	LLO.					_	\neg
0.4 0.4 7. 0 4								h 5th St.						_	
City, State, Zip Code						200 S (S (Zip Code , NJ 07206	3						
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph	3000		•	Licen	se No		-	_	
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Start Date (10) 06/01/2019	Schedul 06/08/2		npletion	Date (11)				HA Monitor onmental L	abora	atorie	s. Ind	;.			
Occupancy Status During Abatemen						Street					-,				
Facility Closed/Vacated During			nent			2333	Rou	ite 22 Wes	st						
Abatement Performed Outside Other – Describe: OCCUPIED				- 0-0-0-0	_			Zip Code J 07083							
Scope of Work (Check All That Apply	y)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			€c.	×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					9	
	Is	Locat	ion										Abate		t
Location of	1 11	Normal ed Sole				scription							Тy	pe	$\overline{}$
Asbestos-Containing Material (AI TO BE ABATED	Ma Ma	intena	nce/			taining N systems				mount		ZJ	_	FUC	四
In Facility	Cus	todial ((12)	Staff?		surfa	cing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	-		T	-	otner	miscellan	ieous)					val	Ŧ	nate	ure
The state of the s	Yes	No	N/A				7744								
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Basement			X		Pipe	Insula	LIOII		1	2 LF		X			
			-											_	
Name of Registered Waste Hauler			JDEP W	l /aste	Cubic	Yards		Name of F	Registe	red La	ndfill			_	
Danvic Contracting LLC.		H	lauler ID 7574	((6)(6)(8)(6)(9)	of Wa			Fairless							
City, State Elizabeth, New Jersey					Dispo	sal Date		City, State Morrisvi		Ą					
Completed by	Title			1		Signature	;				Date	9		-	
leymy Donneys	Own	er									5.15 (S. 2017)		019		

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Date of Notification (1) 05/17/19 Check #33	380		Name of Hamilto	Building on Park				ı	ЦЦ	W P	11 2	3	201	J .	l-
Agencies Notified Type Notific			Street Ad 175 8th	n st				and the second		ASBES	STOS			0	&
Emerg	dment # ency (including	_	City, Stat Jersey, Name of	, NJ 073					Tol	ephone I	Mumba			_ ,	
DOH justifica			Jimmy	LITY INFO	DRMATI	ON				1-238-		_	.**		
Name of Facility Where Abatement is Hamilton Park Montessori Sch			TAGIL		21(11)			of Facility (
Street Address 175 8th st								School (K-1) Subchapter Other (i.e. petc.)	8 (Othe			uild	ings,	ho	es,
City (5) Jersey City							Squar 20,00	re Feet 00+	# of	Floors			dg. A)+	ge	
County (6) Hudson			County C				Currer	nt Use (Prid	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCM N/A	No.			of Abat Service	ement Con	tractor	(9)				_	
Street Address N/A							Addres 39th s								
City, State, Zip Code N/A								p Code g, NJ 070	93						
Project Manager for Monitoring Firm N/A			Telephon N/A	ne No.			none No 295-1			License 01074					
Start Date (10) 05/31/19	Scheduled 06/04/1		npletion E	Date (11)		Name N/A	of OSH	IA Monitor							
Occupancy Status During Abatement Facility Closed/Vacated During E			nent			Street N/A	Addres	s							
Abatement Performed Outside of Other – Describe: 9am					_	City, S N/A	tate, Zi	p Code						-	
Scope of Work (Check All That Apply)							7	00050 AV - 6/4		Meso proc	10000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	edure	_				9	
		_ocati			- 23								Abate	m ı	it
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used Mair	l Sole ntena	ly by	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellar	Material s insula T, or	(ACM) tion,	(5	mount Specify For LF)	- Control	Removal	Repair	Linapoulai	Enclosure
	Yes	No	N/A											- č	
Basement Girls Bathroom	1	X		11 1000	ACM Jo	12 W.	220000000000000000000000000000000000000	-		3 LF 3 LF			X		
Basement Cafeteria		X			ACM P	58						-	^		-
2nd Floor		X		<i>F</i>	ACM Pi	pe ins	ulatio	n		1 LF	X	-	-	- 2	-
Name of Registered Waste Hauler		TN	JDEP W	aste	Cubic	Yards		Name of	Reaiste	red Lan	dfill			_	
Tri-State Transfer Associates		H	lauler ID 9551		of Was	ste		Minerva	e Entr						
City, State Bronx, NY					Dispos TBD	sal Date		City, State Waynes		ОН					
Completed by Michael Fajardo	Title Office	Cle	rk		S	ignature	(18)	huas	P		Date 05/1	7/1	9	eet 6	

Date of Notification (1) 05/21/2019 Agencies Notified EPA DEP DOL DOL DOA DOA DOA Name of Facility Where Abatement is Takin	(including		Donald Street A	of Building d Blake Address	Owner/Op	perator	(2)					and the same	-
Agencies Notified EPA DEP DOL DOL DOA DOA Name of Facility Where Abatement is Takin	(including		Street A							anno	100	MOS	FR/
EPA Initial Amended Amendment Emergency (justification) DCA Cancellation Name of Facility Where Abatement is Takin	(including	1	City, St	Address					A	SBES	ICEN	ISINO	3
DEP Amended Amendment Emergency justification) DCA Cancellation Name of Facility Where Abatement is Takin	(including	1							Languagement		And adventured to the	HISTORYSHIA	THE REAL PROPERTY.
		- 1	Name o	ate, Zip Co gton, NJ of Contact d Blake	J08016				Telephone	Number			
					ORMATIO	N							
Posidoneo	g Place ((3)			16		Туре	of Facility	(4)			5-30-0-10-0	1.0
Residence Street Address									12) r 8 (Other than I private & commo		ildings	, hom	es,
City (5) Burlington, NJ				N.			Squa	are Feet	# of Floors		Bldg.	Age	
County (6)				Code (7) USE ONLY	o		Curre	ent Use (Pr	ior if being demo	olished)			-
Burlington County Name of Monitoring Firm Hired by Building	Owner (8	0	***************************************	M No.		Name	of Ahr	atement Co	ntractor (9)				
Traine of Worldship 1 mm 1 mod by Banding 1	owner (o	<i>a</i> :	1,000	W 140.	1			oration L	0.000 (1.000 0.000				
Street Address						Street							
					7	72 Bro	ooks	ide Rd					
City, State, Zip Code	12					City, St	tate, Z	Zip Code					
				57				NJ 078					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph			Licens				
Start Date (10)	Schodu	led Cor	mnletion	Date (11)		973 93 Name (550 HA Monitor	01358	3			
05/31/2019	06/03/		ripicuori	Date (11)		RIS	5, 00	i ir wormon					
Occupancy Status During Abatement (Chec						Street	Addre	SS					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, St	ate, Z	2 West Zip Code					_
Scope of Work (Check All That Apply)					L	Jnion	, N.	07083					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	ation tion				Mi Gl	ni-Enclosur ovebag Pro				re	
8 18 8		s Locat Norma						'			Aba	tement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintena stodial (12)	ely by nce/ Staff?	Asbes (i.e.	Desc stos Contai thermal sy surfacir other mis	ystems ng, VA7	ateria insul r, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
rij o	Yes	No	N/A									-	
busement area		Х		duct in	sulation	1			20 SF	×			
Name of Registered Waste Hauler			IJDEP W	Vaste	Cubic Y	ards		Name of	Registered Lan	dfill			
Nick Restoration LLC		1,000	lauler ID		of Waste	е		G.R.O.					
City, State Randolph, NJ		10	03378	2	TBD Disposa	al Date		City, Sta	te				
Completed by	Title				TBD	natúre	-	Tullyto	vn, Pa	Date			
Nikica Mrda	1000000	ident			Sig	M	le.	1 V	lucc 1	05/21/	2019)	

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Check#	462	MAY	2	9	201	TO A STATE OF THE	

roject # NOTIFICATION OF ASBESTOS ABATEMEN
(Pursuant to NJAC 8:60 and 12:120)

Date of Natification (1)				Name	of Building	Owner	/Operator	(2)		- Committee of the Comm	-			MANUFACTURE (SAFETY)	poguses
Date of Notification (1) 05/21/2019							Operator	(2)		2000	ASI	BES,	TOS	CON	ITF
Agencies Notified	Type Notification	6	-	Street A	H. Klin	е		7				L	JUE!	VSIN	C .
Agericies Notified				Oticety	duless										
EPA DEP	Initial Amended			City St	ate, Zip C	ode	-					_			
DOL	Amendment			The second second	Plains		7076								
-	Emergency				of Contact		31010	_		Telephon	e Num	ber	777		
DOH DCA	justification) Cancellation			Ralph	H. Klin	ē									
					ILITY INF		TION			•					
Name of Facility Where	Abatement is Takir	ng Place (3)				8 1	T	ype of Facility (4	4)					
Residence								E	School (K-1	2)					
Street Address										8 (Other than rivate & com	n K-12 mercia) I build	dings,	home	es,
City (5) Kingston, N	J							S	quare Feet	# of Floor	s	В	ldg. A	ige	
County (6)				County	Code (7)			C	urrent Use (Pric	or if being der	nolish	ed)			
Middlesex County	/				USE ONL	n									
Name of Monitoring Fire		Owner (8)	ASCI	M No.		Name	of.	Abatement Con	tractor (9)					_
	,	. ,-	56				1		storation LL	(E. 5)					
Street Address							Street					-		-	
							72 Br	00	kside Rd						
City, State, Zip Code						7	City, S	tat	e, Zip Code			_		72.0	
							Rande	olr	oh, NJ 0786	9					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph				nse No).			
T (T)	1.73			1,125			97393	33	-2550	013	58				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)	Name	of	OSHA Monitor						
6/01/2019		06/03/2	2019				IRIS								
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)				Street	Ad	dress						
Facility Closed/Vac	cated During Entire	Period of	Abate	ment			2333	Rt	22 West						
	ned Outside of Norr	nal Facilit	y Hour	rs .			333		e, Zip Code NJ 07083						
Scope of Work (Check A	All That Apply)	72-77-20					Jornon	,	140 07 000						
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		Yes	No	N/A										œ l	
asement area		x		re-clea	an - 3	0 elbow	s					17			
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ick Restoration LI				Hauler ID 03378	No.	of W	/aste)	-20	G.R.O.V	V.S	nemusisiis	2.09050			
City, Sta <mark>t</mark> e Randolph	, NJ					Disp TBD	osal Date	T.	City, State Tullytow						
Completed by		Title				T	Signature	•	1/ 1		Dat	-			
likica Mrda		Presi	dent				Clu	U	a. XI	icli	05/	21/2	019		

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	te of Notification (1) 5/24/19					of Building			(2)		m	MA	Y 2	0 2	210	The state of the s	-
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×	DOH DCA	Emergency justification) Cancellation				f Contact						ephone N 2-364-3					
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	(5) AINFIELD NJ									re Feet	# of	Floors		Bldg.	Agı		
	unty (6) NION					Code (7) USE ONLY)			nt Use (Pr TI-FAM		ng demol	lished)				
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Stre	eet Address							Street	Addres	A 20 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-	
City	, State, Zip Code							City, S	tate, Z	ip Code							
Pro	ject Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No	0.		License	No.		—	-	
	rt Date (10) /03/19		Schedule 06/13/		npletion	Date (11)		Name	of OSF	HA Monitor					_		
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	ne of Registered Wast WARK CARTING	te Hauler		Н	JDEP W lauler ID 4509		Cubic of Was 8			Name of IESI	Registe	red Land	fill				
	, State VARK, NJ						Dispos 06/13	sal Date 8/19		City, Stat		PA					
	npleted by SEPH PERLSTEII	V	Title OWN	ER			S	ignature				100	Date 05/07	19		-	1

rint Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 05 23 19 D & A Demo, LLC ASBESTOS CONTRO LICENSING Type Notification Agencies Notified Street Address **⊠** EPA ☐ Initial 2156 Camplain Road **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH Hillsborough, NJ 08844 ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Antonio Dimuzio 732-713-4496 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Flemington 800 sf 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 24 / 19 05 / 28 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement /pe Normally Location of Description of Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A 800 sf \boxtimes exterior asbestos siding П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 4 City, State City, State Disposal Date

Toms River, New Jersey

Title

Project Manager

Completed By (Print or Type)

Nicholas Fernicola

05/28/19

Signature

Tullytown, Pennsylvania

Date

ON 2813	3PA	TI	тои		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10	0 1 0) E G		V E	1000	M
Date of Notification (1) 5 /	21 /	19	·			of Building	g Owner/Operator (2)	MAY MAY	2 9 2	019	-	
			_		RO	wan univ	rersity	123	10-2		0.0		
Agencies Notified EPA	Type Notifica	ation				Address Mullica	Hill Road	State Coupe and its	ASBESTO			 &	Constant of the last
☐ DOLWD	☐ Amended				City, S	State, Zip C	Code	-	LIC	ENSING	-	-	
□ DHSS	Amendm						J. 08028						
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding]		of Contac	especial content of the content of t		Telephone N	lumber		_	
(NSAC 5.23-6)	☐ Cancellat					n Gallia			856-256-4				
	V3000-100 00 VC-000 10 VI				FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is T	Faking	Place	(3)				Type of Facility	(4)				
Bole Annex								School (K-1	100				
Street Address								Subchapter	8 (Other than K	(-12)			
201 Mullica Hill Roa	ad							homes, etc	/				
City (5)								Square Feet	# of Floors	В	ldg. Ag		
Glassboro			-					20,500	1		+/- 70		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)	*		
Gloucester								Vacant					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
Pars Environmenta	I Services						USA Environ	mental Manag	gement, Inc.				
Street Address				-			Street Address						
500 Horizon Drive #	^{‡540}						8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode				68 KG	
Hamilton Township	NJ. 08691						Philadelphia,	PA 19153					
Project Manager for Moni	itoring Firm			Tele	ephone	No.	Telephone No.		License No				
Rafael Torres				6	09-890	-7277	215-365-5810)	1156				
Start Date (10)	18	Schedu	uled C	omple	etion Da	te (11)	Name of OSHA M	Monitor				-	
6 / _3_ /		6			_ / .	19	USA Environ	mental Manag	gement, Inc				
Occupancy Status During	하는 하면 하면 모든 모든 모양이다.						Street Address						
☐ Facility Closed/Vacate							8436 Enterpr					22 702	
Abatement Performed Time of Abatement: 7							City, State, Zip Co						
V							Philadelphia,	PA 19153					
Scope of Work (Check all	I that apply)						□ Full Con	tainment with Ne	antivo Proceura				
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Z 100 01 01 _ 200 11					011			empted (*) and N	on-Friable Proc	edure			
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Asbestos-Containing TO BE ABA		1)		intena			stos Containing Ma		Amount (Specify	emo	Repair	i	nclo
IN Facili			Cust		Staff?	(1.0	surfacing, VAT		SF or LF)	Removal	=	1	Enclosure
(13)		+	.,	(12)	70.000	-	other miscellane	eous)					(O)
Police Office Area			Yes	No	N/A	Transit	e Dividers		120 SF				
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Name of Registered Was	te Hauler			11.0	JDEP		Cubic Yards of		istered Landfill				
Service Transport				ı	lauler II	. 140.	Waste 30	Minerva L	andfill.				
City, State							Disposal Date	City, State					
New Castle De.							6/14/19	Waynesb	urg Pa.				
Completed By (Print or Ty	ype)	Title		Ser .			Signature	1111 11		Date		- i	
Kevin Meldrum	200	Pr	oject	Man	ager		Ku	-Mill			2/		5

NOTIFICATION OF	MECEIVIT
Date of Notification (1) (Pursuant to NJAC 8:60 as	S.ABATEMENT and 12:120)
3-13:-19 Name of Building Owner/O	MAY 2 9 2019
Type Notification Street Address St	
DOL Amended 2330	PT 33 ASBESTOS CONTROL LICENSING
DOH Emergency (including Robhin of A	He NJ 08681
- Cancenation	Telephone Number
FACILITY INFORMATIO	DN 609-477-3285
Street Address	Type of Facility (4)
City (5)	Subchanter 8 (Orban)
County (6) Alantic City WJ esollo	Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blee Acceptable
Name of Monitoring Firm Hired by Building Owner (8) County Code (7) (STATE USE ONLY)	Current Lise (Prior if being demolished)
Street Addresse Nam	COT Abasement Co
Street Surger	Address
City, State, Zip Code Street /2/	4 1/1/21/17 1 1
Project Manager for Monitoring Firm City, S Telephone No.	S CLIF A MIT S
Start Date (10) Scheduled Completion Date (11) Name of	S. d. (CO N. J. ESC) (Some No. 2.3546 - C916 (EV 2.70)
Occupancy Status During Abatement (Check Only 8	OSHA Monitor
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed O	dress
Other - Describe: City, State Scope of Work (Check All That Apply)	Zip Cade
☐ ≥3 sfor≥3 [f	Petrona
Demolition	Fuli Containment with Negative Pressure
e G	Slovehea Promi
Useri Solely	on-Exempted (*) and Non-Friable Procedure Abatement
In Facility Custodial Staff? Custodial Staff? Custodial Staff? Asbestos Containing Material (i.e. thermal systems insulation of	(ACM) Amount
Yes No Nu Other miscellaneous)	(Specify SF or LF) (Specify Rupoul Buckets Rupoul
Kyteken -	
Basement Lindown / Floor Hole Basement Rife - Annall	200 SF U
LIVING RM ACM INSILATION	1000
e of Registered Waste Hauler NUDEP Waste	Som 4E V
THE LACE Hauler ID No. 2018 1 and State No. 2018 1	arne of Registered Landfill
etcd by Disposal Date Ci	ty. State
Title V. Riesident. Signature VIII	Island Pia
(R-05-03)	5-20-19

Do not use this form for asbestos licensure exempted activities.

			NEW WELFALL SOLL	10,4000	o veg teppose					ew Jersey					N.Sterna			
										BESTOS AB			In B	C	E	IV	T	S II
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Date of Notification	(1)				N	ame	e of	Bui	Iding (Owner / Operator	r (2)			MAN	/ 1 0		-	111
	5/3/19				_	_			ersity	<u>'</u>			14 11	MAI	2 9	2019	_	114
Agencies Notified	Type Not	ificat	tion		1000	1100		ddre										
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			ded (R#1-5/21	/19)					ntact	NJ 08648					and a residence of	- Continues of the last of the	-	-
☐ DOH ☐ DCA			jency Ilation		1			Edd						4	53.0	ne Nur 5-7780		4
Z DON		41100												00	13-030	9-1100	_	
Name of Facility Wh	oro Aboto	amai	at in Taking DI	000		FA	CIL	.ITY	/ INF	Type of Facilit	h. (4)						_	
Rider University			it is raking Fi	ace	(3)					School (K		Jniversit	У					
Street Address					du					Subchapt			-					
2083 Lawrencevi	lle Road												mercial bui	ildings	, home	es, etc	;	
										Square Feet		# of Floo	ors	Blo	lg. Age	9	-	
City (5)		1	County (6)	C	Cour	nty	Cod	de (7	7)	9000			3		57	40+		
Lawrenceville		1	Mercer			(5)				Current Use (I	Prior in	f being de	emolished)				_	
										Dormitory								
Name of Monitoring	Firm Hire	d by	Building Own	er (8)		P	SC	M No.	Name of Abat	emen	t Contrac	tor (9)					
Pennoni Associa	tes									Bristol Envi		ental, Ir	ıc.					
Street Address										Street Addres								
515 Grove Street		<u> </u>								1123 Beave		110000					_	
City, State & Zip Co		_								City, State & Z								
Haddon Heights,				Tal	onh		. NI.	ımb	<u></u>	Bristol, PA		1	II ioon	se Nu	mbor		100	
Project Manager for Brian Clark	MOUNTOUN	ig Fil	IIII	856				ımb	ei	Telephone Nu (215) 788-60			0050		mbei			
Scheduled Start Dat	to (10)	Te	cheduled Con					-	_	Name of OSH		nitor	10030				-	
5/20/19 (ON HOL.			crieduled Cori		29/1		ile (,		Bristol Envi			c.					
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			tside of Norma	al H	lour	s –	7aı	n to	3pm	City, State & Z	Zip Co	de						
Describe:										Bristol, PA	19007	7						
Facility Occi				-														
Scope of Work (Che	eck all tha	t app	oly)								\boxtimes	Full Con	tainment w	ith Ne	native	Press	ı e	
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≥160 sf ≥26	O If			Ē	*			ition			Ħ	Glove Ba	ag Procedu	res				
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	n Facility				stoc			2222	i	nsulation, surfac					Remova	Repair		Enclosure
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Boiler Room				\boxtimes					Но	t Water Tank I	Insula	ation	300 S	F		Ш		닠
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Name of Registered	vvaste H	iaule	er			Of the Control			Vaste No.	Cubic Yards of Waste	Nam	e of Regi	stered Land	IIITE				
Service Transpo	rt Inc.					3333	99		7110.	5 cu yd		less Lar	ndfill				_	
City, State Yardley, PA										Disposal Date 5/29/19		State less Hill	s. PA					
Completed By (Prin	t or Type)					Ti	tle			0: .				0	Date		1	
Gino Pizzigon						100000		ect		W. 6	,		-/ jl		5/21	119		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	Pursuant to N.J.A.C	2. 8:60 and 12:120)	CHET	#356
Date of Notification (1) 5/3/19	Name of Building C Rider University Street Address	Owner / Operator (2)) E G E	IVE]
Agencies Notified EPA 6274 DEP 316 DOL6 316 Amended	2083 Lawrencev City, State & Zip Co Lawrenceville, N	ode	MAY 2 S	an in a second
DOH 6262 DOA 6262	Name of Contact Walter Eddy		ASBESTOS 6	elephone Nur per 09-896-7780
	FACILITY INFO			
Name of Facility Where Abatement is Taking Rider University - House 10 Street Address	Place (3)	Type of Facility (4) ☐ School (K-12) Universi ☐ Subchapter 8 (Other th	· ·	
2083 Lawrenceville Road		Other (i.e. private & cor		CONTROL OF A PERSON PROPERTY.
City (5) County (6)	County Code (7)	Square Feet # of Flo	3	dg. Age 40+
Lawrenceville Mercer		Current Use (Prior if being of Dormitory		
Name of Monitoring Firm Hired by Building Ov Pennoni Associates	vner (8) ASCM No.	Name of Abatement Contra Bristol Environmental, I		
Street Address 515 Grove Street, Suite B		Street Address 1123 Beaver Street		
City, State & Zip Code		City, State & Zip Code		
Haddon Heights, NJ 08035		Bristol, PA 19007		
Project Manager for Monitoring Firm Brian Clark	Telephone Number 856-656-2944	Telephone Number (215) 788-6040	License Nu 00509	mber
	ompletion Date (11)	Name of OSHA Monitor	Allowed Science Scienc	
5/20/19 Occupancy Status During Abatement (Check		Bristol Environmental In Street Address	10.	
Facility Closed/Vacated During Entire		1123 Beaver Street		
Abatement Performed Outside of Norr Describe: 7:00 AM to 3:30 PM	nai Hours – 7am to 3pm	City, State & Zip Code Bristol, PA 19007	- 4	
Facility Occupied During Abatement Scope of Work (Check all that apply)				
≥3 sf or ≥3 If ≥160 sf ≥260 If	Renovation Demolition	Mini-En	ntainment with Ne closure ag Procedures	gative Pressu e
PASSON	_	☐ Non-Exe	empted and Non-	Friable Proce
Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by	Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Abatemen Type
TO BE ABATED in Facility (13)	Custodial Staff? in	(i.e., thermal systems sulation, surfacing, VAT or other miscellaneous)		Repair
**************************************	Yes No N/A			
Boiler Room		Boiler Insulation	200 SF	
Boiler Room		Insulation and Fittings	70 LF	
Boiler Room Boiler Room	M D Hot	Breeching Mud Water Tank Insulation	10 SF 300 SF	
Boller Room		water rank insulation	300 5F	
Name of Registered Waste Hauler	그는 바람이 아무리를 가면 하는 그는 그 없는 가게 되었다. 얼마 나를 다 살아 없는 것이 없는데 살아 없다.		stered Landfill	
Service Transport Inc.		of Waste Fairless Lar	ndfill	
City, State Yardley, PA		Disposal Date City, State Fairless Hill	s, PA	7.5
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature Limo Pingigo	ni/gr	Date 5/3/19
C7 100 m / C			_/_/	

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NOTIFICATION OF ASBESTOS ABATEMENT

onan o. namey			Pre	side	ent		71 //			Date 05-14-2019	
enton, NJ mpleted By (Print or Type . Brian J. Haney)		Title	e		TBD Signature	Morrisville, F	A		la .	
y, State			1000			TBD Disposal Date	Grows Land City, State	lfjll			
esource Management Gro			Ha	uler 3521	ID No.	of Waste	Name of Re	75	andfill		
ame of Registered Waste	Hauler	السا	N.I	DEF	Wasto	Cubic Yards	Non				亡
		+		F							- -
								-			
-,, -10, 1	57 1, 210, 210	H		L	1	Joint Comp	ound	3,0	000 SF		1
ooms 201-205, 220, 219,	218A 218 216	res		N/							
(13)		Yes	(12) No			or other misce	llaneous)			Repair	
TO BE ABA in Facility	TED	Mair	ntenar odial	ice (or f?	Material (/ (i.e., thermal insulation, surfa	systems	SF	or LF)	Repair	
Material (A)	CM)	Nor	mally Solely	use by	d	Asbestos-Co	ntaining	(S	pecify	, waterner	J.
Location Asbestos-Con	ot taining		Local	22.20.00		Description	on or	A	mount	n-Friable Proce Abatemen	Jre
			56	mon	uon		☐ Non-	e Bag Prod	cedures/	Cut & Wrap	
 ≥3 sf or ≥3 lf ≥160 sf ≥260 lf 				nova moli	ation tion		☐ Mini-	Enclosure		Negative Pressi	1 9
cope of Work (Check all t	hat apply)					Atlanta					_
Describe: 7:00an Facility Occupied D	n to 5:30pm Week	Days 8	& Wee	eken	ıds	City, State of Union, NJ 0	∝ ∠ip Code)7083				
Angrement Perform	ned					2333 Route	22 West				
Ccupancy Status During / Facility Closed/Vac	Abatement (Check	only or	ne)			Street Addr	ess	ratories, I	IIC.		-
5-16-2019	6-7-20	10		ale ((11)	Name of O	SHA Monitor nmental Labo	ratorias !			
Scheduled Start Date (10)	Scheduled Co	1856	-547-	050	(11)	609-977-61	159		_1001136	01185	
Project Manager for Monito Mr. Brian Clark	oring Firm	Tele	ephon	e N	umber	Telephone	Number		License	Number	
Haddonfield, NJ 08035						Trenton, N.					
City, State & Zip Code		Sadillo - sa				City State	Iton Ave, Suit & Zip Code	e 202			_
515 Grove Street, Suite 18	3					Street Add	ress		.0		-
Pennoni & Associates Street Address		_,	5.			Resource	Management	Group, LI	.C		
Name of Monitoring Firm I	Hired by Building O	wner (8)	7	ASCM N	Campus B	uilding batement Cor	otroptor (O			
	Mercer					Current Us	se (Prior if bei	ng demoli	shed)	57	-
City (5) Lawrenceville, NJ	County (6)	10	County	y Co	de (7)	Square Fe	:er # 01	f Floors		Bldg. Age	
						U Other	(i.e. private &	commerc	cial build	ings, homes, et	1)
Street Address 2083 Lawrenceville Road				10		⊠ Subcl	napter 8 (Othe	er than K-	12)		
Maci Offiversity - Science	e Building	Place	(3)			Type of Fa	acility (4)				. :
Name of Facility Where A	hatement is Taking	Dia	(0)	FA(CILITY	NFORMATION					_
	Gancellation		IVIT.	vva	lter Edd	У		i un secución.	~~~~~~	609-896-500	
☑ DOH ☐ ☐ ☐ ☐	Emergency Cancellation				of Conta			+	ASBES	TOS CONTROI	nt
□ DOL □ □	Amended (Start da	ite)	Law	renc	eville, N.	08648		d solice comme			
□ DEP □	Initial		Cify	33 L	awrence ate & Zi	eville Road			1417.		
Agencies Notified Type	Notification		Str	eet /	Address			-	I MA	Y 2 9 2019	
05-1	4-2019		Ric	me i	of Buildi Iniversit	ng Owner / Ope	rator (2)	113			=
Date of Notification (1)									EC		
			es en en 1	11 6 6	0 14.0.	<u>A.C.</u> 8:60 aı	nd 12:120) jamese		V [3] R R [1]	27

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Ш Date of Notification (1) Name of Building Owner / Operator (2) 04-25-2019 Rider University Agencies Notified Type Notification Street Address H **EPA** 2083 Lawrenceville Road DEP Initial City, State & Zip Code DOL Amended Lawrenceville, NJ 08648 ASBESTOS CONTROL \boxtimes DOH Emergency Name of Contact - Telephone Nu nber DCA Cancellation Mr. Walter Eddy 609-896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Science Building School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, et) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 25,000 57 Lawrenceville, NJ Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-13-2019 6-6-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed During 1st Shift City, State & Zip Code Describe: 8:00am to 4:30pm Week Days Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Press re ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures/Cut & Wrap Non-Exempted and Non-Friable Proce lure Location of Is Location Description of Amount Abatemer Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rooms 201 & 203 Floor tile & Mastic 1500 SF Rooms 218 & 216 X Pipe Elbows 15 Each X Rooms 218 & 216 X Pipe Insulation 300 LF X Rooms 218 & 216 X Door Caulk 100 LF X Rooms 201-205, 220, 219, 218A, 218, 216 Residual Mastic 2,500 SF X Rooms 201-205, 220, 219, 218A, 218, 216 Joint Compound 3,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TRD Grows Landfill City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian J. Haney President 04-25-2019

Check No. 5900

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

JK59(0)	PA						8:60 and 12-1					panetta.	·
Date of Notification (1)					Name	of Buildir	ng Owner/Operator	(2)	NEGE	3 1		=	5
May 24, 2019					PATI	H					J	-	
Agency Notified	Type N	lotification				Address							-
□ EPA	☑ Initia	ıl				PATH		S and a second	III MAY 2	9 20	19		U
Not equired per Sale Reg. 1043004	□ Ame					tate, Zip			Contraction				
☑ DOL		endment # ergency (includi	na				, NJ 07306					-	_
☑ DOH □ DCA	just	ification) cellation	9		Name	of Contac	ct		Telephone Nur 201-216-62	NSING	TUL	Ği.	Brancono.
					FACI	LITY INF	ORMATION						-
Name of Facility Where	Abateme	nt is Taking Pla	ce (3)	·				Type of Facility	(4)			_	
Exchange Place S	tation							☐ School (K-12	2)				
Street Address								☐ Subchapter 8	Other than K-12	2) al buildin			
68 Christopher Co	lumbu	s Drive						homes, etc.)	ivate & commerci	ai bullulli	ys,	100	
City (5)								Square Feet	# of Floors	Bldg.	Age		
Jersey City, NJ 07	302							10,091	1				
County (6)					County ONLY)) (STATE USE		lor if being demol	lished)			
Hudson Name of Monitoring Firm	Lliend I	, Duilding O	, I	ASCM			Name of Abot-	Business/T nent Contractor (9	rain Station				
A of NY & NJ	i Hired b	y Building Own	er		NO.			toration Co.					
				N/A				toration Co.	inc.				_
Street Address		c					Street Address	ah Avanua					
241 Erie Street, Ro City, State, Zip Code	JOIII 23	0	200				223 Randolp City, State, Zip C					_	
Jersey City, NJ 07	310						Clifton, NJ (
Project Manager for Mon		rm	T Te	elephor	ne No		Telephone No.	77011	License No.		_		
Uday Mehta	intorning i				95-488	31	973-478-468	1	00120				
Start Date (10)		Scheduled C				•	Name of OSHA	(T)	00.20			- 27	-
June 10, 2019		July 10, 2					EMSL Analy	tical. Inc.					
Occupancy Status During	g Abaten						Street Address	-					
□ Facility Classed N/accets	ad Danisa	Cutius Davied	of Albai				200 Route 1	30 N					
☐ Facility Closed/Vacate ☐ Abatement Performed ☑ Other - Describe: Ex	Outside	of Normal Faci	lity Ho	urs		ing	City, State, Zip C	ode on, NJ 08077-	2892				
Scope of Work (Check al	II that ap	oly)											
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ If}$					⊠ Ren □ Dem	ovation olition	☐ Mini- ☐ Glov	Enclosure ebag Procedure	Negative Pressu				
							⊠ Moli-	-Exempted () and	1 NOII-FIIADIE FIO	cedure	Ab	ate	ient
				S Locati Normal							-	Ту	-
Location Asbestos-Containing		al (A CM)	Use	ed Sole	ly by	Acho	Description stos Containing M		Amount				,
TO BE A		ai (AOM)		intena Custodi			., thermal systems		(Specify		Re	π	
IN Fac	- T			Staff?			surfacing, VAT other miscelland		SF or LF)	Ρ	Removal	Renair	Eliciosura
(13)			(12)			other miscenant	5003)			/al	₹	1 4
			Yes	No	N/A					20			+
Roof			X		-	Root	Material		112	26 sq ft			+
												-	+
											\Box		+
Name of Registered Was	ste Haule	er	6363		Naste H	lauler	Cubic Yards of	Name of Regis	tered Landfill		-		
Jimmy Byrne Truc	king		100	No. 9551			Waste 12	Minerva E	nterprises, In	c.			
City, State							Disposal Date	City, State				37.84	×
Bronx, NY / Newar	rk, NJ	Name I and a second					To be Determined	Waynesbu	rg, OH				
Completed by	38350	Title	0.020,000,000				Signature	1/		Date	004		
G Roger Woodma	n	Project M	anan	er			/////			5/24/	201	9	

												rin	nt For
W7395 PAII			CATION		Jersey STOS ABA :60 and 12:		ENT	R	E G		VE	Transmission and the second	The second secon
Date of Notification (1) 5/23/19					wner/Opera Private		350	1141	MAY 2	2 9 2	019		9
Agencies Notified Type Notification			Street A									_	transport of the same of the s
EPA Initial			City Sta	te, Zip Coo	ie.			Α	SBESTOS LICE	NSINC		_	
DEP Amended Amendment				12.	NJ 08006	6							
□ Emergency (□ justification) □ DCA □ Cancellation	nciuding		Name of Greg	Contact					Telephone N	lumber			
DCA Cancellation				LITY INFO	RMATION							_	
Name of Facility Where Abatement is Taking Gregory Hayes Private Home	Place (3)					Type of Fa						
Street Address						\dashv	Subch	ol (K-12) napter 8 (C	Other than K	-12)			
							etc.)		te & comme		37. 76	me:	s,
City (5) Barnegat Light NJ 08006						- 1	Square Fe		# of Floors 2		Bldg. Ag 35+		
County (6)			County C			- 1			being demol	lished)			
Ocean	. (0)			JSE ONLY)			House	-1 01	t (O)				
Name of Monitoring Firm Hired by Building ON/A	Jwner (8)		ASCN	1 NO.	1		f Abatemer aco Inc.	nt Contrac	tor (9)				
Street Address					77.0		ddress						
City, State, Zip Code							ox 329 ate, Zip Co	de				-	
ony, otato, alp oddo							Berlin N						
Project Manager for Monitoring Firm			Telephoi	ne No.	1		ne No. 53-9800		License 00727				
Start Date (10)	Schedule	ed Con	pletion I	Date (11)			f OSHA Mo		00121			_	-
6/3/19	6/7/19		503 			ame						_	
Occupancy Status During Abatement (Chec			ant		Str	reet A	ddress						
Facility Closed/Vacated During Entire F Abaternent Performed Outside of Norm Other Describe:	al Facility	Hours	ent		Cit	ty, Sta	ate, Zip Co	de					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				X	Mini-End Gloveba	closure g Procedu	with Negative are and Non-Fr				
	Is	Locati	on			<u> </u>	NOII-EXC	mpted ()	and Non-Fi	lable F	Abate	ent	\neg
Location of	1	Normal d Sole	ly		Descrip					-	Tyr		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		os Containii thermal sys surfacing other misc	tems , VAT	insulation, , or		Amount (Specify SF or LF)	Kemoval	Repair	Danamarilata	Enclosure
	Yes	No	N/A)	
exterior bottom of house			X	Tran	site break	(awa	ay board		800 SF	Х		-	
									7				
Name of Registered Waste Hauler	1	l N	JDEP W	/aste	Cubic Yar	ds	Na	me of Rec	istered Land	dfill			
United Roll Off		F	lauler ID 2459	1000	of Waste			.R.O.W.					
City, State Elm NJ					Disposal Dis	Date		y, State orrisville	PA 1906	7		-	
Completed by	Title					ature				Date		1	
Anthony T Perna	Pres	ident				-				5/23/	19		

047394 PAI	N M		ATION	te of New OF ASBES O NJAC 8:	STOS A	BATEN			E	CE		\mathbb{V}				
Date of Notification (1) 5/24/19				Building O ama Vad		(2)			MAY 2	9	201	9	اسا	1		
Agencies Notified Type Notification				Street Address										_	-	
⊠ EPA ⊠ Initial	1		Route 38		ASBESTO				S CONTROL &							
DEP Amended DOL Amendment #			City, State, Zip Code Hainesport NJ 08036													
☐ Emergency (including justification)				Name of Contact Telephone Number												
DCA Cancellation		Brian				856-207-)501			_			
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)														-		
Trailerama Vacant Office																
Street Address						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, h							nes	,		
1395 Route 36 etc.)													ig. Ag			
City (5) Hainesport NJ 08036							1000	0 1				35				
County (6)				Code (7) ISE ONLY)				Current Use (Prior if being demol)		7		
Burlington Name of Monitoring Firm Hired by Building Owner (8)				l No.		Name of Abatement Contractor (9)								-		
N/A						Pernaco Inc.										
Street Address					Street Address PO Box 329											
City, State, Zip Code				City, State, Zip Code												
						West Berlin NJ 08091										
Project Manager for Monitoring Firm				ne No.						License 00727	ense No. 727					
Start Date (10) Scheduled Completion Date (11) 6/3/19 6/11/19							Name of OSHA Monitor Same									
Occupancy Status During Abatement (Check Only One) Street Address																
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other Describe:	City, State, Zip Code															
Scope of Work (Check All That Apply)						Alve-					-			No.	10	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tion on	*/		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		Location					Material (ACM) ms insulation,				10000000		Abateı Typ	ent		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall of Solel intenar todial S (12)	ly by nce/ staff?	Asbesto (i.e.	os Cont thermal surfa	systems cing, VA			Amount (Specify SF or LF)			Removal	Repair		Enclosure	
	Yes	No	N/A		Esta	rian Cia	din a		1.0	00 SF	-	-	\dashv	-		
Exterior Siding			X	Exterior Si Green Floo							-+	X	\dashv	+		
Front Foyer	-		X									`	-	+		
Flat Roof			X			at Roo					+		-	-		
Basement Name of Registered Waste Hauler					Duct	uon	n 50 SF Name of Registered Landfill									
United Roll Off				Hauler ID No. of			f Waste		G.R.O.W.S.							
City, State				22459 4 Dispo			osal Date City, Sta									
Elm NJ						6/11/19 Morrisville PA 19067										
Completed by	Title S President					Signature					Date 5/24/19					
Anthony T Perna	rresident								0124110							

rint Form

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

W12	NUL PAUL	<i>J</i>	(Pursua	ant to NJAC 8:60 and			(4)	13	6	L	
Date of Notification	(1)		The second second		Owner/Operator (2)			CEIV	15	Γ	1)	
5/23/19				-	Wayne					+	111	
Agencies Notified			Street A	alley R	oad		115				Assessed Secondary Contracts	
CONTRACTOR CONTRACTOR				te, Zip Co		->		IAY 2 9 2019	1	11	11	
			1	e, NJ 0			[H P]	7013	r.	1	-	
⊠ DOL	[] [] [] [] [] [] [] [] [] []			f Contact	SHIP WARE		telephone Numbe	r		t	-	
E DOLL			100 miles (100 miles)		c/o Vanas Construct	ion	9 Continuentino	STOS CONTRO)L 8		1	
	22.23 St. 10.20		Gicii	ranas c	,, 0 14,140 00.124.40			LICENSING				
E DCA	La cancciation			FA	ACILITY INFORMATI	ON					_	
Name of Facility Wh	ere Abatement is Taking Place (3)					Type o	of Facility (4)					
							School (K-12)					
Street Address						X	Subchapter 8 (Other than K-	12)				
475 Valley Roa	d						Other (i.e. private & Comme	rcial buildings, hon	nes, e	tc.)	_	
City (5)				110		Square	e Feet # of Floors	Bldg. Age				
Wayne						30,0	00 1	55+				
			33501:00-325	County	Code (7)	Currer	nt Use (Prior if being demolished)					
County (6) Passaic				(STATE	USE ONLY)							
	Firm Hired by Building Owner (8)			7	ASCM No.	Name	of Abatement Contractor (9)					
NV5	of Notification (1) 3/19 cles Notified					Unic	orn Contracting Corp.					
				- 101			Address					
Street Address	- Euita 300					32 W	/illow Way					
							tate, Zip Code					
City, State, Zip Code							dland Park, NJ 07424					
				Telepho	ana No		none No.	License No.				
					46-5600		333-9176	01331				
The second second	ter		Cabadul		letion Date (11)	-	of OSHA Monitor			8 11		
Start Date (10)			06/19		letion bate (11)	I	rovision Consultants, Inc.					
6/04/19	reing Abatement (Check Only One)		00/13	/13		-	Address			- 22		
		: _£ ^ b	atamon				1 Wagaraw Rd., Bldg. 35-E					
				· ·			tate, Zip Code			9 (4)		
		i racility i	nours				Lawn, NJ 07410					
						Truin (cutting to or the					
			X	Renov	ation	\boxtimes	Full Containment with Negat	tive Pressure				
				Demol			Mini-Enclosure					
≥ 160 sf or	r ≥260 If		П	Demoi	ittori		Glovebag Procedure					
							Non-Exempted (*) and Non-	Friable Procedure				
			Is Location	n			non Enempton ()	T		Aba	men	t
	Leastion of		Normally			Desc	cription of		-)e	Т
Asbesto		11 6000	sed Solely		1 (1992 - 1992 -		ining Material (ACM)	Amount				
		3532	laintenand stodial St		(i.e. th		systems insulation,	(Specity SF or LF)	_		Enca	п
		"	(12)	alit			ing, VAT, or iscellaneous)	3. 3. 3.	Removal	Re	Encapsulate	Enclosure
	(13)	Yes	No	N/A	1				oval	Repair	ate	ure
	Dellar Boom	X	110	1.77.	E	Boiler	Insulation	1,440 SF	X			
		X					ng Insulation	480 SF	X			
		X		-			Fiberglass Insulation	175 LF	X		33-17-	
Main	tenance Boller Room	<u> </u>			1 Ittiliga Ass	J U. 17						
			NIDEDI	/acto Have	iler ID No.	Cubic V	fards of Waste	Name of Regustered I	andfil	1		
			04509	raste Hau	HEL ID NO.	20+		Grand Central Sai			Ifill	
Newark Carting	5		104509				al Date	City, State				
City, State						TBD	1	Pen Argyl, PA				
	ersey	T				100	Signature	// //	Date			
Completed by		Title	-1 8 4	202			1/2/		5/2	3/1		
Dimo Golcev		Gener	al Man	agei				/				

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

							The second	TO THE TIME	1,000		-
Date of Notificatio	n (1)		10000		ing Owner/Operator (2)				5	Ir	11
5/14/19					of Wayne			- Marin and Angele Construction and Annual Annua	-	#	12
Agencies Notified	Type Notification		1	et Address					-	11	ani deg
⊠ EPA				5 Valley	ASSESSED TO SESSED TO SESS		11 11 11	AY 2 9 2011		1	11
☐ DEP	☐ Amended		1 2 2 2 2 2 2	, State, Zip			111 11 111	AT 2 3 2019	1	laures.	- Harrison
DOL	Amendment #		Wa	iyne, NJ	07470						-
	☐ Emergency (inclu	ding	100000	ne of Conta			Telephone Num	STOS CONTO	V 0		The same of
⊠ DOH	justification)		Gle	n Vanas	c/o Vanas Constru	ction	201-883-19	STOS CONTRO LICENSING	The Ch		-
☑ DCA	☐ Cancelation						The second of the second distance of the seco	THE PARTY ACTIVALLY	NAME OF THE OWNER, OF	drawn	1
				-	ACILITY INFORMA						_
Name of Facility Wi	here Abatement is Taking Place (3))				Type of Fac	lity (4)	(40)			
Wayne Police	Department					☐ Sch	nool (K-12)				
Street Address						☐ Sul	ochapter 8 (Other than	K-12)			
475 Valley Roa	ad					⊠ oti	ner (i.e. private & Comi	mercial buildings, h	omes,	etc	
,											-
City (5)						Square Feet	# of Floors	Bldg. Age			
Wayne						30,000	1	55+		_	_
County (6)				Count	/ Code (7)	Current Use	(Prior if being demolished)				
Passaic				(STATE	USE ONLY)						
	Firm Hired by Building Owner (8)				ASCM No.	Name of Ahr	atement Contractor (9)	1)			
IV5	,				Macivi No.		Contracting Corp.				
										-	_
treet Address						Street Addre					
Campus Drive	e, Suite 300					32 Willov	v Way				_
ity, State, Zip Code						City, State, Z	p Code				
arsippany, NJ	07054					Woodlan	d Park, NJ 07424			- 2-	-
roject Manager fo N				Telepho	one No.	Telephone N	0.	License No.			
van Broadwat				973-9	46-5600	973-333-9	9176	01331			
			School	uled Comp	letion Date (11)	Name of OSH	A Monitor	19	015		
art Date (10)			I	2/19	letion bate (11)		on Consultants, Inc.		•		
/29/19	ring Abatement (Check Only One)		100/1	2/13		Street Address					-
_3897	N. T		2 925								
	osed/Vacated During Entire			nt			garaw Rd., Bldg. 35-E	•	HEREW.		-
] Abatemen	nt Performed Outside of Nor	rmal Facility	Hours			City, State, Zip					
Other - De	escribe: 7AM-3:30 PM					Fair Lawn,	NJ 07410				-
ope of Work (Check	(All That Apply)										
] ≥3 sf or ≥3	If		X	Renova	ation	⊠ Full (Containment with Nega	ative Pressure			
2 ≥160 sf or				Demol	ition	☐ Mini-	-Enclosure				
2 2200 31 01						☐ Glove	ebag Procedure				
						□ Non-	Exempted (*) and Non	-Friable Procedure			
			Is Location	on .		- 114/1		T		Aba	
	Location of		Normal	3000		Description	of /			7	e
Asbestos-	-Containing Material (ACM)	1 222	sed Solel	0.00	Asbesto	Containing Ma		Amount			
	TO BE ABATED	- 1	faintenar		(i.e. th	ermal systems		(Specity			Fn
	In Facility	Cu	stodial S	att?		surfacing, VAT		SF or LF)	Rer	20	Forancialst
	(13)	-	(1.2)	T	C	ther miscellane	eous)		Removal	Repair	10
		Yes	No	N/A				1 440 55		=	D
Mainte	enance Boiler Room	X				oiler Insula		1,440 SF	X		_
Mainte	nance Boiler Room	X				eching Insu		480 SF	X		
Mainte	nance Boiler Room	Х			Fittings Asso	c. w Fiberg	lass Insulation	175 LF	X		_
a of Dogistored W.	acte Hauler		NIDEPV	/aste Haule	er ID No.	Cubic Yards of \	Vaste	Name of Regustered	Landfill		
e of Registered Wa	dare liquiei		04509		*. A. E. S. A.	20+	70. Violatie (50)	Grand Central Sa		Lan	III
wark Carting			04303					City, State			-
State					18	Disposal Date	h	Pen Argyl, PA			
wark, New Jer	sey					ISIgnatur Isignatur	111-6	A CIT AIRYI, PA	T _{D-1}	_	-
		Title				Signatu	1// X		Date		
pleted by		11110						1	5/14	100	

Dri	· Earm
F11	. FOIIII

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

Check # 25885

•	FAIL		(P	ursuant	to NJAC 8	3:60 and	1 12:120	0)		Γ.	and the same of th		0		n n	
Date of Notification (1) 5/28/2	2019			Name of	f Building (Owner/C	(E) 900	(2) cob)S	-	0)-	E	G		1 1	1
Agencies Notified	Type Notification		-	Street A	ddress					- 11	M		11170000			_
X EPA	× Initial											A	AAY	2 9	20)
DEP	Amended			City, Sta	ite, Zip Coo					1	M 604					
× DOL	Amendment : Emergency (<u> </u>			F	Princet	on,	NJ 08540	ł	L	ACD	-070	00	DMTI	21
Ĭ DOH	justification)	inciduling			f Contact	1	544			Tel	ephoné	Nun	ber	FNS	ING	76
☐ DCA	Cancellation				Tamara .					1		-				ikatta
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFO	RMATI	ON	Tv	pe of Facility (4	4)						N
Reside		, , , , , , , , , , , , , , , , , , , ,	-,					.,	N 51 50	37						
Street Address								×	School (K-1: Subchapter Other (i.e. p	8 (Oth	er than & comn	K-12) al build	lings,	home	
City (5)								_	etc.)							_
Princetor	n, NJ 08540							7	uare Feet '500		f Floors			dg. A		_
County (6) Merc	er			County (Code (7) USE ONLY)	10.		Cu	irrent Use (Pric	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	1 No.				batement Con Environme			es, I	nc.			
Street Address PO Box341							Street PO E									
City, State, Zip Code	d NI 00515								, Zip Code	1						-
	d, NJ 08515			T-1					vn, NJ 0850	1						100
Project Manager for Mon Bill Weisga			Telephor 609 29	ne No. 98-4070		Teleph 609		9-9688		0049	ise No 93).				
Start Date (10) 6/7/2019		Schedul		npletion (10/201	Date (11) 9		Name MEC		SHA Monitor							
Occupancy Status During	g Abatement (Check	k Only Or	ne)				Street									_
Abatement Perform							10000	state	, Zip Code							-
X Other – Describe: 5						^	Ches	ster	field, NJ 08	515						_
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		Renova Demolit						Full Containme		n Negat	tive P	ressur	e		
		Ц,	Jennoni				×	4	Glovebag Prod	edure						
									Non-Exempted	i (*) an	d Non-	Friab		2.02.00	e ement	_
		2533	Locati Normal												pe	
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole iintena todial S (12)	ly by nce/		os Cont thermal surfac		Mate s ins		(5	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure
(1.5)		Yes	No	N/A		warni Tiolo							<u>a</u>	7	late	Ге
Basem	ent		X		The	ermal	Pipe Ir	ารน	lation		30 If		Х			
Crawl Sp	Crawl Space X						Pipe Ir	ารน	lation		60 If		Х			
X.																-
Name of Registered Was	ste Hauler	N	JDEP W	/aste	Cubic			Name of	Registe	ered La	andfill				-	
27.4 4.2 3.3 3.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4	Stevens Environmental Services						ste 2		Fairless	10-10-10-10-10-10-10-10-10-10-10-10-10-1						
City, State Allentown, NJ							sal Date 0/2019		City, State		Α					-
Completed by		Title	503			S	ignatur		7//			Da	Carry Contract	10.5		_
Mahlon E. Stevens		Proje	ect Ma	anager			1	7\					5/28	/201	9	

Ch5735	NO	TIFI (CATIO Pursua	N OF AS	SBESTOS ABA AC 8:60 and 5:	16)	DEG	El	V (The state of the s
Date of Notification (1)			Nam	ne of Buildi	ng Owner/Operator	r (2)	m			- 111
	19		A	nne Horto	on		LL MAY	1 29 7	2019	
Agencies Notified Type Notified	cation		Stre	et Address						
						i i i i i i i i i i i i i i i i i i i	ASBES	TOS CON	TROL	
☑ DOLWD ☑ DOH Amende Amende Amende	377		City,	State, Zip	Code			ICENSIN	3	to bedroopting
□ DCA □ Emerger	-	na	Ri	verton, N	J 08077					
(NJAC 5:23-8) justificat		9	Nam	e of Conta	ct	-	Telephone	Number		-
☐ Cancella	ation		Ar	ne Horto	on					
				CILITY	NFORMATION					
Name of Facility Where Abatement is	Taking Place	ce (3)				Type of Facil	ity (4)			
Residence						School (K	-12)			
Street Address						Subchapt	er 8 (Other than , private and co	K-12)	:Ialia a	24
						homes, e	tc.)	irimerciai i	ullaing	13
City (5)						Square Feet	# of Floor	's E	Bldg. A	g
Palmyra						2,091	2		72	
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use	(Prior if being de	emolished)		
Burlington						Residenc		5		
Name of Monitoring Firm Hired by Buil			ASCN	l No.	Name of Abatem	nent Contractor	(9)			
Management & Enviro. Consu	lting Serv	ices			Shade Envir	onmental, LL	.C			
Street Address					Street Address					
PO Box 341					623 Cutler A	venue				
City, State, Zip Code					City, State, Zip C	Code				
Chesterfield, NJ 08515					Maple Shade	e, NJ 08052				
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License N	lo.		
Bill Weisgarber			609-298	3-4070	856-755-009	9	00842			
	Scheduled (Name of OSHA	Monitor				-
05 /29 /19	05	/ _3	30_ /	19	EMSL Analy	tical, Inc.				
Occupancy Status During Abatement (Street Address					-
☐ Facility Closed/Vacated During Entitle	re Period of	Abat	ement		200 Route 13	30 North				
Abatement Performed Outside of No	ormal Facili	ty Ho	urs - Des	scribe	City, State, Zip C					-
Time of Abatement:AM	PM/	PN	Λ	_AM	Cinnaminsor					
Scope of Work (Check all that apply)						,			100	-
≥3 sf or >3 If	⊠ Re		ti		☐ Full Con	tainment with N	egative Pressur	e		
☐ ≥160 sf or ≥260 lf			65 6 67 (m) (V)		☐ Mini-End	closure g Procedure				
						empted (*) and N	Non-Friable Prod	cedure		
Lateral and the second		s Loca Norm				_11		At	ateme	r Type
Location of Asbestos-Containing Material (ACM	Use	ed So	lely by	Acho	Description of stos Containing Ma			ي	R	
TO BE ABATED	Ma		ance/	(i.e	, thermal systems	insulation,	Amount (Specify		Repair	Enclosure
IN Facility (13)	Cus	1001a (12	Staff?		surfacing, VAT		SF or LF) <u>×a</u>	=	Sur
(13)	Yes	No	200		other miscellane	ous)				0
Crawlspace				Pipe Ins	ulation		4515	57		- +-
			1=	i ipe iiis	Sulation		15 LF			<u> </u>
	$ \parallel$ \perp									
			П							r to
Name of Registered Waste Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Reg	istered Landfill			- 1
Freehold Cartage		100	Hauler ID	No.	Waste	Fairless L				
City, State			15939		Disposal Data					
Freehold, NJ					Disposal Date 05/30/2019	City, State	o DA			
Completed By (Print or Type)	Title					Morrisvill	e, PA			
Christina Lynch	Title	oc: -!	ont - C)	Signature			Date		
SB-41	vice Pr	esidi	ent of C	Operation	s ms	De Comment)	512	019	1

CH3UE	991	ı	тои	IFIC (P	ATI	ON	OF AS	eWVersey BESTOS ABA C 8:60 and 5:1	TEMENT 6)	DE	SE		\mathbb{V}	7 7 7
Date of Notification (1) 05 /	21 /	19	_		- 3			g Owner/Operator (Igson Builders,		II LI MA	1Y 2	9 2	2019	or other state of the state of
Agencies Notified ☑ EPA	Type Notific	ation					Address North 3	rd Street		ASBES	STOS (ž
□ DOLWD	☐ Amended				Cit	y. S	tate, Zip (Code		CONTRACTOR	-	*WIND HOUSE		Mathema
□ DOH	Amendm						f City, N							
DCA (NJAC 5:23-8)	☐ Emergen justificati		luding]			of Contac			Telephone Num	ber			1
(NJAC 3.23-0)	☐ Cancella				31.0000		iam Hod			609-290-085				
<u> </u>				-	_			FORMATION						1
Name of Facility Where A	hatament is	Takina	Dlaco	(3)		AC	JILII I III	IFORWATION	Type of Facility	(4)				-
Residence	Abatement is	raking	riace	(3)					School (K-12					
Contract Con										8 (Other than K-12	2)			
Street Address										rivate and comme		ilding	ıs,	
City (5)									Square Feet	# of Floors	Ble	dg. A	ge	
Surf City									1200 sf	1		65		
County (6)				2007 B. V. V. ES	С	oun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Ocean									Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASC	1 MC	No.	Name of Abateme	ent Contractor (9)					
N/A								Guardian Co	ntracting, Inc.					
Street Address					1			Street Address	10.00					
								1889 Route 9	, Unit 61					
City, State, Zip Code								City, State, Zip Co	ode					-
Č.								Toms River,	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Те	lepho	ne N	No.	Telephone No.		License No.				100
	•				**********			732-349-9932	<u>!</u>	00624				
Start Date (10)		Schedu	ıled C	ompl	letion	Dat	e (11)	Name of OSHA N	Monitor		1.0			_
05 / 31 /	200000						19	E.M.S.L. Ana						
Occupancy Status During	Abatement (Check	only o	ne)		_		Street Address						-
☐ Facility Closed/Vacate					emen	t		1056 Stelton						
☐ Abatement Performed							cribe	City, State, Zip Co	nde			-	_	-
Time of Abatement: _			Marian and a second	anne de la Contra			ΑM		New Jersey 08	854				
Scope of Work (Check al	I that annly)							1 loodtaway,	tow octoby oc					1
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	i mac apply)		□ Re 図 De	nova molit				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure	re.			
		- T	le	Loca	ation		100-0-5-	EN HOH-EXC	proc () and Mc			atem	ent Ty	3
Location	of		1	Norm	ally			Description of	of			-		-
Asbestos-Containing		<i>I</i> ()			lely b			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Ппосопто
TO BE ABA					Staf	222200	(I.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	ıpsu	20
(13)	ıy			(12	2)	2.597.0		other miscellane		01 01 11)	-		ılate	3
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exterior-house				\boxtimes]	asbesto	os siding		1200 sf				
exterior-garage]	asbest	os siding		420 sf				J
			П		Г	1						П	П]
					-	7								1
Name of Desire 1997	in Harris				NUDE	7	Voots	Cubic Varda of	Name of Death	stored Landfill		Ш		
Name of Registered Was Guardian Contracti				- 1	Haule			Cubic Yards of Waste 4	Name of Regis	Siered Landfill				
City, State								Disposal Date	City, State					
Toms River, New Je	ersey							6/3/19	Tullytown	Pennsylvania				
Completed By (Print or Ty	ype)	Title						Signature		// Da	ate		Ì	6270
Nicholas Fernicola		Pr	oject	Mai	nage	r		1		1	5/	٦.	119	

Charls#2254	NOT	IFICA	ITIO	VOF AS	BESTO	SABAT	TEMENT		7).	E C	E		_	7
Check#3354		(Pu	suar	nt to Mi	C 8:60	and 5/1	6)		3				_	111
Date of Notification (1)			Name	of Buildin	g Owner/	Operator (2)	₩	1	MAY	29	201	9	111
	19		Luis I	Roias				ш	led.	WI PA I	20	201		mende
Agencies Notified Type Notific	ation			t Address				-	-	100000	0.0	~ LTTP	O1	1
⊠ EPA ☐ Initial										ASBEST LI	OS CI CENS	JNTH ING	UL	L
☑ DOLWD ☐ Amende ☒ DHSS Amendm			City, S	State, Zip	Code			-	******		de la constante de		ANTENNA .	interestation of the last of t
	ncy (including	1	Madis	son, NJ 0	7940									
(NJAC 5:23-8) justificat	ion)		Name	of Contac	ct			Te	elep	hone Num	ber			
Cancella	tion		Luis F	Rojas	The first									
			FA	CILITY IN	NFORMA	TION					â.		- 11-11-1	
Name of Facility Where Abatement is	Taking Place	(3)					Type of Facility	(4)						
Private house							School (K-1 Subchapter		thar	than 1/ 1 C	17			
Street Address							Other (i.e.,	o (O) priva	te a	nd comme	i) rcial bu	ildinas	5.	
							homes, etc.	-						
City (5)							Square Feet	#	# of	Floors	BI	dg. Ag	е	
Madison, NJ 07940 County (6)			Com	tu Code (7)	/CTATE !	CE ONU VI	Comment		e 1-		1 1			
Morris			Coun	ty Code (7)	(STAIE U	SE UNLY)	Current Use (P	rior i	r be	ing demoli:	sned)			
Name of Monitoring Firm Hired by Buil	dina Owner	(8) T	ASCM	No	Nama	of Absterna	ent Contractor (9	1)	-					_
	3		100111		Gr Tec		e) idolarinoo iiis)						
Street Address					_	Address								-
					576 Va	lley Rd #	283							
City, State, Zip Code						ate, Zip C			-					
					Wayne	, NJ 0747	70							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephi	one No.			Lice	nse No.				
0			-1,000,000			8-1777		0	112	27				
Start Date (10)	Scheduled C			130 500	1	of OSHA N vision Co	Monitor onsultants,Inc							
Occupancy Status During Abatement					Street	Address								
➤ Facility Closed/Vacated During Ent Abatement Performed Outside of N				ariba			Road, Bldg .#	35E	3					
Time of Abatement:AM	PM/	PM_	3 - Des	_AM		ate, Zip C								
Scope of Work (Check all that apply)					Fair La	wn, NJ 0	7410 o and decontami	natio	יאו מו	ith negative	o press	CUITO	-	_
					\boxtimes	Full Con	tainment with Ne				e pies	suic		
>3 sf or >3 If > 160 sf or >260 If		novati molitic			Н	Mini-End Gloveba	losure g Procedure	1 Ten	t wit	th Negative	e Press	sure		
	_		1			Non-Exe	mpted (*) and N	on-Fi	riabi	le Procedu	re	1	2500	
Labeltana	1	Locat Normal			227.50			Π			Ab	ateme	nt 7	ре
Location of Asbestos-Containing Material (ACM	Λ) Use	ed Sole	ly by	Asbe		scription of taining Ma	of terial (ACM)		А	mount	Re	Re	E	En
TO BE ABATED IN Facility	7,233	intena todial 3			e., therma	systems	insulation,		(8	Specify	Remova	Repair	caps	Enclosure
(13)		(12)				icing, VAT miscellane			SII	F or LF)	à		Encapsulate	ure
Macro Ci	Yes	No	N/A		107 (0.10 (1.00))								Œ	
Basement			\boxtimes	Duct ins	sulation			400	SF	,	\boxtimes			
Basement			\boxtimes	Pipe ins	ulation			50	LF		×		П	
													一	\Box
			Ī								П	П		一
Name of Registered Waste Hauler	NJE	EP Wasti	e Hauler ID No	Cubic Ya	ards of Wast	Name of Regi	stere	ed L	andfill			_	_	
Gr Tech LLC		C	03378	85	ТВ	D	T.R.R.F. Inc							
City, State					Disposa	al Date	City, State		7-1-1-0-1					
Wayne, NJ 07470				ТВ	D	Tullytown, P	A							
Completed By (Print or Type)	Title				Si	gnature	1.	-021		D	ate			
N.Jevtic	Owner					17	ewic Wend	rd		05	/21/19	9		

Date of Notification (1)	10	1	NOTIFI (P	ursuant	ate of Ne OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:12	0 }∕			E G	eterapisani asi		2019		
5/17/19					esex Co			(2)		lad		_				wester
Agencies Notified EPA	Type Notification	l l		Street A 2600 \	ddress Noodbri	idge Av	/e			A	SBEST		CON)L &	withhouse
EPA DEP DOL	Amended Amendmen		_		ate, Zip Co n NJ 088				Bossess			ded-transcr	Marie Control		orto market	Schoolspinne
DOH DCA	Emergency justification) Cancellation			Name of Dan F	f Contact uchs					0.97951	ephone 2-906					
Name of Facility VAR	Ab at a said Table	DI (6		FACI	LITY INF	ORMATI	ON									
Name of Facility Where A Library	Abatement is Takii	ng Place (3)						of Facility (
Street Address 2600 Woodbriedge	Ave							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comm	K-12 nercia) Il build	lings,	hon	s,
City (5) Edison Nj									re Feet	# 0	f Floors	8	В	ldg. A	ige	
County (6) Middlesex				County (Code (7) USE ONLY)		Curre	ent Use (Prid	or if bei	ng dem	olish	ed)	-		S===
Name of Monitoring Firm Environmental Conn		Owner (8)		ASCN	I No.				tement Cor prises LL		(9)					
Street Address 120 North Warren S	St			1	3 72 201			Addre								-
City, State, Zip Code Trenton NJ 08608						100000000000000000000000000000000000000		ip Code ark NJ 070	035						-	
Project Manager for Mon Roland C Jones	itoring Firm			Telephor	ne No. 924200		I STATE OF THE STA	none N 94269			Licens 0112).			
Start Date (10) 6/7/19		Schedule 6/8/19	ed Con	npletion l	Date (11)		60000000	of OSI cio Av	HA Monitor vila							
Occupancy Status During	g Abatement (Che	ck Only On	ie)					Addres								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A	Abatem	nent			City, S	state, Z	erland av ip Code NJ 07502							-
Scope of Work (Check A	II That Apply)	10000					1 010	10011	110 07 002							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emolit				×	Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	edure					e	
Location	n of		Locati Iormal			Dec	scription	84						Abate		
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac	aining N	Material s insula T, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
l ibron//www.lo	l in al a A	Yes	No	N/A	1		1				41.5				te	Φ
Library(upper le				X			dow ca				1LF		х		_	_
Library(upper le	vei window)			X		wind	ow ga	sket			1LF		Х		_	-
Name of Registered Was	Н	IJDEP W lauler ID 034114	No.	Cubic of Was 2yds	ste		Name of I	Carti		ndfill						
City, State Lincoln Park NJ						6/12/			City, State Newar I							
Completed by Dorian Carpio		Title Mana	nger			S	ignature	200				Dat 5.1	e 7/10	<u> </u>	-	

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May 15 2019 03:55PM NJ Asbestos Control 609.633.0664 page 1

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State of NJ

Notification of Asbestos Abatement 2019-14 B & G proj. #: Pursuant to NJAC 8:60-7 and 12:120-7) ON HOLD until further notice Check # N/A Date of Notification (1) Name of Building Owner/Operator (2) 10 14 1/13 10 1/11 19 1 Devin Caro Agencies Notified Type Notification Street Address ☐ EPA MAY 2 Initial 9 201 DEP City, State, Zip Code DOL Amendment Weehawken, NJ 07086 **ASBESTOS CONTR** 16 X DOH Name of Contact Telephone Number Cancellation DCA Devin Caro FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Devin Caro Subchapter 8 (Other tha K-12) Street Address Other (Private/Commerc | Bldgs./Homes, etc. Square Feet # of Floors 3ldg. Age City (5) County (6) County Code (7) (State use only) Weehawken, NJ 07086 Current Use (Prior if being demol Hudson ned) residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Scheduled Start Date (1,0) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. ON HOLD 08/31/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag proci ure ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable pro dure Is location normally used solely Location of by maintenance/custodial asbestos-containing E e Description of asbestos-containing E staff(12) Amount material to be m n material (ACM) F C (Specify SF or abated in facility (13) 0 C Yes No N/A LF) a L ٧ basement X pipe insulation 130 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ ON HOLD Pen Argyl, PA Completed by (Print or Type) Title Signature Gordana Luna Gordana Luna Date Secretary/Treasurer 04/30/2019

(KI427 PA	NO NO	TIFICATIO	State of New N OF ASBE t to NJAC 8	STOS AB		The second secon) E C E		010		
Date of Notification (1) 05/23/2019			of Building C	56	rator (2)		Li mai	-3-2	UIS		
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✓ DOH justification) ☐ DCA Cancellation			of Contact N DAVENI	P0RT			Telephone Nu	mber	3		
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Name of Monitoring Firm Hired by Building	Owner (8)	(STATE	Code (7) USE ONLY) M No.	Na	- N/A	tement Con	or if being demolis tractor (9) //IRONMENTA		_		
Street Address				St	reet Addre			L LL	<i>-</i> -		
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Project Manager for Monitoring Firm		Telepho		2	elephone N 01.776.0	642	License N 01300	No.			
Start Date (10) 05/31/2019	Scheduled 05/31/20	-	Date (11)	E	MSL AN	AA Monitor ALITICAL	. INC.				
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NY5105		AID					ESTOS ABAT 8:60 and 12:1		IN E	SIOS CFI	- // [
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Best Removal	Inc		17	109		21/207	COMBELL	AND COUNTY	LANDE	1
City, State			17	109		Z / 2C7 Disposal Date	City, State			
Best Removal City, State Hackensack ,	N.J. 076		17	109		6/11/19	City, State	RCH, PA.	17240	
Best Removal City, State Hackensack, Completed by	N.J. 076	01		109		110	City, State	RCH, PA.		
Best Removal City, State Hackensack ,	N.J. 076	01 mat	or			6/11/19	NEW BUR	RCH, PA.	17240	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NO	(Purs	TION (OF ASB	ESTOS ABAT 8:60 and 12:1	EMENT	CKS	106	0		
Date of Notification (1)		(Name	of Buildin	g Owner/Operator	(2)	EGE	1 - 1	15	- Parameter - Para	-
5/24/1			-		William.	JANKOWS	11			400	- A
Agency Notified	Type Notification		Street	Address		Agendade president	MAY 2	9 201	9		
□ EPA	Ta Initial		07.0	Marks 75- /	O-d-	14	[7]			+	\dashv
DEP DOL	Amended Amendment#		City, S	State, Zip	Code .	0700	ASRESTOS		201	-1	
A DOL	☐ Emergency (including		5	of Contac	11, 20	. 07/10	Telephone Num	CONT	106	<u>u</u>	$\overline{}$
DOH DCA	justification) □ Cancellation				t Kowski	1	Lefebroue Main	Resilve		_	
			FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking Place	(3)		· ·		Type of Facility	(4)				
	William JA			<i>i</i> :		School (K-12	4				
Street Address	VIII Q.IV		~~.			☐ Subchapter 8	Other than K-12) .			
Street Address	. 1				**************************************	Other (i.e. pr	ivate & commercia	il building	s,		
				"		homes, etc.) Square Feet		Bldg. A	Age		
City (5) .								1		`	
SUM	MIT					2200.		1	<u>`</u>		
County (6)	3195) (STATE USE	/ /	rior if being demoli	shed)			
0410	(A)		ONLY	0		10221	DEN CE				
Name of Monitoring Firm	n Hired by Building Owner	ASC	M No.		Name of Abates	nent Contractor (9	9)			Otto Oxio	
(8)	1100 Maccol (1.200 Maccol (1.				Best Re	moval In	С				
Street Address					Street Address						
Odece ridas coo			\$		450 5011	th River	S+				
City, State, Zip Code					City, State, Zip		DC		3727.00		
CRy. State, Zip Code	920				1	ack, N.J	07601				
5 () () () ()	·	Toloni	none No		Telephone No.		License No.			-	
Project Manager for Mo	naojaig ram	relepi	ione No	•	201-329		00388				
		1	D.A. (4.4		Name of OSHA		00300		-	-	-
Start Date (10)	Scheduled Con	19	Date (11	,		Environm	ental				
6/13/19	6) A ng Abatement (Check only				Street Address	DILATION	CIICAI	-		-	
Occupancy Status Duni	ng Abatement (Check only	orie)									
☐ Facility Closed/Vacat	ted During Entire Period of	Abateme	ent		City, State, Zip	uyler St				-	-
Abatement Performe	d Outside of Normal Facility	Hours	y 18 5 8				,N.J. 07	7606	+)		
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Scope of Work (Check	all that apply)						Negative Pressur	e			
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D ≥ 160 sf or ≥ 260 ff			u De	emolition	∠ Gio	vebag Procedure	d Non-Friable Proc	cedure			
				T					Ab	ma	ent
			cation mally						-	ype	1
, Locat			olely by		Description		Amount	-		-	
	ing Material (ACM) ABATED		nance/		estos Containing M e., thermal system		(Specify		Re	nos	Enclosure
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(1	13)		2)		other miscellar	neous)			2	Encapsulate	170
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Name of Registered W	laste Hauler	NJDE	P Waste	Hauler	Cubic Yards of	Name of Reg	stered Landfill	W			
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		1	710	9	307		-AND COUNT	Y LAR	101	4	_
City, State					Disposal Date	City, State		12-			
Hackensa	ck , N.J. 076	01			G/14/1	NEW BY	RCH, PA.		-4	>	
Completed by	Title				Signature /)	•	Date	_ ,	_	

Estimator You on the form for asbestos licensure exempted activities. J.Maiorano ASB-41

PAJU	NOTIF		OF ASBESTOS			#	100	07	1	
	(F	Pursuant	to NJAC 8:60 an	d 12:120)		IM E C	F	11	1	3
Date of Notification (1) 5-24-	ia	Name of	f Building Owner/C	i i	/ •			11	-	
Agencies Notified Type Notification	17	Street A	Mich	pael 1	-150	MITZ	v 2	0 00	_	-
	77 7 4.	SileerA	• •			5.7	Rec	9,20	}	**************************************
☐ EPA		City, Sta	ite, Zip Code		. (1	76	1
DOL. Amendment #				mervi	lle.	Telephone Nu	TOS (211.00	01	E.
DOH justification)		Name of	Contact	Liscov	1/2	Helephone Nui	noer	The same of	Sauden	7
		FACI	LITY INFORMAT	ON				50.00		
Name of Facility Where Abatement is Taking	Place (3)				of Facility (11 5 .				
Street Address	Nelling) . , -				8 (Other than K-1)				
					Other (i.e. petc.)	private & commerci	al build	ings, t	nes,	
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Somer Ville	_ك٧/_	County (Code (7)	Curre	nt I Ise (Pri	or if being demolish	ned)	10		_
Somerset			USE ONLY)		11 000 (1 11	or it being demons	100)	~		
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Street Address Ro. Box 33	37			P.O.	Box	337	•			
City, State, Zip Code	ZV	08	533	City, State, Zi		AL ALT	01	15	33	3
Project Manager for Month ril gl Firm		Telephor	ne No.	Telephone No		License N	lo.	A	1	9
Steve Schenken	5		758-3365	609 758		5 0	26	7	_	
Start Date (10) 6-6-19	Scheduled Co	mpletion I	Date (11) / G	Name of OSH		hnologies	T			
Occupancy Status During Abatement (Check	Only One)	0	1]	Street Addres		1 11 1010 3162		ıc	-	
Facility Closed/Vacated During Entire Po	eriod of Abate	ment				337				. 21
☐ Abatement Performed Cutside of Norma ☐ Other – Describe:	al Facility Hou	rs		City, State, Zi		UT	285	· '2.		
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≥3 sf or ≥3 lf	☐ Renov	ation				ent with Negative I	ressur	е		
□ ≥160 sf or ≥260 lf	□ Demo	lition		∑ Glo	i-Enclosur vebag Pro	cedure		٠		
*	1			□ Nor	n-Exempte	d (*) and Non-Friat		edure Abater	-nt	
	Is Loca Norma		00	escription of				Тур	_	
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(13)	(12)	other	miscellaneous)			val	air	-	ure
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							+	\vdash	+	
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EPC Technologies City, State	>	1.70	Dispo	sal Date	City, Sta	te		01	_	A .
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Completed by	Title	0 1		Signature	50) D	ate 5- 2	14.	19	4
Steve John her	Presid	den T		Deepe	- Che	on -	1-2	. (_	

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NOUL			ICATIO	tate of Ne N OF ASI t to NJAC	BESTOS	ABATE		ī			<u>E</u>	G			<u> </u>
Date of Notification (1) May 21, 2019				of Building MOUTH				SYSTEM			n	AAY	- 2 9	20	ī -
⊠ EPA □ Ir	Notification nitial			Address IEWMA	N SPRI	NGS F	ROAL)	- Company of the Comp	A	SBE		S CO	ONTE	ī
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ĭ DOH _ ju	ustification) ancellation			of Contact I EISEN					1 150000	epho 2-29		umbe 795	r		
No. 25 27 115			FAC	ILITY INF	ORMATI	ON			_			119			15
Name of Facility Where Abateme SWIMMING RIVER PARK	ent is Taking Place ((3)						of Facility (4) School (K-12))	0.1		No. of the last of			_
Street Address 507 WEST FRONT STRE	ET						×	Subchapter 8 Other (i.e. pri etc.)	(Other	er tha & con	in K- nmer	12) cial bu	uilding	js, hor	n s,
City (5) RED BANK							Squa 740	are Feet	# of	f Floo	rs		Bldg 63	. Age	-
County (6) MONMOUTH				Code (7) USE ONLY	n	_		ent Use (Prior BLIC ACCE		ng de	moli	shed)			
Name of Monitoring Firm Hired b BRIGGS CONTRACTING)	ASC	M No.		Name BRIN	of Aba	atement Contr	actor	(9) ES					-
Street Address 3 CROSSWICKS ST							Addre	ess ERTY AVE	1	12 2 W - LD 12					
City, State, Zip Code BORDENTOWN, NJ 0850	5							Zip Code , NJ 07205							
Project Manager for Monitoring F MICHAEL HOODAK	irm	T	Telepho 609-29	ne No. 98-5520		Teleph 844-	none N	lo.		Lice 013	nse	No.			1 1
Start Date (10) MAY 17, 2019	Schedul JUNE		npletion	Date (11)		Name	of OSI	HA Monitor	TING				10-2		-
Occupancy Status During Abaten	The second secon		K61152/			Street									-
Facility Closed/Vacated Dura Abatement Performed Outsi	ing Entire Period of	Abaten	nent			3 CR	oss	WICKS ST							
Other Describe: Scope of Work (Check All That A					_			TOWN, N.	085	505					
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Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI) Ma	ed Sole iintenar todial S (12)	nce/		tos Conta thermal surfac	aining M	laterial s insula T, or		(S	noun pecify or LF	/	Remova	Repair	Encapsulate	Enclosure
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see attached		X			see	attach	ed					X			-
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NEWARK CARTING	N. C.	Н	auler ID 4509		of Was			WASTE					_ANI	OFILL	

EAST ORANGE, NJ

ALISON LÁMERS

City, State

Completed by

Date

05.21.19

PEN ARGYLE, PA

City, State

Disposal Date

OFFICE MANAGER

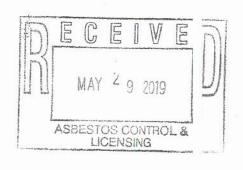
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				ICATIO	N OF ASB t to NJAC	ESTOS	ABATE					G	Ŀ		<u>y</u>	- I Common
Date of Notification (1) May 21, 2019					of Building MOUTH				STEM			MAY	2	9 20)19	The same of the sa
Agencies Notified EPA	Type Notification Initial				Address IEWMAN	N SPR	INGS F	ROAD			1	EST	70.0	CIAC	DO!	1
× EPA × DEP × DOL	Amended Amendment		_		ate, Zip Co ROFT, N		38				800	LK	CENS	SING	1102	A.
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N				FAC	ILITY INFO	ORMAT	ION									_
Name of Facility Where A SWIMMING RIVER Street Address		g Place (3)						hool (K-1	12)		14.40				
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City (5) RED BANK								Square I	Feet	1	of Floor	rs	- 1 - 2	Bldg. A	\ge	
County (6) MONMOUTH					Code (7) USE ONLY)		Current PUBLI				molish	ed)			
Name of Monitoring Firm BRIGGS CONTRAC		Owner (8)		ASC	M No.			of Abaten NK'S TA								
Street Address 3 CROSSWICKS ST	Г						1.500.000	Address LIBER	TY AVI	E						_
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Project Manager for Monit MICHAEL HOODAK				Telepho 609-29	ne No. 98-5520		100 CO CO 100 CO	none No. 462-746	55		Licer 013	nse No 16).			-
Start Date (10) MAY 17, 2019		Schedul JUNE			Date (11)		I THE STATE OF THE	of OSHA GS CO		CTIN	G SV	CS				
Occupancy Status During X Facility Closed/Vaca				nent				Address	CKS S	T			3000			_
Facility Closed/Vaca Abatement Performe Other Describe:						_	27.00	tate, Zip C		NJ 08	3505					-
Scope of Work (Check All	That Apply)	NOUI POR											_			_
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Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	d Sole intena todial 3 (12)	nce/		tos Cont thermal surfac		laterial (A) s insulation T, or		(Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
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City, State EAST ORANGE, NJ						Dispos	al Date	, I P	ity, State EN AF		E, PA					
Completed by ALISON LAMERS		Title OFFI	CE N	IANAG	ER	S	ignature		10/	16		Dat 05.	e .21.1	9		

P nt Form

	Identified A	Identified ACM Exterior	
Material Location	Waterial Description	Material Friability	Approximate Quantity
	Main	Main Building	V.
Sidewalk on Right at Double Door Entry	Black Tar	Non-Friable	8 SF
Exterior Aluminum Window Columns	White Caulking	Non-Friable	4 LF
Exterior Metal HVAC Duct Left of House West Entry	Duct Sealant	Non-Friable	30 LF
Exterior Walls (Newer Addition)	Stucco	Friable	2,400 SF
Porch and Entry Room	Stucco	Friable	200 SF
Exterior Perimeter at Northeast Roof	Coping Block Caulk	Non-Friable	90 SF
Exterior at South Roof	Duct Seam Caulk	Non-Friable	50 SF
Exterior Roof at Chimney	Chimney Flashing Tar	Non-Friable	10 SF
0/1-10	S	Shed	
Shed (South of Main Building)	Roof	Non-Friable	160 SF

Legend: SF = Square Feet; LF = Linear Feet



Page 5 of 11

Date of Notification (1)	IID N	IOTIFI (P	ursuant Name o	tate of Ne N OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)	Annual Appropriate to a province of the control of		E G	0		V		-
05/20/2019			Reside					A STATE OF THE STA	Ш	MA	-	9 %	2019		
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DOH justification Cancellate	on)			f Contact ndo Feri	nandez	Z			Te	elephone	e Nun	nber			
Name of Facility Where Abatement is Ta Residence Street Address	king Place (3)		FACI	ILITY INFO	ORMAT	ION	Туре	e of Facility School (K- Subchapte	12)	her than	n K-12)			_
City (5)							× Sau	Other (i.e. etc.) are Feet	private	& comr	nercia	l buil			s,
Woodbridge			0	0 1 (7)			1,29	92	2	of Floors		1	ldg. A	ige	
County (6) Middlesex				Code (7) USE ONLY)				ent Use (Pr			nolish	ed)			
Name of Monitoring Firm Hired by Buildir A. Seine Lighthouse Solutions	ng Owner (8)		ASCM	I No.				atement Co ink Servic		or (9)					8-21-
Street Address PO Box 354						Street 1256		ess erty Aven	ue						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205							-
Project Manager for Monitoring Firm Sarah Calandra		- 1	Telephor 201-34	ne No. 19-2666		Teleph 844-4				Licen 0131	se No				
Start Date (10) 05/31/2019	Scheduled 06/24/20		pletion [Date (11)				HA Monitor Lighthous		utions					
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire			ont.			Street A								- 27	8
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	ormal Facility F	Hours	CIIL		_			Zip Code ange, NJ	0707	0					0
Scope of Work (Check All That Apply)		-				Coun	1016	arige, No	0707	<u> </u>					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat				×	Mi Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					2	
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Name of Registered Waste Hauler Newark Carting	Ha	JDEP Wa auler ID 1 509	007,00	Cubic `of Was			Name of Waste	1750 P			ndfil			ā 	
City, State East Orange, NJ					Dispos	al Date	1	City, Stat Penn A		PA				- 51	S
Completed by Alison Lamers	Title Office	Mana	ager		Si	griature	XX	MOA	1		Date	20/2	010		N

06/4/5	\mathbb{P}_{k}			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE			E C	E	\mathbb{V}		- I I I	
Date of Notification (1) 05/10/19					of Building H CAR		1.5	(2)		MΔ	/ 4 9	2019	- Landan Committee	-	
Agencies Notified	Type Notification			Street A	Address			3	1111	3017 1	J	2019	-	-	
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DEP DOL	Amended Amendmen	. 41			ate, Zip Co		20.4		1	L	OS CO	NG	Ö,	- Table	
	▼ Emergency	(including	-		UCUS I	VJ. 070	J94			7-1-	- L A	L b	Santonia per a a		
☑ DOH DCA	justification) Cancellation				H CART	AGEN	IΑ			Tele	ephone N	umber			
	Cancellation				ILITY INFO									-	
Name of Facility Where	Abatement is Takir	g Place (3	3)					Туре	of Facility	(4)					
PRIVATE									chool (K-						
Street Address								X	Subchapter Other (i.e. p tc.)	8 (Othe private 8	er than K comme	-12) rcial build	lings,	n ne	es,
City (5)									e Feet	# of	Floors	В	ldg. A	, –	
UNION CITY NJ.									00 SF.		2		96		
County (6) HUDSON					Code (7) USE ONLY			Currer	nt Use (Pri Y	or if beir ES	ng demol	ished)			
Name of Monitoring Firm N.A	Hired by Building	Owner (8)		ASCN	И No.				ement Cor			ΔΙΙΙΟ		_	
Street Address							100,000,000	Address	Nation (Nation	VIITOIT	IVILIVI	AL LLC	•		
0.10017,001000									ENLINE	AVE					
City, State, Zip Code								tate, Zip	Code W YORK	(N.I. ()	7093		2282	-	
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No		110.0	License	No.	<u>==1</u>	-	
N/A								776-0	Market Care		01300		2		
Start Date (10) 05/11/2019		Schedule 05/12/		npletion	Date (11)				A Monitor AST EN	VIRON	IMENT.	AL LLC			
Occupancy Status During	g Abatement (Ched	k Only Or	ne)					Address		- 41/-			411E=11E	-	
Facility Closed/Vaca							2.500000000	CALL SECTION AND ADDRESS MAY	GENLIN	E AVE					
Abatement Perform Other – Describe:	ed Outside of Norr	nai Facility	/ Hours	i 		_	U	tate, Zip ST NE\	W YORK	< NJ. 0	7093				
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Full Mini Glov	Containm -Enclosure rebag Prod -Exempted	e cedure					
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In Facil		Cus	todial S (12)	Staff?	(i.e.	surfac	cing, VA	T, or	1011,		or LF)	Remova	Repair		Enclosure
(13)			(12)			other n	niscellan	eous)				oval	air		sure
		Yes	No	N/A											
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			THE STATE OF THE S											_	
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TRI STATE ASSOC	C INC		1000	9951	140.	TBD			MINER	VA EN	ITERP	RISE IN	1C		
City, State	4-0)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sal Date		City, Stat		20.011	10			97
BRONX N.Y.		Title				TBD	lan-t		WAYN	SBUF					
Completed by CARLOS ESQUIVE	L	ETY I	JANAC	3ER	S	Signature	TREE	eerfin	400	//	Date 05/10/1	9			
	-						7	/	1	17		Service Control		_	
ASB-41 (R-06-08)							* Do no	t use th	is form for	asbesto	s licens	ure exem	pted a	u vi	ties.

THILFOLIN

GAC Project # 060-19

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

PATD

DECEIV

Check#?247

May 20, 20	019				RUTGERS, THE S			ITY O	EN.b.o	101
Agencies Notified EPA DCA			Notifica ed Noti	fication #	Street Address ENVIRONMENTAL 74 STREET 1603, E	HEALTH	& SAI	FETY	DEPT. (I	RE IS)
☑ DOL	10			including	City, State, Zip Code	00054	Time to servine	LI	CENSIN	3
☑ DEP- No Longer REQUIRED			cation)		PISCATAWAY, NJ Name of Contact	08854	Tolor	hone N	umbor	
⊠ DOH		⊒ Cance	ilea		MICHAEL F. SMITH HEALTH & SAFET			-445-2		
Name of Equility Where Abeternat	ia Tabiaa	Di (0)		FACILITY INF						
Name of Facility Where Abatement WOODBURY HALL, BLD					Type of Facility (4) School (K-12) Subchapter 8 (other than	o K 12\				
Street Address DOUGLASS CAMPUS					Other (i.e. private & cor					irs
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Name of Monitoring Firm Hired by E	3ldg. Own	ner (8)	ASCM		Name of Contractor (9)					
ATC			0009	8	GREENWOOD ABAT	TEMENT C	ONICI	II TAN	TO INC	
Street Address				************	Street Address	LIVILIVI	UNSU	LIAN	13, 1140.	
3 TERRI LANE					511 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Firm BRIAN R. KEARNEY	100	elephone N	2 × 500 077 × 500		Telephone Number		Licens	se Numb	er	ered Aprile
BRIAN R. KEARNET	,	609-386	-8800		973-492-0477		0084	10		
Scheduled Start Date (10) 05/31/2019	<u>s</u>	cheduled 0 06/03		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC).				
Occupancy Status During Abatent Pracility Closed/Vacated During	Entire P	eriod of A	batemen	t	Street Address 20-21 WARGARAW	ROAD, BL	DG# 3	5E		
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□≥ 160 sf or ≥ 260 lf				Demolition		Slove bag Pro		/ Wrap	& Cut	
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Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal y Maint./Cu 2) NO			pestos Containing Material nal systems insulation, surfaci cell.)	ng, (Speci or LF)	fy SF		nent Type e Repair E	nca Enclose
B025		X		Boiler Gaske	eting	<25	SF	X	T	$ \top$
Name of Reg. Waste Hauler See Hauler Below #1 & 2	100	JDEP Was		r ID #	Cubic Yards of Waste:	10 CY			North L	
Hauler #1) Greenwood Abatement	Consulta	nts, Inc. –	Butler, !	NJ 07405		Disposal Da	te		City, State	
NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509	Newark, N	NJ 04509			er e	6/3/2019)		100 New F Rd. Morris 19067 215-736-1	svil , Pa
Completed by (Print or Type) RAYMOND C. PEDALINO		NIOR PI		т	Signature Raymond C. Pe	dalino	Date May	20, 20)19	

State of New Jersey - Notification of Asbestos Abatement

GAC Project # 060-19

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check# 3248

Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ2 9 May 20, 2019 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (R HS) ☐ EPA □Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAM ☐ DCA ■ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED **□**Cancelled Name of Contact Telephone Number X DOH 848-445-2550 MICHAEL F. SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NICHOLAS HALL, BLDG# 8330 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ year County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/31/2019 06/03/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 4PM -- 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) □Full Containment with Negative Pressur ≥ 3 sf or >3 lf **X**Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■Non-Exempted (*) and Non-Friable Pro edure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Enc Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA B022 X **Boiler Gasketing** <25 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 10 CY Name of Registered Landfi Cubic Yards of Waste: See Below See Hauler Below #1 & 2 G.R.O.W.S. North Lar Ifill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Fo | Mill NJDEP # 12561 Rd. Morrisv e, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 6/3/2019 19067 N.J DEP # 4509 215-736-170 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT May 20, 2019 Raymond C. Pedalino MANAGER

K# 4828

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MAY 2 9 2019 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) MACHINE SSBESTOS CONTRO MEW Type Notification Street Address Agencies Notified FREMONI 225 DEPA X Initial Amended City, State, Zip Code DOL. Amendment # WOOD BINE AL, J 085 Emergency (including X DOH justification) Name of Contact DCA Cancellation 1 FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. A City (5) HARBOR 1000 STONE Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) VACANT APE WAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMCO Street Address Street Address 369 City, State, Zip Code - MAPCE City, State, Zip Code Telephone No. Telephone No Project Manager for Monitoring Firm 856 -7 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure __≥3 sf or ≥3 lf __≥160 sf or ≥260 lf Renovation Glovebag Procedure Demotition . Non-Exempted (*) and Non-Friable Procedure Abater int Is Location Typ Normally

Description of Used Solely by Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) (i.e., thermal systems insulation. Custodial (Specify Remova Repair TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes TRAWSITE 2500 SF SIDIMG Cubic Yards Name of Registered Landfill NUDEP Waste Name of Registered Waste Hauler of Waste 1390 No Disposal Date

Enclosure

City, State

Completed By MICHAK

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Signature

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Date of Notification (1) 05/23/2019				Name of Steven	Building Owner/C	perator	(2)		L	~~~			
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DOH DCA	Emergency (justification) Cancellation		_ h	Name of Steven	Contact			Т	elephone Num	ber		_	
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Project Manager for Mo	onitoring Firm			Telephor		9733	hone No. 3458685		License No 01311	o. 			
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City, State Totowa, NJ					1000000	osal Dat		ity, State Iorrisville,	, PA			-	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Project Manager for Monitoring Firm			Telepho	ne No.			one No. 45868			Licen:				i 	
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06/05/2019 Occupancy Status During Abatement (0	06/06/ Check Only O						0&S Abatement, Inc.								_
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Abatement Performed Outside of Nother – Describe: Occupied	Normal Facilit	y Hours	City, State, Zip Code Totowa, NJ 07512											-	
Scope of Work (Check All That Apply)												- 5			-
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City, State Totowa, NJ			Disposal Date City, State TBD Morrisville, PA							-					
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Print Form

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	Street Address	S. 1.)		Subchapte	r & (Other than K-1	2)				
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0	City, State, Zip Code	-			State, Zip Code	001			-		
Ĭ	Oity, State, Zip Gode	T.M	08	537	State, Zip Code	TIA LA.	M	36	2	2	
0	NEW E TYPT	110	Talaaba	VVV IV	SED E JA	DT W	U		1		
`	Project Manager for Monif ri gl Firm		Telepho		phone No.	License N	7	0	1		
~	STEEL SCHOOLS		604		758-33	The state of the s	7		-		
1	Start Date (10)	Scheduled Co	mpletion	Date (11)	e of OSHA Monitor	. 1	_				
	L 6-3-19 <u>L</u>	(0-	7-19 19		hnologies	L	C			
()	Occupancy Status During Abatement (Check	Only One;			t Address	777					
10	Facility Closed/Vacated During Entire P					337			_	1	
5	☐ Abatement Performed Outside of Norma ☐ Other – Describe:	ii Facility Hou	irs		State, Zip Code						
5					lew Egypt	NU	185	3	>		
3	Scope of Work (Check All That Apply)				C.						
1	≥3 sf or ≥3 lf	☐ Renov				ent with Negative F	ressur	е			
1	≥160 sf or ≥260 lf	Demo	lition		☐ Mini-Enclosur☐ Glovebag Pro						
	(4				Non-Exempte	d (*) and Non-Friat	ole Proc	edure			
		Is Loca	ation		(Abate	ent		
	Location of	Norm	ally	Description	n of		_	Ту	_		
	Asbestos-Containing Material (ACM)	Used So Mainten		Asbestos Containing	Material (ACM)	Amount			п		
	TO BE ABATED	Custodia		(i.e. thermal system		(Specify SF or LF)	Ren	Re	100	ncl	
	In Facility (13)	(12	2)	surfacing, V other miscella		SF UI LF)	Remova	Repair	Enranculate	Enclosure	
	()	L. T.	T		,		<u>a</u>	7	ata	re	
		Yes No	N/A	. 0:				_	_		
		-	<u>.</u>			11000					
	Exterior		X	Siding St	ingles	800 SF	X	ļ	1		
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	Exterior		X		J.,			9			
	EX FERIUR Name of Registered Waste Hauler		NJDEP W	/aste Cubic Yards	J.,	Segistered Landfill		9			
	Name of Registered Waste Hauler		NJDEP W Hauler ID	/aste Cubic Yards No. of Waste	Name of	Registered Landfil				- Ai	
	Name of Registered Waste Hauler EPC Technologies		NJDEP W	/aste Cubic Yards No. of Waste	Name of Was	Registered Landfill		- 0 (A'	
	Name of Registered Waste Hauler EPC Technologies City, State		NJDEP W Hauler ID	/aste Cubic Yards No. of Waste	Name of Was	Registered Landfill te Manage	nent	0 (2	Ϋ́	
	Name of Registered Waste Hauler EPC Technologies City, State New Equal	VJ.	NJDEP W Hauler ID	/aste Cubic Yards No. of Waste Disposal Dat	Name of Was	Registered Landfille Manager te Lisuille 1	ment DA	0 (Ϋ́	
	Name of Registered Waste Hauler EPC Technologies City, State		NJDEP W Hauler ID	/aste Cubic Yards No. of Waste	Name of Was	Registered Landfille Manager te Lisuille 1	nent	74.	2)\A	

CK10695 PAI	NOTIFICATIO	State of New Jersey NN OF ASBESTOS A nt to NJAC 8:60 and		Check	106°V	5
Date of Notification (1) 5-24-19	Name	of Building Owner/Op		N	Print Street Street, S	
Agencies Notified. Type Notification		Address Out	a News	MAY 2	2 9 201 9	
□ EPA 🐹 Initial	4.4					Desmo
DOL Amended Amendment #	VALUE OF THE PROPERTY OF THE P	State, Zip Code	man N	J ASBESTOS	PONTRO	. &
DOH Emergency (in justification)	Name	of Contact	1	Telephone Num	The state of the s	Prochagement
DCA Cancellation	FA!	Takla /	<u>kwsom</u>			
Name of Facility Where Abatement is Taking	Place (3)		Type of Facility	(4)		0
Street Address Street Address	y Dwell	ing	☐ School (K-	12) r 8 (Other than K-12))	
			Other (i.e.) etc.)	orivate & commercia	l buildings,	imes,
City (5) Pitman 1	17 08	3071	Square Feet	# of Floors	Bldg. A	14-
County (6)	Count	y Code (7) E USE ONLY)	Current Use (Pri	or if being demolishe	ed)	<u></u>
Name of Monitoring Firm Hired by Building On	10.0	\$24 Perment	Name of Abatement Co	ntractor (9)		-
EPC Technolo	sies	NA	EPCTE	Lhnolog	ies :	ne
Street Address	17		Street Address	LEE.		
City, State, Zip Code	NT AC	3633	City, State, Zip Code	. 117	ADE	22
Project Manager for Monitoring Firm	N U U	none No.	Telephone No.	License No	UBU	22
Steve SchenKeA		758-3365	609 758-334		139	A CONTRACTOR OF THE CONTRACTOR
Start Date (10) 6-4-19	Scheduled Completio		Name of OSHA Monitor	hnologies	7	9
Occupancy Status During Abatement (Check	Only Oi,		Street Address	7	LAC	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			P.O. Box City, State, Zip Code	337		
Other – Describe:			New Egypt	NJC	1853	>
Scope of Work (Check All That Apply)		4)	- (1			
23 sf or ≥3 if ≥160 sf or ≥260 if	☐ Renovation☐ Demolition		☐ Mini-Enclosur		essure	
			Glovebag Pro Non-Exempte	cedure d (*) and Non-Friable		
	Is Location Normally				Abate Ty	ent
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Conta	cription of ining Material (ACM)	Amount		П
TO BE ABATED In Facility	Custodial Staff? (12)	surfaci	ystems insulation, ng, VAT, or	(Specify SF or LF)	Repair	Enclosure Encansulate
(13)	Yes No N/A	_	scellaneous)		val	ure
Basement	Tes No NA	Floor	Tiles	500 SF	V	+
paserieii	1	1 10010	1.10)	000 31		
Name of Registered Waste Hauler	NJDEP Hauler	MARKET - 1 1 1 1 1 1 1 1 1 1	~ 7	Registered Landfill	,	Dil
City, State	170	Disposa	al Date City, Sta	te Managen		PIA
New Egypt 1	VJ	April 1		iisville P	A	
Steve Schenker	President	_ [3	Sterne Sell	Dat	5-2	1-19
O	111001001					-

PAID STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

			(PURSUA		AC 8:60-7 AN	DOLLAR STREET,		heck	94 E	2/0	1	MINITE AND DESCRIPTION OF			
Date of Notification 04 29	(1) / <u>19</u>			Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER E C E							\mathbb{V}				
/	/			Street Ac				1141				711			
Agencies Notified	And the second	lotification			PECT AVEN	1000									
EPA DED		Initial			te, Zip Code			200	MAY	29	201				
☐ DEP ☑ DOH	V	Amended		-	SACK, NJ 07	7601		14 4			201	hou			
☑ DOH ☑ DOL		Amendment #		Name of					ne Numb	er		į.			
		Cancellation	/ justification	DONAL F	ERRELL			551-996	551-996-3778 ASBESTOS CONTR						
		Caricellation		EACILITY I	NFORMATIC	UENS!		L&							
				FACILITY	NFORMATIC)N			Therespond to the same	-damento vio	risecton artist	Mary and the Control of the Control			
Name of Facility Wh	ere Abaten	nent is Taking	Place (3)		Type of Fa	cility (4)									
HUMC MAIN BUILDI		g	1400 (0)		Type of Fa	Cirity (4)									
						School (K	-12)								
Street Address						0.00	er 8 (Other t	han K-12)							
30 PROSPECT AVE	NUE				~	Other (I.e.	, private & c	mmercial							
011 151	-					bldgs., ho	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.								
City (5)	County (6	5)	County Code	(7)	Square Fee		# Of Floors		Buildin	g Age					
HACKENSACK	BERGEN				20,0		3		1						
							being demo	lished)		40) +				
Name of Monitoring	Cirm Hirod	l by Plda Own	o= (0)	TACCAR NO	HOSPITAL										
Name of Worldoning	rim nired	by Blag. Own	er (8)	ASCM NO	1										
LANGAN ENGINEER	ING				NORTHST	AR CONTE	ACTING GR	OUD INC							
Street Address					Street Add	-	J TO THIS GR	OUF, INC	,.						
300 KIMBALL DR, 4T	H FLOOR				Outou Add	. 555									
City, State, Zip Code					32 Williams	Parkway									
PARSIPPANY, NJ 07	054				City, State,										
Project Mngr. For Me	onitoring F	irm	Telephone Nu	mber	1										
BRIAN FEURY			973-560-4857		East Hanov	er, NJ 079	36								
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License	Number			-			
06 // 03	/19	_07/	31/	19											
0			/		973-884	0860									
Occupancy Status D	uring Abat	ement (Check ted During Ent	Only 1)		Name of O			0115 1110							
Abatemen		ted During Ent	ire Period of		NORTHSTAR CONTRACTING GROUP, INC. Street Address										
		ed Outside of N	ormal Facility		Street Add	ress									
Hours - De		a outside of it	ormar r admity		32 Williams	Parkway									
22-23		7:00 AM-3:30 I	PM		City, State,										
					East Hanov		36								
Scope of Work (Che	ck All That	Apply)													
✓ Demolitio			Renovation				h Negative F	ressure							
≥3sf or≥3 ≥160 sf or					Mini - Encl										
<u> </u>	2200 11				Glovebag F		d Non-Friab	la Duanad							
				1	MOH-Exemp	oteu () an	и моп-глар	ie Proced	ure						
Location o	f	ls		Descript	ion of			Abateme	nt Type						
Asbestos Conta	aining	Location .	As	bestos - C				R	1	E	E				
		Normally		Material	(ACM)		Amount	Е	R	N	N				
TO BE ABAT		Used		e., therma			(Specify	M	E	C	C				
in Facility		Solely			facing, VAT,		SF or LF)	0	Р	Α	L				
(13)		by Main-	or	other misc	ellaneous)			V	Α	P	C				
		tenance/						A	1	S	S				
		Custodial Staff (12)						L	R	U	U				
		YES NO N/A								L	- In				
MAIN			WINDOW/LINT	EL CALILIE			590 LF	7		+	-				
MAIN			GLAZING	TE ONOLIN			600 LF	<u> </u>	H	++	+				
MAIN		月 月 月	CAULK				165 LF	7		+-	-	-			
MAIN			ROOF FLASHI	NG			800 SF		H	++	-	<u> </u>			
Name of Registered		ler	NJDEP Waste		Name of Re										
NORTHSTAR CONTR	RACTING G	ROUP, INC	Service of the service of	Yards Of	FAIRLESS I										
			30534	Waste					CONTROL CONTROL PA	·	1100000000				
City, State				Disposal	City. State	stypicates streetsiste									
EAST HANOVER, NJ				Date	MORRISVIL	LE, PA									
Completed by (Print	or Tunc'		Title			N-4 1	/	1	-	1=					
Completed by (FIIII)	or type)		Title		18	Signature	V	-		Date					
Steven Stiles			Project Manage	er		100	201	10			05/28	10			
ASB-41	N-WI-		- Jose manage		The second secon		1				10120	13			

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NOCK			TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								7 [In			
Date of Notification (1)		- T	Name o	f Building	Owner/0	Operator	(2)		M					7111	
5/22/19			Mace			-	(/	A STATE OF THE STA		MAY	2 9	004		1	
Agencies Notified Type Notification	NEW THEORY		Street /	Address				L	4 44	161 LJ I		201	}	113	
EPA Initial		4	401 S	anta M	lonica	Blvd.	Sui	te 700	L					The second secon	
DEP Amended			City, Sta	ate, Zip Co	ode			1	A	SBEST	78 CO	NTRO	OL &	-	
DOL Amendment			Santa	Monic	a CA	9040	1	L.	Andrews Street	LIC	ENSI	(G			
DOH Emergency (i	nciuaing	' T	Name o	f Contact	100 100					ephone N			****	200	
DCA Cancellation		1	Aladd	in Gha	fari				42	4-229-	3387				
Name of Facility Where Abatement is Taking	DI	2)	FAC	ILITY INF	ORMATI	ION									
Former Sears Store	Place (3)					Туре	of Facility	(4)						
Street Address							School (K-12) Subchapter 8 (Other than K-12)								
1750 Deptford Center Road								Other (i.e.)				ldings	, hor	₹S,	
City (5)								etc.) ire Feet	T # 0	f Floors	r	alda /	100		
Deptford Township							Square Feet # of Floors Bldg. Age 150000 2 30+								
County (6)		T	County	Code (7)						na demo	1			-	
				USE ONLY)	Current Use (Prior if being demolished) vacant									
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	Л No.		Name	of Aba	tement Cor	ntractor	(9)					
IPR Associates & Environment	al Inc		780	12		Asso	ciate	ed Spec	iality	Contra	acting	Inc			
Street Address			1			Street	Addre	ss							
191-20 115 Road						98 La	aCrue Ave								
City, State, Zip Code							State, Zip Code n Mills Pa. 19342								
Saint Albans NY 11412				A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		3.000	Self-Self-Invest	20 00 0270 02702	342						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License					
Paul Olisah				D		610-3				01103	3				
	5/28/1		pletion	Date (11)				of OSHA Monitor rtech							
Occupancy Status During Abatement (Check		- 20					Address								
./			21				6 S Broad St								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent					ip Code				-170424-2	-	-	
Other - Describe:					hia Pa 1	19145	5								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	■ F	Renovat	ion			✓] Ful	I Containm	ent with	Negative	Pressu	ire			
≥160 sf or ≥260 lf		Demoliti	on			V		ni-Enclosure							
						Ė		ovebag Prod n-Exempted		d Non-Fri	able Pro	cedur	е		
	le	Locatio	on.									Abate			
Location of	1	Normall	y		Des	scription	of					Ty	ре		
Asbestos-Containing Material (ACM)		ed Solel iintenan			tos Conta	aining M	laterial			mount			m	m	
TO BE ABATED In Facility		todial S		(1.0.	thermal surfac	systems cing, VA		ation,		Specify or LF)	Remova	Repair	cap	nclo	
(13)		(12)			other m	niscellan	eous)				oval	air	Encapsulate	Enclosure	
	Yes	No	N/A										ē	,,,	
Auto Center Roof	×				r	oofing			84	100 sf	x				
Auto center sales area	х					vat			4	-00sf	х				
Main Building	Х				Duct	Insula	tion			90sf	х				
Main Building 1st and 2nd	x				floc	or mast	tic		23	500sf	x				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic '			Name of						_	
Mercer Group Internat	iona	al Ha	auler ID	No.	of Was	ste		Tulleyto	5707			overy	/ La	dfill	
City, State					Dispos	Disposal Date City. State									
1519 Rev S. Howard Woodson Jr. V	rd Woodson Jr. Way, Trenton, NJ 08637 as nee						_	Tulleyt	own,	PA					
Completed by	Title				Sī	ignature	110	2 0 1	-		Date	^			
Jack Tomasura								Vons	MA	2 5	5/22/1	9			

CK5622 PA	MD	IOTIFICAT (Pursu	State of Ne FION OF ASB lant to NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	EMENT 20)	Br			V		rint Form		
Date of Notification (1) 5-28-19			ne of Building RTUA	Owner/Operate	or (2)		MAY	29	2019	}	門		
Agencies Notified Type Notification EPA Initial		20	et Address WEST STO			A	ASBESTO LIC	S CC ENSI		OŁ.	3.		
X EPA X Initial Amended Amendment Emergency (State, Zip Co RLTON, N				**************************************			the state of the s			
DOH justification Cancellation	including	1 1000000	ne of Contact T GIORDAI	NO			ephone Nu 6-355-09	ne Number 55-0923					
Name of Facility Where Abatement is Taking	Place (3)		ACILITY INFO		Type of Facility (4)								
VIRTUA MEMORIAL HOSPITAL-N	UCLEA	R MEDI	CINE SUITE	Ξ2	Schoo	I (K-12)							
Street Address 175 MADISON AVENUE					Other etc.)	apter 8 (Othe (i.e. private 8	er than K-1 k commerci	2) ial buil	dings,	hc	ies,		
City (5) MT. HOLLY					Square Fee 20000	1	Floors	+	8ldg. A -/-50	ge			
County (6) BURLINGTON		(STA	nty Code (7) TE USE ONLY)		MEDICAL	(Prior if beir OFFICE		ned)					
Name of Monitoring Firm Hired by Building C VERTEX	Owner (8)	AS	SCM No.		e of Abatemen PPER ENVI			RVICI	ES, II	٧C			
Street Address 700 TURNER WAY				100000000000000000000000000000000000000	t Address 1 FRALEY	STREET							
City, State, Zip Code ASTON, PA 19014					City, State, Zip Code PHILADELPHIA, PA 19137								
Project Manager for Monitoring Firm DON HEIM		1.0000000000000000000000000000000000000	hone No. -787-0702	1 77777777	hone No. -533-5155								
6-6-19	6-30-19		on Date (11)	\$100 may 200	of OSHA Mor	nitor							
Occupancy Status During Abatement (Check	270 0	500		1 378,375	Street Address 700 TURNER WAY								
Facility Closed/Vacated During Entire Posts Abatement Performed Outside of Normal Other – Describe:	eriod of Ab al Facility I	oatement Hours		City,	State, Zip Code	e					-		
Scope of Work (Check All That Apply)				I AO I	ASTON, PA 19014								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition]]	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	ls L	ocation			1 Non-Exem	ipted () and	NOII-FIIAD	T PIO	Abate	me	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely by tenance/ dial Staff? (12)	(i o t	Description os Containing I thermal system surfacing, VA	Material (ACM) as insulation, AT, or	(Sp	nount pecify or LF)	Remova	Ty _l Repair	e Encapsulate	Enclosure		
(10)	Yes	No N/	A	other miscella	neous)			val	air	uiate	sure		
NUCLEAR MEDICINE SUITE 2		X	3011	MASTI	С	3	320	X					
					-5/2					_			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEF Hauler	Waste ID No.	Cubic Yards of Waste	52,558,852,554	e of Register ERVA	ed Landfill						
City, State DXFORD VALLEY, PA				Disposal Date	City,	State SON, OH							
Completed by JENNIFER NIVEN	Title DIR. O	F OPER	RATIONS	Signature		_	Da 5-2	te 28-19	9				

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8-60-7 AND 12-120-7

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 04 29 19 HACKENSACK UNIVERSITY MEDICAL CENTER Street Address Agencies Notified Type of Notification 30 PROSPECT AVENUE EPA Initial City, State, Zip Code DEP 1 Amended HACKENSACK, NJ 07601 1 DOH Amendment #_ Name of Contact Telephone Number 1 DOL Emergency w/ justification DONAL FERRELL 551-996-3778 TOS CONTRO 8 Cancellation LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HUMC LAUNDRY BUILDING School (K-12) Street Address Subchapter 8 (Other than K-12) 30 PROSPECT AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** HACKENSACK BERGEN 10,000 Current Use (Prior if being demolished) 40 + HOSPITAL/LAUNDRY Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NON LANGAN ENGINEERING NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 300 KIMBALL DR, 4TH FLOOR City, State, Zip Code 32 Williams Parkway PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BRIAN FEURY** 973-560-4857 East Hanover, NJ 07936 Sheduled Start Date (10) Sched, Completetion Date (11) Telephone Number License Number 07 31 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: ___ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure Renovation >3sf or >3lf Mini - Enclosure 1 >160 sf or >260 lf Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of Abatement Type Is Description of Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Е Amount R N TO BE ABATED Used (I.e., thermal systems (Specify M Е C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P A (13)by Mainor other miscellaneous) V A P C tenance/ S S A 1 Custodial R U U Staff (12) R YES NO N/A LAUNDRY EXTERIOR VAPOR BARRIER/WATER PROOFING 1.160 SF 1 NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards Of FAIRLESS LANDFILL 30534 Waste City, State Disposal City, State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 05/28 19

ASB-41

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Int	Form

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CV 25 800	直且配	NOTIF (F	ICATIO	State of Ne N OF ASE It to NJAC														
Date of Notification (1)				of Building						E	C	E		_				
5/28/2019			1 value	or building	Owner	McLa		lin										
Agencies Notified Type Notification			Street	Address						I	AAY	2 (20	10				
EPA X Initial DEP Amended			City St	tate, Zip Co	ode					1 "	14711		, 20	13				
X DOL Amendment			Oity, O	tate, Zip O		entow	n, N	J 08501	stratum destanta	ASBE	ESTC	10.0	ONT	20	<u>.</u>			
DOH Emergency justification)		'	Name	of Contact			Te	10	CE .									
DCA Cancellation	1		EAC	CILITY INF	OBMATI	ON				" <u> </u>				_				
Name of Facility Where Abatement is Takir	g Place (3)	FAC	JILII T INF	URWATI	ON	Тур	e of Facilit	y (4)					_				
Residential								School (k										
Street Address							×	Subchapt Other (i.e etc.)	er 8 (Otl	her than & comn	K-12 nercia) I buil	dings,	ho	es,			
City (5) Ailentown, NJ 00504							77703755	are Feet 500	# (of Floors 3	3		lldg. A 150	-				
County (6) Monmouth				Code (7) USE ONLY)		Curr	ent Use (F	rior if be	eing dem	nolish	ed)						
Name of Monitoring Firm Hired by Building MECS	Owner (8)	ASC	M No.		Name	of Ab	atement C	ontracto	r (9) Service	es Ir		<u></u>	-				
Street Address		-82				Street			nvironmental Services, Inc.									
PO Box341 City, State, Zip Code						PO E		20000000										
Chesterfield, NJ 08515					Zip Code n, NJ 085	501												
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	one No. 98-4070		No. 9688		Licens 0049										
Start Date (10) 6/10/2019	Schedul		mpletion 14/201	Date (11)		Name MEC		HA Monito	r				Salari III	-	_			
Occupancy Status During Abatement (Chec	k Only Or				ess		_				_							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of	Abaten																
Other – Describe: 8 am 4 pm	iai raciiity	/ Hours						Zip Code eld, NJ 0	8515									
Scope of Work (Check All That Apply)								310, 110 0										
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Mi	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu										
	ls	Locati	on				1 140	ni-Exemple	ed () an	u Non-F	паріе		edure Abate		-			
Location of Asbestos-Containing Material (ACM)		Normal d Sole			Des	cription	of			20			Тур	e				
TO BE ABATED	Mai	intenar odial S	nce/	Asbest (i.e.	tos Conta thermal s	systems	insul	I (ACM) ation,	1,000	mount Specify		R	_	Enc	m			
In Facility (13)		(12)	zum.		surfaci other mi	ing, VAT			SF	or LF)		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									/al	7	late	лге			
Basement		Χ		The	ermal B	oiler Ir	nsula	tion	6	60 sf		Х	-	-	\dashv			
Basement		Χ		The	ermal P	ipe In:	sulat	ion	1	60 If		Х			\neg			
													7	-	\neg			
													1		-			
Name of Registered Waste Hauler Stevens Environmental Services	ini - za de	100,000	JDEP Wauler ID 18292	No.	Cubic Y of Wast	е		Name of Fairles			dfill							
City, State Allentown, NJ			, , , , ,		Disposa		,	City, Sta		Α				-	-			
Completed by Mahlon E. Stevens	ct Ma	nager				11		/				Manager Signature Date 5/28/2019						

CK3513

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

Chk#2:3:73

Date of Notification (1)	, –				_	Man	f D. Hall		0 10			-11				
	13 /	19)			Pri	e of Buildin inceton U	lg (Jni	Owner/Operator (iversity-Office	²⁾ of Design and	Construct	Cn E		\mathbb{V}		
□ EPA	Γype Notifiα ☑ Initial ☑ Amende					Stree 20	t Address 0 Elm Dr.			1.0	M	AY 2		201	0	Try partitions about
☑ DHSS	Amenda	0.70	1-5/22	2/19	. !		State, Zip (had bed			-4.71	9	The second
	☐ Emerger	ncy (ir	A THE RESERVE AND A SECOND				nceton, N		08544	The second					4	
(NJAC 5:23-8)	justificat				1		e of Contac	000		a.c.	Telephone	Number	CC	HTVI	(:	. &
L	Cancella	ation				Ro	bert Orte	gc	0	a. de de	609-258	1841	ICV	NG		manasher beer
						FA	CILITY IN	۱F	ORMATION							
Name of Facility Where Aba	atement is	Takin	g Place	e (3)						Type of Facility	(4)				-	
Princeton University										School (K-12						
Street Address										☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than	K-12)	ıl bı	ilding		
58-60 William Street										homes, etc.)	ilvate allu col	IIIIeicia	וו טע	manig	13	
City (5)		0.000								# of Floors	;	BI	dg. A	g .	HOESCHILLIN	
Princeton														70		
County (6)				1011		Cou	nty Code (7	7)(S	STATE USE ONLY)	Current Use (Pri	ior if being de	molishe	d)		4	
MERCER										Residential						
Name of Monitoring Firm Hi		ding (Owner	(8)	A	SCM	No.	1	Name of Abateme	nt Contractor (9)						
TTI Environmental Inc	C								BRISTOL EN	/IRONMENTAI	L, INC.					
Street Address								5	Street Address				-		-	
1253 North Church Ro	d								1123 BEAVER	STREET						
City, State, Zip Code								C	City, State, Zip Co	de				-30 IIIX	-	
Moorestown, NJ 0805									BRISTOL, PA	19007						
Project Manager for Monitor	ing Firm			Te	eleph	none	No.	T	Telephone No.		License No	D.			7	
Michael Keehn				10			-8800		215-788-6040		00509					
Start Date (10)		Sched	luled C	omp	oletic	on Da	te (11)	V	Name of OSHA Mo	onitor					-	
5/28/		-	-			_ / .	19		BRISTOL ENV	IRONMENTAL	., INC.					
Occupancy Status During Al								S	Street Address						-	
☐ Facility Closed/Vacated [During Enti	re Per	riod of	Abat	teme	ent	10e-1		1123 BEAVER	STREET						
Abatement Performed On Time of Abatement: 7:00	utside of No DAM- <u>6:30</u> F	ormal PM/	Facilit P	y Ho M	urs -	- Des _AM	cribe	C	City, State, Zip Coo BRISTOL, PA	· · · · · · · · · · · · · · · · · · ·						
Scope of Work (Check all the	at apply)												-		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re			1										
				Loc									Aba	ateme	:	Туре
Location of Asbestos-Containing Mai	torial (ACN			Norm					Description of			-			1	
TO BE ABATE	D	1)	Ma	inter	nanc	e/			s Containing Mate hermal systems in		Amount (Specify	9	Remove	Repair	İ	Enclosure
IN Facility			Cus	todia (12		aff?			surfacing, VAT,	or	SF or LF)	2	2	=	1	Sun
(13)			Yes	No		N/A		(other miscellaneo	us)				1	!	CD
Throughout					-		Joint co	om	pound/Plaster	walls	120 SF	-	XI	П	 I I	+
Throughout					1				pound/Plaster		30 SF		X	H	. ! []	
Throughout					1		Floor tile	e/r	mastic		24 SF		<u> </u>		1	
			П	П	ı	7				7			1			
Name of Registered Waste H	lauler			H			Vaste	C	ubic Yards of	Name of Regist	ered Landfill		_		<u> </u>	
BRISTOL ENVIRONME		IC.			Hau	ler ID	No.		/aste	FAIRLESS I						
City, State								Di	isposal Date	City, State					-	
BRISTOL, PA 19007										FAIRLESS I	HILLS, PA					
Completed By (Print or Type))	Title							Signature	2		Date				
Brian Scafiro		Es	timat	tor						Scopero,	19nc	5-	- 10	22	_	9

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

Chr. #3:70

Date of Notification (1)				Non	no of Duildi	0 10	10)		17	DA	: <u> </u>	
5 /13	3 /1	9		P	rinceton	ng Owner/Operator University-Office	of Design and	Construction		\mathbb{V}		
□ EPA 🗵 DOLWD	pe Notificatio Initial Amended			20	et Address 00 Elm Dr , State, Zip	•		MAY MAY	2 9	2019		
	Amendment		_			NJ 08544		un de la company	and the same and the same as			j
	Emergency (justification)	ıncludir	ng	_	ne of Conta			ASBESTO	S CO	NTAC	8 (L .
	Cancellation			107,000,000	obert Orte	7.7	a property of	Teléphone Nur 609-258-18	The second section is a second	NO	24 Sept	pidania-re
								609-258-18	41		_	
Name of Facility Where Abate	ment is Taki	na Dina	0 (2)	F/	ACILITYT	NFORMATION						
Princeton University	onen is rain	ig i iac	e (3)				Type of Facility					
Street Address			-				School (K-1;	∠) 8 (Other than K-1:	2)			
58-60 William Street							Other (i.e., p	rivate and comme	ercial b	uilding	j:	
City (5) Princeton							Square Feet	# of Floors	В	Bldg. Ag	g	
County (6)				Cou	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	ichod)		-	
MERCER						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residential		sileu)			
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCN	A No.	Name of Abateme					-	
TTI Environmental Inc							VIRONMENTA					
Street Address						Street Address		2, 1110.				
1253 North Church Rd						1123 BEAVE	R STREET					
City, State, Zip Code			1			City, State, Zip Co	ode		-			
Moorestown, NJ 08057						BRISTOL, PA						
Project Manager for Monitoring	g Firm		Te	elephone	No.	Telephone No.		License No.				
Michael Keehn				609-38	6-8800	215-788-6040		00509				
Start Date (10)		duled C	omp	letion D	ate (11)	Name of OSHA M	onitor				_	
5/23/19		VVENE		31 /	19	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Aba						Street Address						_
☐ Facility Closed/Vacated Du	ring Entire Pe	riod of	Abat	tement		1123 BEAVER	RSTREET					
☐ Abatement Performed Outs Time of Abatement: 7:00A	ide of Norma	l Facilit	у Но	urs - De	scribe	City, State, Zip Co	de				_	
			IVI	AIV		BRISTOL, PA	19007					
Scope of Work (Check all that	apply)										-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re					Procedure	ative Pressure	re			
				ation						ateme		vno
Location of	:-! (A ONA)		Norm	ally lelv bv		Description of						
Asbestos-Containing Mater TO BE ABATED	iai (ACIVI)	Ma	inten	ance/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	Remova	Repair	-	Enclosure
IN Facility		Cust	todia (12	Staff?		surfacing, VAT,	or	(Specify SF or LF)	ova	= ·	Pour	unsc
(13)		Yes	No	-		other miscellaneo	ous)				iuic	œ'
Throughout			\boxtimes		Joint co	mpound/Plaster	walls	120 SF	\boxtimes		[]	
Throughout			\boxtimes		Joint co	mpound/Plaster	ceilings	30 SF				
Throughout			\boxtimes		Floor til	e/mastic		24 SF		П	i T	П
			П								+	
Name of Registered Waste Hau	ıler			NJDEP	Vaste	Cubic Yards of	Name of Regist	arad Landfill			<u>-</u> 1	ш
BRISTOL ENVIRONMENTAL, INC.					O No.	Waste	FAIRLESS I					
City, State BRISTOL, PA 19007						Disposal Date	City, State	3			i :	
				FAIRLESS I	HILLS, PA							
Completed By (Print or Type)	Title					Signature	2	Dat			1 1	
Brian Scafiro	E:	stimat	or			Buch	Scofer	0 /gh 3	5-1	3-1	17	
									200			

NOUL		NO		CATIO	N OF AS	BESTOS ABA AC 8:60 and 5:1		DECE		\mathbb{V}	1000	<u></u>
Date of Notification (1) 5 /	14 / 1	9				ng Owner/Operator	(2)	MAY 2	? 9	2010	-	The second second
□ EPA	Γype Notification ☑ Initial ☑ Amended	1		15		ntgomery Street	Week and the property of the second	ASBESTOS	CON	ITRO		
☑ DOH ☐ DCA (NJAC 5:23-8)	Amendment : Emergency (injustification)			Pit	State, Zip tsburgh, e of Contac	PA 15212		LICE Telephone Num		G		Balting
	Cancellation			An	thony Po	orta		412-633-402				
Name of Equility Where Ah	-1	D.	(0)	FA	CILITY II	NFORMATION						
Name of Facility Where Ab Verizon Middletown Street Address 1009 State Route 35			e (3)				Type of Facilit School (K- Subchapte Other (i.e., homes, etc.	12) r 8 (Other than K-12 private and comme) rcial b	uilding	g:	
City (5)							Square Feet	# of Floors	В	ldg. A	g –	. 52
Middletown							12,425	2		+-50		
County (6) Monmouth				Cou	nty Code (7)(STATE USE ONLY)	Current Use (F Verizon	Prior if being demolis	shed)		_	
Name of Monitoring Firm H		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				-
Chubb Global Risk A	dvisors					BRISTOL EN	VIRONMENT	AL, INC.				
Street Address						Street Address						550.00
10 Exchange Place						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode				_	
Jersey City, NJ 07302						BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			ephone		Telephone No.		License No.			_	
Brian Kingsbury				01-356		215-788-6040		00509				
Start Date (10)	Sche	duled (Compl /	etion Da	ite (11)	Name of OSHA M BRISTOL EN		AL. INC	W. 25			
Occupancy Status During A	batement (Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated	A TOTAL CONTRACTOR OF THE STATE		200000000000000000000000000000000000000	ement		1123 BEAVER	RSTREET					
Abatement Performed C Time of Abatement: 6:0	utside of Norma	I Facili	ty Hou	rs - Des	scribe	City, State, Zip Co BRISTOL, PA	ode				R OF	
Scope of Work (Check all th	at apply)					DIGITOL, PA	15007					
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if			enova emoliti			☐ Mini-Enc	losure g Procedure	egative Pressure on-Friable Procedur	e			
		1	s Loca						1	ateme	ei T	ур
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		M	ainten	ely by ance/ Staff?	Asbe (i.e	Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	1	1
Roof		Yes	No	N/A	Roof FI	achina	3 	700.05				L
Roof		+=-	-	-				700 SF]	L
					Coping	Stone Caulk		300 LF	\boxtimes]	
Side of Building					Caulk			88 LF]	
Name of Registered Waste			11/20	NJDEP \		Cubic Yards of Waste		stered Landfill]	
City, State YARDLEY, PA		- .		20990)	Disposal Date TBD	City, State	BURG, OH				
Completed By (Print or Type) Title	9					WATRES					
	£: 130000e3	e Stima				Signature	De Car	/· a Da	te /	11		

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

		NO	(F	ursua	ant to NJ	AC 8:60 and 5:1	6)	CHACT	7 1	\mathcal{I}^{\cup}	ı
Date of Notification (1)		-				ng Owner/Operator		TE P	F	1	W!
5 /	14 /	19				mmunications	(2)	110),5 6			<u>U</u>
Agencies Notified	Type Notifica	ation	-	Stre	et Address						
DEPA (095				15	East Mo	ntgomery Street		MA MA	Y 2	9 2	019
D DOLWD GO95	Amendmed Amendme	-			State, Zip						
□ DCA	☐ Emergen		_	Pi	ttsburgh,	PA 15212		ASBES	TOS	CON	TR(
(NJAC 5:23-8)	justification		19	Nam	e of Conta	ct		Telephone Nun	nber	VSIN	3
	☐ Cancellat	ion		Ar	nthony Po	orta		412-633-40			
				FA	CILITY I	NFORMATION					
Name of Facility Where A			e (3)				Type of Facility				_
Verizon Middletown	1 Central Off	rice					School (K-12	2) 8 (Other than K-12	0,		
Street Address	-						Other (i.e., p	rivate and comme	2) ercial b	uildin	os.
1009 State Route 3	· · · · · · · · · · · · · · · · · · ·						homes, etc.)				90,
City (5) Middletown							Square Feet	# of Floors	E	Bldg. A	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	12,425	2		+-50	
Monmouth				000	inty code (THOTATE OUE ONET	Verizon	ior if being demoli	shed)		
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	l No.	Name of Abateme					
Chubb Global Risk	Advisors					1	VIRONMENTAL				
Street Address						Street Address		•			
10 Exchange Place						1123 BEAVE	R STREET				
City, State, Zip Code						City, State, Zip Co	ode				
Jersey City, NJ 0730						BRISTOL, PA	19007				
Project Manager for Monit	oring Firm		16	ephone		Telephone No.		License No.			
Brian Kingsbury Start Date (10)		- L 1 - 1 - 1 - 1			5-5166	215-788-6040		00509			
	2000,000	cheduled C	omple		ate (11)	Name of OSHA M	onitor				
0 / 20 /	19	6 /	1 1	4 /	19	PRISTOI EN	/IDONINGENITAL	11/10			
5 / 28 /				4_ /	19		VIRONMENTAL	-, INC			
Occupancy Status During	Abatement (C	heck only	one)		19	Street Address		-, INC			
Occupancy Status During ☐ Facility Closed/Vacated ☑ Abatement Performed	Abatement (C d During Entire Outside of Nor	heck only Period of mal Facilit	one) Abate y Hou	ment	scribe	Street Address 1123 BEAVER	R STREET	., INC			
Occupancy Status During Facility Closed/Vacated	Abatement (C d During Entire Outside of Nor	heck only Period of mal Facilit	one) Abate y Hou	ment	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET	., INC			
Decupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: 6:	Abatement (C d During Entire Outside of Nor 00AM-1:00PM	heck only Period of mal Facilit	one) Abate y Hou	ment	scribe	Street Address 1123 BEAVER	R STREET	., INC			_
Decupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: 6: Scope of Work (Check all	Abatement (C d During Entire Outside of Nor 00AM-1:00PM	heck only of Period of mal Facilit	one) Abate y Hou M	ement rs - Des AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007				_
Doccupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6: Scope of Work (Check all to 2) 3 sf or >3 ff	Abatement (C d During Entire Outside of Nor 00AM-1:00PM	heck only of Period of mal Facilit	one) Abate y Hou	ment rs - Des AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conte	R STREET de 19007 ainment with Negrosure Procedure	ative Pressure			_
Doccupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6: Scope of Work (Check all to 2) 3 sf or >3 ff	Abatement (C d During Entire Outside of Nor 00AM-1:00PM	heck only of Period of mal Facility	one) Abate y Hou M enovati	ement rs - Des AM ion on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conte	R STREET de 19007 ainment with Negrosure	ative Pressure	re		
Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6: Scope of Work (Check all of Scope of Work) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Abatement (C d During Entire Outside of Nor 00 AM-1:00 PM that apply)	heck only to Period of mal Facility Period of mal Facility Period of mal Facility Period Perio	one) Abate y Hou M	ement rs - DesAM ion on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer	R STREET de 19007 ainment with Negrosure Procedure mpted (*) and Nor	ative Pressure		pateme	ent T
Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6:: Scope of Work (Check all of Second Se	Abatement (C d During Entire Outside of Nor 00AM-1:00PN that apply)	Period of mal Facilit	Abate y Hou M enovati	ement rs - Des AM ion on tion	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont: Mini-Encl Glovebag Non-Exer Description of stos Containing Mate	R STREET ide 19007 ainment with Negrosure Procedure Inpled (*) and Nor erial (ACM)	ative Pressure	Ab		
Decupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 6:: ☐ Scope of Work (Check all of the Statement of the Statement) ☐ ≥3 sf or ≥3 lf of ≥260 lf ☐ Location of Asbestos-Containing Model of the Statement of the Sta	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit	Abate y Hou M movati	ement rs - Des AM ion on tion	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont: Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in	R STREET Ide 19007 ainment with Negrosure Procedure Inpred (*) and Nor erial (ACM) Insulation,	ative Pressure n-Friable Procedul Amount (Specify	Ab	pateme Repair	
Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6:: Scope of Work (Check all of Second Se	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit P Re De	Abate y Hou M enovati molitic Locat Norma d Sole intenat todial (12)	ement rs - Des AM ion on tion illy ely by ince/ Staff?	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont: Mini-Encl Glovebag Non-Exer Description of stos Containing Mate	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or	ative Pressure n-Friable Procedu Amount			
Doccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 6:: ☐ Scope of Work (Check all to the state of th	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit	Abate y Hou M novati molitic Locat Norma d Sole intena	ement rs - Des AM ion on tion tilly ely by unce/ Staff?	Asbe:	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or	ative Pressure n-Friable Procedul Amount (Specify	Ab		Encapsulate
Deccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Time of Abatement: 6: ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of Asbestos-Containing More and In Facility (13) ☐ Ecof	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit P Re De	Abate y Hou M enovati molitic Locat Norma d Sole intenat todial (12)	ement rs - Des AM ion on tion illy ely by ince/ Staff?	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or	ative Pressure n-Friable Procedul Amount (Specify	Ab		
Deccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Time of Abatement: 6: ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of Asbestos-Containing More and In Facility (13) ☐ Ecof	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit M P Re De	Abate y Hou M- movati molitic Locat Norma d Sole intena todial (12) No	ement rs - Des AM ion on tion tilly ely by unce/ Staff?	Asber (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or	ative Pressure n-Friable Procedur Amount (Specify SF or LF)	Removal		
Deccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 6: ☐ Scope of Work (Check all to the state of the	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Period of mal Facilit M P Re De	Abate y Hou M- novati molitic Locat Norma d Sole intena todial (12) No	ion on lilly ely by ince/	Asber (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont: Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or	Amount (Specify SF or LF)	A Removal		
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Deccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 6: ☐ Scope of Work (Check all to the state of the	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM)	Reck only of Period of Imal Facility IIII P	Abate y Hou M	ion on lilly ely by ince/ Staff?	Asber (i.e. Roof Flat Coping Caulk	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont: Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned	ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or or or	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	A Removal		
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Doccupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed In Facility Check all In Facility ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of Asbestos-Containing Machine Machin	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM) ED	Heck only of Period of Smal Facility M/P Record	Abate y Hou M	ion on lilly ely by ince/ Staff?	Asber (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mata., thermal systems in surfacing, VAT, other miscellaneous ashing Stone Caulk Cubic Yards of	R STREET Ide 19007 ainment with Negrosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or ous) Name of Registe	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛 🖂		
Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 6:: Scope of Work (Check all to the second secon	Abatement (C d During Entire Outside of Nor 00AM-1:00PM that apply) f laterial (ACM) ED	Heck only of Period of Smal Facility M/P Record	Abate y Hou M	ion on tion llly elly by ince/ Staff?	Asber (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned ashing Stone Caulk Cubic Yards of Waste	R STREET Ide 19007 ainment with Negrosure I Procedure Inpled (*) and Nor erial (ACM) Insulation, or Insulation, or Insulation, or Insulation Insulatio	Amount (Specify SF or LF) 700 SF 300 LF 88 LF	Removal 🛛 🖂		
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UK5744	PA	M						8:60 and 5:1		D) E C	; <u>E</u>		$\underline{\mathbb{W}}$		\mathbb{n}
Date of Notification (1)					Nam	e of Buildin	ıg O	wner/Operator ((2)						
	22 /	19)		Da	vid Katz			Verification of the second	III MA	Y 2 9	2	019		ILU
Agencies Notified	Type Notific	cation			Stree	t Address				1				-	
⊠ EPA										ASBES	TO 9 C	ON!	TDO	_	1
⊠ DOLWD	☐ Amende				City,	State, Zip (Code	e			JCENS			!	
☑ DOH ☐ DCA	Amendn			-	Ma	rgate Cit	y, N	IJ 08402	l	- transmitter amount to the state of the sta			A STATE OF THE PARTY OF THE PAR	Production 1	Service response
(NJAC 5:23-8)	justificat		iciuuiii	y	Name	e of Contac	ct			Telephone	Numbe	r		_	
	☐ Cancella	ation			Bil	I Chaykin	1								
					FA	CILITY IN	IFO	RMATION						-	
Name of Facility Where A	batement is	Takin	g Place	e (3)		1 Page 2011 1011 10 10 10 10 10 10 10 10 10 10 1			Type of Facility	(4)				-	-
Katz Residence									School (K-1						
Street Address									Subchapter Other (i.e., phomes, etc.)	private and co		al bu	uildin	gs	
City (5)				1500			_		Square Feet	# of Floor	'S	TRI	dg. A	01	
Margate City									1,959	2			67	91	
County (6)				-	Cou	ntv Code (7	7)(ST	ATE USE ONLY)	Current Use (P		emolishe		-		
Atlantic						, , , , , , ,	// -	2 002 01121)	Residence		inolishe	.u)			
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	N:	ame of Abateme	ent Contractor (9					-	
	las Environmental Inspections								onmental, LLC						
Street Address							-	reet Address	Jimoritai, LLC					-	
PO Box 11645								623 Cutler Av	/enue						
City, State, Zip Code								ty, State, Zip Co						-	
Philadelphia, PA 19	116							Maple Shade							
Project Manager for Monit	toring Firm			Tele	phone	No.	-	lephone No.	,	License N	lo.	-	-	-	
Jason Dua				2	67-784	-4693	1,000	856-755-0099	E.	00842					
Start Date (10)		Sched	luled C	omple	tion Da	ate (11)	Na	me of OSHA M	lonitor			_		10	-
		10-			2_/	19		EMSL Analyti	ical, Inc.						
Occupancy Status During							Str	reet Address						_	
☐ Abstance Designment	d During Enti	re Pe	riod of	Abate	ment		2	200 Route 13	0 North						
Abatement Performed Time of Abatement:	Outside of No	ormai Pi	Facilit ///	y Hou PM	rs - Des	Scribe ΔM	1 3	y, State, Zip Co					-141		
		· ·	·"			.Alvi	(Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)							M Full Cont	oinment with No	native December					
≥3 sf or ≥3 If≥160 sf or ≥260 If			⊠ Re					☐ Mini-Encl		-					
				Loca								Ab	atem	er	Туре
Location of Asbestos-Containing N		4)		Norma		Anhan		Description of		_		_		П	-
TO BE ABAT		1)	Ma	intena	nce/	(i.e.	the	Containing Mat ermal systems i	nsulation	Amoun (Specify	,	Removal	Repair		Enclosure
IN Facility	7		Cus	todial (12)	Staff?	, , , , ,		surfacing, VAT,	or	SF or LF	-)	oval	=		Sur
(13)			Yes	No	N/A	1	ot	ther miscellaned	ous)		8				Ф
1st Floor Hall, Closet &	Laundry I	Rm				Plaster				195 SF	:]	1
1st Floor Hall, Closet 8	Laundry F	Rm		\boxtimes		Joint Co	omp	oound		120 SF	: 1			[
2 nd Floor Hallway							le a	nd Mastic		18 SF	-			[-
				П	П			The other management of the second				$\overline{\Box}$	П	Г	t
Name of Registered Waste	e Hauler			N	JDEP \	Naste	Cul	bic Yards of	Name of Regis	stered Landfill		_	Ч	Ľ	1-
Freehold Cartage				H	auler II			ste		ounty Utilitie		hor	itv		
City, State					15939	,	Dis	posal Date	City, State					_	
Freehold, NJ								6/12/2019		or Township	, NJ				
Completed By (Print or Typ	oe)	Title	V.				i	Signature	33		Date			-	
Christina Lynch	no de	l constants		eside	nt of (Operation	ıs	Chuston			S/	120	21	9	

UL33555 PA	ID	NOTIFIC (Pur	CATION	OF ASI NJAC 8	ew Jersey BESTOS ABATE 3:60-7 and 12:12	0-7)		E	C		<u> </u>		,[[
Date of Notification (1)					ne of Building O	wner/Operator (2				0			
5 / 22 /2019				PAN SSSS	et Address				MAY	2 (201	-	11
Agencies Notified Type Notification					SOUTH ORANG	SE AVENUE	of Carlot					-	Antonia
EPA Initial Notification DEP Amended Notification X DOL Cancellation					, State, Zip Code JTH ORANGE, N	NEW JERSEY 070	179	ASBI	EST(OS C	ONTR	<u></u>	
X DOH On Hold DCA X EMERGENCY NOTIFICA	TION				ne of Contact		Telephone Nur	nber	ALL THE SHAPE OF			Principal part	10.0mg - 10.0mg
DCA X EMERGENCY NOTIFICA	TION		EACII		HAEL MARCON FORMATION	I	973-761-9439					()	
Name of Facility Where Abatement is Taking Place (3)			FACIL	JI I IINI	CHIVIATION	Type of Facility	(4)					-	- 0/0
SETON HALL UNIVERSITY						School (K-	-12) er 8 (Other than private & commo	K-12)	ac h	mac	ata \		
Street Address						Square Feet	# of Floors	T	ys., no		dg. Age	-	
400 SOUTH ORANGE AVENUE - MC QUAID HALL City (5) County (6)	-			Cour	nty Code (7)	60,000	3	1			40+		
SOUTH ORANGE ESSEX					E USE ONLY)	Current Use (Pr UNIVERSITY	or it being demo	olisnec	1)				
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL	7				ASCM No.	Name of Abate			-1011				
Street Address					3	PAR ENVIRONI Street Address	WENTAL CORP	ORAI	ION				-
280 HUYLER STREET City, State, Zip Code						313 SPOOK RC							
SOUTH HACKENSACK, N	EW JER	SEY 076	806			City, State, Zip (SUFFERN, NEV							
Project Manager for Monitoring Firm			one Num	nber		Telephone Num		ense N	lumbe	er		-	
GEISER FAJARDO EXPECTED START DATE (10): (RESTART)	Sched	201-48 Comple	9-8700 tion Dat	te (11)		845-369-7500 Name of OSHA	Monitor 110	1				-	_
5 / 23 /19		5 /	24/		/19	QUALITY ENVI		OLUT	IONS	& TEC	CH.		
Month Day Year Occupancy Status During Abatement (Check only one)	Moi	ntn		Day	Year	Street Address			-			-	
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	f Abatem	nent	4			1376 ROUTE 9							
X Other - Describe: THURSDAY 5 PM-12 AM		- Descr	ibe:			City, State, Zip C	Code						
Scope of Work (Check all that apply) Demolition]Renova	tion			Full Conta	inment with Nega	WAPPINGER tive Pressure	S FAL	LS, N	IY 125	90		
X >3SF OR LF >160 SF OR 260 LF	- 0 2 2 2 2				Glovebag	Procedure le Procedure							
Location of	Isl	ocation	T	1	Description of As					Abate	ment Ty	3	
Asbestos-containing	100000000000000000000000000000000000000	nally use	d	C	Containing Materi		Amount	RE	Æ				
Material (ACM) TO BE ABATED		lely by /Custod	al	in	ie. Thermal sy nsulation, surfaci		(Specify SF or LF)	REMOVAL	REPAIR	CAP	[C		
in Facility (13)	St Yes	aff (12)	N/A		or other miscella			AL.	1	ENCAPSUL	ENCLOSUR		
2ND FLOOR ROOM 106	165		(VA	т			85 SF	x	-	-		-	
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		\vdash	-					-	_	-		_	
Name of Registered Waste Hauler	NJDEP	Waste	Cub	oic Yard	is of Waste	Name of Registe	red Landfill		1	_		-	
NEWARK CARTING INC. 369 RAYMON BLVD. City, State	Hauler I		3.000		3	GRAND CENTR		AND	FILL			\$	
NEWARK, NEW JERSEY 07105				posal D 23-24/1		City, State PLAINFIELD TO	WNSHIP, PA			1	1		
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPE	BATION	s			Signature	1/11	Date	9 ((1	2	2/1	9	
point of or the						12718			1	100	7	·	
					6	(/)					1		

CX149	3 PA	AID		ICATION		ESTOS	y ABATEMENT d12:120)						
Date of Notification (1) 05/23/2019			1	Name of		Owner/C	Operator (2)	10),5	G Ene	k No.	E	n	No. of Street, or other Persons and the Street, or other Persons a
Agencies Notified	Type Notification			Street Ad 37-01 F	ddress air Lawr	Avenu	e		MAY 2 9	2019		U	and the second
☑ DEP ☑ DOL	✓ AmendedAmendment #☐ Emergency (in				te, Zip Co wn, New		07410						mark and a second
☑ DOH ☑ DCA	justification) □ Cancellation	loidding		Name of Tom Se	enko			2	elephone Num 01-794-5500	bet no	L G	dep. sky ris	Andrew Transport
Name of Facility When Thomas Jefferson M		g Place (3)		FACII	LITY INFO	DRMATI	ON Type of Faci	ility (4)				-	
Street Address 35-01 Morlot Avenue	e ,							(K-12) oter 8 (Other than e. private & comi		js, home	es,	c.)	
City (5) Fair Lawn, New Jers	sey 07410						Square Feet 20,000	# 2	of Floors	Bldg 50+	g. A	;	
County (6) Bergen				County C	Code (7) ISE ONLY		Current Use	(Prior if being de Middle Scho				*	
Name of Monitoring Fi Omega Environmen		Owner (8)	16	ASCM	l No.		Name of Aba Lilich Corpo	tement Contract oration	or (9)			: <u></u>	
Street Address 280 Huyler Street							Street Addres 246 Union E	V. (1)					
City, State, Zip Code South Hackensack,	New Jersey 07606	ı	(F64)==)				City, State, Z Totowa, Ne	ip Code w Jersey 0751	2			-	
Project Manager for M Stan Blackman	onitoring Firm			Telephor 201-489			Telephone No. 973-225-84	o. 00	License No 01104	•			
Start Date (10) 05/24/2019		Scheduled (05/26/20		oletion Dat	te (11)		Name of OSI Iris Environi	HA Monitor mental Laborat	tories, LLC				
Occupancy Status Dur Facility Closed/Vac				ent			Street Addres 2333 Route						
☐ Abatement Perform☐ Other – Describe: Scope of Work (Check	med Outside of Norm						City, State, Z Union, NJ 0	ip Code 17083					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			nova moliti				☐ Mir	I Containment wi ni-Enclosure ove Bag Procedu n-Exempted (*) a	re / Limited Co.	ntainme		Tent	
			ocat					•	Amount (Specify	(*16.0		ient	
Locati Asbestos-Containin <u>TO BE A</u> In Fa (13	ng Material (ACM) BATED cility	Used Main Custo	Sole tena	ely by nce/		stos Cor mal syst	Description of ntaining Materia tems insulation VAT, or er miscellaneou	, surfacing,	SF of LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ite	O
1st Floor Girls	X			TSIIr	nsulation & Fi	ttings	20-25 LF	Х		3 2			
	<u> </u>											8 	
Name of Registered W Lilich Corporation	H	IJDEP W lauler ID 18724		Cubic of Was	Yards ste	Name of Regis				6 <u>2.0. T.</u>			
City, State Totowa, New Jersey	Totowa, New Jersey						sal Date 5//2019	City, State Morrisville, P	'A			1	
Completed by Adriana Olejarova		Title Pres	iden	it		S	ignature 9	(Q)	Date 05/	e /23/20	19		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:50 and 12:120)

			Pursuan	t to NJAC 8:50	and 12:120)	1100	114	11/1	- 10	-	-
Date of Notification (1 05/09/2019)			of Building Owne awn Board of E		TID)	Check	No. 1	7		rous companyon
Agencies Notified	Type Notification			Address Fair Lawn Ave	nue		MAY 2 9 2	2019	The complete	IJ	WITH THE VALUE OF STREET
□ EPA ☑ DEP ☑ DOL	Initial Amended Amendment # Emergency (in	cluding	Fair L	tate, Zip Code awn, New Jers	ey 07410	ASB	ESTOS CON	TROL	- Inches		
☑ DOH ☑ DCA	justification) □ Cancellation		Name Tom S	of Contact Senko			lephone North 11-794-5500	e.	Black	al and a second	
			FAC	ILITY INFORMA							
Name of Facility Whe Thomas Jefferson I	re Abatement is Takin Viiddle School	g Place (3)			Type of Facili	0.00,000					
Street Address 35-01 Morlot Avenu	ıe			76	☐ Subchapt	ter 8 (Other than b. private & comm	K-12) nercial buildings	s, home	eto	: .)	
City (5) Fair Lawn, New Jer	rsey 07410				Square Feet 20,000	2	of Floors	Bldg 50+	\ge		
County (6) Bergen		tion.		Code (7) USE ONLY)	Current Use	(Prior if being de Middle Scho	molished) ol				
Name of Monitoring F Omega Environme	irm Hired by Building ntal Services Inc.	Owner (8)	ASC	M No.	Name of Abat Lilich Corpor	ement Contractor ration	or (9)				
Street Address 280 Huyler Street	100				Street Addres 246 Union B				America.		
City, State, Zip Code South Hackensack	, New Jersey 07606)			City, State, Zi Totowa, Nev	p Code w Jersey 07512	2				
Project Manager for N Stan Blackman	Monitoring Firm			one No 89-8700	Telephone No 973-225-840		License No. 01104				
Start Date (10) 05/23/2019		Scheduled Co 05/25/2019		Date (11)	Name of OSH Iris Environr	lA Monitor nental Laborat	ories, LLC				
Occupancy Status Di	uring Abatement (Che	ck Only One)			Street Addres 2333 Route				2000		
☐ Abatement Perfo☐ Other – Describe		eriod of Abate al Facility Hou	ment irs		City, State, Zi Union, NJ 0	ip Code			_		
Scope of Work (Chec	ck All That Apply)										
≥3 sf or ≥3 lf≥160 sf or ≥260	lf		ovation olition		☐ Mir	Containment wini-Enclosure ove Bag Procedu i-Exempted (*) a	re / Limited Co.	ntainme	t &	Tent	8
			cation mally				Amount (Specify		ten		
Asbestos-Contain	ation of ning Material (ACM) ABATED	Used S	Solely by enance/		Description of Containing Materia systems insulation		SF of LF)	R		Enc	旦
In F	acility		ial Staff? (2)	dicinia	VAT, or	10 373		Removal	Renair	Encapsulate	Enclosure
, ,	(13)		No N/A		other miscellaneou	us)		val	₹'	ılate	ure
1st Floor Girl	1st Floor Girls Locker Room				I Insulation & Fi	ittings	20-25 LF	X			
									-		
									_		
Name of Registered	Name of Registered Waste Hauler				ubic Yards	Name of Regi	stered Landfill		-		_
Lilich Corporation			Hauler 1872	4	Waste 3	Fairless Lar	ndfill		-		
	Totowa, New Jersey				sposal Date 5/25//2019	City, State Morrisville, F			_		
Completed by Adriana Olejarova	mpleted by Title				Signature -	100	Dat 05	te 5/09/20	9		
	CONTROL CONTRO				1 11						

CKILLAY DATE	n I		ICATION		ESTOS	ey SABATEMEN nd 12:120)	IT						
Date of Notification (1) 05/23/2019		Ť		f Building		Operator (2)	Cardinage	Gheck No.	1494	E	П	=	3 F-
Agencies Notified Type Notification □ EPA ☑ Initial			Street A 15-00 F	ddress Plaza Ro	ad		evidence ou experience	以广	<u> </u>	5 1	1/4		
☑ DEP☑ Amended☑ DOLAmendment #			City, Sta Fair Lav	ite, Zip Co wn, New	ode Jerse	y 07410		The second secon	MAY	2 9	201		
☐ Emergency (ir justification) ☐ DCA ☐ Cancellation	cluding	1		f Contact n c/o Ma	xons		delegan adjection ad the	Telephone 973-338	63075	CON	ITH	L &	Because
			FACI	LITY INFO	ORMAT	ION	- l		LICE	NSIN	G	- 01	
Name of Facility Where Abatement is Takin APT Condo Building	g Place (3	3)				Type of F						Simula	
Street Address 15-00 Plaza Road						☐ Subch	napter 8 (Other to (i.e. private & c		ouildings	s, hom	es,	c.)	
City (5) Fair Lawn, New Jersey 07410						Square Fe 20,000	eet	# of Floors 2	3	Bldg 50+			
County (6) Bergen			County (Code (7) JSE ONLY,		Current U	se (Prior if being Apt/Cond		d)				
Name of Monitoring Firm Hired by Building Garden State Environmental	Owner (8)		ASCM	l No.		Name of A Lilich Cor	batement Contra poration	actor (9)					
Street Address 500 South Broad Street						Street Add 246 Union	ress n Boulevard						
City, State, Zip Code Glen Rock, New Jersey 07452						City, State Totowa, N	, Zip Code New Jersey 07	512					
Project Manager for Monitoring Firm Bruce Wolf			Telephor 201-652			Telephone 973-225-8		Licer 0110	ise No.)4	ы		89	
Start Date (10) 06/03/2019	Schedule 06/24/2		oletion Da	te (11)		100000000000000000000000000000000000000	SHA Monitor onmental Labo	ratories, L	LC				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire P			ent			Street Add 2333 Rou	ress ite 22 West					3	
☐ Abatement Performed Outside of Norm☐ Other – Describe: Scope of Work (Check All That Apply)						City, State, Union, N.						_	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demolit					ull Containment Mini-Enclosure Glove Bag Proce Ion-Exempted (*	edure / Limi	ted Con	tainme		~ent	
	le	Locat	ion					Amo	unt		-	ent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normal ed Sole iintena todial	lly ely by nce/				of erial (ACM) (i.e. on, surfacing,	(Spec		Rer	Tyr	Enca	Enc
(13)	Yes	(12) No	N/A		oti	ner miscellane	eous)			Removal	Repair	Encapsulate	Enclosure
Basement Under Apt 1548 A Next to Laund	3/				Δ.	ir Cell Insula	tion	150	I F	Χ		-	
Basement Under Apt 1548 B Next to Laund	-				976	Air Cell Insula		150		X		-	
Basement Under Apt 1554 A					A	ir Cell Insulat	tion	325	LF	Χ			
Basement Under Apt 1554 B Basement Under Apt 1510 A	Basement Under Apt 1554 B						tion	325		Χ		-	-
Basement Under Apt 1510 A Basement Under Apt 1504 A		1			air Cell Insulat Air Cell Insulat	tion	485 185	7,100	Х		-		
Basement Under Apt 1504 B		-			ir Cell Insulat	tion	185	LF			-		
Name of Registered Waste Hauler			JDEP W	laste		c Yards	Name of Re						
Lilich Corporation	H	lauler ID 18724		of Wa		Fairless L	0.TE						
City, State Totowa, New Jersey				06/2	osal Date 4/2019	City, State Morrisville	, PA						
Completed by Adriana Olejarova	Title Pre	esiden	it			Signature 1	(ف) د	\	Date 05/2	23/201	19		

014492) PA	M		CATION	te of New OF ASBE to NJAC 8	STOS	ABATEMEN'	Т		Western Co.				gadijana	
Date of Notification (1 05/23/2019)			Name of		wner/O	perator (2)	- Apply of the App	Chè	ckeo.G	A95		\mathbb{V}		7
Agencies Notified	Type Notification			Street Ad 321 Bille	ldress erica Roa	d, Suit	e 204	opposition and the state of the	M	District of the last of the la	AY 2	0	201		A CONTRACTOR STATE
□ EPA ☑ DEP ☑ DOL	☑ Initial☐ AmendedAmendment #				e, Zip Coo ford, MA								-0:	_	-
☑ DOH □ DCA	☐ Emergency (ir justification) ☐ Cancellation	cluding		Name of Sabastia		c/o Mic	dAtlantic Er	ng Partners	Tele 609	-337-39	ember 46CE	COI	UTF IG	11.8	il.
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Whe Private Property	re Abatement is Takir	g Place (3))				Type of Fa								
Street Address 1560 North West B	oulevard							napter 8 (Other to (i.e. private & c						;.)	
City (5) Vineland, New Jers	sey						Square Fe 10,000		2	Floors		Bldg 50+	. Ag		
County (6) Cumberland				County C (STATE U	code (7) ISE ONLY)	-	Current Us	se (Prior if being Offices	g dem	olished)				-	
Name of Monitoring F Garden State Envir	irm Hired by Building onmental	Owner (8)		ASCM	No.		Name of A Lilich Cor	batement Contr poration	actor ((9)					
Street Address 500 South Broad S	treet						Street Add 246 Union	iress n Boulevard						8	
City, State, Zip Code Glen Rock, New Je	ersey 07452						City, State, Totowa, N	, Zip Code New Jersey 07	7512					-	
Project Manager for M Bruce Wolf	Vonitoring Firm			Telephon 201-652	ne No 2-1119		Telephone 973-225-8			License 01104	No.				
Start Date (10) 06/03/2019		Scheduled 06/24/20		pletion Dat	te (11)			SHA Monitor onmental Labo	orator	ies, LLC	;				
Occupancy Status Du							Street Add 2333 Rou	lress ute 22 West							
☐ Abatement Perfo☐ Other – Describe:		nal Facility	Hours	ent			City, State Union, No	, Zip Code J 07083						_	
Scope of Work (Chec	k All That Apply)														
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260	lf		Renova Demoli				□ I ⊠	Full Containment Mini-Enclosure Glove Bag Proc Non-Exempted (edure	e / Limited	d Conta	ainme	ent o	<u>"ent</u>	
		1000	Loca	997 S. 1585						Amount (Specify	t y			ent	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED facility 13)	Use Ma	d Sol	ely by ance/ Staff?		stos Co mal sys		erial (ACM) (i.e. ion, surfacing,		SF of LF	-)	Removal	Repair	Encapsulate	Enclosure
	,	Voc	No	N/A								a	i eesti	ate	ē
Ext	Yes Exterior						Vindow Caul			1980 LF		X			
Boiler	r Room-	X					Grey Flue Ve	ent		3-6 SF		X			
El Hills	1st Floor					,	Vinyl Floor T	Гile		120 SF		X			
1st	1st Floor						Plaster			1000 SI		Χ			
Name of Registered	Name of Registered Waste Hauler Lilich Corporation				/aste No.	Cubic of Wa 40	: Yards aste	Name of R Fairless	-		lfill				
City, State Totowa, New Jerse	City, State Fotowa, New Jersey					Dispo 06/24	sal Date 4/2019	City, State Morrisville	e, PA						
Completed by Adriana Olejarova	ı	Title Pre	eside	nt		,	Signature	2	0		Date 05/23	3/20	19		

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Date of Notification (1) 05/24/2019					f Building Delucia		Operator	(2)			34.57	2 ~	0.0	40	-	The second	
Agencies Notified	Type Notification			Street A	Address	7772302				best	MAY	2 y	-20	19	+	-	
ĭ EPA	× Initial												-		_		minutes (E)
× DEP × DOL	Amended Amendment #	£			ate, Zip Co and Park		RQN4			AS	BESTO	S C	TMC	ROL	Si		A
ĭ DOH	Emergency (in				f Contact	, 140 0		== ===		Tel	ephone	all between		-	~~	p. marrier	
DCA DCA	justification) Cancellation		- 1		Delucia					10.	oprioric	.,	JOI				
Name of Facility 10%	0 L - 1 1 : - T - 1 : -	DI		FACI	ILITY INFO	ORMAT	ON										
Name of Facility Where A House	Abatement is Taking	Place (3)						of Facility	antinate pecasies							
Street Address								I S	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth				dings,	hoi	∋s,	
City (5) Highland Park									e Feet	# o	f Floors		10000	ldg. A	ge		
County (6) Middlesex	4.0				Code (7))		Galestana (1)	nt Use (Pr	J. J. Santana		olishe		100 m (*)	-		-
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	/ No.			of Abat	ement Co		(9)				_		-
N/A Street Address									ement, li	nc.							
Street Address							Addres oseng	s ren Ave	nue								
City, State, Zip Code		-200	7-9-9-7	-			tate, Zi							-		1	
				NAME OF TAXABLE PARTY.				J 07512									
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No 45868			Licens 0131						
Start Date (10) 06/06/2019		Schedul 06/07/2		pletion	Date (11)				A Monitor			1 (
Occupancy Status During	g Abatement (Check	Only Or	ne)					Addres							-		-
Facility Closed/Vaca	ated During Entire Pe	eriod of	Abatem	ent			11 R	oseng	ren Ave	nue							
Abatement Perform Other – Describe:	ed Outside of Norma Occupied	al Facility	/ Hours			_		tate, Zip wa, N.	o Code J 07512								
Scope of Work (Check A	I That Apply)																1
X ≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renovat Demoliti				×	Mini Glov	Containm i-Enclosur vebag Pro i-Exempte	e cedure							
2		Is	Location	on										Abate	ne		1
Location	277	1	Normall ed Solel	e :			scription				000 to 200 v	-	-	Тур	e		+
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenar todial S (12)	ice/				insulat T, or		(8	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A											te		
Baseme			X				nsulat			14	10 LF		X				
1st floo	or		X			Pipe	Insula	tion		2	0 LF		X		_		1
/													-		-		
Name of Registered Was	A.1 2777.03	JDEP W		Cubic			Name of	Registe	red Lan	dfill			100		1		
D&S Abatement, Inc.		auler ID 1996	No.	of Was	ste		Fairles										
City, State Totowa, NJ	4			Dispos TBD	al Date	1	City, Stat		Ą				_		-		
Completed by	ompleted by						ignature	11	ND-15 II N-12 PA			Date			_	-	1
Oliver Hegedis		Proje	ct Ma	nager		1	7/	U				05/2	24/2	019			

	PA	M)	ata of Nov		9		Latentperi	m	EC	0 [0 0	1 1	7	nt-Fo
MO 25348815	2007	NOTIFI (P	CATION ursuant	ate of Nev OF ASBE to NJAC 8	STOS / ESTOS / B:60 and	/ ABATEI 1 12:120	VIENT	-	K		<i>y</i> <u>L</u>	<u> </u>	3 (7
Date of Notification (1) 05/24/2019			Name of Diane	Building (Ellis	Owner/C	perator	(2)	and the same of th	1111	MA	47	4 9	20	9	
Agencies Notified Type Notification			Street Ad	ddress						ASBES	STO	S CC	TNT	101	8
EPA Initial			01. 01.	7: 0				- Control of the cont	The Part of Street Co.		LICE			101	#1000000000
X EPA X Initial Amended Amendment	#			te, Zip Co rd, NJ 0											
Emergency (justification) DCA Cancellation				Contact					Tel	ephone N	Numb	er		_	
Cancellation				LITY INFO	RMATI	ON	-		1			_		-	-
Name of Facility Where Abatement is Takin	g Place (3	3)					Туре	e of Facility (4)						
House Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			build	ings,	hor	ıs,
City (5)							_	etc.) are Feet		f Floors			dg. A		_
Cranford							N/A		N/A			9.500.7	/A	90	
County (6) Union			County C	Code (7) ISE ONLY)	-		Curr	ent Use (Prid USE	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	l No.				atement Con tement, In		(9)					
Street Address						Street		ess ngren Aver	nue.						
City, State, Zip Code						City, S	tate,	Zip Code	100					_	_
Project Manager for Monitoring Firm			Telephor	ne No		Teleph	*****	NJ 07512		License	No.				
						9733	4586	685		01311				Ш	
Start Date (10) 06/07/2019	Schedule 06/08/2		npletion [Date (11)				SHA Monitor tement, In	C.						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Occupied						City, S	tate, 2	igren Aver	nue		-			_	_
Scope of Work (Check All That Apply)					_	loto	wa, i	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure						
	Is	Locati	on					on-Exemple	() all	u Non-ri	labic		Abate	me	
Location of	1	Normal d Sole	ly			scription					-		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surface		s insu T, or		(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		1000000				122					Ф	
Attic	X			Ve	rmiculi	te		8	0 SF	_	X				
								- 10-		-					
					V = 1) = -									_	
Name of Registered Waste Hauler		392	JDEP W		Cubic		0-370	Name of	Registe	ered Land	Hill			-	-
D&S Abatement, Inc.		1.567	lauler ID 0996	140.	of Was	sie		Fairless	Land	llift					
City, State Totowa, NJ					Dispos TBD	sal Date	/	City, State Morrisv		A					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		S	Signature	11	^			Date 05/2		2019		
			=000			1/	4					_	***************************************	-	

X2117 PA	AID N		CATION	ate of New OF ASBE to NJAC 8:	STOS A	BATE				C E)	$\overline{\mathbb{V}}$	11		
Date of Notification (1) 05/24/2019			Building O					1 4	AAY 4	4 9 %	2019	The state of the s	9		
Agencies Notified Type Notifica	ation		Street Ac	ddress le Point d	300 000	ASBESTOS CONTROL &									
X EPA X Initial Amenda X DOL Amenda			City, State, Zip Code Hoboken, NJ 07030									al de la company des			
DOH Emerge		_	Name of Kevin I	Contact		Telephone Number 201-216-8705						Bres.			
	1-														
Name of Facility Where Abatement is Burchard Building Street Address	Faking Place (3)					Subc	ol (K-12) hapter 8				مد داد	hom		
1 Castle point on Hudson City (5)				da esta esta esta esta esta esta esta est			etc.) Square Fe	r (i.e. priv	# of Fl			Bldg.		», —	
Hoboken			-			N/A	N/A	1	I/A						
County (6) Hudson			County C	Code (7) USE ONLY)			Current Use (Prior if being demolished) Burchard Building								
Name of Monitoring Firm Hired by Buil Briggs Associates	ASCM 0004		e of Abatement Contractor (9) S Abatement, Inc.												
Street Address 3 Crosswicks Street						Street Address 11 Rosengren Avenue								-	
City, State, Zip Code Bordentown, NJ 08505							City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Michael Hoodak	ne No. 98-5520					License No. 01311									
Start Date (10) 06/08/2019	Scheduled Completion Date (11) 06/10/2019						Name of OSHA Monitor D&S Abatement, Inc.								
Occupancy Status During Abatement			Street Address 11 Rosengren Avenue								-				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied						City, State, Zip Code Totowa, NJ 07512								_	
Scope of Work (Check All That Apply)				18-11-11-00-										0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Demolition Mini- Glove								Containment with Negative Pressure i-Enclosure vebag Procedure i-Exempted (*) and Non-Friable Procedure					
	100	Is Location										Abateme Type			
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	intena todial (12)	ely by ance/ Staff?		os Cont thermal surfac	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure		
Room # 212	Yes	No X	N/A	VAT & N			etic		515 SF			-	-	-	
Nooili# 212		^			۷۸۱	W IVIO			010		X			_	
Name of Registered Waste Hauler		NJDEP W	/aste Cubic Yards			rds Name of Re			Registered Landfill						
DOC Abstament Inc				Hauler ID No. of Was 20996 TBD											
City, State Totowa, NJ	Disposal Date TBD				City, State Morrisville, PA						-				
Completed by Oliver Hegedis	Title Proje	Title Project Manager					Date 05/24/2019					9			

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Pate of Molification (1) Agencies Notified	7 2019	Name of Building Owner/Operation 2) Paul Catto D MAY 2 9 2019										
PEPA DEP DOL DOCA	Notification Type (Initial Notification () Amended Certification () Cancelled	Street Address City, State, Zip Code City,										
		Name of Contact Paul Catta C. Tel, Number FACILITY INFORMATION	ju ju									
Name of Facility Where Abatement is	Taking Place (3)	Type of Facility (4)										
Street Address		() School (K-12) () Subchapter 8 (other than K-12) (L) Other (i.e. private & commercial bidgs, hornes, etc.										
U. Arlington Berg	(State Use O	Only) Bldg Age 7.5										
Name of Monitoring Firm Hired by Bide	g. Owner (8) ASCM No.	Current Use (prior if being demolished) Private Hone Name of Contractor (9)	 ,									
Street Address		Street Address Home Owner										
Cily, State, Zip Code		City State, ZipCode										
Project Manager for Monitoring Firm	Telephone Number	Telephone Number License Number										
Scheduled Start Date (10)	Scheduled Completion Dale	e (11) Name of OSHA Monitor										
Cocupancy Status During Abatement (C () Facility Closed/Vacated During Entir () Abatement Performed Outside of No	- D- :	Street Address	-									
Describe		City, State, Zip Code										
Other - Describe												
Source of Work (Check all that apply) () Demolition (Renovation () Large Proj. (>160 SF or >260 LF ACM () Full Containment with Negative Pres.	M) () SM Proj. (>25<160 SF o	or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)										
Is Locati	on Normally Used Desc y Maint./Custodial therm 2) surface	oription of ACM (i.e. Amount (Specify SF or LF) Mail systems insulation, acing, VAT, or other Amount (Specify SF or LF) Abatement Type										
	- 1 moor	SED 1896 T 30 CU YOL REID REP EN 2 ENCI	<u> </u>									
Name of Re CALSULATING INC.		-1016 MB										
Oliv. State PO Ecot #440 Kearry, NJ 07032	UDEP Waste Hauler ID #	Cubic Yards of Waste A 30 Curyol Lendin Plant of Reg. Landin on to Disp. Date City, State	<u></u>									
In Se Oliver	NSPACHEIL	Signature (180 Van Arei 1)	1									
Turker Model P briefstage 19	rivohene 949-942 hezh	S. W.R. INCHESTRAL CONTROL OF THE CO										
		212 637 - 3798										

State of NJ

B& G proj # 2019-14	A					os Abatement						
B&G proj. #: 2019-14	LA	()	Puisue	NEW ST.		-7 and 12:120-7)		Chec	k # 9306	3		
Date of Notification (1)			A	-			T ITY	100 11	TE	-		
10 15 1/12 13 1/11 19 1	N	lame of Bui Devin Ca	17547	ner/Operator (2	2)		in disease	0)-				- 1
Agencies Notified Type Notification	n le	treet Addre						M				
EPA Initial		reet Addre	SS			11		MAY	292	2(9		
DEP LI IIIIIai		City, State, Zip Code										
X DOL X Amendm	ent)	Weehawken, NJ 07086										ال ال
X DOH	N	ame of Con	itact		Telepho	LIC one Numb	3	INDUSTRIAL SE				
DCA Cancellat	ion	Devin C	aro		Vii.							
			FAC	CILITY INFORM	MATIO	N						
Name of facility where abatement is	taking pla	ce (3)					Type of				-	
Devin Caro								-	ol (K - 12	* · ·		
Street Address					_		X		hapter 8 ((Private/0			
			Bldgs	./Homes,								
City (5)	Coun	ty (6)			T 00	unty Code (7)	Square	Feet	# of Floo	ors	dg. A	ge
2522		\$ 3000				rate use only)	Currer	it Use (Prior if bei	na demo	is ad)	_
Weehawken, NJ 07086		dson					reside	ential				
Name of Monitoring Firm Hired by B	dg. Owne	r (8)		ASCM No.		Name of Abatement (r (9)				
Street Address				n/a	_	B & G Restorati	on, Inc.					
Street Address						105 Ryerson R						
City, State, Zip Code					_	City, State, Zip Code						
						Lincoln Park, N						
Project Manager for Monitoring Firm	per		Telephone Number (973)696-6869	9	License Number 00378			_				
Scheduled Start Date (10)	Sched.	Completio	n Date (1	1)	_	Name of OSHA Monit				,		
05/24/2019 ***		B & G Restorati										
Occupancy Status During Abatement	_	Street Address 105 Ryerson Ro										
Facility closed/vacated during entire period of abatement.						City, State, Zip Code						
Abatement performed outside of normal facility hours- Describe:												
Other-Describe:	LincolnPark, NJ											
Scope of Work (check all that apply) Demolition												
	Renovation					Full Containment w/neg	ative pres	sure	✗ Glove			
	160 sf or ≥	260 If normally u	and aniah	.1	X	Mini-enclosure			∐ Non-f	riable pro		
asbestos-containing		nance/custo			on of	asbestos-containing	A	mount		е (R E	E
material to be abated in facility (13)			material ((5	(Specify SF or LF)			o c	n c	
	Yes	No	N/A					,		v i	р	-
basement			X	pipe insula	ation		13	0 LF		X		
					-							
				1			_			+++	╡ 봄	H
				1			-	-		╂	╡ 片	H
Registered Waste Hauler		P Hauler ID)# C	ubic Yards of V	Vaste	indine of tregletorea :	andfill			- -	<u></u>	
B & G Restoration, Inc. City, State	_	9563	Disposal D	1 Date	1	Grand Cen	tral Lan	dfill				
Lincoln Park, NJ				5/28/2019	*	City, State Pen Argyl, F	PA		. 4			
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Signature						Gordana Luna Date 05/23/2019						