J. MALORANO

Estimator

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Date of Notification (1) 11-01-2019			Name	of Building	Owner/	Operato	r (2)			1101	,i		2010			
Agencies Notified Type Notification				Address			-		1 15	NO\)	2019		Lanco	
EPA DEP DOL Amended Amendment Emergency justification)	(includin	g	Hillst	State, Zip C borough of Contact	NJ 088	44		of a super-		er in de large opgever gewicht blever	ICEN	SiN		1.8.	d.,	
DOH justification) DCA Cancellation				an Fisher					16	elephone	Nume	er				
Name of Facility Where Abatement is Takin Private Dwelling	g Place	(3)	FAC	CILITY INF	ORMAT	ION	Тур	e of Facility School (K-	31.03							
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth	ner than & comm	K-12) ercial	buil	dings	, hom	es,	
City (5) Hillsborough NJ 08844							Squ N/A	are Feet	# c	of Floors A		4	ildg. /	Age		
County (6) Somerset				Code (7)	,			ent Use (Pr	Prior if being demolished)							
Name of Monitoring Firm Hired by Building (Standard Environmental	Owner (8	3)	ASC	M No.			of Ab	atement Co	ntracto	r (9)						
Street Address 2108 Fulton Street, Suite 2A						Street	Addre		gillo							
City, State, Zip Code							tate, 2	Zip Code	-				-			
Brooklyn NY 11233 Project Manager for Monitoring Firm		Т	Telepho	one No.	dlan	d Park NJ	0742	4 Licens	e No							
Kayode Adefisoye Start Date (10)	Schodu	lad Car	347-241-7673 973-692-6298 mpletion Date (11) Name of OSHA Monito							0126		Sell seed				
11-13-2019	11-18	-2019		Date (11)	HA Monitor ntracting											
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P				-	ss 734			35								
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	nent s			City, St	ate, 2	ip Code d Park NJ	0740							
Scope of Work (Check All That Apply)						VV000	ulani	J Park NJ	0742	4						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbest (i.e.	os Conta thermal s surfac	ining Ma	ateria insula , or	I (ACM) ation,	(S	mount pecify or LF)	. SOLITON	Removal	Repair	Encapsulate	Enclosure	
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City, State Woodland Park NJ 07424					Dispose 11-27-			City, State Mprrisvi							\neg	
Completed by Forne Maslarkov	Title Proje	ct Ma	nager			nature	J	lung	iio i ⁻ A		Date 11-0	1-2	019			

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DOL	Amendment #		_ <	FA	12	LAWN	. NJ ,	0/4/0	SCUMPRE	11.8	
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DCA	☐ Cancellation		IU	s. N	JAUA	O'LEA	(Lip	V)=	_
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lame of Facility Where	Abatement is Taking Place	e (3)			•		Type of Facility	(4)			
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treet Address		7					Subchapter 8	(Other than K-1:	al buildings.		
							homes, etc.)				
City (5)				4	<i>t</i> * .	4.4		# of Floors	Bidg. Age		
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County (6)			C	ounty (Code (7)	(STATE USE	Current Use (Pr	ior if being demo	lished)		
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	n Hired by Building Owner	T A	SCM N	0.		Name of Abater	nent Contractor (9	9)			
8)						Best Re	moval In	С			
Street Address			*****			Street Address				*	
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City, State, Zip Code	_					City, State, Zip		<u> </u>			
City, Statte, Zip Code	*						ack, N.J	07601			
	~	1 7.1		Na		Telephone No.		License No.			
Project Manager for Mo	usoning ram	ies	ephone	NO.		201-329		00388			
	Scheduled Co		m Dodo	(44)		Name of OSHA		1. 00300		=	
Start Date (10)		12/		(14)			Environm	ental			
	ng Abatement (Check only		/ 1			Street Address		011001			
				•		280 H	uyler St	(8%)			
☐ Facility Closed/Vaca	ted During Entire Period o	f Abate	ment			City, State, Zip					
☐ Abatement Performe ☐ Other – Describe:	ed Outside of Normal Facilities 2:00 AM To	S: 9	00	M			ckensack	,N.J. 0	7606		
Scope of Work (Check			-			· ·					
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G 2 100 31 01 2 200 1						☐ No	-Exempted (*) an	d Non-Priable Pr	rocedure	Abate	me
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	ing Material (ACM)		ntenan		Asbe	stos Containing I	Material (ACM)	Amour (Speci	tt a		Eno
TO BE	ARATED	ç	ustodia	al	(IL	e thermal system surfacing, V/	T. or	SForL		Ropair	Encapsulate
		İ	(12)			other miscella		Sp. park	Yai	=	dat
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Name of Registered V	Vaste Hauler	1	DEPV	Vaste I	lauler	Cubic Yards o	f Name of Reg	istered Landfill	8		1000
	noval Inc	ID	No.	100		Waste 7 1/2	0.0		OTV IN	100	
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City, State						Disposal Date		00	17941)	
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Completed by J. MAIOR	Title	ima				Signature	on's come	`	10/	201	10

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Date of Notification (1)	77-19			Nan	ne of Buildi	AR WHILL	TATE	DR + DCHALGE	CUA	The	1.8	š		
Agencies Notified	Type Notificatio	n		Stre	et Address			R.			or Land States	Old Tomas		
DEP IX DOL	Amended Amendment	#		City	State, Zip	Code		7	<u> </u>			=		
M-DOH	Emergency justification	includi	ng	_		LERMON	IJ NJ	OS ZI				_		
DCA	Cancellation			Nam	ne of Conta			relephone Numb	er					
ļ				F/		FORMATION		1						
Name of Facility Where A	Abatement is Taki	ng Plac	e (3)				Type of Facilit							
Street Address	RESIDEN	<u></u>						r 8 (Other than K-12						
							homes, etc							
City (5)	U. WIL	V)	200	2			Square Feet	# of Floors		dg. A				
County (6)		-1/4		Cou		7) (STATE	Current Use (F	Prior if being demolis	_	10	-	=		
CAP1					E ONLY)			_	_					
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCN	No.									
Street Address	<i>IP</i>					Street Address	MO I	,						
						369		RICE ALE	_			=		
City, State, Zip Code						City, State, Zip C		ADL WIT O	08052					
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		License No.	7	1				
		11-11		tian D	-to (11)	876 - 7				<u>_</u>		=		
Start Date (10)	Sche	dulea (-)9	ate (11)	Name of OSTA	WLA					_		
Occupancy Status During			one)			Street Address								
Facility Closed/Vacated Abatement Performed						City, State, Zip Co	nde .				_	닉		
Other - Describe:	Outside of Norme	n 1 00m	., .,			Oity, Oldic, Ep O		- Y				_		
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	egative Pressure	-					
≥3 sf or ≥3 lf			enovati			☐ Mini-End		5,500.0						
≥160 sf or ≥260 lf			emolitio			Non-Exe	empted (*) and N	on-Friable Procedure				-		
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Location of Asbestos-Containing Ma			Soleh ntenan		Asbest	Description of os Containing Mate	erial (ACM)	Amount			ш			
TO BE ABATE IN Facility			ustodia Staff?	I	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	тсар	Enclosure		
(13)			(12)			other miscellaneo	us)		oval	air	Encapsulate	sure		
		Yes	No	N/A								_		
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					Vaste	Cubic Yards	Name of Reg	istered Landfill						
KLTMCO DWC 15) No.	of Waste		M.C. M.V.	Д			_		
City, State - WAPLE SHAPE N. J					2	Disposal Date	City, State	DAINE	NI.	T				
Completed By	Title	<u> </u>			1	Signature	1.071	Date	77	-10	?			
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Date of Notification (1)	27-19			Na	ame of Build	ing Owner/Operato	or (2)	DE PERMI	K CY	WII	78774		
Agencies Notified	Type Notificati	ion		St	reet Addres	S			-	NG.	t C/En	Ct	
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□ DCA	☐ Cancellation	n		_	IL	M							
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Street Address	RESIDEN	(F					School (K	-12) er 8 (Other than K-1	2)				
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City (5)	41.1.0						Square Feet		TE	Bldg.	Age		
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(8) W	JA				ASCM No. Name of Abatement Contractor (9) KLTM(O IW(
Street Address					Street Address								
City, State, Zip Code						369 City, State, Zip C		RICE ALE	_				
City, State, Zip Code						WAF		ADE ULT	08	70	7		
Project Manager for Monit	oring Firm		Tel	ephon	e No.	Telephone No.	100	License No.				-	
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Start Date (10)	Sche	eduled (Comple	2000000	ate (11)	Name of OSHA N	Monitor (1 / /						
Occupancy Status During	Abatement (Che	ack only	(one)	-19	<u> </u>	Street Address	MI	4	_	_	_	_	
Facility Closed/Vacated				ment			*	2			-0-11-600		
Abatement Performed (Outside of Norma	al Facili	ty Hou	rs		City, State, Zip Co	ode	2					
Other - Describe:													
Scope of Work (Check all	that apply)					☐ Full Con	tainment with N	egative Pressure	*				
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Name of Registered Waste Hauler NJDE						Cubic Yards	Name of Reg	istered Landfill					
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City, State - WAPLE SH	ADE N	T	6			Disposal/Date	City, State	SOPINE	NI.	7			
Completed By	Title	ر،				Signature	wa	Date	2	<i>J.</i>	_	=	
MICHAEL KLONON SUPERVIS					R.	Mu	lon	- 10-	(1)	-1	4	_	

CK = 4928 Inv # 15787





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Agencies Notified Type Notified	cation			Street Addre		TONA		_	_		
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Name of Facility III		ы	761	FACILITY	HEORMATION						
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Street Address	7					School Subcha	(K-12) upter 8 (Other than				
						Other (i	.e. Dryate & mmm	n-12) nercial	build	ings,	
City (5)	*)					Square Fe	ecc.)				
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County (6)			7	County Code	(7) (STATE	Current Us	e (Prior if being den	nolich	7	0	_
ATCAUTIC			_	USE ONLY)		\\\/	ACANT	IÇILŞI T	ω,		
Name of Monitoring Firm Hired by Buildi	ng Ow	ner	A	SOM No.	Name of Abaten	nent Contract	x (9)				
(8) N/A			_ _		K	LEMCC) INC				
Street Address					Street Address		0 -				
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City, State, Zip Code					City. State, Zip C	_	11 11 11 11	7 ^			
		-	Talaah	one No.	Telephone No.	PLE S	HADE N.	2 ()50) (
roject Manager for Monitoring Firm		'	ciepi)	one no.	856-779	7-12177	License No.	יק ~	1		
tart Date (10) Sci	nodi de	- -	Nation	n Date (11)	Name of OSHA M		- - 121)		=	===
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ccupancy Status During Abatement (Ci	reck or				Street Address	-14/			_		==
Facility Closed/Vacated During Entire				nt I							
Abatement Performed Outside of Norm				+	City, State, Zip Co	de	1				
Other - Describe:											
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Location of	Use	d Sole	y by		Description of	al / A Cot 4:		-	,		
sbestos-Containing Material (ACM)		intena Justodi			Containing Materi		Amount (Specify	R	_	Enc	En
TO BE ABATED IN Facility		Staff?			surfacing, VAT, or	2024 2	SF or LF)	Removal	Repair	aps	Enclosure
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Date of Notification (1) 11/01/2019			Name of Miche	of Building Owne	r/Operator	(2)		NOV -	fi	netr	,	Management of the state of the
Agencies Notified Type Notification	n		Street A	Address				IVU V	U_	All	}	11-
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Emergency		_		rk, NJ 07106			- name of matter after more supple	LICEN	ISIN	IG.	. USA TELAPA	anti ori
DOH justification	1)			of Contact elle Williams			Teleph	one Numb	er			
Name of Facility Where Abatement is Taki	ing Place (3/	FAC	ILITY INFORMA	TION	Time of Facil	1					
House	ing Place (٥)				Type of Facil School						
Street Address				V-(44/54)		Subcha	pter 8 (Other the private & co	nan K-12) mmercial	build	lings,	hom	es,
City (5) Newark						Square Feet N/A	# of Flo	ors	100	ldg. A	ge	
County (6) Essex				Code (7) USE ONLY)		Current Use	(Prior if being o	demolished	i)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		of Abatement Abatement						
Street Address						Address osengren A	venue					
City, State, Zip Code					City, S	tate, Zip Code wa, NJ 075	<u> </u>					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No. 345-8685	Lic	cense No.				
Start Date (10) 11/11/19	Schedul 11/12/		mpletion	Date (11)	0.00	of OSHA Moni Abatement	tor					
Occupancy Status During Abatement (Che	-2 17 17-30					Address	, 1110.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of mal Facility	Abaten y Hours	nent s		City, S	osengren A						
Scope of Work (Check All That Apply)					10101	wa, NJ 0751	12		_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	printered .	Renova Demolit			×	Mini-Enclos Glovebag F						
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Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ely by		escription	of laterial (ACM)	Amou			Ту		
TO BE ABATED In Facility		intena todial S		(i.e. therm		insulation,	(Spec	30.00	Rer	Re	Enca	End
(13)	Yes	(12) No	N/A		r miscellan		37 011	LF)	Removal	Repair	Encapsulate	Enclosure
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Basement		Х		Pip	e Insula	tion	85 L		X			
				18:								
Name of Registered Waste Hauler		L	JDEP W	facts Cubi	- Vanda	I NI						
Atlantic Carting		Н	lauler ID 6085			//////////////////////////////////////	of Registered d Central	Landfill				
City, State Wayne, NJ				Disp TBD	osal Date	City, S	State Argyl, PA					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		Signature	1		Date 11/0	1/2	019		

Inv# 15792 NOTIFIC (P

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	以外,	Am 104	DE.				ng Owner/Operator	(2)	į.			-	
	31 /	19	-		Fr	ank Lurcl	h Demolition		LAD TOTAL	S.C. propie	TBUTA	73	
Agencies Notified	Type Notif	ication			Stree	et Address			Assess K	ENSING ENSING	14:	3409	
⊠ EPA					51	5 Main St	treet	E-squestimes	CONTRACTOR OF A STATE OF STATE	erica Laborator Vers	- Maritan Lanco	dataen sent	Contract to the
⊠ DOLWD	☐ Amend					State, Zip							
⊠ DOH	Amend			-			e Sea, NJ 07717						
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (ir	ncludir	ng		e of Contac			Talaah				
(**************************************	☐ Cancell				100000000000000000000000000000000000000	ank Lurch			Telephone N				
									732-740-	9814			
Name of Facility Where A	hatement is	Takin	a Diac	0 (2)	F.F.	CILITY	NFORMATION	-					
Residence	toutoment is	rakini	y riac	e (3)				Type of Facility					
Street Address								School (K-12	2) 8 (Other than k	(-12)			
- Charles								Other (i.e., p	rivate and com	mercial b	uildin	gs,	
City (5)					-			homes, etc.))				
Avon								Square Feet	# of Floors	E	Bldg. A	\ge	
County (6)					10			4000	2		65		
Monmouth					Cou	inty Code (/	7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished)			
Name of Monitoring Firm	Hirad by D.	: - : 6		(0)	1001			Residence					
N/A	niied by Bu	liaing C	Jwner	(8)	ASCN	l No.	Name of Abateme						
Street Address								ntracting, Inc.					
Street Address							Street Address						
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City, State, Zip Code	State, Zip Code						City, State, Zip Co						
Droinet Manage of a Mary							Toms River,	New Jersey 08	755				
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No				
Start Date (10)							732-349-9932	00624					
11 /12 /	10					ate (11)	Name of OSHA M	lonitor					
		-			<u> </u>	19	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address					1.000	
☐ Abstament Referenced	d During Ent	ire Per	iod of	Abate	ment		1056 Stelton						
Abatement Performed Time of Abatement:	Outside of N	iormai PN	Facilit 1/	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
						ZIVI	Piscataway, I	New Jersey 088	854				
Scope of Work (Check all	that apply)						D-10						
≥3 sf or ≥3 lf			☐ Re	enovat	ion		☐ Full Cont	ainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf				emolitic			☐ Glovebac	Procedure					
			- 1				☑ Non-Exer	mpted (*) and Nor	n-Friable Proce	edure			
Location of	of.			Local Norma						Ab	atem	ent T	ype
Asbestos-Containing N		A)		ed Sole		Ashes	Description of stos Containing Mat		A	R	R	Щ	ш
TO BE ABAT	ED			intena todial		(i.e.	, thermal systems i	nsulation,	Amount (Specify	Removal	Repair	ıcap	1Clo
IN Facility (13)	/		Cus	(12)	Stall?		surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
(:-)		Ī	Yes	No	N/A		other miscellaned	ous)				ate	· w
exterior					-	aabaata	:-				_		
		-	<u> </u>			aspesto	s siding		1300 sf			Ш	
exterior			Ш			asbesto	s roofing		2500	\boxtimes			
											П	П	П
			П	П	П								
Name of Registered Waste	Hauler				JDEP V	Naste	Cubic Yards of	Name of Dogist				Ш	
Guardian Contractin				2577	auler II	No.	Waste	Name of Regist T.R.R.F.	ereu Landfill				
City, State					20223		10						
Toms River, New Jer	'SAV						Disposal Date	City, State					
	•						11/15/19	Tullytown,	Pennsylvani	а	174		
Completed By (Print or Typ	e)	Title					Signature			Date	Ì	-11-11-20	
Nicholas Fernicola		Pro	oject	Mana	ager		N		_	10/	31/	19	

Inv# 15044

Data of Notice of the (4)										(127	# Oc	20 9	57	
Date of Notification (1) 10/30/19					of Building (well Unive		Operato	r (2)	1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N E	G [5 (\mathbb{V}	Er	
Agencies Notified X EPA	Type Notification Initial	1			Address Bloomfield	d Aver	nue		The second secon	3	THE BOOK TO SERVICE STREET, ST	All more had	**************************************	Section of a	A CHARLES OF THE COLUMN TO SERVICE OF THE COLU
DEP X DOL	Amended Amendmen	t #			tate, Zip Coo well, NJ 0				111		NOV -	6 /	019	The state of the s	
X DOH	Emergency justification		g		of Contact					TTO	lephone	Numbe	200.000	FE-01-03	
DOH DCA	Cancellation			Mr. R	Raymond V				-1 _{pd} = -7	A 59	73-618-	3295	TROI	ÖŁ	
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	CILITY INFO	RMAT	ION	Туре	of Facility	(4)					
Mother Joseph Resident Address	dence Hall								School (K						
120 Bloomfield Aven	iue							×	Subchapte Other (i.e. etc.)	er 8 (Oth private	er than l & comm	K-12) ercial b	uilding	ıs, hor	nes,
City (5) Caldwell								Squa 5,00	are Feet	# 0	f Floors		Bldg 50 +	Age	
County (6) Essex					Code (7)			Curre	ent Use (P	rior if be	ing demo	olished)			
	lies of her De IIII	0 "			USE ONLY)	-			idence F						
Name of Monitoring Firm H USA Environmental I	Management,	Inc.	3)	ASC	M No.				atement Co racting &			tal Co	nsult	ng, l	nc.
Street Address 344 West State Street	et				-		Street 1141		ss te 23						
City, State, Zip Code Trenton, NJ 08618									Cip Code J 07470						
Project Manager for Monito		Telepho	one No.		Teleph				License	e No			_		
William Weisgarber				(609)	656-8101				9200		00408				
Start Date (10) 11/11/2019		11/17/	2019	npletion	Date (11)				HA Monitor acting &		nment	al Cor	sulti	ng, Ir	nc.
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	SS					-	
Facility Closed/Vacate Abatement Performed	ed During Entire I d Outside of Norn	Period of nal Facilit	Abaten v Hours	nent			1141		te 23 ip Code	-				81	
Other – Describe:						_	25000		J 07470						
Scope of Work (Check All	That Apply)	200													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mir Glo	l Containm ni-Enclosur ovebag Pro	e cedure					
		T ,	s Locati	ion			-	I INO	n-Exempte	a (*) and	Non-Fr	iable P	7	ire temen	t
Location o			Normal	ly		Des	scription	of						уре	
Asbestos-Containing M TO BE ABAT	aterial (ACM)		ed Sole aintenar		Asbestos	s Conta		aterial			mount	_		l m	m
In Facility (13)		Cus	todial S (12)	Staff?		surfac	cing, VAT	r, or	ition,		pecify or LF)	Remova	Repair	cap	Enclosure
(13)		Yes	No	N/A		other m	niscellane	eous)				oval	<u>a</u> .	Encapsulate	sure
1st Floor				X		Flo	oor Tile)		2,7	00 SF	X	+		
1st Floor				Х	Fir	re Do	or Insu	latior	1	2	1 SF	X			
1st Floor					Lig	ght Pa	ad Insu	latior	1	3	SF	X			
40										91.535.5	18 17 E2-				
				JDEP Wauler ID		Cubic \ of Was			Name of						
*******	rironmentai Co	onsul.,		7819		20			Grand (Centra	I Landf	ill			
City, State Vayne, New Jersey						Dispos	al Date		City, State		nnsylva	ania			
Completed by Jerry Bijelonic		Title Proje	ct Ma	nager		Si	gnature				1	Date	40		
lerry Bijelonic Project Mar								<	1/			10/30/	19		

T.O. H	1501	F	` `											Pr	int F
111047 4147726696000			ICATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE		5) E	C	E		$\overline{\mathbb{V}}$		
Date of Notification (1) 11/01/2019	45-05			f Building		Operator	(2)	100	A Commence of the Commence of	NOV	/ (9 2	019	and the state of t	
Agencies Notified Type Notification	1	-	Street A	ddress					-	A				-	1/12/42007
X EPA X Initial								1	AS	BEST	OS O	UN.		الســــــــــــــــــــــــــــــــــــ	
■ DEP				ate, Zip Co				- Anna Anna	en voner en	L	CENS	FIME	3	TOWN COL	Turble
Emergency		-		am, NJ (07928										
DOH justification Cancellatio)			f Contact n Bredah	nl				Tel	ephone	Numb	er			
Name of Conillia Williams Abatamant in Table	Di (0)		FACI	LITY INFO	DRMATI	ON									
Name of Facility Where Abatement is Taki House	ng Place (3))					processor.	of Facility (4							
Street Address								School (K-12 Subchapter 8		ar than	K 12\				
							×	Other (i.e. pr				build	lings,	home	es,
City (5)								etc.) re Feet	# 01	Floors		TBI	dg. A	ae	
Chatham							N/A		N/A				/A	gu	
County (6)				Code (7)			Curre	ent Use (Prior	if bei	ng dem	olishe	d)	-		
Morris		-	(STATE I	USE ONLY)		_	Hou	se							
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Cont		(9)					
N/A Street Address							S. 100 S. 100 S.	ement, Inc							
Street Address						Street 11 R		ss gren Aveni	10						
City, State, Zip Code	941-1-1							ip Code	ue						_
								J 07512							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	AN 24 AV	Carlo Constant		Licens	se No.				
Chat Date (40)						973-3				0131	1				
Start Date (10) 11/14/19	Scheduled 11/15/19		npletion [Date (11)				HA Monitor ement, Inc							
Occupancy Status During Abatement (Che	ck Only One	e)	-			Street	100000								
Facility Closed/Vacated During Entire	Period of A	batem	nent			11 R	osen	gren Avent	ıe						
Abatement Performed Outside of Non Other – Describe: Occupied	mal Facility	Hours	}			1000		ip Code							
					_	Toto	wa, N	J 07512		delication (National	200-2162		I Shell The		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce	dure						
	Τ					<u></u>	l No	n-Exempted	(*) and	Non-F	riable		edure		
Location of	55535	Locati ormal	2.00			and a Maria						,	Ту		
Asbestos-Containing Material (ACM)		Sole Stenar			os Conta		laterial		A	mount				ш	
TO BE ABATED In Facility	Custo	odial S		(i.e. 1	thermal surfac	systems ing, VA		ation,		pecify or LF)		Ren	Re	ncap	enc
(13)		(12)				niscellan			OI.	J. L.I)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		ate	(G)
Furnace Room		X			Flo	or Tile	S		4	0 SF		Х			
	-				-										
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic `	Yards		Name of Re	egiste	red Lan	ndfill				
Atlantic Carting		Н	auler ID 3085		of Was			Grand Co	100 a						
City, State Vayne, NJ					Dispos TBD	al Date	1	City, State Pen Argy	ıl, PA	\					
Completed by	Title					gnature	11 11	1	1		Date				
Oliver Hegedis	Projec	t Ma	nager			1	1/9				11/0	1/2	019		

(X M)	1440	7d	NOT	IFICATION	ON OF ASB	ESTO:	SABATEM	ENT	Inv	+	15	- '	87
Date of Notif 10/30//2019	ication (1)			Name	nt to NJAC of Building	Owner	Operator (2	2)	TER	e	11//	Turnen.	- Paris
Agencies No	tified Turn Notice II			В	orough of I	Ridge	field `	Commence of the Commence of th	Check No	<u>5144</u>	<u>6</u> ₩	E	1
	, , , , , , , , , , , , , , , , , , ,	to .		Street 604 B	Address Broad Aven	ue		Transpagning or the state of th	1				de manito
⊠ EPA ⊠ DEP	☐ Initial 図 Amended				State, Zip Co	A1000		The state of the s	NOV_	- 6	2019		
⊠ DOL	Amendment #	#_2		Ridge	field, New	Jerse	y 07657	A. Carrier and Car					
⊠ DOH	justification)		Name Ray B	of Contact	orougi	h Λ d:		Telephone Nu			Lä	\$
□ DCA	□ Cancellation				Ramirez- Bo	0.73		- Santanin	201-943-5342	:NSM:	C.	enotanes,	distriction w
Name of Faci	ility Where Abatement is Tak funicipal Building	ing Place (3	3)	FAC	CILITY INFO	ORMAT		Facility (4)					
Street Addres							1 3583473	ool (K-12)					
680-700 Sha	aler Boulevard						☐ Sub	chapter 8 (Other er (i.e. private & c	than K-12) commercial build	ings, h	omes,	etc.	.)
	New Jersey 07657						Square I 10,000	Feet	# of Floors		ldg. A 0+	ge	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Current	Use (Prior if being Municipal E	demolished) Building				
Matrix New 1	itoring Firm Hired by Building World Engineering	Owner (8)		ASC 0005	M No. 57		Name of Lilich Co	Abatement Contro propration	actor (9)				
Street Address 26 Columbia	Turnpike						Street Ad 606 McE	dress Bride Ave					
	k, New Jersey 07932						City, State Woodlar	e, Zip Code nd Park, New Je	ersey			-	
Project Manag Gavin Gilmon	per for Monitoring Firm re			Telepho 973-24			Telephone 973-225-		License No.	٥.			
Start Date (10) 10/31/2019	· · · · · · · · · · · · · · · · · · ·	11/04/20)19	mpletion	Date (11)		Name of 0	OSHA Monitor conmental Labor	ratories, LLC				
Occupancy Sta	atus During Abatement (Che	ck Only One	e)				Street Add	dress					
☐ Abatement ☐ Other – De	osed/Vacated During Entire t Performed Outside of Norm	Period of A nal Facility H	bater lours	ment		7.1 1900 7.7		ute 22 West					
Scope of Work	(Check All That Apply)						Union, N	J 07083					
☐ ≥3 sf or ≥3 ☑ ≥160 sf or ≥			enova					Full Containment	with Negative Pre	essure			
	200 11	□ De	molit	ion	9			Mini-Enclosure Glove Bag Proced	dure / Limited Co	ntainn	nent 8	Ten	t
		le I	ocati	ion			× 1	Non-Exempted (*)	and Non-Friable		dure	nont	
13	Location of	1	ormal	ly		1	Description	of	(Specify SF of LF)		Тур		
Aspestos-C	ontaining Material (ACM) O BE ABATED	Main	tena	nce/	Asbesto	s Con	taining Mate	erial (ACM) (i.e. on, surfacing,	0. 0. 1.	200		Ш	_
8.4	In Facility (13)	Custo	dial 8 (12)	Staff?	, thomas		VAT, or	(E)		Remova	Repair	тсар	Enclosure
	X 16	Yes	No	N/A		otne	r miscellane	eous)		oval	air	Encapsulate	sure
Built-up roofin	ng composite	X	140	IN/A					2,365 SF	х	\vdash	Ф	
Black roof tar		Х							5 SF	×			
Roof tan exteri	ior caulk	X							5 LF	Х			
Name of Registe	ered Waste Hauler		N.	JDEP Wa	aste I c	Cubic Y	'ards	Name of Doc	istered Landfill				
Lilich Corporat			Ha	auler ID N 18724		f Wast		Fairless La					
City, State Woodland Par	k, New Jersey				1	isposa 1/04/2	Date 2019	City, State Morrisville, F	RA				\dashv
Completed by Adriana Olejar	rova	Title Presi	dent				nature		Date	30/20	19		\dashv
0.2912012010101010101010101010101010101010						1/1	107/1	1 00					

APPROUED BY

State of New Jersey

TOM VOITHUS, 10/29/19NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

TUNH	15638
ENIT	,

Date of Notification				Name	of Bu	uilding	Owner / Operate	or (2)	1000	156		W		Fr.
Agencies Notified	Type Notific	ection					ngton County	Regio	nal Schoo	District				
EPA	Type Nounc	auon		Street			Road East		The state of the s	ll NOV	- 6	2019		
☐ DEP		ıl	j.	City, S		-				31 1101		4010	-	because of
□ DOL		nded					08022		and the same of th	and the second second	name at the section of the	Continue and	أسب	
□ DOH		rgency		Name						ASUEST	Teleph	one N	umb	er
☐ DCA	☐ Can	cellation		Richa	ard K	az					609-29	8-39	00-	District in ac
N (5 1111 1111				FAC	CILIT	Y INF	ORMATION				1			
Name of Facility When Northern Burling	nere Abatem	ent is Taking P	lace (3	3)			Type of Faci		NON OUR O					
Street Address	ton County	y Regional H	ign S	cnoo	1		School				;			
160 Mansfield Ro	ad Fast						the same of the sa		Other than hate & comme		nas hor	200	to \	
							Square Feet		# of Floors		Bldg. Ag	10.00.000		
City (5)		County (6)	Co	unty C	ode	(7)	150,00		1		Diag. 7 is	40+		
Columbus		Burlington					Current Use		f being dem	olished)		-10		
							School		Ü					
Name of Monitoring		y Building Own	ner (8)		ASC	CM No				(9)				
Briggs Associate Street Address	S						Bristol Env		nental, Inc.					
3 Crosswicks Str	eet						Street Addre		of					
City, State & Zip Coo							City, State &							_
Bordentown, NJ							Bristol, PA							
Project Manager for	Monitoring F	irm		hone		oer	Telephone N			License	Number	5		
Mike Hoodak	- (40) I	0-11-1-0		298-5			(215) 788-6			00509				
Scheduled Start Dat 10/30/19		Scheduled Cor	10/31		e (11))	Name of OSI Bristol Env							
Occupancy Status D	uring Abater	ment (Check or	nly one	9)			Street Addre	SS						-
		During Entire Putside of Norma					1123 Beave City, State &							
Describe:	chomica o	atside of North	ai iiot	115-1	aiii ii	o opini	Bristol, PA							
Facility Occu	pied During	Abatement 7	:00 AN	1 – 3:3	0 PM	1		.0001						
Scope of Work (Che	ck all that ap	oply)												
≥3 sf or ≥3 lf				Dan		_		Ц	Full Contain		Vegative	Pres	sure	
2 ≥160 sf ≥260			\boxtimes		ovatio olitior			H	Mini-Enclos Glove Bag I					
			ш	Dom	Ontio				Non-Exemp			Pro	redu	re
Lo	cation of			ocatio			Description			Amount				
	os-Containin	g		nally U			Asbestos-Con			(Specify				
	erial (ACM) E ABATED			olely b			Material (A (i.e., thermal s			SF or LF)	R	71	Enc	ᄪ
	Facility			dial S			insulation, surface				Remova	Repair	aps	Enclsoure
	(13)		V T	(12)	11/A		or other miscell	aneous	3)		Val	=	Encapsulate	ure
Exterior Grounds			Yes		N/A									
Exterior Grounds			H		H	Pip	e Mastic "Wra	p and	Cut"	150 LF			Ц	님
			H	H	H						ᆜH		님	님
			H	뉘	H						ᆜ믐	H	님	H
			Ħ	Ħ	H						ᅢ	H	ㅐ	H
											H	H	H	Ħ
Name of Registered	Waste Haule	er					Cubic Yards	Name	of Register	ed Landfill				
Service Transport	Inc			209		No.	of Waste 30 Cu Yd							
City, State	. 1110.			209	30		Disposal Date	City,	State			-11/1		
Yardley, PA							10/31/19	City,	Jiaie					
Completed By (Print				Title			Signature	0			Date			
Gino Pizzigoni				100000000000000000000000000000000000000	ject		Sino 1	Pinn	MMS	/ON		9/19	9	
				Mai	nage	r	SU/10 1	NIP	holola	171		word Hills		
GT.19268								92						

	T	NOT	(Pursua	nt to NJA	C 8:60 a	S ABATE nd 12:12	EMENT	Dond	b. 1	94	50	0	
Date of Notification (1) 10/31/19			Name	of Buildir	ng Owner	/Operato	r (2)					(F)	pro-
Agencies Notified Type Notificatio	n		35.500	l Diana					E G	EI	W	E	m
			Street	Address				IKI				-	A PARTIE AND A PAR
DEP Amended			City, S	State, Zip	Code				NOV	- 6	2019		1111
✓ DOL Amendmen Emergency		20	Ram	sey, NJ	07446	6		100				akai salabu	h-unique?
DOH justification)	ig	F 229	of Contac				Te	elephone,	Number	15 146)E &	
DCA Cancellation	n		200000000000000000000000000000000000000	Latrian		TION:			erreductions in		3		Science Proper Sections of
Name of Facility Where Abatement is Tak	ng Place	(3)	FA	CILITY IN	FORMA	TION	Type of Facil	itv (4)					
home							School (5.55					
Street Address							Subchar	oter 8 (Otl	ner than K	(-12)			
City (5)							etc.)		& comme	ercial bu	ilding	s, hon	nes,
Ramsey							Square Feet		of Floors	10.	Bldg.	Age	
County (6)			County	Code (7)			1,500	Dring if h	1		69		
Bergen			(STATE	USE ONL	Y)		Current Use (residential	PHOT II DE	ing aemo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abatement (Contracto	r (9)				
Street Address						ABS	Environmen			LC			
Street Address							Address						
City, State, Zip Code							Box 483, 4 E	Gate D	rive				
							wood, NJ 0	7418					
Project Manager for Monitoring Firm			Telepho	one No.			one No.	7 110	License	No.			
Start Date (10)						973-	764-2276		703				
11/1/19	11/8/		mpletion	Date (11)	Name	of OSHA Monit	or					
Occupancy Status During Abatement (Chec						Stroot	Address						
Facility Closed/Vacated During Entire	Period of	Ahatan	nant			Street	Address						
Abatement Performed Outside of Norn Other – Describe: Kitchen	nal Facili	ty Hours	S			City, St	tate, Zip Code		1				(3)
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf							•						
≥ 25 st or ≥ 25 tr ≥ 160 sf or ≥ 260 tf		Renova Demolit				×	Full Contain	ment with	Negative	Pressu	ire		
							Mini-Enclose Glovebag Pr	ocedure					
	Ι.	- 1	W2000				Non-Exemp	ted (*) and	d Non-Fria	able Pro	THE STATE OF THE STATE		
Location of		s Locati Normal	ly		Date							ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintenar		Asbes	tos Conta	scription aining Ma	aterial (ACM)	Aı	mount				
In Facility		todial S		(i.e.	thermal surface	systems cing, VAT	insulation,	(S	pecify or LF)	Rer	R	Encapsulate	Enc
(13)		(12)			other m	niscellane	eous)	51	or LF)	Remova	Repair	psul	Enclosure
	Yes	No	N/A							<u>n</u>		ate	Гe
kitchen			Х		flo	oor tile		10	0 SF	×			
										-			-
										-			
Name of Registered Waste Hauler	1	1000	JDEP W		Cubic		Name o	l f Register	ed Landfi	II			
Newark Carting			auler ID 1509	No.	of Was				I Sanita		dfill		
City, State					Disposa	al Date	City, Sta		· ourita	· y Lai	MIII		
Newark, NJ					TBD		10000	rgyl PA					
Completed by A. Scott Higgins	Title				Sig	gnature	1	¥*.	D	ate			-
7. Goott riiggiris	Pres	ident				,	11/			0/31/	19		

Inv# 15800

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

CK 9000

Date of Notification (1)	ON MINISTER		Na	me of	Building	Owner/Operator	(2)	1 6 6 6	U /9 E	5	
10/30/1	9			PA	VL	S HOO	K BLD	6	and the second s		
Agency Notified	Type Notification		St	reet Ac	dress	A	1117	15	0 4010		
D EPA	@ Initial					ONT GOT	rency .	3- NOV -	6 2019	11.	ALC: U
E DEP	☐ Amended		Ci	ly, Stat	e, Zip C	code	NIT	2025	u wa		
-ZTDOL	Amendment # D Emergency (including	3	-	1=1	Contac	y City	. 100.	Telephone Num	CONTINUE	_ &.	\dashv
DOH DCA	justification) Cancellation		Ma	IT &	Comac C_A	My GAST	CV o	201-332	NSHIPS	دود والمراجعة المراجعة المراجعة	
a box	2 Centreson			ACH I	TV IME	ORMATION	t. open			6	
Name of Facility Where	Abatement is Taking Place	e (3)		AOIL	2 1 1200 4	1	Type of Facility	(4)			\neg
	CONTROL HOLD TO THE CONTROL						☐ School (K-12)				
Street Address	HOOK BU	/ 6			· · ·		☐ Subchapter 8	(Other than K-12)			
	ATTGORDEDY"	55					DOther (i.e. pri	vate & commercial	buildings.		and the second
City (5) :	sex city	<u> </u>	-	:	'	·	Square Feet	# of Floors	Bldg. Age		
JEN	SEY City	4.5		•		-11	212,250.		192	3	
Cointy (6)			C		Code (7	(STATE USE		ior if being demolis			
HUE	4020		0	NLY)	•			is APT	<u> </u>		
	n Hired by Building Owner	A	SCM N	0.			nent Contractor (9	-			
(8)							moval In	<u> </u>			-
Street Address						Street Address		C.			
						City, State, Zip	th River	St			\dashv
City, State, Zip Code	2						ack, N.J	. 07601			
Project Manager for Mo	nistorina Firm	Te	ephone	No.		Telephone No.		License No.			
) rojest manager to an						201-329	-7444 -	00388	_	-	
Start Date (10)	Scheduled Co	mpletic	on Date	(11)		Name of OSHA		· · · · · · · · · · · · · · · · · · ·			
11/11/19		21	17				Environm	ental			
Occupancy Status Duri	ng Abatement (Check onl	y one)		*		Street Address	1 o C. +	**************************************			
☐ Facility Closed/Vaca	ted During Entire Period o	f Abate	ement			City, State, Zip	uyler St	No.		-	
Abatement Performe Other – Describe: 7	ed Outside of Normal Facility	OP M	as					,N.J. 07	606		
Scope of Work (Check								•			
223sfor≥3#	2000 00 00 00 00 00 00 00 00 00 00 00 00		4	Ren	ovation		Containment with Enclosure	Negative Pressur	е .		
D≥160 sf or ≥ 260 lf			Ę	⊒ Dem	Officer	₽ Gio	vebag Procedure	d Nain Erinhla Drav	-ortitro		
						LI NOT	-Exempled (*) an	d Non-Friable Pro	Al	atem	ent
		10.00	Locatio							Type	T
	tion of sing Material (ACM)	Use	d Solet	y by	Ach	Description estos Containing la	of Anterial (ACM)	Amount	-	l g	m
TOBE	ABATED		intenan Justodia		(L	e., thermal system	s insulation.	(Specify SF or LF)	Remova	공유	nolo
in in in	facility 13)		Staff? (12)			starfacing, VA other miscellar		0, 5, 5	oval	Encapsulate Repair	Enclosure
		·		·		i i	•			9	
	0 - 0	Yes	No	N/A	1		101 = 1	40	FR	+	1
	1. Bowen Roo	_		0		WIR STSFEM			F - 7	+	+
	N/WOMEN BATHA	M	-	-		LMAL SYSTEM			FF		+
BASEMENT	STAIRS	 	-			HAR STORM		4 6			+
Name of Registered V		I N.	DEP V	/aste l		Cubic Yards of	Name of Reg	istered Landfill			
	oval Inc		No.			Waste	7.4		5/ 1 A 11	٠.	7
			17	109		21/20	1 CUMBER!	AND COUN	17 LAND	١٢١٢	L
City, State	ole NT T OF	1601				Disposal Date	City, State 2 NEW BUR	CH. PA.	17240		
Completed by	ick , N.J. 07	001	3			Signature	LIVE W DUR	οη, <u>1</u> η.	Date	1	_
J. MAIORI		ima	tor			1	laioner	\mathcal{Q}	10/3	0/1	9
10 1 1 1 1 OPC	*Don			a for a	hactac	Scensure exempts	activities.	\rightarrow		1.	•

Inv# 15	795				sbes	tos Abatement	Control of the contro	E C	E			
Proj. #: 19-231	848		(Purs	suant to NJA	.C 8:	30 and 12:120)	despite the confidence of the	NOV	- 5	201	9	
Date of Notification (1)		1	Building Ov Zaffar	vner/Operator (2	2)		1	ASBESTO LIC	OS CO JENS		OL	k
Agencies Notified Type Notifica EPA Initial DEP Amended	tion	Street A	ddress				No system of Page 2 and A	NIPER FRANCE				
DOL Amendment #	:	City, Sta	te, Zip Code									
DOH Emergency			field, NJ 07	7062								
justification		Name of	755				Telepho	one Numb	er			
Cancellatio	n	Ame	Zaffar									
News			FAC	CILITY INFORM	//ATIC	N						
Name of facility where abatement	is taking	place (3)					Type of Facility					
Residential							=	ool (K - 12	200	4b.c.s. !	V 40)	
Street Address							○ Othe	chapter 8 (r (Private/0 s./Homes,	Comm			
City (5)	T 0:						Square Feet	# of Floo	177111177	В	Bldg. A	ge
City (5)	100	unty (6)			9,5000	unty Code (7) ate use only)	1,200 SF	02		70		
Plainfield, NJ 07062		nion			(0,	ate doe only)	Current Use (Residential	Prior if bei	ng dei	molish	ed)	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	Contractor (9)					
N/A Street Address						KLOMAX, LLC						
Street Address						Street Address					979	
City, State, Zip Code					-	309 W. End Ave						
						Hopatcong, NJ						
Project Manager for Monitoring Firm			Phone Numb	oer .		Telephone Number		License		ber		
						833-455-6629		02007				
Start Date (10)	Sche	ed. Comple	etion Date (1	1)		Name of OSHA Mon KLOMAX, LLC						
11/13/2019		18/2019				Street Address						
Occupancy Status During Abatement Facility closed/vacated during						309 W. End Ave						
Abatement performed outside	of norma	I facility ho	ours-			City, State, Zip Code						
Describe:NORMAL H	OURS				-	Hopatcong, NJ (7843					
Scope of Work (check all that apply)						Full Containment	w/negative	press	sure		
\boxtimes >3 sf or >3 lf	Renovati	ion				\boxtimes	Mini-enclosure	1676	proc	Jul 0		
≥160 sf or ≥260 lf	Demolitio	n					Glovebag procedu Non-Exempted (*)		friahle	proc	edure	e
Location of		on normali tenance/ci	y used solely	/					R	R	E	E
asbestos-containing material (acm) to be	staff(12)			Description material (sbestos-containing	Amount (Specify S	SF or	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	, material (.0,		LF)		o v	a	a	L
Basement		X		Pipe Insulat	ion		63 LF		e	r		
							00 21		H	H	H	H
												一
Registered Waste Hauler	INID	EP Haule	ID# I C	ubic Yards of W	Jasto	Name of Registered	Landfill					
KLOMAX, LLC		38241	2	yds	• a 3 l C	TULLYTOWN,		ECOVER	Y			
City, State Hopatcong, NJ 07843			Disposal D	ate	10	City, State						
	Title		TBD	Signature		TULLYTOWN,	PA	I p4				
	Owner	<u> </u>			5			Date 11/01/	19			
ASB-41 *	Do not us	e this form	n for asbesto	s licensure exe	mnter	d activities						

ND ON			NO			rioi		BE	STOS ABA		ENT			C				200	
Date of Notification (1)				,					8:60 and 5:		ad the sprange		į.	Arri Navageria	product of SEC States	gen, tanton i		All all the	The same
	31 /	19	9		r		e of Buildir a lters Re		wner/Operato ential	r (2)	enderdorter	A parameter	N. Control of the con	VOV	-	S 30	19		الأديد
Agencies Notified	Type Notifi	cation			5	Stree	t Address				-		1				100 JE	-	
⊠ EPA	Initial										-		ASSI				HOL	Ši.	
☑ DOLWD	Amenda Amenda		ı		C	City,	State, Zip	Cod	е			y and the second	- ne-networking	_[,]	CEM	SMG	erphic words - dis	And sent services	a etylet has passed
□ DCA	☐ Emerge			- na		Ba	rnegat, N	4J 0	8005										
(NJAC 5:23-8)	justifica		ioidaii	'9	N	lame	e of Conta	ct					Telep	hone	Num	ber			
	□ Cancella	ation				Vic	tor												
						FA	CILITY II	NFC	RMATION						*				
Name of Facility Where A	batement is	Takin	g Plac	e (3)						Туре	e of Fac	ility (4	4)						
Residence										□s	School (K-12)							
Street Address										⊠ C	Subchap Other (i.e nomes,	e., pri	(Other vate ar	than	K-12 mme	?) rcial b	uildin	gs,	
City (5)											are Fee		# of I	Eloor		To	ldg. A	a 0	
Surf City										0.000	600		1	1001	3		65	ige	
County (6)				50.00	T	Cou	nty Code (7)(S7	ATE USE ONLY	100	ent Use	(Prio	1 -	na de	emoli	shed)			
Ocean									,	3	esiden			ng uc	JIIIOII.	sileu)			
Name of Monitoring Firm	Hired by Bui	Iding (Owner	(8)	AS	SCM	No.	Na	ame of Abaten	2000			200, 200						
N/A									Guardian C			100							
Street Address								-	reet Address		3,								
								10	1889 Route	9, Uni	t 61								
City, State, Zip Code								Ci	ty, State, Zip (Code	- 124 721 72								
									Toms River,	New .	Jersey	087	55						
Project Manager for Monit	oring Firm			Te	eleph	one	No.	Те	lephone No.				Licer	ise N	lo.				
0/ / 5 / //0									732-349-993	_			00	624					
Start Date (10)							te (11) 19	1000	me of OSHA E. M.S.L. An a										
Occupancy Status During								Str	eet Address								-		
☐ Facility Closed/Vacated	d During Enti	ire Pe	riod of	Abat	teme	nt			1056 Stelton	1									
Abatement Performed	Outside of N	ormal	Facilit	у Но	urs -	Des	cribe	Cit	y, State, Zip C	ode									
Time of Abatement:		PI	VI/	_PI	VI	_	AM	F	Piscataway,	New J	Jersey	0885	54						
Scope of Work (Check all	that apply)								☐ Full Cor	ntainme	ent with	Nega	tive Pre	essui	re				
≥3 \$1 \$1 ≥3 11 ≥3 \$1 \$1 ≥3 11 ≥4 ≥160 \$1 \$260 \$15 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4 ≥4			☐ Re ☑ De						☐ Mini-En☐ Gloveba	closure	edure								
			EC. S						⊠ Non-Ex	empted	(*) and	Non-	Friable	Pro	cedu	е			
N H	9		10000		ation											-	atem	ent T	уре
Location o Asbestos-Containing M		(1)		Norm	olely l	by	Asha	etae	Description Containing Ma		A CB 4)					R	Z.	ш	ш
TO BE ABAT	ED	,	100000000000000000000000000000000000000		ance	2000	(i.e	., the	ermal systems	insulat	ion,			ount ecify		Removal	Repair	ncap	nclo
IN Facility (13)			Cus	(12	I Star 2)	Π?		5	surfacing, VAT	, or	-50	7		or LF		Val	-	Encapsulate	Enclosure
(10)			Yes	No	Ť	N/A		Ot	her miscellane	eous)								ate	
exterior]	asbesto	s s	iding				160	00 st	f				
																П	П	П	П
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			\Box			7		-				+							
Name of Registered Waste	Hauler		_	-			Vaste	Cul	oic Yards of	Nam	ne of Re	nieto	red I a	ndfill			Ш	Ш	
Guardian Contracting				1.5	Haule	er ID	No.	Wa	ste		R.R.F.		ieu Lai	IGIIII					
City, State					20	223		3 Dis	posal Date		State								
Toms River, New Jer	sey								0/30/19		ullytow	n. P	ennsv	lvar	nia				
Completed By (Print or Typ	e)	Title			-			-	Signature	1)	, .			Dat	0			
Nicholas Fernicola		Pr	oject	Mar	nage	er				1					Dal		_ /	10	20
CD 44			250		-					ti alterni	1	Carlotte and American			1	01	31/	1 7	

In# 15817 PAID)	NOTIF (P	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT	$\langle 1 \rangle$	oak	19	Ĥi	8		
Date of Notification (1) 11/4/19	A .	200		of Building ance Re				ts III	IE	GE		V/	000	1
Agencies Notified EPA DEP Amended Amendment Emergency (justification) Cancellation		to make the second seco	30 At City, St Monro Name o	Address Deel Roa Late, Zip Coe Town Def Contact Les Mulle	ode (/ nship) N	17)088	33-	And the state of t		N0V - lephone N(00-634-0	ımber	10.	The description of the second	The second state of the se
				ILITY INF	877	ION-	Spa C?			70-00-10		and the state of t	MEANO." A N	00-11
Name of Facility Where Abatement is Taking home	Place (3)					Туре	of Facility (4)					
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth rivate	& commerc	12) cial bui	dings	, hom	es,
City (5) Newark							Squa 1800	re Feet O	# 0	f Floors	1/82	3ldg. <i>1</i> 72	Age	
County (6) Essex				Code (7) USE ONLY)		Curre	ent Use (Prid	or if be	ing demolis	hed)	100000		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.		100 CO	of Aba	tement Con ronmenta		Charles and the same of the sa				
Street Address							Addres	ss 83, 4 E G	ate D	rive				
City, State, Zip Code						City, S	tate, Z	ip Code , NJ 074						
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No	D.	-	License N	No.			
			npletion	Date (11)		0.0000000000	764-2 of OSH	A Monitor		703				
Occupancy Status During Abatement (Check	11/15/ Only Or		- 11 - 1			Street	Addres	ss						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem	ent	8		City, S	tate, Zi	p Code				'a		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemoliti				×	Min Glo	Containme i-Enclosure vebag Proci n-Exempted	edure	•			e	
Location of		Locati			D							Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar odial S (12)	ice/	Asbes (i.e.	tos Conta thermal surfac	scription aining M systems sing, VA hiscellan	aterial insula Γ, or	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
dining up and	Yes	No	N/A										б	
dining room			Х		ceilir	ng plas	ter		18	0 SF	x			
Name of Registered Waste Hauler Newark Carting		Ha	JDEP W auler ID 1509		Cubic \ of Was TBD			Name of R		red Landfill Il Sanitar		dfill		
City, State Newark, NJ					Disposa	al Date		City, State Pen Arg	vI PA					
Completed by A. Scott Higgins	Title Presi	dent			USA SANGES	gnature		M.		Da	ite 1/4/19)		

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Lnv# 150 PA		OTIFI	CATION	to NJAC	v Jersey ESTOS AB 8:60 and 1	2:120)	ENT.	Barrens and American		C E		\mathbb{V}	
Date of Notification (1)		T		Building (Owner/Ope		2)			VOV	- 6	2019	9
10/30/2019 Agencies Notified Type Notification		_	Street Ac	erez G	uy 	-7		l had	lant				
				rshall St		10 0	1	-	ASB	ESTOS	S CO	NTRO	OL.
EPA Initial DEP Amended		-	City, Stat	te, Zip Co	de 🛝	and the same of the	411	L	the second trans	LiGI	INSI	10	ndustanium
X DOL Amendment Emergency (- L		1	v Jersey	0750	1/50						
× DOH justification)	molading				andre		Service of the service of the service of		phone Nu 3-881-46				
DCA Cancellation			Perez	-////	ORMATION	U		91.	0-001-40				
Name of Facility Where Abatement is Taking			171011				Type of Facility (4	4)			-		
Passaic County Sherriff - Police De	epartme	nts					School (K-1			0)			
Street Address 11 Marshall Street							Subchapter Other (i.e. p etc.)	rivate 8	commerc	ial build			s,
City (5) Paterson, New Jersey 07501							Square Feet		Floors		ldg. A	ge	
County (6) Passaic			County C	Code (7) ISE ONLY)		-	Current Use (Price		3	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.			of Abatement Con Property Mair						
Street Address					1		Address /an Riper Ave	nue					
City, State, Zip Code							ate, Zip Code n NJ 07011						
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 899-9008		License N 01336	No.			
Start Date (10)	Schedule		mpletion [Date (11)	1	Name o	of OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only On	e)			5	Street A	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:					(City, Sta	ate, Zip Code						0.094
Scope of Work (Check All That Apply)								-		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 = 5.5 =			re	
	Is	Locat	tion									ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Norma d Sole intena todial (12)	ely by ance/ Staff?	Asbes (i.e.	tos Contai	ystems ng, VA1	aterial (ACM) insulation, Γ, or	(8	mount specify or LF)	Remova	Repair	e Encapsulate	Eliciosula
C400401	Yes	No	N/A							=		ate	a
Medical office-ground floor			х			TSI		2-	4 LF	X			
								-V					
Name of Registered Waste Hauler			NJDEP W		Cubic Y				red Landf				
MKD PROPERTY MAINTENANCE	LLC		Hauler ID 037991		of Waste	-	Waste	Mana	gement	- Fairl	ess l	_and	fill
City, State CLIFTON NJ 07011					Disposa N/A	I Date	City, Stat		A 19067				
Completed by Darko Raloski	Title Proie	ect M	anager		Sig	nature	le de			ate 0/30/	2019)	
													-

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/4/19 Estate of John Mikula Agencies Notified Street Address Type Notification FPA Initial City, State, Zip Code DEP Amended × Amendment # Clifton, NJ 07013 DOL Emergency (including Name of Contact Telephone Number 1101 & DOH justification) Cancellation Dennis Mikula DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) # of Floors Bldg. Age Square Feet City (5) Clifton 2300 80 County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Passaic home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 703 973-764-2276 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 11/16/19 11/26/19 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: exterior & basement 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 Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes No N/A 60 LF X basement pipe insulation 2,200 SF exterior transite siding X X NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Grand Central Sanitary Landfill **Newark Carting** TBD 04509 Disposal Date City, State City, State Newark, NJ TBD Pen Argyl PA Completed by Title Signature Date 11/4/19 A. Scott Higgins President

State of New Jersey

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Accurate Builders & Developers

11/4/19				Accura	ate Build	ers & [Develo	opers		E	C		j)			1
Agencies Notified	Type Notification			Street A		20					COMPTON SALES			~		- Control of the Cont
EPA	× Initial			ACCUSATE SATISFACE	ss Stree				1		MOV					
DEP X DOL	Amended Amendment	#		-	te, Zip Cod ood, NJ		a a		Emma Bernald Annothing		NUV	0	40	IJ	Lan	
	Emergency				Contact	0670	1				anhana.	Newsbo	and a proof to	PT 547- MAN	-	-
DOH DCA	justification) Cancellation				/ Tendler				1	73	ephone 1 2-573-	5296	Ich	HOL.	Ĉŧ	274
DOX	Caricellation				LITY INFO		ON	V.	3-394017,000		20,00	ZNOI	NU	TOTAL PROPERTY.		1
Name of Facility Where	Abatement is Takin	g Place (3))	1701	LITT IN O	TOMOSTI S	014	Type of	Facility (4)						
home								☐ Sch	nool (K-12)						
Street Address								Sul	bchapter 8	(Oth			المانات	nao	homo	
								▼ Oth	ner (i.e. pri .)	ivate 8	x comme	erciai t	ulia	ings,	nome	is,
City (5)								Square I	Feet	11000000	f Floors		-3.00	dg. A	ge	
Plainfield								1400		2			76) 		
County (6)				County (Code (7) USE ONLY)			7.512(7) 75.112(7)	Use (Prior	if bei	ng demo	olished)			
Union	. Hisad by Dollding	O					Name	home	wast Cast		(0)					
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCM	1 100.			of Abaten Enviror				I C				
Street Address								Address	montai	0017	1000, L					
Oli Cot Addi Cos							177,177,177,177	Box 483	, 4 E Ga	ate D	rive					
City, State, Zip Code	- Number of the second second						City, S	State, Zip (Code							
								nwood, N		8						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No.			Licens	e No.				
								764-227			703					
Start Date (10)				npletion I	Date (11)		Name	of OSHA	Monitor							
11/18/19		12/7/19	W				011	Address								
Occupancy Status Durin							Street	Address								
Facility Closed/Vac Abatement Perform						+	City S	State, Zip (Code							
× Other – Describe:						_	Oity, C	riato, Lip	0000							
Scope of Work (Check A	All That Apply)		100.00				12.00	***************************************					177			
23 sf or ≥3 lf		× R	enova	ition			>	Full C	ontainme	nt with	n Negativ	ve Pres	ssur	е		
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exteri	ior			Х		roof	shing	les		3,5	500 SF	2	2			
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Name of Registered Wa	ste Hauler		TN	JUEP W	/aste	Cubic	Yards	1	Name of R	Registe	ered Lan	dfill			_	
Newark Carting	oto i idaioi		H	lauler ID		of Was			Grand C				an	dfill		
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City, State Newark, NJ					1	Dispos	sal Date		City, State Pen Arg		Δ					
Completed by	1010	Title					ignatur		1	yı ı 7		Date				11.8
A. Scott Higgins		Presi	dent				.g. iatai	1		\		11/4	1/19)		

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/4/19 Donnelly Industries Agencies Notified Type Notification Street Address 557 Route 23S EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Wayne, NJ 07470 Emergency (including Name of Contact Telephone Number 101. & DOH iustification) Chris Donnelly 973-672-1800 DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Wayne 2000 78 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Passaic home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/13/19 11/27/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) Yes No N/A first floor kitchen floor tile 150 SF Х basement Х floor tile 1500 SF X exterior roofing house/garage X roofing 2600 SF X chimney tar 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl PA Completed by Title Signature Date A. Scott Higgins President 11/4/19

State of New Jersey

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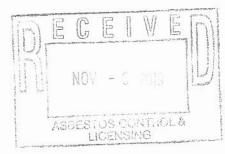
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40-25-19 Agencies Notified Type Notificati	Δ		Acci	urate Bu	ilders	& Devel	lopers	[Joseph]		G	F	n I	N//	FI	pagament .
	on -		Street	Address				1101	4	U	<u>L</u>	1	[A]	Cj.	71
EPA Initial Amended						Suite 301									
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Name of Facility Where Abatement is Ta	king Place (3	37	FA	CILITY IN	FORM	ATION		European.		4 1 1 1	CITY	4 100		101	
building	mig i iace (c						Type of	Facility (4)				100-140-20	mark and of the	ne man é
Street Address							☐ Sc	hool (K-12	2)						
184 Kinderkamack Road							Su	bchapter 8	Oth	er than	1 K-12	2)			
City (5)							Oth etc	ner (i.e. pri	ivate	& com	merci	al bu	ildings	s, hon	nes,
Emerson							Square	Feet	# 0	f Floor	s	T	Bldg.	Age	-
County (6)							2000		1				83	.5-	
Bergen			(STATE	Code (7)	YI		Current	Use (Prior	if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Buildin	a Owner (a)				·/		buildin								
g inda by building	g Owner (6)		ASC	M No.		Name	of Abaten	nent Contr	actor	(9)					
Street Address								mental	Serv	/ices,	LLC				
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City, State, Zip Code								ve, PO	Зох.	483					
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Project Manager for Monitoring Firm			Telepho	ana Na				IJ 0741	8						
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Start Date (10)	Schedule	d Col	moletion	Date (11)			764-227			703					
10/28/19	11		8/19		9	Name	of OSHA	Monitor							
Occupancy Status During Abatement (Che	eck Only One	e) .	01//			Ctrost	0-1-1								
Facility Closed/Vacated During Entire	Period of A	hatar	mont			Street	Address	* =					me kallie		
Abatement Performed Outside of No.	mal Facility	Hour:	S			City St	tate, Zip C						8		
Other - Describe:						Oity, St	iate, Zip C	ode							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	☐ Re	enova	ation			×	I 5.11.0.	210000							
≥160 sf or ≥260 lf	× De	emoli	tion				Mini-Er	ntainment nclosure	with	Negati	ve Pr	essu	re		
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	lo l	ocat				IC.	Non-E	cempted (*) and	Non-F	riable	Pro	cedur	e	
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Asbestos-Containing Material (ACM)	Used			Ashae	toe Co	escription Intaining Ma	of				1		Ту	pe	
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In Facility (13)		(12)	zan:		sur	facing, VAT	, or	.		or LF)	1	ζem	Repair	ıcar	ncl
n 10	V	N. P. C.			otner	miscellane	eous)			- 3		Remova	oair	Encapsulate	Enclosure
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See attached							Sec. Co.								-
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9															
Name of Registered Waste Hauler		- A1	JDEP W	la a t											
Newark Carting		H	JDEP W auler ID	aste No.	Cubi of W	c Yards	Na	me of Reg	gister	ed Lan	dfill				
			4509	Cod Folk	TBD		G	rand Ce	ntral	Sani	tarv	Lan	dfill		
City, State					Dispo	osal Date		y, State			,				
Newark NJ					TBD			en Argyl,	ΡΔ						
Completed by A. Scott Higgins	Title					Signature	/				Date				
a. Ocott Higgins	Presid	ent				rroscoresta (AUSA)	11	$\overline{}$				n	157	0	
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ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

184 Kinderkamack Road Emerson, NJ

ASBESTOS REMOVAL



LOCATION	ASBESTOS MATERIAL	AMOUNT
Basement	Air Cell	230 LF
Basement	Elbow	20 SF
Back Kitchen 1st Floor Rear Apt	. 1 Tile	270 SF
Commercial Space Entrance	Brown Tile	5 SF
Commercial Space Back by Stair	rs Floor Tile	30 SF
Bedroom/Storage	Floor Tile & Mastic	100 SF
Apartment 3 1st Bedroom	Black Tile	110 SF
Hallway Apt 3	Dark Red Tile	90 SF
2 nd Floor Apt 2 Kitchen	Green Tile	70 SF
2 nd Floor Apt 2 Back Bedroom	Green Tile	100 SF
Roof	Flashing	150 SF
Exterior	Siding	2600 SF

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A. PHONE FAX E-MAIL Web (877) 434-6041 (973) 764-9676 absenv@warwick.net www.absenvironmental.com

Thu# 5765
State of New Jersey - Notification of Asbestos Abatement Greek# 3293

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

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

GAC Project # 060-2019	and all the						[]]	11	ALL PROPERTY OF THE PARTY OF TH	Malan Marin San Arthur Arthur	many material by the	manual			
Date of Notification (1) November	ber 1.	2019			Name of Building Ow RUTGERS, THE				ITW OI	= N.I.		A CONTRACTOR OF THE PERSON NAMED IN COLUMN NAM			
Agencies Notified EPA DCA DOL	.,.	Notification Initial N In Amende	Notifica ed Notif	fication #	Street Address ENVIRONMENT 27 ROAD 1, BLD City, State, Zip Code	AL HEA	ALTH	& SAI	ETY I	DEPT.	1 4 15 1 2	Ö			
☑ DEP- No Longer REQUIR ☑ DOH	ED	justific Cance	ation)	J	PISCATAWAY, I Name of Contact MICHAEL SMITH HEALTH & SAF	H, ENV			ohone N -445-2	umber	23	Selffeelderder Leisensen vo			
				FACILITY IN					1						
Name of Facility Where Abatem PACKAGING ENGINEE Street Address			529		Type of Facility (4) School (K-12) Subchapter 8 (oth	er than K-	-12)		II						
BUSCH CAMPUS	*				Other (i.e. private Sq. Feet: N/A	& comme					ars				
PISCATAWAY		DLESEX		Code (7) Use Only)	Current Use (prior if b										
Name of Monitoring Firm Hired to ATC	by Bldg.	Owner (8)	0098		Name of Contractor (9)	TA:									
Street Address 3 TERRI LANE		1			GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address										
City, State, Zip Code				268 MAIN STREE	T										
BURLINGTON, NJ 080	16			City State, ZipCode BUTLER, NJ 074	05										
Project Manager for Monitoring I BRIAN KEARNY	<u>Firm</u>	Telephone N 609-386-		Telephone Number License Number											
Scheduled Start Date (10)		Scheduled C	completio	n Date (11)	973-492-0477 00840 Name of OSHA Monitor										
11/12/2019		11/25/19			ENVIROVISION,	7									
Occupancy Status During Aba Facility Closed/Vacated During	ring Enti	re Period of Al	oatemen	t	Street Address		_								
☐Abatement Performed Outsi Describe		284			20-21 WARGARA City, State, Zip Code	W ROA	AD.								
Other – Describe: Shift H		: T (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		M AS NEEDED)	FAIRLAWN, NJ										
Scope of Work (Check all that ap	pply)					П с	Contain	mont	iith Noor	ativa Dea					
 ≥ 3 sf or ≥ 3 l ≥ 160 sf or ≥ 2 	260 If			Renovation Demolition		Full Min Min Glov	i-Enclos rebag Pr	ure ocedur	e / Wrap	& Cut		re			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Sole Staff YES	ocation Normali ly by Maint./Cu f? (12) NO			pestos Containing Materia al systems insulation, su cell.)		Amoun (Specif or LF)	1 42 50 60 11		Repair	e Encap E	<u>Enclose</u>			
Throughout Building (1 World Area)	2524	X		VAT			3300	SF	X						
Throughout Building (1 World Area)	TABLE TOPS	PS/FUME HOOD 150 SF 区 PANELS													
Throughout Building (1 World Area)	TSI – (PIPE F WRAP & CU	E FITTING INSULATION) 40 LF 🗵													
Name of Reg. Waste Hauler See Hauler Below #1 & 2	ID#	Cubic Yards of Waste	30 C	Υ		of Regis			Н						
Hauler #1) Greenwood Abatem NJDEP # 28969 Hauler #2) Newark Carting, Inc NJ DEP # 4509	NJ 07405			osal Da 25/201			Rd. Mori 19067	Ford M	(2)						
Completed by (Print or Type) RAYMOND C. PEDALIN	Signature Raymand C. Pedaline November 1, 2019														

State of New Jersey - Notification of Asbestos Abatement

Check# 329: (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) November 1, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) **D** EPA X Amended Notification #2 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA new work area, additional City, State, Zip Code ASSESTOS CONT LICENSING X DOL quantity, start, and completion PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED dates Name of Contact Telephone Number X DOH ☐ Emergency (including MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** justification) □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ADMINISTRATIVE SERVICES, BLDG# 3751 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY** MIDDLESEX Current Use (prior if being demolished): ACADEMIC (State Use Only) 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 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/12/19 12/9/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Facility Occupied Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ ≥ 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 Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 107 Corridor X VAT 500 SF X Various locations 1st Floor X VAT 4400 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 12/9/2019 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Title Signature RAYMOND C. PEDALINO SENIOR PROJECT November 1, 2019 Raymond C. Pedalino

MANAGER

State of New Jersey - Notification of Asbestos Abatement

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

						10	26/0	110							
Date of Notification (1)					Name of Building Owner/C			and the second s							
October 25, 2019					RUTGERS, THE ST	ATE UNI	VERS	ITY OF NJ							
Agencies Notified		Notification			Street Address	1		LUDIO CONTINUE à							
FDA		Initial	Notification	AND STREET, ST	ENVIRONMENTAL I	HEALTH	& SAI	FETYDEPT							
EPA		⊠ Amend	ed Certifica	tion # 1	27 ROAD 1, BLDG 4										
DCA	4		ency (inclu		City, State, Zip Code	000, 2191	NOO	TON CAMIF 03							
x DOL				iuling		0074									
XDEP			cation)		PISCATAWAY, NJ 0	8854									
x DOH		☐ Cance	lled		Name of Contact		Tele	phone Number							
					Michael Smith ENV HEAL	LTH &	848	3.445.2550							
					SAFETY										
Name of Early 1886 At 1				FACILITY IN											
Name of Facility Where Abate					Type of Facility (4)										
Administrative Servi	ces, Blo	lg # 3751			School (K-12)										
Street Address					Subchapter 8 (other than K-12)										
Busch Campus					Other (i.e. private & c		uildinge	homes etc.)							
Duscii Campus					So Feet: Unknown	# of Floo	rc· 2 R	Ida Ago: 60 Plus voors							
City (5)	County (6	3)	County Code	2 (7)	Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 60 Plus years										
Piscataway	MIDDL		(State Use C		Current Use (prior if being domeliched). And domeliched										
coataway	101112121	LOLA	101010 000 0		Current Use (prior if being demolished): Academic										
Name of Marita in City		- 121													
Name of Monitoring Firm Hire		Owner (8)	ASCM No.		Name of Contractor (9)										
ATC ASSOCIATE	S		0098												
01-1011					GREENWOOD ABATI	EMENT C	ONSU	ILTANTS, INC.							
Street Address					Street Address										
3 TERRI LANE															
					511 MAIN STREET										
City, State, Zip Code					City State, ZipCode										
BURLINGTON, NJ 08					Butler, NJ 07405										
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number	se Number									
BRIAN KEARNY		609-386-	8800												
			grandina alau a,		973-492-0477		10								
Scheduled Start Date (10)	THE REAL PROPERTY.	Scheduled C	ompletion Date	e (11)	Name of OSHA Monitor										
November 1, 2019	salah sil	Novembe	er 4, 2019												
The second secon	A.	Second Second			Envirovision, Inc.										
Occupancy Status During Al					Street Address										
Facility Closed/Vacate	ed During I	Entire Period o	of Abatement												
Abatement Performed	Outside o	of Normal Faci	lity Hours -		20-21, Bldg E Wagar	aw Road									
Describe			3		City, State, Zip Code										
Other - Describe:	5pm - 5	5am (24 hr	s & Weeke	ends as											
Needed	1.5				Fairlawn, NJ										
1100404															
Source of Work (Check all that	t apply)														
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			4			ull Contain	ment w	ith Negative Pressure							
≥ 3 sf or ≥ 3 lf			!	X Renovation	on 🔲	Mini-Enc	losure								
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GAC # 2017-060-19

2019

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) October 15, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ■ Emergency (including City, State, Zip Code X DOI justification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ADMINISTRATIVE SERVICES, BLDG# 3751 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC 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 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/25/19 10/28/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Facility Occupied Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours -FAIRLAWN, NJ 07410 Describe: ☑ Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) Full Containment with Negative Pressure $\triangle \ge 3$ sf or >3 If **X**Renovation ■ Mini-Enclosure **⊠**≥ 160 sf or > 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 107 Corridor X VAT 500 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 10/28/2019 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT October 15, 2019 Raymond E. Pedalino MANAGER

Inv#15708

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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City, State, Zip Code Moorestown, NJ 08057						City, State, Zip Code Carlstadt, NJ 07072											
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State of New Jersey

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State of New Jersey Check # 26006 NOTIFICATION OF ASBESTOS ABATEMENT

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DCA C	Cancellation			LITY INFO		ON									-
Name of Facility Where Abatem Residential Street Address	ent is Taking Place (3)		171011		TSIN/ST		Тур	e of Facility (School (K- Subchapter	12)	ner than	K-12)				
ou cot / tour coo							×	Other (i.e. petc.)					ings,	homes	s,
City (5) Trenton, NJ 086	29							iare Feet 1500		of Floors 2			dg. Ag 80	100	
County (6) Mercer			County Code (7) (STATE USE ONLY) Current Use (Prior if being dem												
Name of Monitoring Firm Hired MECS	by Building Owner (8)		ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc.												
Street Address PO Box 341			Street Address PO Box 322												
City, State, Zip Code Crosswicks, NJ 0851		1.	City, State, Zip Code Allentown, NJ 08501												
Project Manager for Monitoring Bill Weisgarber	-irm	11.0	Telephor 609 29	ne No. 18-4070		Telepi 609		No. -9688		0049	se No 3				
Start Date (10) 11/12/2019	Scheduled		pletion [15/201			Name MEC		SHA Monitor	5.						
Occupancy Status During Abate	ment (Check Only One)				Street PO I				8					
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:					_	City, S	State,	Zip Code field, NJ 08	3515						
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Name of Registered Waste Hau	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Faithers Landfill														
Stevens Environmental S	Н	18292			2		Fairles	$\overline{}$	ndfill						
City, State Allentown, NJ				11	sal Date 1/15/20	019	City/Sta Morris		PA						
Completed by Mahlon E. Stevens	ct Ma	anager	e	\$	Signatur	je je	1	8		Dat 1	1510 ranva	2019			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Eric Gilson Private Home 11/1/19 Street Address Agencies Notified Type Notification X Initial EPA City, State, Zip Code DEP Amended X Amendment # Spring lake NJ 07762 DOL Emergency (including Name of Contact Telephone Number DOH justification) Fric Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Eric Gilson Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) Bldg. Age Square Feet # of Floors City (5) 1000+ 50+ Spring lake NJ 07762 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Monmouth Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 856-753-9800 00727 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 11/18/19 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 1600 SF X **Exterior Siding Exterior Siding** Cubic Yards Name of Registered Landfill NJDEP Waste

Hauler ID No.

22459

Title

President

of Waste

Disposal Date

Signature

11/27/19

4

Date

11/1/19

Morrisville PA 19067

G.R.O.W.S.

City, State

Anthony T Perna

United Roll Off

City, State

Completed by

Elm NJ

Name of Registered Waste Hauler

Check 10801

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	Date of Notification (1)	Nou 3,	2010		Name	of Building Owner	^	/ 1	HALLG	E	1	W	BI
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	Name of Monitoring Firm	Hired by Building	Ourse (8)	- 1		USE ONLY)							
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ne	Project Manager for More	ithri g Firm		T	elephor	ne No	Telephone	Source, of A	IDT W	U	9)5	5
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	Nou 18	~	Schedule	d Comp	letion [Date (11)	Name of C	SHA Monito	Г			-	
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NUAC 8:60 and 12:120) Name of Building Owner Operator (2) Date of Notification (1) J. P. Morgan Chase November 1, 2019 Agencies Notified Type Notification Street Address EPA - 6 2019 1111 Polaris Parkway DEP XIDOL Initial City, State & Zip Code Amended Columbus, OH 43240 ASBESTOS CONTROL & **⊠**DOH Amendment # LICENSING DCA Cancellation Name of Contact Telephone Number Bruno Trindade - JLL for JPMorgan Chase 929-275-5318 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chase Bank School (K-12) Street Address Subchapter 8 (Other than K-12) 2 Mount Pleasant Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 60 Years 8,000 Current Use (Prior if being demolished) Wallington Bank County (6) County Code (7) Bergen USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Apex Companies, LLC Synatech, Inc. Street Address Street Address 120D Wilbur Place 829 Radio Road City, State & Zip Code City, State & Zip Code Bohemia, NY 11716 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Steve Cotrone 631-567-1777 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 12, 2019 December 14, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement (not near or in the work area) Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or > If Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems Encapsulate insulation, surfacing, VAT (13)Enclosure Remova Repair or other miscellaneous) N/A Yes No X Roof Parapet Wall Waterproofing 1,200 SF X 330 SF X Roof X Flashing at HVAC Units X 325 SF Roof Parapet Wall Tar Paper Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Fairless Hills Synatech, Inc. 27429 Disposal Date City, State City, State Little Egg Harbor, NJ 08087 December 15, 2019 Morrisville, PA

November 1, 2019

Signature

Exec. Administrator

Completed By

Diane Aloia

Inv-15701

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

Check # 2307

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Date of Notification (1)	April 5, 2019			Name DaVita		ng Own	er/Operator (2	2)	FOF	п	71.77	F	-
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				FA	CILITY	INFO	RMATION						
Name of Facility When DaVita Renal Center	e Abatement is of Succasunr	s Taking P na	lace (3)				Type of Facilit						
Street Address				1/=			Subchap	ter 8 (Other than	n K-12)				
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Morris			SE ONLY		1								
Name of Monitoring Fin Arcadis U.S., Inc.	rm Hired by Bi	lilding Owr	ner (8)		ASCM	No.	Name of Abat Synatech, Inc	ement Contracto	r (9)				
Street Address					-		Street Address						
35 Columbia Road							829 Radio Ro	ad					
City, State & Zip Code							City, State & Z						
Branchburg, NJ 0887 Project Manager for Mo			Te	lephone N	lumber		Telephone Nu	rbor, NJ 08087	License Numb	er			
			90	8-526-100	00		609-296-6916		Liound Humb	0081	7		
Scheduled Start Date (November 2,		Scheduled		on Date (* hber 3, 20			Name of OSH Synatech, Inc						
Occupancy Status Dur	ing Abatement		nly one)				Street Address	S		III Service			
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Other – Descr		de or North	nai riouis	ļ.			City, State & Z	rbor, NJ 08087					
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≥160 sf or ≥260	If		Ш	Demolition	n			Glovebag Proce					1
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							or other misce	lianeous)		Remova	Repair	sde	clos
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Bathroom					X		Floor Ma	stic	10 SF	Х			\vdash
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Name of Registered W	aste Hauler		NJDEP \	Vaste	Cubic \	ards of	f Waste	Name of Regist	ered Landfill				
Synatoch Inc			Hauler II					Fairless IIIIs					
Synatech, Inc. City, State				429	< 1 Dispos	al Date		Fairless Hills City, State					
	22227												
Little Egg Harbor, NJ Completed By	08087	Title			Signatu	ber 4,	2019	Morrisville, PA	Date	- 750			
					7.1	ne At ul	100		Date				
Diane Aloia		Executiv	e Admini	strator	1101	1CE och	Lucker		November 1, 2019				

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X EPA X Initial Amended Amendment			City, Sta	ite, Zip Co	ode	2000-000-000-000-000-000-000-000-000-00			Респерти	*********	1(\- 	Mari Ye	C) k i A /	J eponomie	termer weighte
Emergency		-		City, No	J 0708	7			1 =-		Month				
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Name of Facility Where Abatement is Takin	a Place (2)		FACI	LITY INF	ORMATI	ION	T	-65-77-7							
Bank	y riace (3)	5					-	of Facility (4 School (K-1)	9 7 0						
Street Address 3109 Bergenline Avenue							×	Subchapter Other (i.e. p	8 (Oth			build	lings,	home	es,
City (5) Union City								etc.) ire Feet	# o	f Floors		10000	dg. A	ge	
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Hudson				JSE ONLY			Ban	k							
Name of Monitoring Firm Hired by Building 0 N/A	Owner (8)		ASCM	l No.				tement Con ement, In		(9)					
Street Address						Street 11 R		ss gren Aven	ue						
City, State, Zip Code								ip Code IJ 07512							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-3				Licens 0131					
Start Date (10) 11/13/19	Schedule		npletion [Date (11)				HA Monitor ement, Inc	 D.						
Occupancy Status During Abatement (Chec	k Only One)		11-22-2-2-2		Street									
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TO BE ABATED In Facility (13)	Custo		977777 Daniel	(i.e.		systems cing, VA niscellan	T, or	ation,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
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Basement		X		Р	ipe Fitt	ing Ins	ulatio	on	3	3 LF				Χ	
Name of Registered Waste Hauler Atlantic Carting		Н	JDEP Wa auler ID 1 6085		Cubic of Was			Name of R			dfill				
City, State Wayne, NJ						al Date	7	City, State Pen Arg		4	198-3				
Completed by Oliver Hegedis	Title	t Ma	nager		No. of the	ignature	r)/	. 5/ 119	, , , ,		Date	0/2	N1Q		

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Date of Notification (1) 158)/		Name Corir		Owner/Operat	or (2)			NOV	- 6	2019	The second secon
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■ DOH Emergence justification Cancellation	n)	ig	Name	of Contact ine White				Telephone	e Numbe	r		
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House	ing Place	(3)				Тур	oe of Facility	5.5	New Year			
Street Address						×	Other (i.e. p	12) · 8 (Other than private & comn		uilding	s, hon	nes,
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County (6) Union				Code (7) USE ONLY)		rent Use (Pri	or if being dem	nolished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.	Name D&S	e of Al	patement Cor atement, In	ntractor (9)				
Street Address						t Addr	ress ngren Aver	nue				
City, State, Zip Code							Zip Code NJ 07512		8			
Project Manager for Monitoring Firm			Telepho	one No.		hone -345-	No. -8685	Licens 0131	se No.			
Start Date (10) 11/11/19	11/12	/19	mpletion	Date (11)			SHA Monitor atement, In	С.				
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TO BE ABATED In Facility (13)		aintena todial (12)			os Containing Nathermal system surfacing, VA other miscellar	s insu T, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Basement		X		Pi	pe Fitting Ins	sulati	on	2 LF	Х			
Name of Registered Waste Hauler		IN	IJDEP W	/aste	Cubic Yards		Name of P	egistered Land	4511			
Atlantic Carting		H	lauler ID 6085	No.	of Waste TBD		Grand C	and the state of t	ullii			
City, State Wayne, NJ					Disposal Date TBD		City, State Pen Arg	/I DA				
Completed by	Title				Signature	10	r en Arg	yı, FA	Date			
Oliver Hegedis	Proie	ct Ma	nager		- January	1/1			10/30/	2010		

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Date of Notification (1) 10/30/2019 10V - 15U	288			of Building (las Stolle	Owner/Ope	rator	(2)					NOV	-	6	2019	
Agencies Notified Type Notification	1		Street /	Address					-		ASE	BEST	OS	CO	NTR	S JC
EPA Initial DEP Amended DOL Amendmen	t#2		City, St Milling	tate, Zip Co	de				-		-	LI	CE	NSII	NG_	
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Street Address							×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Oth	er tha & cor	an K- nmer	12) cial bu	ildi	ngs,	home	s,
City (5) Millington							Squa N/A	are Feet	# of N/A	f Floo	ors		Blo N/	dg. A	ge	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				atement Contr tement, Inc		(9)				7.5%		
Street Address					1 223		Addre osen	ess gren Avenu	ıe							
City, State, Zip Code								Zip Code NJ 07512								
Project Manager for Monitoring Firm			Telepho	one No.			one N 345-8			Lice 013	ense 311	No.		72-3-2		
Start Date (10) 10/31/2019	Schedu 11/01/			Date (11)	8.000			HA Monitor tement, Inc.								
Occupancy Status During Abatement (Cher	ck Only O	ne)					Addre									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of nal Facilit	Abater y Hour	ment 's		Cit	ty, S	tate, Z	gren Avenu Zip Code	e			(1		-		\dashv
Scope of Work (Check All That Apply)						OTO	wa, N	NJ 07512						_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renov Demol				×	Min	III Containmen ni-Enclosure ovebag Proceon-Exempted (dure						÷	
Location of		s Loca Norma	illy		Descrip	tion									ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial (12)	ance/ Staff?	(i.e. t	os Containir hermal syst surfacing, other misce	ng M tems , VA	aterial insula T, or	ation,	(S	mour specif	y	Remova		Repair	Encapsulate	Enclosure
	Yes	No	N/A				5.5					<u> </u>			late	Ге
Basement		X			Pipe Ins		tion		Re-	50 LI		X				
Basement		X			VA				10	00 S	F	X				
1st Floor		X			VA	T			40	00 S	F	Х	-			
Name of Registered Waste Hauler Atlantic Carting		1	NJDEP W Hauler ID 6085	No.	Cubic Yard of Waste TBD	ds		Name of Re Grand Ce	.72		andfi					
City, State Vayne, NJ					Disposal D TBD	ate		City, State Pen Argy	l, PA	١						
Completed by Ned Joksimovic	Title Proje	ect Ma	anager		Signa	iture	*	AI			4.600	ate 0/30	/20	119		

			governomen	FR 1	(in) the	DENNO.		Approximate transportation of the contract			P	rint Fo
496004041	031	IOTIFICA (Purs	State of N TION OF AS uant to NJAC	BESTOS	ABATE	MENT	- Control of the Cont	DE	C E		\mathbb{V}	
Date of Notification (1)	15700		me of Building		perator	(2)			10V -	6 2	2019	
Agencies Notified Type Notifi	ication		eet Address	laiu								
X EPA X Initia								ASB	ESTOS	CON		- &
EPA Initia DEP Amer DOL Amer	nded ndment #	Cit	y, State, Zip C ontclair, NJ	Code 1 07042				Victoria de la composition della composition del			ry i venezees	processor and or short
Emer	gency (including cation)	Lawrence of the Control of the Contr	me of Contact					Talanhone	Number			
	ellation	_	atricia Leon						· voiribo			
Name of Facility Where Abatement i	s Taking Place (3)	1	FACILITY INF	FORMATIO	ON	Type	e of Facility (4	\				
House		50				Турс	School (K-12	3				
Street Address						×	Subchapter 8	Other than ivate & comm	K-12) ercial bu	iildings	, hom	es,
City (5) Montclair						Squa N/A	are Feet	# of Floors N/A		Bldg.	Age	
County (6) Essex			unty Code (7) ATE USE ONL			Curr	ent Use (Prior JSE	if being dem	olished)			
Name of Monitoring Firm Hired by Bo	ilding Owner (8)	Α	SCM No.				atement Conti tement, Inc					
Street Address					Street A		ess gren Avent	10				
City, State, Zip Code	-				City, St	ate, Z	Zip Code NJ 07512	16	7			
Project Manager for Monitoring Firm		Tele	ephone No.		Telepho 973-3	one N	lo.	Licens 0131				
Start Date (10) 11/12/19	Scheduled 11/13/19		tion Date (11)				HA Monitor tement, Inc		<u> </u>			
Occupancy Status During Abatement	(Check Only One	:)			Street A	Addre	ss					
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe: Occupied	Entire Period of Ab f Normal Facility H	oatement Hours		-	City, Sta	ate, Z	gren Avenu ip Code	ie				
Scope of Work (Check All That Apply					Totow	va, N	J 07512					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	× Re	enovation emolition			×	Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure				
	ls L	ocation.				140	II-Exempled () and Non-Fr	IADIE PI		ement	
Location of	l Hand	rmally Solely by	,		cription o					Ту	/pe	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Main: Custoo	tenance/ dial Staff? (12)	Asbes	tos Conta thermal s surfaci other mi	ystems ing, VAT	insula , or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
* cf:	Yes	No N	/A	23101 1111	- John C	Juoj			val	=	ulate	ure
Basement		Х		Pipe I	nsulati	ion		125 LF	Х			
Name of Registered Waste Hauler Atlantic Carting			P Waste r ID No.	Cubic Your of Waste			Name of Re	gistered Land entral	lfill	1		
City, State Vayne, NJ	V	1		Disposa TBD	I Date	ř	City, State Pen Argy					
Completed by Dliver Hegedis	Title Project	Manag	jer	Sig	nature	17	A		Date 10/30/	2019		

Proj. #: 19-228			Noti (Purs	fication of As	e of N sbest	os Abatement o and 12:120)	DE	GEI	W	E		Me are as an experience
<u>Ch 1149</u>)							0V - 6	2041	٦		
Date of Notification (1)				vner/Operator (2)		The Line W	UV	CUI	3	1	1
Agencies Notified Type Notific	ation	Dianne Street Ado	Nicolette				- ASSE	0100 001	1111	OL 6	<u></u>	
☐ EPA ☐ Initial ☐ Amended			107.77.70	ĺ			STUNDENSTANDINGS CONTRACTOR	LICENSIN	IG		and the same	
DOL Amendment	#:	City, State	, Zip Code					***************************************				
DOH Emergence	1 1		Grove, N.	J 07009								
justification	1) ^	lame of C					Telepho	one Numbe	r			
Cancellatio	on	Dianne	Nicolette	2			! 			_		
			FA	CILITY INFORM	OITAN	N						
Name of facility where abatement	t is taking pla	ace (3)					Type of Facility					
Residential								ool (K - 12) hapter 8 (C	ther t	han k	(-12)	
Street Address							☐ Other	r (Private/C	omme			
					_		Square Feet	# of Floor		В	ldg. A	ige .
City (5)	Cour	nty (6)				unty Code (7)	1,200 SF	02		70		
Cedar Grove, NJ 07009	Mo	rris			(St	ate use only)	Current Use (I Residential	Prior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	AND THE PROPERTY OF THE PARTY O			_	4	
N/A						KLOMAX, LLC	2					
Street Address						Street Address						
City, State, Zip Code		-			-	309 W. End Ave City, State, Zip Code			-			
						Hopatcong, NJ						
Project Manager for Monitoring Firm	n	.P	hone Num	ber		Telephone Number		License	Numb	per		
Start Data (10)	10 1 1					833-455-6629 Name of OSHA Mon	uitor	02007				
Start Date (10)			ion Date (1	1)		KLOMAX, LLO						
11/11/2019 Occupancy Status During Abateme		5/2019				Street Address						
Facility closed/vacated during Abatement performed outside Describe:	entire perio	d of abate	ement. ırs-			309 W. End Ave City, State, Zip Code						
Other-Describe: NORMAL F					-	Hopatcong, NJ (07843					
Scope of Work (check all that appl	Renovation Demolition						Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	ire			edure	
Location of asbestos-containing	Is location by mainter	normally nance/cus	used solely						R e	R	Е	E
material (acm) to be abated in facility (13)	staff(12) Yes	No	N/A	Description material (on of a ACM)	sbestos-containing	Amount (Specify S LF)	SF or	m o v	p a i	n c a p	n c L
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Registered Waste Hauler KLOMAX, LLC	NJDEI 0038	P Hauler I 3241		ubic Yards of V 2 yds	Vaste	Name of Registered TULLYTOWN,		ECOVER	<u></u> Y	<u></u> _		
City, State Hopatcong, NJ 07843			Disposal D TBD	ate		City, State TULLYTOWN,	РΔ					
Completed by (Print or Type)	Title		l 	Signature	D	TODE TOWN,	171	Date				
Paige Boylan	Owner	this form	for ashast	l licensura eve	カー	1 - 41 141 -		10/30/1	9			

Proj. #: 19-229. Date of Notification (1) 1 0 3 0 1 9		Name of B	(Purs	State ication of As uant to NJA (ner/Operator (2) vatore Fioretti	besto \$ 8:6	Jos Abatement Dand 12 120)	Company of the compan	N	GE 100V - 6	2019	and the state of t		FFICE Divine community and a second s
Agencies Notified Type Notific	cation	Street Addr		vacoro y roroto				ASUE	FICENS!		JL &	unghing annual	
DEP Amended													
DOL Amendment		City, State,	- 33	1000									
☐ Emergend (including	11	Summit Name of Co	, NJ 0790	01				Teleph	one Numbe	ar.			
DCA justificatio	n)		1,102.03					relepin	one Numbe	11			
Cancellati	ion	Judy Ar						1			_		
			FAC	CILITY INFORM	IATIO	N							
Name of facility where abatemen	it is taking pl	ace (3)					Туре	of Facility	/ (4) ool (K - 12))			
Residential							li	=	hapter 8 (0		han k	(-12)	
Street Address									r (Private/0 s./Homes, (ercial		
							Squa	re Feet	# of Floo		В	ldg. Ag	ge
City (5)	Cou	nty (6)			1 2 2	unty Code (7)	1,10		02		60		
Summit, NJ 07901	Mo	rris			(Sta	ate use only)		ent Use (dential	Prior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired b		7777		ASCM No.	-	Name of Abatemen							
N/A						KLOMAX, LLO	С						
Street Address						Street Address							
City, State, Zip Code						309 W. End Av	-			45.00		-	
Oity, State, Zip Code						City, State, Zip Code							
Project Manager for Monitoring Fir	m	Ph	none Numl	ber	-	Hopatcong, NJ Telephone Number	07843		License	Numl	per		
						833-455-6629			02007				
Start Date (10)	Sched	I. Completion	on Date (1	1)	-	Name of OSHA Mor							
11/11/2019	11/1	5/2019				KLOMAX, LLO Street Address	C						
Occupancy Status During Abateme						309 W. End Av	re						
Facility closed/vacated durin Abatement performed outsid Describe: Other-Describe: NORMAL	le of normal				_	City, State, Zip Code	Э						
Scope of Work (check all that app						Hopatcong, NJ		toinmont	/a a a a til va	25000			
≥3 sf or >3 lf ≥160 sf or ≥260 lf						V.	Mini-end Gloveba	losure g procedi					
Location of		n normally		у			Non-Exe	mpted (*) and Non-	R	R	E	_
asbestos-containing material (acm) to be	by mainte staff(12)	enance/cust	todial			sbestos-containing		Amount	0.5	e m	e	n c	E n
abated in facility (13)	Yes	No	N/A	material (ACM)			(Specify LF)	SF OF	0	a	а	C L
Basement				l Dina Inquilat			110	1.5		е	r	р	
Dasement		X		Pipe Insulat	1011		140	LF		M	片	屵	H
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Registered Waste Hauler KLOMAX, LLC		P Hauler II 8241	TT (1)	ubic Yards of V 2_yds	Vaste	Name of Registered TULLYTOWN,		IRCE P	FCOVER	v			
City, State			Disposal D			City, State	KESUC	ACE R	LCOVER	i i	THE REAL PROPERTY.		
Hopatcong, NJ 07843			TBD			TULLYTOWN	, PA						
Completed by (Print or Type) Paige Boylan	Title Owner			Signature	书	_			Date	10			
- 5 - 7	-		e	- 0	1	J. L. Latterian			10/30/	17			

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County (6)	CEN		Cours	Code (Samparate (Current Use	Prior If being do	realished)	
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Shoot Address				<u> </u>	Best Re	moval I	nc .		
City, State, 25 Code		·	5. 2		450 Sou	th River	r Sr		
					Coy, Mate, Zip	Cerio			
Project Manager for Months	ing Pinn	Total	Nome No.		Telephone No.		License No.		
major China (AG)	Salas de la constante de la co	Granic Sin	Date (11))	201-329 Marms of GENEA		0038	8	
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Hackensack	, N.J. O	7601			Olegotted Dato	City, Stayte		,	Products in Communition or a
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Print Form

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Date of Notification (1) 10/31/19	, 15K	711		10.00	f Building Private			r (2)	2K7	(4)	10)-	<u>E</u> (و		1 //	<u>_</u>
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☑ DOL	Amendment			Mana	hawkin	NJ 080)50				A	SBE	STO	SC	ONTE	ROL
☑ DOH	_ Emergency (justification)	inciuaing			f Contact					Tel	ephone.	Numl	oer .	EN9	HG	-
DCA [Cancellation			Stacy						-						
Name of Facility Where Ab	atament in Takin	- Dlass /	2)	FAC	LITY INF	ORMAT	ION									
Evola Private Home	atement is Taking	g Place (3)						of Facility (4	osv.						
Street Address									School (K-12 Subchapter 8		or than l	V 12\				
ou our radiooo									Other (i.e. pr					dings	home	es,
City (5)								e	etc.) e Feet	T # at	f Floors		Tp	lala /		-
Manahawkin NJ 080	50							1000		1 1	Floors			ldg. <i>A</i> 15+	ige	
County (6)			- 1	County	Code (7)				nt Use (Prior		na dom	oliaho		JT		
Ocean					USE ONLY)		hous		i ii bei	ng dem	Unsne	u)			
Name of Monitoring Firm H	ired by Building (Owner (8)	ASCN	/ No.		Name		ement Cont	ractor	(9)				7.11	
N/A	, ,		,					naco Ir		dotoi	(0)					
Street Address							Street	Addres	S							
							PO	Box 32	29							
City, State, Zip Code							City, S	State, Zi	p Code			-				
							Wes	st Berli	n NJ 0809	91						
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph	hone No).		Licens	e No.				
							856-	-753-9	800		0072	7				
Start Date (10)				mpletion	Date (11)		Name	of OSH	A Monitor							
11/10/19		11/22					Sam	ne								
Occupancy Status During A	Abatement (Check	k Only O	ne)				Street	Addres	S							
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	State, Zip	o Code					-		
Scope of Work (Check All 7	That Apply)															
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Location of Asbestos-Containing M			ed Sole		Achoo		scription taining N		(ACM)	^	mount	T				
TO BE ABAT		7073,6322	intena todial			thermal	systems	s insulat			Specify		Re	77)	Enc	E
In Facility (13)		Cus	(12)				cing, VA niscellar			SF	or LF)		Remova	Repair	apsı	Enclosure
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Exterior Sid	ling			Х		Exte	rior Sid	ding		10	000sf	-	Х			
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Name of Registered Waste	Hauler		l N	NJDEP W	lasto	Cubic	Yards		Name of D	ogist-	rod! a-	deli				
\$1700 Ed. (1)	i idulei		F	Hauler ID		of Was			Name of R		reu Lan	uiii				
United Roll Off			2	22459		3			G.R.O.V	V.S.						
City, State			-		- Valley	100000000000000000000000000000000000000	sal Date		City, State							
Elm NJ						11/22			Morrisvi	lle PA	4 1906	37				
Completed by		Title				S	Signature	2				Date				
Anthony T Perna		Pres	ident			1		<u></u>		_		10/	31/	19		

Inv-15	774			fication of Assurant to NJA	Beef	Abatement 0 and 12 (20)		G E			2	
Date of Notification (1)		Name of E		ner/Operator (2)		ASB	ESTOS O	TMC	ROL	8.	
Agencies Notified Type Notific	ation	Street Add					Parameter and the second	ESTOS C	MG		or orcein	eversal
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DOH (including	` I I	Name of C		77304	-		I Telepho	ne Number				
DCA justificatio	· 11	D!.1	F1-6									
Cancellati	on	David	Elefant									
			FA	CILITY INFORM	OITAN	N						
Name of facility where abatemen	t is taking p	place (3)					Type of Facility					
Residential							1 =	ol (K - 12)				
Street Address					-			hapter 8 (C (Private/C			12)	
	Ī							./Homes, e				
	1.0	. (8)			_		Square Feet	# of Floor	S	15000000	ldg. A	ge
City (5)	Co	unty (6)				unty Code (7) ate use only)	1,400 SF	02		90		
Short Hills, NJ 07504	Es	sex			(01	ate use only)	Current Use (F Residential	rior if bein	g den	nolish	ea)	
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)		ASCM No.	-	Name of Abatement				_		
N/A						KLOMAX, LLC						
Street Address				L=	_	Street Address						
						309 W. End Ave	•					
City, State, Zip Code						City, State, Zip Code						
						Hopatcong, NJ	07843					
Project Manager for Monitoring Fire	m	F	Phone Num	ber		Telephone Number		License				
						833-455-6629 Name of OSHA Mon	ita.	0	2007			
Start Date (10)	Sche	ed. Comple	tion Date (11)		KLOMAX, LL						
11/13/19	11/	19/19				Street Address						
Occupancy Status During Abatem						309 W. End Ave	2					
Facility closed/vacated durin						City, State, Zip Code						
Abatement performed outside		i racility no	urs-									
Other-Describe: NORMAL					_	Hopatcong, NJ	07843					
Scope of Work (check all that app							Full Containment	w/negative	press	sure		
							Mini-enclosure Glovebag procedu	ıre				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)				edure	
Location of	ls locati by main	on normally tenance/cu	used sole	900 000			A		R	R	E	E
asbestos-containing material (acm) to be	staff(12)			Descript material		asbestos-containing	Amount (Specify S	SF or	m o	р	С	n
abated in facility (13)	Yes	No	N/A		Ç,		LF)		v	a i	а	L
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Registered Waste Hauler		DEP Hauler	ID#	Cubic Yards of	Waste							
KLOMAX, LLC		38241	Dispassi	1 yds		TULLYTOWN,	RESOURCE RI	ECOVER	Y		-	DESPREE.
City, State Hopatcong, NJ 07843			Disposal TBD	Date		City, State TULLYTOWN.	РΔ					
Completed by (Print or Type)	Title		L	Signature		TODDITOWN.		Date		-		
Paige Boylan	Owner			1 #		500		10/28/	19			
ACD 11	* Do not	an thin form	for achoo	an Bennite a		d = +41, 141						

Proj. #: 19-225 Date of Notification (1) 1 0 / 2 8 / 1 9 Agencies Notified	Jean Cra Street Add City, State Montol	(Purs Building Ow awford ress Zip Code air, NJ 07	mer/Operator (2	besto 0,8:6	Ds Abatement O and 12 120)	AS	NOV -	CON		8	
Gancenation			NULTY INCOME	IATIO							
Name of facility where abatement is take Residential Street Address	king place (3)	FAC	CILITY INFORM	IATIO	N	Subd Other Bldgs	chapter 8 (r (Private/ s./Homes,	Other Comm etc.	ercial		
City (5)	County (6)			I 0		Square Feet	7 - 2 - 2	ors		ldg. A	ge
J., (c)	county (c)			77.5	unty Code (7) ate use only)	1,300 SF Current Use (02 Prior if hei	na der	90	ed)	
Montclair, NJ 07042	Essex					Residential	i iloi ii bei	ng dei	11011311	cuj	
Name of Monitoring Firm Hired by Bldg.	. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
N/A					KLOMAX, LLC	2					
Street Address					Street Address						
City, State, Zip Code					309 W. End Ave						
J., C. C. C. J. D. C.											
Project Manager for Monitoring Firm	I P	hone Numb	per	_	Hopatcong, NJ (07843	License	Mumi	ner		
,g	1.	none realing)C1		833-455-6629			2007	ber		
Start Date (10)	Sched. Completi	on Date (1	1)	_	Name of OSHA Mon	itor			_		_
1		on bate (1	1)		KLOMAX, LLO	C					
11/18/19 Occupancy Status During Abatement (Ch	11/25/19				Street Address						
Facility closed/vacated during entire Abatement performed outside of no	e period of abate	ement. rs-			309 W. End Ave City, State, Zip Code						
Other-Describe: NORMAL HOUR	S			_	Hopatcong, NJ (07843					
≥160 sf or ≥260 lf Dem	ovation nolition					Full Containment Mini-enclosure Glovebag procedu Non-Exempted (*	ıre			edure	
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Registered Waste Hauler	NIDEDILL		ubia Vand	V							
KLOMAX, LLC	NJDEP Hauler I 0038241		ubic Yards of W yds	vaste	Name of Registered TULLYTOWN,		ECOVE	v			
City, State		Disposal D		-	City, State	LEGOURCE N	COVE	(1			
Hopatcong, NJ 07843		TBD			TULLYTOWN,	PA					
Completed by (Print or Type) Title Paige Boylan Owi	ner		Signature	2 _	Stranger over the contract of		Date 10/28/				

			- PARKETING	emin.	- Can	rmonaen.								Pri	nt F
57(da)	N	OTIFIC (Pu	Sta ATION regart t	of New J OF ASBES to NJAC 8:6	Jersey TOS AE	BATEN 12:120	MENT			C		7	VI		
Date of Notification (1) 10/28/19 JNV-157	70			Building Ow Bashwiner						NOV	- 6	20)19	100	ال
Agencies Notified Type Notification EPA Initial Amended			Street Ad						AS	BESTO	OS CO			. &	
DEP Amended Amendment Emergency				te, Zip Code ity NJ 080				bonson	********	North State of the	e species in CVIII	-rouge		ras the Jayouts	and the same
DOH justification) Cancellation			Name of John	Contact		0			Tele	phone I	Numbe	r			
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lame of Facility Where Abatement is Takin John Bashwiner Private House	g Place (3)						_	of Facility (4							
Street Address								School (K-12 Subchapter 8 Other (i.e. pr	(Othe	er than K	(-12)	ildi	ngo l	homo	•
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City (5) Surf City NJ 08008							Squar 1000	e Feet)+	# of	Floors		50	dg. Aq)+	ge	
County (6) Ocean				Code (7) USE ONLY)		_	Curren	nt Use (Prio	r if beir	ng demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.			of Abat aco Ir	ement Cont	ractor	(9)					
Street Address					:		Addres				183				
City, State, Zip Code					1	City, S	tate, Zi	p Code	04						
Project Manager for Monitoring Firm		- 1-	Telephoi	ne No.			one No	in NJ 080 o.	91	Licens	e No.				
							753-9			0072	7				
Start Date (10) 11/8/19	Schedule 11/22/1		pletion l	Date (11)		Name Sam		IA Monitor		S. Life Control of Control	V-1				
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City, State Elm					Disposa 11/22/			City, State		A 1906	 67				
Completed by Anthony T Perna	Title Presi	ident		1		gnature	0				Date 10/2	8/1	19	77	
and only it is only					10		-		· Daniel Control						

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					INFORMATION					
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Street Address						[X]Other (i.e., priva	ate & co	mmer-	
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Project Manager for Mon	itoring Fi	rm Tel	ephone Num	ber	Telephone Num	ber		License	Number	-
		N/	A		(973) 744			0037	1	
Scheduled Start Date (1	.0) Sched	1. Compl	etion Date	(11)	Name of OSHA 1	Monitor				
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Month Day Year Occupancy Status During			ay Yea	I	Street Address	g				
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of Abatement []Abatement Perfo	rmed Outsid	e of No	rmal Facil:	itv	City, State,	Zip Code				
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Name of Registered Wast	e Hauler	NJ	DEP Waste	Cu	bic Yards	Name of Regi	stered Land	dfill		
AZTECH MANAGEM		C. H	uler ID No	of	Waste 1.5	Tri - S	tate			
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Montclair, NJ 0	7042				11/11/19	Bronx,	NY, 104	74		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification 44 Name of Building Owner/Operator (2) 10/23/19 John Wynne Private Home Agencies Notified Type Notification Street Address EPA Initial City, State, Zip Code DEP Amended X DOL Amendment #_ Long Beach Twp NJ 08008 ASBESTOS CONTROL & Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation John **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) John Wynne Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Long Beach Twp NJ 08008 1000+ 2 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Ocean House & Garage Name of Monitoring Firm Hired by Building Owner (8) ASCM 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 Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/15/19 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure

			- 2000120000	 ×	Non-Exempte	ed (*) and Non-Fria	ble Pro	cedur	e	
Location of	1	Location Normalled Sole	ly	Description of				Abat Ty	emen /pe	t .
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Siding			х	Exterior Siding	9	2200 SF	х			
Name of Registered Waste Hauler United Roll Off	H	JDEP W auler ID 2459	Cubic Yards of Waste 5	Name of G.R.O	Registered Landfi	11				
City, State				Disposal Date	City, Sta	te		-	-	_

Title

President

11/15/19

Signature

Anthony T Perna

Completed by

Elm

Date

10/23/19

Morrisville PA 19067

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Date of Notification (1)		× == =			Na	ame	of Buildin	g Ow	ner/Operator	(2)		NO	\/ -	6	201	Q	1
10 /	31 /	19							ic Schools	***	In m	140	V	U	201	J	-
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	☐ Cancellat	tion				Dor	n Bart				856	5-429-5	600				
						FAC	CILITY IN	IFO	RMATION								
Name of Facility Where A		Faking	Place	(3)						Type of Facility							
Cherry Hill High Sc	hool East				Heri Lett.					School (K-1		than K-	12)				
Street Address										Other (i.e.,	private a			al bu	ilding	s,	
1750 Kresson Road City (5)										homes, etc.	-	F1		DI	da Aa		
Cherry Hill										Square Feet 100,000	# or 2	Floors			dg. Ag 8 0	je	
County (6)						CUID	ty Code /7	VSTA	TE USE ONLY)	Current Use (P		ina dema	olishe		50		
Camden						,ouii	ity oode (i	1017	TIL OOL ONLT	School	nor ii be	ing dem	Olionic	.u)			
Name of Monitoring Firm	Hired by Build	dina C	wner	(8)	AS	CM	No	Na	me of Abatem	ent Contractor (9))					-	
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1253 N. Church Stre	eet							6	23 Cutler A	venue							
City, State, Zip Code		y, State, Zip C	ode				1479										
Moorestown, NJ 086	057							N	laple Shade	, NJ 08052							
Project Manager for Monit	toring Firm			Te	lepho	ne l	No.	Tel	ephone No.		Lice	nse No.					
Jim Guilardi				8	356-8	340	-8800	8	56-755-0099)	00	0842					
Start Date (10)	S	Sched	uled C	ompl	etion	Dat	te (11)	Na	me of OSHA N	lonitor							
11 /06 /	19	_1	1_ /	_1	2_	/	19	E	MSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (0	Check	only o	one)				Stre	eet Address						100		
☐ Facility Closed/Vacate								2	00 Route 13	0 North							
Abatement Performed Time of Abatement: 7:							cribe	City	, State, Zip Co	ode							
Time of Abatement. 1.	.00AM-3.00F	101/3.1	JOP IVI	12.0	<u>IU</u> AIV	'		C	innaminsor	n, NJ 08077							
Scope of Work (Check all	that apply)								□ Full Con	tainment with Ne	antive D	raccura					
≥3 sf or ≥3 If			⊠ Re						☐ Mini-End	losure	gative	lessuie					
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Freehold Cartage						939	No.	Was	310	Fairless L	andfill						
City, State									posal Date 1/12/2019	City, State							
Freehold, NJ	Morrisville	e, PA															
Completed By (Print or Ty	pe)	Title	Q.E.S.	iga:	, e	200	21 152		Signature	7. 1			Date				
Christina Fay		Vi	ce Pr	esid	ent	of C	peration	15	(Shorto	May			(0)	13	10	1	

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h3760	15		NOT	IFIC (P	ATIO	OF AS	BE	STOS ABA 3:60 and 5:1	TEN 6)	ENT	III NO	V -	6	201	q	
Date of Notification (1)					Name	of Buildin	g Ov	wner/Operator	(2)		1		_		_	+
	30 /	19			Ве	achwood					ASBES	rosc	100	VTA	ot 8	
Agencies Notified ⊠ EPA	Type Notific	ation			Stree	t Address					The state of the s	JCEN!	SIN	!G		
⊠ DOLWD		in:			120	00 Beach	woo	od Blvd.								
☑ DOLWD	Amendm	2000 CONTRACT			City,	State, Zip (Code	9								
□ DCA	☐ Emergen			1	Ве	achwood	, NJ	J 08722								
(NJAC 5:23-8)	justificati	ion)	oldanış	,	Name	of Contac	t				Telephone N	umber				
	☐ Cancella	tion			Ga	briel Silv	а				732-286-6					
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A	Abatement is	Taking	Place	(3)	- ' '	0,2,7,7,11	0	MINATION	Tv	pe of Facility ((4)		_			
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Street Address) (Other than K	-12)				
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City (5)					50 12 E				-	homes, etc.)						
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Guardian Contracti	ng, inc.						-	Guardian Co	ontra	cting, Inc.						
Street Address							Str	reet Address								
1889 Rte. 9, Unit 61							1	1889 Route 9	9, Ur	nit 61						
City, State, Zip Code							3	ty, State, Zip C								
Toms River, New Je		i					1	Toms River,	Nev	Jersey 087	755					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Te	lephone No.			License No.					
Nicholas Fernicola					32-349		7	732-349-9932	2		00624					
Start Date (10)						te (11)	Na	me of OSHA N	∕lonit	or						
11 /13 /		_1	1 /	1	5_/	19	E	E.M.S.L. Ana	lytic	al						
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address	1000							
□ Facility Closed/Vacate	d During Entir	re Per	riod of	Abate	ment		1	1056 Stelton								
Abatement Performed	Outside of No	ormal	Facility	/ Hou	rs - Des		Cit	y, State, Zip C	ode						,	
Time of Abatement: _	AM	PN	///	_PM		AM	F	Piscataway,	New	Jersev 088	354					
Scope of Work (Check all	that apply)						_			-						
☐ ≥3 sf or >3 If					*10.000						ative Pressure					
≥ 160 sf or ≥260 lf			☐ Re ☑ De					☐ Mini-End								
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Toms River, New Je	rsey							posal Date 1/15/19		ty, State	Pennsylvani	2				
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		-1	Oject	ividil	ayer	<u> </u>				1		101	3	01	17	8

Inv-15764 Ch37693

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

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Date of Notification (1)							Owner/Operator (2)	-		. /	_	-
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⊠ DOH	Amendme	-			Orti	ey Beacl	h, NJ 08751						
DCA (NJAC 5:23-8)	justification		luaing		Name	of Contact	1		Telephone Numb	er			
(☐ Cancellat				Fra	nk Disan	tis		732-749-6009				
					EAG	NI ITV IN	FORMATION						
Name of Facility Where A	Abatement is T	akina	Dlace	/3)	FAC	VILITIN	FORWATION	Type of Facility ((4)				
Residence	Abatement is 1	aking	1 lace	(3)				School (K-12					
Street Address) (Other than K-12)				
Street Address	4							Other (i.e., pr	rivate and commerc		ilding	S,	
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Lavallette					-0	010		1600 sf	1		55		
County (6)					Coun	ty Code (7)(STATE USE ONLY)		or if being demolish	ied)			
Ocean								Residence					
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode	*				
							Toms River,	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
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ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

Vincent House For Renovation St. Mary's Abbey 230 Mendham Road Morristown, NJ



ASBESTOS ABATEMENT

Basement

Filing Room	9"x9" floor tile & mastic	1,125 SF
Kitchen/Laundry Room	9"x9" floor tile & mastic	150 SF
Hall outside of kitchen	9"x9" floor tile & mastic	150 SF
Lounge area	Pipe insulation (aircell)	330 LF
Filing Room	Pipe insulation (aircell)	100 LF
Boiler Room & Adjacent Storage Room	Non fiberglass insulation	65+LF
Laundry Room	Pipe insulation (aircell)	14 LF
Filing Room around perimeter pipe chase & immediate adjacent	Textured sheetboard material & behind wallboard	560+SF
Hall next to filing room	Textured ceiling sheetboard material behind wallboard	70 SF
Boiler Room	Boiler flue pack insulation	<3 SF

Exterior

Northeast Windows White window glaze 4-6 windows

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.

PHONE FAX E-MAIL Web (877) 434-6041 (973) 764-9676 <u>absenv@warwick.net</u> www.absenvironmental.com

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						Wayne, NJ 074	70				
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.			
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Name of Facility Where Abatement is Taking Place (3) Verizon Mullica Hill Central Office Street Address 9 Woodland Avenue City (5) Mullica Hill County (6) Gloucester Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address 4436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Stant Date (10) Start Date (10) Start Date (11) 11		1	412-633-4021							onation								
Verizon Mullica Hill Central Office			4)	Type of Facility (A	IFORIVIATION	CILITI		e (3)	g Plac	is Takin	batement i	ame of Facility Where A						
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Philadelphia, PA 19153 Project Manager for Monitoring Firm				R STREET	1123 BEAVER	-0												
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DCA	Cancellation				Celly Vic						(267) 4	31-51	28		
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATIC	ON	Tyne	of Facility (4	4)					
Offices		•	,						School (K-1:						
Street Address									Subchapter	8 (Othe					
484 Rt 60	1								Other (i.e. p etc.)	rivate &	commerc	ial build	dings,	home	es,
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Somerset Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM			Namo	of Abo	tement Con	tractor	(0)			11-12-	
MECS	Trinea by Ballaling	owner (o)		AGGIV	1140.				nvironme			Inc.			
Street Address PO Box 341							Street A								
City, State, Zip Code Crosswicks, N.	J 08515								ip Code NJ 0850	1					
Project Manager for Mon Bill Weisgarber				Telephor	ne No. 8-4070		Teleph 609 2				License N	No.	<u> </u>		
Start Date (10) 11/11/2019		Schedule		mpletion [15/2019			Name of MEC		HA Monitor						
Occupancy Status Durin				-2			Street A							-	
X Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm						City, St	tate, Z	ip Code	E1 E	<u> </u>				
Scope of Work (Check A	II That Apply)						CHES	iterne	ld, NJ 08	313					
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Stevens Environmer			100	lauler ID 18292	No.	of Was	2.7		Fairless	, and		•			
City, State Allentown, NJ					X - 2		al Date /15/20	19	City, State Morrisvi		Ą				
Completed by Mahlon E. Stevens		Title Proje	ct Ma	anager		Si	gnature		1		1 2222	ate 11/1/2	2019		

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Date of Notification (1)	9/	19		1		e of Buildir BEG	ng Owner/Operator ((2)	NOV -	6 2	2019		W
Agencies Notified ☐ EPA ☑ DOLWD ☑ DHSS	Type Notific Initial Amende		14140		80	et Address Park Pla State, Zip		Annual Park	ASBESTOS LICEI			L &	
DHSS DDCA (NJAC 5:23-8)	☐ Emerge justificat	ncy (includ			Name	wark, NJ	ot		Telephone Num	ber			
	Cancella	ation				O Herb H	ISEI NFORMATION		913-664-745	0			
Name of Facility Where A	Abatement is	Taking Pla	ice (3)	ГА	CILITY	NFORMATION	Type of Facility	(4)				
PSEG Nuclear			•					School (K-1)	2)				
Street Address								☐ Subchapter ☐ Other (i.e., r	8 (Other than K-12 private and commer) cial bi	uildin	as	
End of Alloway Cre	ek Neck Ro	oad	5-5-67/11	orrein.		- 22		homes, etc.)	0.0.	anam,	90,	
Hancocks Bridge								Square Feet	# of Floors	В	ldg. A	ge	
County (6)				П	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Salem									ork on interior of		ina	towe	er
Name of Monitoring Firm	Hired by Buil	lding Owne	er (8)	AS	SCM	No.	Name of Abateme	ent Contractor (9))				
N/A Street Address			09-05-0					VIRONMENTA	L, INC.				
Street Address							Street Address 1123 BEAVER	POTDEET					
City, State, Zip Code			-				City, State, Zip Co						
							BRISTOL, PA						
Project Manager for Monit	toring Firm		Т	eleph	none	No.	Telephone No. 215-788-6040		License No. 00509				
Start Date (10)		Scheduled	Com	pletio	n Da	te (11)	Name of OSHA M		00000		-		
10 /12 /		ON		101	-0		BRISTOL EN	/IRONMENTA	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed	d During Enti	ire Period o	of Aba	ateme	ent	.,	1123 BEAVER	STREET					
Time of Abatement: 7:	00AM-5:30	PM/	PM	ours -	- Des _AM	cribe	City, State, Zip Co BRISTOL, PA			. 1 - PAC			
Scope of Work (Check all	that apply)						BRIOTOE, FA	13007				-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renov Demol				☐ Mini-Encl	Procedure	gative Pressure in-Friable Procedur	e			
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Comean Area Deneath	tower		-		\boxtimes	iransite	debris clean up)	1500 SF				
			10									Ш	Ш
Name of Registered Waste	- Hauler					Masta I	Outin Vanda of						
C&H Disposal Service				Hau	ler ID 303	Vaste) No.	Cubic Yards of Waste 15	Name of Regis	tered Landfill Improve. Auth. S	Solid	Was	te D)iv
City, State Elmer, NJ							Disposal Date 10/25/19	City, State Alloway, N	J				
Completed By (Print or Typ Gino Pizzigoni	pe)	Title Estim	ator				Signature Line 1	0	Dat Dat	e /;	/,	7	
SB-41							1000	Margon	4/76/11	1.1	//	/	

ASB-41 MAY 11 GI 19233

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

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

CIC 9006

Agency Notified Type Notification Street Address CLARDGE HOUSE COUDD ASSOCIATION Street Address CLARDGE DRUE NOV - 6 2019 City, State, Zip Code VEYDNA. NJ. 07044	10		9.5	- 5	Land !	6.5	, 001		S 17 17 17	11 11	7 10	7	-
Agency Notified Type Notification Type of Facility (Notification Type of Fac	Date of Notification (1)		ted.	- N	CL.	A CLA	GOO HOV	(2) SE CON !	DO ASSO	TA'E	2	4//	1
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DOH justification) Cancellation	•			f Contact Chris H	ricko				Tel	ephone (973				THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	gycas. Lessystems
- Cancellation				ILITY INFO		ION	_			(373) 100)-32	-		
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City (5) Cedar Grove, NJ							So	quare Feet 10000	# 0	f Floors			ldg. A	ge	
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Essex Name of Monitoring Firm Hired by Building O	wner (8)		ASC	USE ONLY		Nama	of .	Abatement Co	ntractor	(0)					
MECS	wrier (o)		ASCI	VI INO.		Stev	ens	s Environm			es, Ir	nc.			
Street Address PO Box 341						Street PO E		dress 322							
City, State, Zip Code Crosswicks, NJ 08515								e, Zip Code wn, NJ 0850	01						
Project Manager for Monitoring Firm Bill Weisgarber	65		Telepho	ne No. 98-4070		Teleph 609		e No. 9-9688		Licens 0049		2			
Start Date (10) 11/1/2019	Schedul		pletion	Date (11)		Name MEC		OSHA Monitor	3				41		
Occupancy Status During Abatement (Check	Only Or					Street		dress							
Facility Closed/Vacated During Entire Po	eriod of	Abatem	ent			PO E	10.500.000								
Abatement Performed Outside of Norma Other – Describe:	II Facility	/ Hours			_			e, Zip Code rfield, NJ 08	3515						
Scope of Work (Check All That Apply)	******														
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	1-	1 41				<u> </u>	71	Non-Exempte	a (*) an	a Non-F	-riable	-	1000	ement	
Location of	1	Location Normall	у		De	scription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel iintenan todial S (12)	ice/		tos Cont thermal surfa	taining N	Mate s in:	erial (ACM) sulation, or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											le	
Dry Cleaners		X				VAT				200 sf		Х			
Office Area		Х				VAT			3	350 sf		Х			
								W							
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered I ar	ndfill				
Stevens Environmental Services		1	auler ID 18292	No.	of Was			Fairles			iaiii				
City, State Allentown, NJ	-					sal Date /5/201		City, Sta		A					
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager	37-120000	S	Signature	1	177	1	/	Date		201	9	

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Date of Notification (1)	24	1	9				ing Owner/Operator t de Nemours	(2)		NOV -	6 2	2019	
Agencies Notified ☐ EPA ☑ DOLWD ☑ DHSS	Type Not Initial Amend	ded dment	# <u>1-11</u>		2: City	, State, Zip	equake Road Code		ASE	ESTOS LICE	CON		. &
DCA	☐ Emerg		includi	ng		arlin, NJ (
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Name of Monitoring Firm I	Hired by Bu	uilding	Owner	(8)	ASCA	I No.	Name of Abateme	ent Contractor (9)	1		_		
Cardno ATC								VIRONMENTA					
Street Address							Street Address						
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode			_		
Burlington, NJ 0801							BRISTOL, PA						
Project Manager for Monito	oring Firm			Tel	lephone	No.	Telephone No.		License N	0			
John Lutz				6	09-38	6-8800	215-788-6040		00509				
Start Date (10) ON HCLD		Sched	duled (etion D	ate (11)	Name of OSHA M	lonitor VIRONMENTAI					
Occupancy Status During	Abatement	(Chec	k only	-			Street Address	VINCINIENTAL	L, INC.				
☐ Facility Closed/Vacated					ement		1123 BEAVER	CTDEET					
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Time of Abatement: 7:0	00AM-3:30	DPM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all t	hat apply)												
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Bristol, PA 19007							11/0/15	I alliess Illi	IS. PA				
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Bristol, PA 19007	9)	2000000	stimat	or			Signature) ·	/ J	Date	100		

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Street Address							School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			dings,	home	≥S,
City (5) Little Falls						Sq	uare Feet	# of F	Floors	E	3ldg. A	ge	- 1 2/4-27-
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Name of Monitoring Firm Hired by Buildin N/A	ig Owner (8)		ASCN	/I No.	- 1		batement Con ontracting L	335	9)				
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City, State, Zip Code					NE 930035000		, Zip Code h, NJ 0720	1					
Project Manager for Monitoring Firm			Telepho	ne No.	Telep 201		No. -9603		License 01206	No.			
Start Date (10) 11-11-19	Schedule 11-14-		npletion	Date (11)			SHA Monitor ontracting L	LC		0-17410-1510-15			
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1st Floor	Yes	No	N/A		1/07			001	0.00			lte	cD
2nd floor		X	-		VAT) SF	X	-		
Exterior		×	+			din) SF	X	-		
Exterior		×	-		Transite S	uiliç	3	105	0 SF	X	-		
Name of Registered Waste Hauler Delfa Contracting LLC		1	JDEP W lauler ID 35240		Cubic Yards of Waste 20	-	Name of I				ery F	acili	ty
City, State Elizabeth, NJ		L			Disposal Date	9	City, State Tullytov						
Completed by Jaime Delgado	Title Proj.	Man	ager.		Signatur	e //	A			Date 11-01-	19		

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Date of Notification (1) 11.01.2019	40		Name (of Buildin	g Owner/Ope ounty	rato	r (2)			NO\	1	- 6	201	y
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					treet, 5th F	loo	r, P.O	. Box 871	A	SBES. L		ENSI		UL a
X EPA X DEP X DOL Initial Amended Amendmen	t #			tate, Zip (Code ick, New Je	250	017			Administration of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		NAME OF TAXABLE AS	60.55(10.0936)	
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Nome of Facility 148					FORMATION	-						_		-
Name of Facility Where Abatement is Taki Middlesex County College, Buildir	ng Place	(3)					Туре	of Facility (4)					
Street Address	19 2 10							School (K-12)	- 14 40)				
2600 Woodbrige Avenue							X	Subchapter 8 Other (i.e. pri	vate & com	mercial	buil	dings	, hom	es,
City (5) Edison, NJ 08818					- 5			etc.) re Feet	# of Floor		E	Bldg. /		
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Middlesex				USE ONL	Y)	- 1		ovations	- 3.1.9 001	ononio	-/			
Name of Monitoring Firm Hired by Building Pennoni Associates, Inc.	Owner (8	3)	ASC 1	M No. 02				tement Contr racting LL						
Street Address 24 Commerce Street, Suite 300					10 83395		Addres Merilir	s ne Ave. Ur	nit C					
City. State. Zip Code Newark, NJ 07102					Cit	y, S	State, Zi				ude		-	
Project Manager for Monitoring Firm Ralph Coppola			Telepho	ne No. 65-9763	Te	leph	none No 80763).		nse No.				
Start Date (10) 11.11.2019	Schedul 12.06.		mpletion	Date (11)	Na	me	of OSH	A Monitor						
Occupancy Status During Abatement (Chec								racting LL	C					
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TO BE ABATED In Facility (13)	Ma	intena todial (12)	nce/		stos Containin thermal system surfacing, other misce	ems VA7	insulat T, or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
Theresis	Yes	No	N/A								<u></u>	8	ate	ř
Throughout		X			Pipe Inst	ulat	tion		1,400 LF	X				
Electrical Room		X		Caul	king on Ele	ectr	ical Pa	anel	22 LF	X				
Sprinkler Rooms (North & South)		Χ			Transite P	ane	eling		700 SF	X				
Electrical Room		X		Ele	ectrical Tra	nsit	te Pan	el	25 SF	Х				
ame of Registered Waste Hauler			IJDEP W		Cubic Yard	S		Name of Re	gistered Lar	ndfill				
es Contracting LLC			lauler ID I 038075		of Waste			Fearless I	_andfill					
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ompleted by ranislav Pavlov	Title	ct ma	nager		Signat	ure			or 100,50000	Date	1 0	010		

m # 1583 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) 11 19 Piscataway Board of Education ASSESTOS CONTROCIS Agencies Notified Type Notification Street Address 1515 Stelton Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Piscataway, NJ 08854 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation William Griffith 732-572-2289 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ethel Road Building #14 School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 13 Ethel Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pisacataway 2500 sf 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Maintenance Shop Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ramm Environmental Services Guardian Contracting, Inc. Street Address Street Address 77 Nottingham Road 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Roger Hendricks 201-475-9880 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __14__ / __19 11 / 20 / 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/_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Remova Asbestos Containing Material (ACM) Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Building 14** \boxtimes asbestos contraining sheetrock 2800 sf \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 15 City, State Disposal Date City, State

ASB-41 JAN 13

Toms River, New Jersey

Title

Project Manager

Completed By (Print or Type)

Nicholas Fernicola

11/20/19

Signature

Tullytown, Pennsylvania

Date

Inv#15830

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	04 /	19	_			me of Buildi Brent	ng Owner/Operator	(2)	ECEI		E		The second second
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Oit Ott 7: 0							958 Jackson	Rd					
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Desir (M.							Mays Landing	g, NJ 08330					
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.		License No.			20.20	
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Start Date (10)	40	Schedule					Name of OSHA M	onitor					
//					0_/	19	Graham-Tech	Environment	al Services, LL	C.			
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* Do not use this form for asbestos licensure exempted activities.

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JOSEPH PERLSTEIN

Completed by

Title

OWNER

Date

11/5/19

Signature

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 06 19 NOVARTIS PHARMACEUTICALS CORPORATION Street Address Agencies Notified Type of Notification 1. HEALTH PLAZA EPA Initial 1 City, State, Zip Code Amended EAST HANOVER, NJ 07936 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification HASSAN NEKOUI TOS CONTROL & Cancellation 862-778-8799 ICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NOVARTIS - BLDG 325 School (K-12) Street Address Subchapter 8 (Other than K-12) 1 HEALTH PLAZA 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** EAST HANOVER MORRIS 100,000 40+ Current Use (Prior if being demolished) OFFICE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 1600 Route 22 East City, State, Zip Code 32 Williams Parkway Union, NJ 07038-1597 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE NEHLSEN 908-688-7800 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number _12 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. Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: __ 7:00AM-7:00PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure \Box ≥3sf or ≥3lf Mini - Enclosure 1 ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E R N N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) V 0 A tenance/ A 1 S S Custodial R 11 U Staff (12) R YES NO N/A 325 STEAM TUNNEL PIPE & FITTING 287 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards GROWS 4509 of Waste City, State Disposal City. State NEWARK, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature STEVEN STILES PROJECT MANAGER 11/06/19

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State of New Jersey

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Project Manager for Monitoring Firm Bill Weisgarber			Telephoi 609 29	ne No. 98-4070			ne No. 9-9688		Licer 0049	ise No),			
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Street Address						Street A									
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City, State, Zip Code			******				ite, Zip Co					-			
						Wayne,	NJ 0747	0							
Project Manager for Monitori	ng Firm		Tele	phone	No.	Telepho			L	icense	No.				
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Start Date (10)	10.72				te (11)	Name of	FOSHA M	onitor	12000000118						
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Occupancy Status During Ab	0.7					Street A	ddress								
□ Facility Closed/Vacated D □ Abatement Performed Out					ariba			Road, Bldg .#	35E						
Time of Abatement:	AMP	M/	PM_	s - Des	AM	100 m ²⁶ -	ite, Zip Co								
Scope of Work (Check all the	at apply)					Fair Lav		7410 and decontami	ination	with n	ogotin/	2 00000	uro		
	at apply)	12/0/				H	Full Cont	ainment with Ne				e press	ure		
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				14									Ц	Ш	Ш
Name of Registered Waste F	Hauler		NJE	EP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regi	istered	Landf	ill			77.7 13.0 ·	
Gr Tech LLC			(03378	5	TBD)	T.R.R.F. Inc							
City, State				NI IOTO CO		Disposal	Date	City, State							
Wayne, NJ 07470						TBD)	Tullytown, P	PA						
Completed By (Print or Type)) Title	Э			est-Shanston	Sign	nature /	11	0		Da	ite			
N.Jevtic	Ow	ner						eutre Wen	ad		11.	/01/19	6		
ASB-41 MAY 11	8	Do no	t use ti	his forn	for asbes	tos licensu	re exempi	ed activities.	W	#	F	570	01		

Print Form

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

Date of Notification (1) Oct. 17, 2019					f Building loomfiel			· (2) rtnership				NOV	- F	201	19
Agencies Notified	Type Notification			Street A	ddress loomfiel	d Aven	ue			trud 1					
EPA DEP DOL	Initial Amended Amendment Emergency		_	City, Sta	ate, Zip Co nfield, No	ode				Windows and the	ASB	ESTO LIC	a C r ENS	NTR MG	OL &
DOH DCA	justification) Cancellation	-			f Contact Goldste	in				Tele	phone i	Numbe			
Name of Facility Where A	Abatement is Takin	n Place (3	,	FACI	LITY INF	ORMATI	ON	Type of F	acility (4)						
Commercial Building		ig i lace (5	,					-	ool (K-12)						
Street Address 606 Bloomfield Ave	nue							Sub	chapter 8 er (i.e. priv				ildin	js, hor	nes,
City (5) Bloomfield					- 1-14-14-14-1			Square F	eet	# of 2	Floors		Bldg 90	. Age	
County (6) Essex					Code (7) USE ONLY)		Current U	se (Prior i cupied s			lished)			
Name of Monitoring Firm none	Hired by Building	Owner (8)		ASCN ***	/I No.			of Abateme				D.			
Street Address							70.07	Address Paterson	Plank F	Road					
City, State, Zip Code							- CANA - CA	tate, Zip Co							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none No. 682-9872		T	License		-		
Start Date (10) Oct. 31, 2019		Schedule Nov. 30			Date (11)		Name	of OSHA N	onitor						
Occupancy Status During	Abatement (Chec	k Only On	e)					Address		12.50			-		
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of A nal Facility	baten Hours	nent S			*** City, S	tate, Zip Co	ode						
Scope of Work (Check All	That Apply)														
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Location			ormal i Sole				scription					-	Т	Туре	+
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED		ntena	nce/		thermal surfac				(Sp	ount ecify or LF)	Kemoval	Kepaii	Encapsulate	Enclosure
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City, State Newark, New Jersey						Dispos TBT	al Date	4	y, State aynesbi	urg,	Ohio 4	4688			
Completed by Javier Mandez		Title Presid	dent			Si	ignature	C.C	MD	W	1112	Date 10/17	/201	9	

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



Project #

Check # 4738

Date of Notification (1)			1	Name of	Building C)wner/	Operator	(2)			-	匠	(P)	E	I	N/7
10/31/2019			F	ResiPro	0						11	Ŀ	19	b		U
Agencies Notified	Type Notification		1	Street A	ddress						154					
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DEP	Amended		(City, Sta	te, Zip Coo	de							NUV	-	5	FILE
■ DOL	Amendment #		_	tlanta	s, GA 3	0326				1		-				
DOH DOH	Emergency (i justification)	ncluaing		Name of	Contact					Tel	lanhan	À \$1	·		1001	200
DOH DCA	Cancellation		E	duard	o Loor										NOX	
				FACI	LITY INFO	RMAT	ION					- season re		and depote	-	understand the
Name of Facility Where	Abatement is Taking	Place (3	3)				4	Тур	e of Facility (4)						
Residence									School (K-1	2)						
Street Address					1-0.0	A Comment			Subchapter						h a m a	
									Other (i.e. p etc.)	rivate	& com	mercia	ai Dulia	ings,	nome	5,
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City, State, Zip Code							10000000			0						- 1
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Project Manager for Mor	nitoring Firm			Telepho	ne ivo.						013		U .			
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Start Date (10)				ipletion l	Date (11)				SHA Monitor	_						
11/09/2019		11/11/2							toration LI	_C						_
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street		223							
Facility Closed/Vac	ated During Entire P	eriod of	Abatem	ent			72 Br	ook	side Rd						-1	
	ned Outside of Norm	al Facility	/ Hours				City, S	State,	Zip Code							
Other – Describe:						_	Rand	lolph	, NJ 0786	9						
Scope of Work (Check A	All That Apply)															
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≥160 sf or ≥260 lf			Demoliti	on			h		lini-Enclosur							
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Completed by		Title					Signatur	9,0	. (ite	045		
Nikica Mrda		Presi	dent				C	/ U	ug.	M	in	\ 10	/31/2	:019		

Inv.# 15753

Date of Notification (1) 10/31/19			1 2		Building C					•	[[]	F	G	E	ī.	W/
	Notification			Street Ac		2 7 (10)					11)	1	(U)	- Long	<u> </u>	11
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DCA L	Cancellation			Rob	ITY INFO	DALAT	ON									
Name of Facility Where Abater Robert Mancini Private Street Address		Place (3)	S)	FACIL	LITY INFO	RMAT	ION		of Facility (4 School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Othe			ouildi	ings,	nome	s,
City (5)	101	300						55.00	re Feet		Floors	-:	1 00	dg. Ag	je	
long Beach Twp NJ 080 County (6) Ocean	191 (County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County Co	Code (7)			100 Curre	ent Use (Pric	2 or if bei	ng demo	olished		5+	- 11-2-	\dashv
Name of Monitoring Firm Hired	by Building Ow	vner (8)		ASCM	No.		Name	1000	tement Con	tractor	(9)					\dashv
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Street Address							Street PO I	Addre Box 3								
City, State, Zip Code									ip Code lin NJ 080	91						
Project Manager for Monitoring	; Firm		1	elephor	ne No.		Teleph	none N	0.		Licens					\neg
Start Date (10) 11/9/19	4.3	chedule 11/22/1		pletion [Date (11)		Name Sam		HA Monitor						2000	
Occupancy Status During Abat	tement (Check	Only One	∍)				Street	Addre	ss						0.107	
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:				ent	55		City, S	State, Z	ip Code							
Scope of Work (Check All That	t Apply)						-									\neg
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Asbestos-Containing Mater TO BE ABATED In Facility (13)		Mai	d Solel ntenan odial S (12) No	ce/		therma surfa	taining N I system icing, VA miscellar	s insula T, or	ation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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City, State Elm NJ							sal Date 2/19	•	City, State Morrisv		A 1906	67				
Completed by Anthony T Perna		Title Presi	dent	-11-10-0			Signatur	0	7			Date		19		
								×								

Disposal Date City, State City, State Bronx, NY, 10474 11/19/19 Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian

Title President Signature

Date 10/31/2019

11 Wendover Rd

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10-30-19 Lawrence Township Public Schools Agencies Notified Type Notification 2565 Princeton Pike EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Lawrenceville, NJ 08648 Emergency (including Name of Contact Telephone Number OS CONTROL & DOH justification) DCA Cancellation 609-671-5415NSING James Alberti **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lawrence Middle School (LM) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2455 Princeton Pike etc.) City (5) 50,000 # of Floors Lawrenceville 50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Mercer school Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9)
Plymouth Environmental Co.,Inc. ASCM No. TTI Environmental Inc. Street Address Street Address 1253 North Church Street 923 Haws Avenue City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Norristown, PA 19401 Project Manager for Monitoring Firm Michael Keehn Telephone No. Telephone No. License No. 609-386-8800 610-239-9920 00398 Start Date (10) Name of OSHA Monitor Plymouth Environmental Co.,Inc. Scheduled Completion Date (11) 11-7-19 11-11-19 Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 6:00AM-11:00PM City, State, Zip Code Norristown, PA 19401 Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st floor area #1 main corridor X wall plaster 22 SF Χ X Purple Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Robinson Waste Disposal Hauler ID No. **GROWS Landfill** 17304 City, State Disposal Date City, State Voorhees, NJ 08043 11-11-19 Morrisville, PA

Project Manager

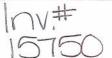
10-30-19

Signature

Completed by

Matthew Kelly

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near 3833 "	LJ 120						<u> </u>							
Date of Notification (1) 10/29/2019					Owner/Oper ecollects			Э.		L N	101	- 8	2019)
Agencies Notified Type Notification			Street A	ddress Igeway A	Avenue				- ne-man	ASBE	ESTOS	3 CO	VITRO	ĵĽ{
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Emergency justification)	(including	$ \vdash$		f Contact	143 07 032	-			Tele	phone Nu	ımber			
DCA Justification)			Fredri	c B Abie	ra					3) 997-5				
Name of Facility Where Abatement is Takir	ng Place (3	3)	FACI	LITY INFO	DRMATION		Type	of Facility (4))				7	
Augustinian Recollects of NJ Inc.	3	,						School (K-12						
Street Address 29 Ridgeway Avenue							×	Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) West Orange		(570	50				are Feet	# of 2	Floors		Bldg. A	ge	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Prior	if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASCN	/ No.				atement Contr		9)				
Street Address PO Box 354					7.5		Addre	ess erty Avenue	·					
City, State, Zip Code South Orange, NJ 07079								Zip Code						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	1		one N			License 1	No.			
Start Date (10) 11/12/2019	Schedule		npletion	Date (11)	0.00			HA Monitor Lighthouse	Solut	tions				
Occupancy Status During Abatement (Che	ck Only Or	ne)			St	reet	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					Ci	ty, S		Zip Code	7070					
Scope of Work (Check All That Apply)					_ 5	out	n Ora	ange, NJ 0	7079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure	_				
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ewark Carting		Н	lauler ID 4509		of Waste			Waste M				ill		
City, State Fast Orange, NJ		•			Disposal [Date		City, State Penn Arg	gyle, I	PA				
Completed by	Title Proje	ect Ma	anager	2	Signa	ature	daniele de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la	44	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	10000	ate 0/29/	2019		



			NOT	IFIC		State of N			TE	MENT	In E	P	IS	n n	// [E	3 F	
NO Check (F						ATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 5:16)						6	<u>E</u>	<u> </u>	/ [5		
Date of Notification (1)		Name of Building Owner/Operator (2)									. 0/	140					
10/25/19					Br	ookfield Properties Retail, Inc.					NOV	- 1	1 21	119	1		
Agencies Notified Type Notification					Street Address												
⊠ EPA						350 N. Orleans Street, Suite 300						ASBESTOS CONTROL &					
☑ DOLWD ☑ Amended					City, State, Zip Code						LICENSING						
☑ DOH Amendment #2					Chicago, IL 60654												
DCA Emergency (inclu justification)				g		Name of Contact				Telephone Numb			per				
(NSAC 3.23-0)	ition				hn McLa			732-542									
	FACILITY INFO				Automotive to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			7.02.042.0004									
Name of Equility Mhore A	batamant in '	Talsia	. Dia -	- (2)	FA	CILITY	NFO	RMATION	T-								
Name of Facility Where Abatement is Taking Place (3)									Type of Facility (4)								
Monmouth Mall									- F	☐ School (K-12) ☐ Subchapter 8 (Other than K-12)							
Street Address						Other (i.e				Other (i.e., p	., private and commercial buildings,						
180 NJ 35 homes,										homes, etc.							
City (5)									S	quare Feet	# of Floors	3		dg. A	ge		
Eatontown										1,500,000							
County (6)					Cou	County Code (7)(STATE USE ONLY)											
Monmouth							Commercia				al .						
					ASCM	No.			ment Contractor (9)								
Batta Environmental Associates, Inc.						Shade Envir				onmental, LLC							
Street Address							Street Address										
6 Garfield Way								623 Cutler Avenue									
City, State, Zip Code								City, State, Zip Code									
Newark, DE 19713								Maple Shade, NJ 08052									
Project Manager for Monitoring Firm Telephor						one No. Telephone No.					License No.						
						-3376	8	356-755-0099	00842								
Start Date (10) Scheduled Completi							Name of OSHA Monitor										
09 /30 /1911 /22					2_/	/19 EMSL Analytical, Inc.											
Occupancy Status During Abatement (Check only one)							Street Address										
Facility Closed/Vacated During Entire Period of Abatem									0 North								
Abatement Performed Outside of Normal Facility Hour									ode	ode							
Time of Abatement:AMPM/ <u>11:00</u> PM- <u>7:00</u>						Cinnaminson, NJ 08077											
Scope of Work (Check all	that apply)						10	N-1000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	- 100								
☑ >3 of or >3 If	ion	☐ Full Containme					gative Pressur	е									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Demolition 										a Procedure							
					//////////////////////////////////////					ted (*) and No	n-Friable Prod	cedure	Э				
				Loca									Ab	atem	ent Ty	ре	
Location of Asbestos-Containing Material (ACM)				d Sol		Acho	Description o sbestos Containing Ma			ial (ACNA)	Amount		R	Re	Щ	щ	
TO BE ABATED			Ma	intena	ince/		estos Containing Ma e., thermal systems i				Amount (Specify		Remova	Repair	ıcar	ıclo	
IN Facility			Cus	todial (12)	Staff?	,	S	surfacing, VAT,	, or	18	SF or LF)		val	7	Encapsulate	Enclosure	
(13)			Yes No		N/A	1	other miscellaneo			s)					ate	(D	
Towns Square Area 1 Exterior Roof		oof				Roof Fi	Roof Field, Flashing, C			Flashing	20,000 SF						
																$\overline{\Box}$	
													느	_		ᆜ	
Name of Registered Waste Hauler																	
	IJDEP I lauler II		1 - 2 - 2	Mosts			Registered Landfill										
Treeffold Cartage)	9	90 Fairiess			andfill						
City, State Freehold, NJ						Disposal Date City, State 11/22/2019 Morrisvill					e. PA						
Completed By (Print or Type) Title						Signature											
					nt of	nt of Operations				Date							
omiouna ray	THE OF	operation	113	Mela	0	tael		1	12	5/	19						