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(8)	I/A						MCO I	WC.				
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City, State, Zip Code						City, State, Zip C	ode					_
Project Manager for Mon	itorina Firm	===	Tel	ephon	e No	MAP(Telephone No.	E SHAI	DE M. J License No.	0	80) (_
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11-10-18		1-	_	18		Sheet Address	MIR					_
Occupancy Status During Facility Closed/Vacate				men!		Street Address						
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Other - Describe:												
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TO BE ABATE	D	1	ustodial Staff?		(i.e.,	thermal systems in surfacing, VAT, o		(Specify SF or LF)	Ren	Repair	qua	nclo
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ity, State MAPLE SI	HAVE	W.].			Disposal Date	City, State, PLEAS	ANITUIZLE		۸۱,	1	
ompleted Bv	Title					Signature	1001	Date		18		
MICHAEZ KLE	mm 2	308	CACO	1)()/(- Mue) (10		_

CK 4659

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

NOV - 7 2018

	4	LLLL	di ²					1101				
Date of Notification (1)	30-18	_		Na	me of Build	ing Owner/Operato	SNER					i.
Agencies Notified	Type Notin	fication		Str	eet Addres	25 F A	TANTC	ALE	1	-		
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□ DCA	☐ Cancell	lation										
				F	ACILITY IN	FORMATION	1					
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Name of Monitoring Firm (8)	Hired by Bui / ∧	ilding Owne		ASC	VI No.		nent Contractor (**************************************				
Street Address	H		<u>—</u> 1	.===		Street Address						=
27. 27.4. 77. 01.						City, State, Zip C		RUCE WIL	_		_	_
City, State, Zip Code								ADE W.J	08	05	2	
Project Manager for Moni	toring Firm		Tel	ephone	e No.	Telephone No. 856-77	9-0472	License No.	37	١		
Start Date (10)		Scheduled		etion D		Name of OSHA N	Monitor N/A					
Occupancy Status During			y one)		<u>u</u>	Street Address						=
Facility Closed/Vacated Abatement Performed	During Enti Outside of N	ire Period o	f Abate itv Hou	ment rs		City, State, Zip Co	ode			=	_	=
Other - Describe:								dir				_
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	gative Pressure	+1			
>3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	3//				
DA ≥ 100 St Ol ≥ 200 ll					1	Non-Exe	mpted (*) and No	on-Friable Procedu	7	bate	ment	
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Location of Asbestos-Containing Ma	terial (ACM)	Mai	Soleh ntenan	œ/		os Containing Mate		Amount (Specify	_		En	Е
TO BE ABATE IN Facility	D	1	ustodia Staff?	1	(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)		1	other miscellaneou	(&		la val	4	ilate	шe
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Name of Registered Waste	Hauler			IDEP V		Cubic Yards of Waste	Name of Regis	stered Landfill IM (* IM I.) 4	Δ			
KLEMCO.	INC			790	<u> </u>	Disposal Date	City, State					=
City, State MAPLE SHAW	DE W.	J.					_ W00	DRINEN			_	=
Completed By		Title PRES	,			Signature	n_	Date	-31	-18	?	
MICHAET VICUL	LA	LKF.				_						

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Date of Notification (1) Nov 2. 20	NG A	of Building Owner/Open			(1) Year 1	200 10 H = 10
Agencies Notified Type Notification	Street A	RISTA Co	onstruction	27 OR	4P	2010
		() ()	weetmar	1 lane	NUV /	2010
☐ EPA	City, St	ate, Zip Code				
DOL Amendment		Man	alapan	NJ	077	76
DOH Emergency (i	Name o	of Coritact	,	Telephone Nu	umber.	1
☐ DCA ☐ Cancellation	An	drew lice	colino	732-6	21-71	43
Name of Costlik Whose Abstract in Taking		ILITY INFORMATION				•
Name of Facility Where Abatement is Taking	Place (3)	11:00	Type of Facility		1773	
Street Address Street	19 000	-(11715)	☐ School (K-	12) r 8 (Other than K-1	12)	
	4 4		Other (i.e.	private & commerc	cial buildings,	homes,
City (5)	1		etc.) Square Feet	# of Floors	Bidg. A	ide
Long Bran	ch NJ		, oquare rect	3	0	7+-
County (6)	County	Code (7)	Current Use (Pr	ior if being demolis	shed)	<u></u>
Monmouth		USE ONLY)		1550	,	
Name of Monitoring Firm Hired by Building C	wner (8) ASCI	No. Na	me of Abatement Co	ethnoles	nio S	Inc
Street Address	3 -7	Str	eet Address	-	3.00	2006
City, State, Zip Code	7 - 2	Cit	y, State, Zip Code	337		
New Equat	N2 08	333 1	Vew Equ	W ta	085	333
Project Manager for Monitorial G Firm	Telepho		lephone No.	License I	No. 20	u
Start Date (10)	Scheduled Completion		9 758 - 330 me of OSHA Monitor	The second secon	UUT	1
Nov 12, 2018	Nou 21,	2018		hnologies	Tor	
Occupancy Status During Abatement (Check			eet Address	1 10	ع حارر	
Facility Closed/Vacated During Entire P	eriod of Abatement		P.O. BOX	337		Gradina di diana di di
☐ Abatement Performed Outside of Norma	al Facility Hours		y, State, Zip Code			1. J. J.
Other – Describe:			New Egypt	TU	0853	3
Scope of Work (Check All That Apply)			- (,			
23 sf or ≥3 lf	Renovation		Full Containm	ent with Negative	Pressure	
A ≥160 sf or ≥260 lf	□ Demolition		Glovebag Pro	F		
· · · · · · · · · · · · · · · · · · ·			Non-Exempte	d (*) and Non-Fria		
	Is Location		٠		1	ement rpe
Location of	Normally Used Solely by	Descrip Asbestos Containin		Amazzat		
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/	(i.e. thermal syst		Amount (Specify	7 7	Enc
In Facility	Custodial Staff? (12)	surfacing,		SF or LF)	Repair	Enclosure
(13)		other misce	enaneous)		val Ir	Enclosure Encapsulate
	Yes No NA			254 15		
Basement	X	Pipe Insu	ulation	250 LF	X	
(Raw space	X	Pipe Ins	ulation	10 CF	X	
1st Flowe	X	Air Duct	NRap	10 LF/803	FX	
3rd Floor	X	Floor T	ile	216 58	X	
Name of Registered Waste Hauler	NJDEP V		s Name of	Registered Landfil	II	
EPC Technologies	Hauler ID		6 Was	te Manage	ment o	F PA
City, State	NJ .	Disposal D		te visuille	PA	
New Egypt	Title	by II /2 Signa			ate	•
Steve Schenker	President	S	Temp Sche	she	11-2-	18



Check 10542

Date of Notification (1)	1 2 '	2011		Name	of Building Ow	ner/Operat	or (2)			0 F	- C	70.7 (1)	F-7
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□ EPA	Type Notification Initial Amended				Address 40 State, Zip Code	5 1	kew Je		AQ	ye_	7	2018	
DOL .	Amendment Emergency	(includin	g		Pot	rat	Conq		88		5		
DOH DCA	justification) Cancellation			C	of Contact	Lein	i's	Telepho	ne Nu	mber	-		L
Name of Facility Where Ab	atement is Takin	g Place	(3)	FA	CILITY INFORM	MATION	Type of Facili	tv (4)					
Street Address Street	fami'	ly.	~)We	lling		☐ School (☐ Subchap		an K-1	2)			
City (5)							etc.) Square Feet			III SECTION AND ADDRESS OF THE PARTY OF THE		. •	ies,
County (6)	rcons	'	1	County	098 Code (7)	65	1	2	,		Bldg. A	Age)+	_
Warre	^			(STATE	USE ONLY) _			Prior if being de	emolish	ned)	_		
Name of Monitoring Firm H	The Building	Owner (8	5) S	ASC	M No.	Name	of Abatement C		les	ie	<u>s</u>	Ir	
Street Address	0x 3	37				Stree	Address 0. Bo	337	-	-		4	8 6
City, State, Zip Code	VA+	NI	7	08	533	City	State, Zip Code	int A	17	Λ	94	13	3
Project Manager for Month	i g Firm			Telepho		Telep	hone No.		ense N	0.	20	U	
Start Date (10)	2 760	A 1	led Cor	npletion	758-336 Date (11)	Name	758~ 33 of OSHA Monito	or r	C	7	רכ	T	
Occupancy Status During A	5, dol8	Only O		10,	2018	Street	EPC Te	chnolog	ies	I	nc		
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire P	eriod of	Abaten	nent s		City, S	tate, Zip Code	337			- 4	<u></u>	<u> </u>
Scope of Work (Check All Ti	oat Apply)					N	ew Egypt	<u> </u>	- 0	185	5.3	3	P
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ιατ Αρριγή		Renova Demolit				Mini-Enclosu		ative Pi	ressu	re		
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Location of			Locati	ly		Description	of				Abate Ty		
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Ma	ed Sole intenar todial S (12)	nce/	Asbestos C (i.e. then	ontaining N	Material (ACM) s insulation, T, or	Amount (Specify SF or LF	/	Remova	Repair	Encapsulate	Enclosure
	r	Yes	No	"N/A						· <u>B</u>		ate	re
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												-	
Name of Registered Waste F	auler nologies		104 90 12	JDEP Wauler ID	No. of V	oic Yards Vaste		Registered La		ent		P	iA
City, State New Equ	0	VJ	\ \ \ \		- Laborator Advantage -	oosal Date	2018 Mozi	ite	-	A	- (Ł	•
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CK16418					STOS ABATEMENT						
Date of Notification ((1) 100 4 -	(Fursua	Name of Bu	ildino	-7 and 12:120-7 Owner/Operator)				Maria Com	(IN
11/2/2018	PAI				Hinchliff		IN E	C, E	1 1		
Agencies Notified Ty	pe Notifica	ation S	Street Add	ress			11-11				11
[]EPA	[X]Initial Notifica	ation					N	ov - 7	7 20	18	4
[]DEP			ity, Stat	e, Zip	Code						1
[X]DOH	[]Amended Notifica				,NJ,07028		1				
	[]EMERGENC		ame of Co				one Number		100		
[]DCA	[]Cancellat	tion	kather	ine	Hinchliffe						
Name of Facility Where	Abatement	is Takino			INFORMATION	m					
Katherine Hinch	liffe	rs raxing	Frace (3	,		Type of Faci					
Street Address						[]Subcha	apter 8 (Oth	ner than	1 K-1	2)	
Street Address						[X]Other	(i.e., privbuildings,	rate & c	comme	r-	
City	- k	Zoun tre		la en		Square Feet	# of Flo		ldg.		ì
		County			inty Code (7)						
Glen Ridge	Œ	Essex				Current Use	(Prior if b	eing de	moli	shed	1)
Name of Monitoring Firm	hired by F	Building	ASCM No.		Name of Abatem	ent Contract	or (9)				
Owner (8) N/A					AZTECH M	ANAGEMEN'	r, Inc.				
Street Address					Street Address						
					86 Chris		t.				
City, State, Zip Code					City, State, Z	ip Code					
					Montclai:		142				
Project Manager for Mon	itoring Fir	m Telen	phone Numb	per	Telephone Numb			License		ber	
Scheduled Start Date (1	0) Sched	. Complet	tion Date	(11)	Name of OSHA M	onitor					
11 13 18	11	1 15	18		N/A						
Month Day Year Occupancy Status During	Mon	th Day	Year	1							
[X] Facility Closed/	Vacated Dur	cing Enti	re Period		Street Address						
of Abatement											
[]Abatement Perfor Hours - Describe				cy	City, State, Z	ip Code					
[]other - Describe											
Scope of Work (Check al.	l that apply	у)									- 1
[X]>3 sf or >3	1.f	וצו	Renovation	,	[]Full C [X]Mini-E	ontainment w	ith Negative	e Pressi	ure		
[]>160 sf or >		31.5.	Demolition			ag Procedure					
_					[]Non-Fr	iable Procedu	ure				
Location of		Loc	Is ation		Description	of		Aba	teme	nt 1	Type E
Asbestos-Contain	ning		mally sed	į.	Asbestos-Conta		Amount	R	R	N	N
Material (ACM	70	So.	lely		Material (A	THE SECOND STREET STREET	(Specify	y E M	E	CA	C
TO BE ABATED In Facility	•		Main- ance/		(i.e., thermal		SF or	0	A	PS	0
(13)			codial f (12)		sulation, surfactor other miscell		LF)	A	R	ŭ	UR
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Dasement		-	X	Pibe	Insulatio	n	110 LF	X			_
Name of Registered Waste	Hauler	NJDE	P Waste	Cub	ic Yards	Name of Regi	stered Land	lfill			
AZTECH MANAGEME		. Haul	er ID No.	of	Waste 1.0	Tri - S					
City, State				7	posal Date	City, State					
Montclair, NJ 07	042			1	1/16/18	Bronx,	NY, 104	74			
Completed By (Print or T	Type) Title	e			Signature	. 12	7,	Date			
Constantine Vivi	an Pre	sident	=		/ onsta	atine //1	Mar	11/2/	/2018		
					-						

Christina Lynch

A55-41 JAM 42

page 1 2018-11-01 12:10 Shade Environmental 1 >> 609 63: 0564 2/4 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 01 David Schoffeld Agencies Notified Type Notification 7 Street Address EPA Initial IX E DOLWD Amended City, State, Zio Code DOH Amendment # DOCA Blackwood, NJ 08012 Emorgonay (including (NJAC 5:23-8) justification Name of Contact Telephone Number Cancellation David Schoffeld FACILITY INFORMATION Name of Pacility Where Abatement is Taking Pizce (3) Schoffeld Realdonce Type of i talkly (4) ☐ Schot (K-12)
☐ Subcr spter 8 (Other than K-12)
☐ Other i.e. private and commercial buildings. Street Address home , att.) City (5) Square I" el # of Floors Blackwood Bldg. Age 2,300 County (5) 80 County Code (7)(STATE USE ONLY) | Current , is (Prior if being demolished) Camden Residence Name of Monkoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrat of (3) Management & Enviro. Consulting Services Shade Environmental LLC Stroot Address Street Address PO Box 341 623 Cutter Avenue City, State, Zip Code City, State, Zip Code Chestorfield, NJ 08515 Maple Shade, NJ 0805 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarbor 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 02 / 18 11 / 05 / 18 EMSL Analytical, Inc. Occupancy Status During Abstement (Check only one) Strest Address Facility Closed/Vacated During Entire Period of Abatement Abstement Performed Outside of Normal Pacifity Hours - Describe 200 Route 130 North Time of Abstoment: _ City, State, Zip Code PW_ AM-Cinnaminson, NJ 0807 Scope of Work (Check all that apply) Full Containment wit I Nigative Pressure
Mini-Enclosure
Glovebag Procedure
Mon-Exempled (*) it d Non-Frieble Procedure 조 23 sf or 23 lf 그 2160 sf or 2250 lf ⊠ Renovation

□ Dempilies Dempillion Is Location Normally Used Stiely by Location of Abatoment Type Description of Asbestos-Dontaining Material (AQM) Asbastos Containing Material (ACA) TO SE ABATED Removal Maintenanco/ Encapsulate Enclosina Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify SF or LF) surfacing, VAT, or (13) (12)other miscallaneous) Yes No N/A Laundry Room Ø Floor Tile and Mastic 50 SF Name of Registered Wasta Hauler \Box NUDEP Wasto Name of | epistered Landfill Cubic Yards of Freehold Cartage Hauler ID No. Wasle Fairles & Landfill 15939 City, State Disposal Date City, Stan Freshold, NJ 11/05/201B Morris Ille, PA Completed By (Print or Type)

Do not use this form for asbestos licensura exampted activities

Vice President of Operations

Slagature

Date

* * NO WORK ON 11/22 (thanksoining holiday). 11/23-11/25" WORK times are 7am-12am

ASB-41 MAY 11 BS 18/5(

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	AII			(P	ursua	nt to NJ	AC 8:60 and 5:10	6)	JUL#3	16	5			
Date of Notification (1)	2 /	18	B		14000000		ng Owner/Operator (e of New Jersey	2)		1,	1.5		100	
Agencies Notified EPA DOLWD	Type Notific ☐ Initial ☐ Amende				20		ngton Rd.	Defends a service of the service of	NOV -	7 2	018	de la constante de la constant		
⊠ DHSS	Amenda				5000000000	State, Zip			l.,	- V	SW 12	1		
⊠ DCA	☐ Emerge		cluding	9		ving, NJ (<u> </u>	A SECTION		11 11			
(NJAC 5:23-8)	justificat Cancella					e of Contac nanda Ra		**	Telephone Num					
	Carlocite	20011			-				609-771-288	1				
Name of Facility Where A	hatament is	Takin	n Diago	(2)	FA	CILITY	NFORMATION							
TCNJ-Green Hall	batement is	Takin	y riace	; (3)				Type of Facility ☐ School (K-12						
Street Address				-					:) 3 (Other than K-12)				
2000 Pennington Ro	4							Other (i.e., p	rivate and commer		uilding	IS,		
City (5)								homes, etc.) Square Feet	# of Floors	D	da A	~~		
Ewing								66,000	2	1	dg. A	ge		
County (6)				10000	Cou	ntv Code (7)(STATE USE ONLY)	LSE/	or if being demolis					
MERCER						3	, , , , , , , , , , , , , , , , , , ,		or it boing derrions	nica)				
Name of Monitoring Firm	Hired by Buil	lding (Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (9)				7.83		
Pennoni Assoicates	s, Inc.				001	02		VIRONMENTAL						
Street Address							Street Address		300 St. 100 St					
515 Grove St., Suite	1B						1123 BEAVER	R STREET						
City, State, Zip Code			-5017				City, State, Zip Co	ode						
Haddon Heights, N.							BRISTOL, PA	19007						
Project Manager for Monit	toring Firm			1	ephone		Telephone No.		License No.					
Brian Clark						5-2944	215-788-6040		00509					
Start Date (10)						ate (11)	Name of OSHA M							
					6_/	18		VIRONMENTAL	_, INC.					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate ☐ Abatement Performed						scribe	1123 BEAVER							
Time of Abatement:	AM	PI	1/5:00	PM-1	:30AM	XV-	City, State, Zip Co							
Scope of Work (Check all						17	BRISTOL, PA	. 19007						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	mat apply)		⊠ Re □ De	novat moliti			☐ Mini-Encl ☐ Glovebag	containment with Negative Pressure Enclosure Upag Procedure Exempted (*) and Non-Friable Procedure						
				Loca						1	ateme	ent T	уре	
Location of Asbestos-Containing N		/ 1)		lorma d Sol	ely by	Asha	Description of stos Containing Mat		A					
TO BE ABA	ΓED	"")	Ma	intena	ance/ Staff?		., thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)	/		Cusi	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	Va.		sula	sure	
Yes N							other miscellanee	,us)				ate	100	
Room 204			Ш	\boxtimes		Plaster			300 SF	\boxtimes				
										П	П	П	П	
Name of Registered Waste BRISTOL ENVIRONI		NC.		0.002	JDEP I	D No.	Cubic Yards of Waste	Name of Regist		12.			_	
City, State					1870)	Disposal Date	City, State						
BRISTOL, PA 19007								FAIRLESS	HILLS, PA 1904	7				
Completed By (Print or Type	oe)	Title					Signature	0 1 =	/O Dai	(III)				
Brian Scafiro		Es	stimat	or			Brian	Scafino	19K 1	(- c	2-/	8		

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

Date of Notification (1)		-	Name of	f Building (Ownerli	Operator	(2)			8.0	01/	_	- 7/)18	- 11
11/5/18			Elliot h		OWNER	operator	(2)			N	07		۷.	110	
Agencies Notified Type Notifi	cation		Street A	ddress						ļ		-		<u> </u>	
										100				E48 190	790
DEP Amer				ite, Zip Co					D = 1	au ser	- 1		er e		
	dment # gency (including			awn, NJ	07410)									
DOH justifie	cation)			Contact					1000000	ephone f	Numbe	r			
☐ DCA ☐ Canc	ellation		Elliot h						9						
Name of Facility Where Abatement is	Taking Place (3	١	FACI	LITY INFO	RMAT	ION	Type	of Facility (4	1)				_		
Residential Home	s raking riace (c	,							30						
Street Address								School (K-12 Subchapter		er than K	(-12)				
OF SALVES OF SAL							×	Other (i.e. pr				uild	ings,	home	es,
City (5)								etc.) ire Feet	# of	f Floors		BI	dg. A	ge	
Fair Lawn							205		2				0 +/-	20,000	
County (6)			County (Curre	ent Use (Prio	r if bei	ng demo	lished)			
Bergen			(STATE U	JSE ONLY)	-	-	Res	sidential H	ome						
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	1 No.				atement Conf		(9)					
Project Manager							_	s Abateme	nt						
Street Address						Street		T T T T T T T T T T T T T T T T T T T							
City, State, Zip Code							5-75-15-51	dland Ave	•						
Oity, State, Zip Gode								rook, NJ 0	7663						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N	lo.		License	e No.				
	a Manager for Morntoring Firm						600-3	3184		01305	5				
Start Date (10)			npletion l	Date (11)		Name	of OSI	HA Monitor							
11/6/18	11/9/18		Stree												
Occupancy Status During Abatement	(Check Only Or	e)	Street Address					SS							
Facility Closed/Vacated During Abatement Performed Outside of								"- O-d-			116				
× Other – Describe: 8 A.M to 4 P.M	or Normal Facility	Hours	urs City, State, Zip Code												
Scope of Work (Check All That Apply)														
☐ ≥3 sf or ≥3 lf		00000	tion			×	ī	II Cantainma	ment with Negative Pressure						
≥3 \$1 01 ≥3 11 × ≥160 \$f or ≥260 If		enova emolit					Full Containment with Negative Pressure Mini-Enclosure								
						-		ovebag Proc				· · ·			
		8 8					_ NO	n-Exempted	() and	a Non-Fi	lable F		5591	ement	
	7/73	Locati Iormal	77.7		2		ı.							pe	
Location of Asbestos-Containing Material (AC	M) Use	d Sole	ly by	Ashest		scription taining N		L(ACM)	А	mount				m	
TO BE ABATED	/ Ma	intenar odial S	2007020		therma	system	s insula		(8	Specify	1 2	D	D	nca	Enc
In Facility (13)	Ousi	(12)	Jan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(.5)	Yes	No	N/A		Other I	mocenar	icous,				2		=	ilate	лге
D	res		IN/A			\ / / T			-	44.05					
Basement	X				VAT			34	14 SF	X					
					<u></u>										
Name of Registered Waste Hauler		A 100 A 100	JDEP Wauler ID	A1911/1907/W	Cubic of Wa	Yards		Name of F	. 5						
All Stages Abatement		10000	036592		2	310		Grand C	Centra	al Sanit	tary L	an.	dfill		
City, State					Disposal Date City, State										
Saddle Brook, NJ					TBD			Pen Arg	ıyl, P	Α					
Completed by	Title	Signature Date													
Richard Cristofol	Cristofol President							11/5/18							

State of New Jersey

1/1996F	AII) N	IOTI	FIC (P	ATIOI ursua	N OF AS	BE AC	STOS ABAT 8:60 and 5:1	FEMENT 6)	- 11000				
Date of Notification (1)	6 /	18	_		1			wner/Operator ((2) nty Regional Of	- 11.996	*\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F12		1
Agencies Notified	Type Notific	cation			Stree	t Address								1
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⊠ DOLWD	☐ Amende	1000			_	State, Zip (_	-	11111	NOV - 7	201	5	11.	4
⊠ DOH	Amenda				0.0000	53 55//		NJ 08330					1	
☐ DCA (NJAC 5:23-8)	☐ Emerge justification		ıdıng			e of Contac		00000		Tolombona Mina	Show a	1,00	1,14	
(☐ Cancella				Daniel Millions	rk Psizer		er		Telephone Nun 609 625 618	No. of Street			
			-	-	_					009 625 618	30	011.67.31		
Name of Facility Where A	batement is	Taking P	lace	(3)	ГА	CILITY	NFO	RMATION	T	(4)				
Lake Ave Substatio		running r	lacc	(5)					Type of Facility	1.0				
Street Address	·			0.00-					School (K-12) 3 (Other than K-1:	2)			
505 West Oak Ave									Other (i.e., pr	rivate and comme	ercial b	uildin	gs,	
City (5)									homes, etc.)			-	CO 111	
Wildwood, NJ 08260	1								Square Feet	# of Floors	В	Ildg. A	ge	
County (6)					10		1) /O.T.	.====	600	1		50+		
Cape May					Cou	nty Code (/	()(51)	ATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Name of Monitoring Firm	Hirod by Dui	Idina Ou	/5	, T	10014	N	1							
Traine of Worldoning Filling	illed by bui	iding Ow	ner (c)	ASCM	No.	1		ent Contractor (9)					
Street Address							-		nvironmental S	systems				
Officer Address								reet Address						
City, State, Zip Code							-		lehem Pike - Sı	uite 60				
ony, orace, zip oode							1	y, State, Zip Co						
Project Manager for Monit	orina Eirm			Tale			-	Spring House	e, PA 19477					
1 Toject Manager for Monit	oning Finn			reie	phone	No.		lephone No.		License No.				
Start Date (10)		0-1	-10					215 542 7000		00847			W	
11 /19 /		Schedule					000000	me of OSHA M	lonitor					
					_ / .	18	(CES						
Occupancy Status During					2		Str	eet Address						
☐ Abstament Barfarend	During Ent	ire Period	of A	bate	nent 1121 N. Bethlehem Pike - Suite 60									
Abatement Performed Time of Abatement: 7:	Outside of N	ormal Fa DM/	Cility	Hour	s - Des	scribe	City	y, State, Zip Co	ode					
		- 101/		_	AIVI	AM Spring House, PA 19477								
Scope of Work (Check all	that apply)								200		-			
≥3 sf or ≥3 if			Ren	ovati	on			☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf				olitic				Glovebad	Procedure					
								Non-Exer	mpted (*) and Nor	-Friable Procedu	re			
1				.ocat orma							At	atem	ent T	уре
Location of Asbestos-Containing M		1)			ly by	Achos	stoc	Description of Containing Mat			R	D.	ш	ш
TO BE ABAT	ED	* 1	Main			(i.e.	, the	emal systems in	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		1		diai 3 (12)	Staff?		S	surfacing, VAT,	or	SF or LF)	val	-	Insc	Sur
(13)		_	es	No	N/A	1	ot	her miscellaned	ous)				ate	w
Exterior			-			_						-		
Exterior			4 1			Exterior	r I ra	ansite		1400	\boxtimes			
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Name of Registered Waste	Haules		1 1		IDEC:	<u> </u>	_							
Geppert Recycling	nauler			1 3 3	JDEP V auler ID	100000	0.535,550	oic Yards of	Name of Regist					
							Western Berks Community Landfill							
City, State								posal Date	City, State					
Hatfield, PA							1	1/30/18	Birdsboro,	PA 19508				
Completed By (Print or Typ	e)	Title	-047					Signature	1	Da	ite ;	ı		
Patricia Visco	e Ma	anaç	jer			Paluc	in Ula	CO	FU/s	-/2	SUC			
SR-41			_					1			1	1		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK 3530	WPA	JUD*	(P	ursuai	nt to NJA	C 8:60 and 5:1	6)	; E G E	1 1		3			
Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)							
/	02 /	18		Lyı	nx Waste	& Recycling, In	ic.	NOV -	7 20	18		ij		
Agencies Notified	Type Notific	ation		100000000000000000000000000000000000000	t Address			NO.			1			
☑ EPA ☑ DOLWD	☐ Initial			PC	Box 188	3					3			
⊠ DOH	Amender Amendm				State, Zip (1			11.0			
□ DCA	☐ Emergen		ig	Sp	ring Lake	, NJ 07762								
(NJAC 5:23-8)	justificati	on)		gures.	of Contac			Telephone Num	ber					
	☐ Cancella	tion		Ric	hard Hyd	de		732-762-736	35					
				FA	CILITY IN	IFORMATION								
Name of Facility Where A	batement is	Taking Plac	e (3)				Type of Facility (J. S.						
Residence							School (K-12) Subchapter 8		2)					
Street Address							Other (i.e., pr	ivate and comme	rcial bu	ilding	S,			
City (5)			-272				Square Feet	# of Floors	Blo	dg. Ag	ge			
Howell							3000 sf	2		65	****			
County (6)	1.4			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demoli	shed)					
	10 UTA						Residence							
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	\$6 5 41						
N/A						Guardian Co	Contracting, Inc.							
Street Address						Street Address								
0: 0: -						1889 Route 9	70, 100,000							
City, State, Zip Code						City, State, Zip C								
Drainet Manager for Mani	tadas Fiss		-				New Jersey 087							
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.						
Start Date (10)		Scheduled	Compl	otion Do	to /11\	732-349-9932 Name of OSHA N	**	00624						
11 /12 /		11				E.M.S.L. Ana	In the state of early							
Occupancy Status During														
☐ Facility Closed/Vacate				ament		Street Address 1056 Stelton								
☐ Abatement Performed					scribe	City, State, Zip C								
Time of Abatement: _						1	New Jersey 08854							
Scope of Work (Check all	that apply)					1 Isoataway,	New Jersey Ood	754						
				12			tainment with Neg	ative Pressure						
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf		_	enova emolit			☐ Mini-End	closure g Procedure							
		20	0,,,,			⊠ Non-Exe	empted (*) and Nor	n-Friable Procedu	ire					
		1	s Loca						Ab	ateme	ent T	уре		
Location Asbestos-Containing I		n) Us	Norm ed So	ally lely by	Aaba	Description of		A	R	Re	щ	m		
TO BE ABA	TED	. M	ainten			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	Enclosure		
IN Facilit	ty	Cu	stodiai (12	Staff?		surfacing, VAT other miscellane		SF or LF)	Va.		Encapsulate	sure		
(13)		Yes	T		1	other miscellane	eous)				ite			
exterior					asbesto	os siding		3000 sf						
		П							\Box		П			
									+=					
			+-	+-					\perp	Ш	<u> </u>			
Name of Registered Was			0.00	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regist	tered Landfill						
Guardian Contracti	ng, inc.			20223		3	T.R.R.F.							
City, State					Disposal Date	City, State								
Toms River, New Jersey						11/14/18	Tullytown,	Pennsylvania						
	Completed By (Print or Type) Title					Signature Date					/			
Nicholas Fernicola		Projec	t Mar	nager				1	111.	2/1	5	-		

PAID

9 1				
1//2	1	15	210	7
Rel	"IL	10	11 1	<u>'U</u>

Date of Notification (1) 11/2/18					of Building (P Homes			(2)	-Ch			<i>OL 1</i>			
Agencies Notified	Type Notification	,			Address	LLC	\$ 				FR		11	17 F	- ,
	1500	E2			Address Frumbull (Stroc	.+		+ M-			1.00	h!		9
EPA DEP	× Initial		-	120000000000000000000000000000000000000	tate, Zip Co				-	P\$\1					111
X DOL	Amended Amendmen	t#			beth, NJ		11		1		MO	/ - :	7 20	10	
100	Emergency	(including	-		of Contact	0720	71			3 544	10/40/7/1			10	
DOH DCA	justification Cancellation			Paul						1 2 2 3	ephone N				į
	Caricellation	1							i	13	2-964-2	2407	1,211	1.5	5 4 2 3
Name of Facility Where	Abatement is Takir	ng Place (3)		FAC	ILITY INFO	RMA	TION	Type	of Facility (4)	I make a second		9.00	* 4. 4.	
home		.3 (0)						-				***************************************		i i i i i i	
Street Address									School (K-1			40)			
								×	Subchapter Other (i.e. p	8 (Oth rivate	er tnan K & comme	-12) rcial bu	ildinas	hom	29
City (5)									etc.)						00,
Elizabeth									re Feet	- Same	f Floors		Bldg.	Age	
County (6)								210		2			65		
Union					Code (7) USE ONLY)				ent Use (Pric	r if bei	ng demol	ished)			
	11. 11. 5							hon							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		5.40		tement Con						
21 1111							ABS	BS Environmental Services, LLC							
Street Address						1-542170		eet Address							
							POE	Box 4	83, 4 E G	ate D	rive				
City, State, Zip Code									ip Code						
							Glenwood, NJ 07418								į
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		Teleph	one N	0.		License	No.	1-1-1-1	-	
							973-	764-2	276		703				
Start Date (10)		Scheduled		npletion	Date (11)		Name	of OSI	HA Monitor						
11/12/18		11/26/18													
Occupancy Status During	g Abatement (Chec	k Only One)	Stree					SS						_
X Facility Closed/Vaca	ated During Entire	Period of Ab	atem	tement											
Abatement Performs	ed Outside of Norn	nal Facility F	lours				City, St	tate, Z	ip Code						_
Other - Describe: _						-8									
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 If		X Re	nova	tion				l Eu	I Containme	nt with	Negativa	Danas	222		
× ≥160 sf or ≥260 lf			moliti					Mir	i-Enclosure	iit witti	negative	Pressi	ire		
							×	Oil	vebag Proce	edure					
					Γ			l No	n-Exempted	(*) and	Non-Fria	able Pro	1111111		
		1000000	ocatio										2000	ement /pe	
Location Asbestos-Containing		Used	rmall Solel			De	escription	of				-	Τ,	PC	
TO BE ABA	TED	Maint			Asbesto (i.e. th	s Cor	ntaining M I systems	aterial	(ACM)		mount pecify	-		m	m
In Facilit	ty	Custod	11al S 12)	taff?	100	surfa	acing, VA7	Γ, or	don,		or LF)	em	Repair	сар	nclo
(13)			,		,	other	miscellan	eous)				Remova	Dair	Encapsulate	Enclosure
		Yes	No	N/A										ite	O
Various loca	Various locations						plaster			3.0	00 SF	×	\vdash		
	_	X			pidotoi			3,0	00 31		-				
Name of Registered Wast	te Hauler		N.	JDEP W	aste	Cuhic	Yards		Name of R	enisto	ed Lands	ill			
Freehold Cartage			Ha	auler ID	No.	of Wa									
			15	939		TBD		Western Berks Landfill							
City, State					Disposal Date			sal Date City, State							
Freehold NJ					TBD			Birdsboro PA							
Completed by Title					Signature			nature / Date							
A. Scott Higgins	Scott Higgins Presider						nt				11/2/18				
					_		-	-							

CC7127 PAII

Date of Notification (1)			T	Name o	of Building	Owner	Operator	r (2)							- 1	11
11/2/18					Phillips						NOV	/ - :	7 2	2018		
Agencies Notified	Type Notification	//		Street A	Address					-					4	
X EPA	X Initial									1			1 T)			
DEP DOL	Amended				ate, Zip Co			H=7					1 30			
	Amendment Emergency		-		Wildwo	od NJ	08260	<u> </u>				0.6-				
DOH DCA	justification)				f Contact					Tel	ephone	Numb	er			
☐ DCA	Cancellation	1		Chris	II ITV INIE	>>=====										
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	ILITY INFO	JKMAI	ION	Type	of Facility (4	1)						
John Phillips Priva								_	School (K-1)							
Street Address									Subchapter	8 (Oth						
									Other (i.e. p	rivate	& comm	nercial	ouilo	lings,	home	es,
City (5)				***************************************			1		re Feet	# o	f Floors		В	ldg. A	ge	
North Wildwood NJ	08260							1000	0+	1			3	5+		
County (6)					Code (7) USE ONLY				nt Use (Prio	r if bei	ng dem	olished	1)			
Cape May						1	_	Hou								
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	ЛNo.		1		tement Con	tractor	(9)					
Street Address								naco I								
Street Address								Address Box 3								
City, State, Zip Code					-				p Code							
ony, orato, zip oodo									in NJ 080	91						
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No		01	Licens	se No	C			
	. 17			Ů.				753-9			0072					
Start Date (10)		Scheduled	Con	pletion	Date (11)		Name	of OSF	A Monitor						177-17	
11/13/18		11/19/1	8				Sam	ne								
Occupancy Status During	Abatement (Chec	k Only One)				Street	Addres	s							
X Facility Closed/Vaca	ated During Entire I	Period of Al	atem	ent												
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility I	Hours				City, S	tate, Zi	p Code							
Scope of Work (Check Al	I That Analy															
	ir i nat Appiy)							1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<i>u</i>		nova				-		Containme i-Enclosure		Negati	ve Pre	ssur	е		1
<u></u>		<u> </u>		011				Glo	vebag Proc	edure						
			_				<u> </u>	Nor	n-Exempted	(*) an	d Non-F	riable				_
			ocation of the contract of the											Abate Typ		
Location Asbestos-Containing		Used	Solel	y by	Arbor		scription taining M		(ACM)		mount	-		Ť		
TO BE ABA	ATED	Main Custo	tenar			therma	systems	s insula		37.0	pecify		20	77	Enc	四
In Facili (13)	ty		(12)	itan:			icing, VA miscellar			SF	or LF)		Remova	Repair	apsı	Enclosure
(,		Yes	NI-	NI/A		Outor	moodiai	icous					Va	=	Encapsulate	ure
		res	No	N/A												
Exterior S	iding			X		Exte	erior Sic	ding		12	00SF	_ 2	ζ.			
Name of Registered Was	te Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	Registe	red Lan	dfill				
United Roll Off			H	auler ID	3.376(7)(7)(7)	of Wa			G.R.O.V							
			2	2459		3	15									
City, State Elm NJ						Dispo 11/19	sal Date		City, State		1000	.7				
Completed by		Title					Signature	, 1	Morrisvi	ile PA	1906					
Anthony T Perna		Presid	lent			1	oigna it ure	0		and the same of th	_	Date 11/2	/12			
,							-	-		Setted		1 1/2	, 10			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT US STATES

(Pursuant to N.J.A.C. 8:60 and 12:120) Ond Ost Osternia

Disposal Date City, State TBD Morrisville, PA	ource Managemen , State nton, NJ	t Group, LLC		352	uler i 218	D No.	of Waste TBD Disposal TBD	Date C	Frows L	andfill te	.andfill	Deta		
Agendes Notified Type Notification Street Address	ource Managemen , State nton, NJ	t Group, LLC		Hai	uler l	D No.	of Waste TBD Disposal	Date C	Frows L	andfill te	_andfill			
O/31/2018	ource Managemen			Hai	uler l	Waste D No.	of Waste	+			_andfill			
Agendas Notified Type Notification Street Address				NJI	DEP	Waste	Cubic Ya	ards In	lame of	Register 1	- 10			
Agencies Notified Type Notification Street Address Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing and Same of Monitoring Firm Telephone Number of Notificing and Same of Monitoring Firm Telephone Number of Notificing and Same of Monitoring Firm Telephone Number of Notificing and Same of Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen Monitoring Firm Telephone Number of Notificing Agarage Rd Subhapter 8 (Other than K-12) Other (Largen M	me of Poglet		怡	十	H	-							計計	1
Name of Building Owner / Operator (2)			1 1 1 1											-
Name of Building Owner / Operator (2)			+=+	H	-	-							HH	-
Name of Building Owner / Operator (2)			+++	H		-							님님	-
Name of Building Owner / Operator (2) Street Address			+++	H	L						O LF		님님	L
Name of Building Owner / Operator (2)			141	X	F		Pipe	e Insulation	on		RIE	[C7]		
Agencies Notified Type Notification	ing		res		N//	4	<u> </u>					<u> </u>	ir	1
Name of Building Owner / Operator (2)		(13)	Ve-		T		or other	miscella	ng, va i neous)			Now	epa	
Name of Building Owner / Operator (2)			Custo	odial	Staff	?	insulation	nermal sy	stems		/	Rei	R R	
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Name of Building Owner / Operator (2)	Asbesto	auon ot s-Containing	ls	Loca	tion		De	escription	of IV	ion-Exempted	d and No	on-Friable	e Proced	ıre
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address Street Add	1			De	11011	uon			\boxtimes \circ	Slove Bag Pro	cedure	s		
Agencies Notified Separate S		If	M							Aini-Enclosure	ent With e	Negative	Pressur	е
Agencies Notified Dep	≥3 sf or ≥3 lf		F	72					X F	Full Contains	ont'''	A1.		
Agencies Notification Agencies Notified Type Notification Street Address 36 Madison Ave	ope or work (Che	ck all that apply)												
Name of Building Owner / Operator (2) Drew University	racility Occi	Injed During Abatamant					Unic	on, NJ o	7083					
Agencies Notified Dep	Describe.	8.30am - 5.30pm					City,	State &	Zip Coc	le				
Agencies Notified Dep	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	CHOILIEU GILLIUU Morma	House	A TO 1	oate	ment	233	3 Route	22 We	est				
Agencies Notified Type Notification		our vacated Dilling Entire	o Dorina	J - 5 A	L		orre	et Addres	SS		es inc.			
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Name of Building Owner / Operator (2) Drew University Operator (2) Drew University Operator (3) Operator (4) Operator (5) Operator (6) Operator (6) Operator (7) Ope	. rred Larsen		1973	-568	-363	R	1 ele	ephone N	umber		Licens	e Numbe	г	_
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Agencies Notified Agencies Notified EPA DEP Initial DCA DOL Amended Madison, NJ DCA DCA DCA DCA DCA DCA DCA DC							PO	Box 373						
Agencies Notified PA	uilding 35E						11/6	source ivi	anagen	nent Group, L	LC			
Agencies Notified Dep				(5)		MOUN	No. Na	me of Ab	atemen	t Contractor	9)			of the last
Agencies Notified Type Notification	nviro Vision	Firm Hired by Buildina	Owner	(8)		ASCIA	- 1011	HAGI ZITA I	all Bu	Ildina				
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Agencies Notified Type Notification Street Address 36 Madison Ave))	Coun	ity C	ode (7)	1	27.14	4	1		Bldg.		
Name of Building Owner / Operator (2) Drew University	Oity (5)	Count /	2/					uare Fee	t	# of Floors	icial bu	ildings, h	omes, etc	:.)
Name of Building Owner / Operator (2) Drew University	acioon Ave							Other	i.e nriv	otner than K	-12)			
Name of Building Owner / Operator (2) Drew University					-ic-ve		—— -	J Subchi	(N-12)	(04				
Name of Building Owner / Operator (2) Drew University		vvendal Hall		(-/			l l	pe of Fac	cility (4)					_
Name of Building Owner / Operator (2) Drew University	Name of Facility V	/here Abatement is Taki	ing Plac	e (3)	FAC	oll I Y				i i				-
Name of Building Owner / Operator (2) Drew University Agencies Notified						THE STATE OF THE S					12000	845-	422-1347	
Agencies Notified Type Notification Street Address 36 Madison Ave City, State & Zip Code Madison, NJ Nov - 7 2018		L] Cancellation		B	arry	O'Conn	or					Tele	phone Nu	ıml
Agencies Notified Type Notification Street Address 36 Madison Ave City, State & Zip Code Madison N. I.				N	ame	of Cont	act			101	11 N			
Agencies Notified Type Notification Agencies Notified PA DEP Initial Name of Building Owner / Operator (2) Street Address 36 Madison Ave	M DOL			IV	ladis	on N.i	cip Code			lii i	11	1011	2 (Applied 1971)	-
Agencies Notified Type Notification Name of Building Owner / Operator (2) Drew University Street Address	☐ DEP			000	ify C	adison	Ave				41	-		7
10/31/2018 Name of Building Owner / Operator (2) Agencies Notified Type Not	1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	//po .touncation		S	treet	Addres	SS			11	HE.	<u> 15 P</u>	7-4-1	100
Name of Building Owner (Operator (C))				_ -	1000	Onivers	MA	o oper	ator (2)	,	TEN	(A) (F)	TINE	Y.
	Agencies Notified	10/31/2019		IN	lame	or bull	ding Own	er / Oper	ator (2)	1	1 10 -	-	1	2

Nov C1 18 12:36p

lov C1 18 12;36p Resource Managemen	t Group	609	(144661 E	(P.3E 17
		v Jersey ESTOS ABATEM 8:60 and 12:120	! <u>_ </u>	NOV - 7 2018
Date of Notification (1) 11/1/2018	Name of Building Ou Drew University	wher / Operator (2)		DAY
Agencies Notified Type Notification	Street Address 36 Marison Ave		R	1. The state of th
DEP Initial Amended(ecope & star	City, State & Zip Co. Madison, NJ	36	(1)	
DOA Emergency Cancellation	Name of Contact Barry O'Connor		NAMER AL	elephone Number 45-422-1247
Name of Fedility Where Abatement is Taking Plac	FACILITY INFO	RMATION		
Drew University - Wandal Hall	g (3)	Type of Facility (4) School (K-12)		ĺ
Street Address 36 Madison Ave			& commercial building	s, homes, etc.)
City (5) County (8)	County Code (7)		of Floors Blo	dg. Age
Madison, NJ Warren		27,144 Current Use (Prior If b University Hall Build	10	68
Name of Monitoring Firm Hired by Building Owner Enviro Vision 20-21 Wagerew Rd Building 35E	(8) ASCM No.	Name of Abstement C Resource Management Mailing:	Mirector (9)	
		PO Box 373		
Fairlawn, NJ Project Menager for Monitoring Firm Tr	elephone Number	Lumberton, NJ 08045 Telephone Number	License Nu	unber
Mr. Fred Larsen 9	73-568-3638	609-977-6169		01185
11/2/2018	/2/2018	Name of OSHA Monit J&S Environmental		
Occupancy Statue During Abatement (Check only Facility Closed/Vacated During Entire Peri	one)	Street Address 2333 Route 22 Wes		
Abelement Performed during Normal Hou Describe: 8:30am - 5:30pm		City, State & Zip Cod: Union, NJ 07083		
Facility Occupied During Abatement		Grigori, 143 Groos		
Scope of Work (Check all that apply)		ПБ	Il Containment with No	agative Pressure
≥3 5f or ≥3 ff	Renovation	□ M	ni-linclosure	
= ≥160 sf ≥260 lf	Demol®ion		ove Beg Procedures in-lixempted and Non-	-Frizible Procedure
Location of Asbestos-Containing N	le Location	Description of Asbestos-Containing	Amount (Specify	Abatement Type
Meterial (ACM)	formsily Used Solety by	Meterial (ACM)	SFor LF)	2 E E
in Facility C		(i.e., thermal systems sulellon, surfecing, VAI	1	Enclosure Encapsulate Repair Reprovel
(19)	es No N/A	or other miscellaneous)		# H H
Ceiting	i l	p & Cut pipe & associa	26 LF	
	 			
Name of Registered Weste Hauter	NJDEP Waste	Cubic Yards Name	Registered Landfill	
Resource Management Group, LLC	35218	of Wasie IBD Grows	.andfill	
City, State Trenton, NJ		Disposal Date City, S DBO Morris	ite ite.FA	
Completed By (Print er Type) Mr. Brian Haney	Title President	Signature	(a)	Dete 11/8/2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

JUSS H D	ATD	(F	ursua	nt to NJA	AC 8:60 and 5:1	16)	E P F	4	7.7		
Date of Notification (1)	TALL!		Nam	e of Buildin	g Owner/Operator	(2)	and the second s				
	18		Ma	ary Jane .	Jones		NOV - 7	2018	3		1
Agencies Notified Type Noti	fication		Stree	et Address			1			1	
☐ EPA ☐ Initial							E			ê.	
☑ DOLWD ☐ Amend			City,	State, Zip (Code		1				
	lment # ency (includi	_	Ro	ckaway N	NJ 07866		n 299				
(NJAC 5:23-8) justific		ng	Name	e of Contac	et .		Telephone Nur	nber		W-1417 E	
☐ Cance	100		Ma	ry Jane J	lones		,				
			FA	CILITY IN	FORMATION					70	
Name of Facility Where Abatement	s Taking Pla	ce (3)				Type of Facility	(4)				
Same						School (K-12					
Street Address							3 (Other than K-1				
Same						homes, etc.)	rivate and comme	ercial bi	ıllaing	JS,	
City (5)						Square Feet	# of Floors	BI	dg. A	ae	
8 17						1670	2	1	55	90	
County (6)			Cou	nty Code (7)(STATE USE ONLY)		ior if being demol				-
Morris			000	nty oddo (i	your control	Residential	ioi ii beilig dellioi	isricu)			
Name of Monitoring Firm Hired by B	uilding Owne	r (8)	ASCM	l No.	Name of Akatan						
A.E.S.L	anding Owne	1 (0)	002			ent Contractor (9)					
Street Address			002	1		NMENTAL SE	RVICE				
(400 to an agent 1800 (7000 1 agent 0 to 100)	7				Street Address						
2200 Patterson Plank Rd. Un	it /				8421 Hegerr						
City, State, Zip Code					City, State, Zip C						
North Bergen NJ 07047					Philadelphia	PA 19136					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Carmelo Altamonte		1 2	201664	6583	2153335117		01328				
Start Date (10)	Scheduled	Comp	letion Da	ate (11)	Name of OSHA	Aonitor					
11 /01 /18	11	/ _ 0	02_/	18	A.E.S.L						
Occupancy Status During Abatemen	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During E			ement		SAME						
☐ Abatement Performed Outside of				scribe	City, State, Zip C	r de					
Time of Abatement:AM	PM/	PN	Λ	_AM	SAME	cue					
Scope of Work (Check all that apply)					OAME						
Coope of Work (Official all that apply)					☐ Full Co	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		Renova			☐ Mini-En	posure					
≥160 sf or ≥260 lf		emolit	ion		∐ Gloveb∈	☐ Procedure ☐ npted (*) and No. ☐	n Eriable Drocod	ıro			
		ls Loca	ation	Τ	Z IVOII-ZX	. Tipled () and No	II-I Hable Procedi	-	-4	t T	
Location of		Norm	ally		Description	3F		-	atem		1
Asbestos-Containing Material (AC			lely by	Asbe	stos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			ance/ I Staff?	(i.e	., thermal systems		(Specify	Von	air	aps	losi
(13)		(12			surfacing, VA other miscellan		SF or LF)	<u>n</u>		ula	ure.
()	Yes	No	N/A		othor miscellan	. 343)				é	
BASEMENT				VAT		-	420SF	M			
				101			42031				П
								П	П	П	
											1
Name of Pegistered Wasta Harris				Masta	Oubia Vast				Ш	Ш	Ш
Name of Registered Waste Hauler REPUBLIC SERVICES		4.0	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis					
			2798			WASTE MA	NAGEMENT				
City, State					Disposal Date	City, State					
NEW BRUNSWICK NJ						MORISVILL	E PA				
Completed By (Print or Type)	Title				Signature		D	ate		<u> </u>	
ANTHONY JONES	PROJ	ECT I	MANAG	ER	1.11	-100 1 Tole	21	10	21 J	R	

State of New Jersey

	PAID	N			NJAC 8:				(1)	on		81	94	1	
Date of Notification (1) 11/2/18					Building Overt Prope						EC	E			
Agencies Notified	Type Notification			Street Add	dress oute 70	East, S	Suite	301	And the state of the state of	K			7 00	10	To the continuous of the conti
DEP DOL	Amended Amendment		- 4	37.09	e, Zip Code Hill, NJ				1		NO	V	/ 20	lö	
× DOH DCA	Emergency justification) Cancellation	87.0	24 8	Name of G Brian G							phone N 6-672-4				
L BOA	- Cariociiation			1250 1250 1250 1250 1250 1250 1250 1250	ITY INFOR	RMATION	N					(CONTRACTOR OF THE PARTY OF THE		
Name of Facility Where Building Street Address		g Place (3)						S S	f Facility (4 chool (K-12 ubchapter) ther (i.e. pr	2) B (Othe			dings,	home	s,
230-232 Godwin /	Avenue								tc.)		Floors	1.5	Bldg. A		
City (5) Midland Park								2100		2	Floors		75	Je	
County (6) Bergen				County C	ode (7) SE ONLY)			Curren buildi	it Use (Prio ing	r if beir	ng demol	ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.				ement Con			_C			
Street Address								Address	3, 4 E G	ate D	rive				
City, State, Zip Code						(City, S	State, Zip	SOURCE OF THE PROPERTY OF THE	W. W. C.					
Project Manager for M	onitoring Firm			Telephon	e No.	-	Teleph	none No		10	License	No.			
								764-22			703				
Start Date (10) 11/8/18		Schedule 11/15/1		ipletion L	Date (11)		Name	of USH.	A Monitor						
Occupancy Status Dur	ing Abatement (Che	ck Only On	e)				Street	Addres	S						
	acated During Entire med Outside of Norr					_	City, S	State, Zip	o Code						
Scope of Work (Check	All That Apply)		-					- 0900							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoliti				3	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	edure	22			e	
		Is	Locati	on				_ 1101	Exempted	. ()			Abat	ement	
Locat Asbestos-Containi		Use	lormal d Sole	ly by	Asbesto	Desc os Contai	cription		(ACM)	А	mount		1)		
TO BE A			intenar odial S (12)	27.5	(i.e. t	thermal s surfacion other mi	ng, VA	AT, or	tion,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	W.
base	ment			Х		pipe i	nsula	ation		2	30 LF	X	-		
											-		-		
Name of Registered V	Vaste Hauler		N	J JDEP W	'aste	Cubic Y			Name of	Regist	ered Land	dfill			
ABS Environment			1250	lauler ID 04248	No.	of Wast	te		Wester	n Ber	ks Lan	dfill	9 <u>=</u>		
City, State Glenwood NJ						Disposa TBD	al Date	е	City, Stat		Δ				
Completed by		Title					gnatur	re	1	710 1 7	·	Date			

President

11/2/18

A. Scott Higgins

F18195 PAID	NOT	IFICA (Pursi	TION O	F ASBEST NJAC 8:60	OS A	BATEN 12:120)	IENT	r Ole	ck	18	4	35	10	 [12] (
Date of Notification (1)				uilding Owr t Propert				nt iii			7	ļ., `		23	
Agencies Notified Type Notification			eet Add	ress oute 70 E	ast, S	Suite (301	Secretary in the second	4	NOV	- 7	20	018	Labora and in the	1
EPA DEP DOL Amended Amendment Emergency (i justification)		Cl	herry h		8003	3				phone Nur 3-672-48			V. J	- 1	
DCA Cancellation			rian Gl	ass TY INFORI	MATIC	N			030	-012-40					
Name of Facility Where Abatement is Taking	Place (3)		PACILI	I I IIII OIG			Тур	oe of Facility (4)							
Building Street Address 228 Godwin Avenue					70		×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	Othe	r than K-1: commerci	2) ial bu	ildin	gs, ho	omes	
City (5)		-/0					2000	uare Feet	1000000	Floors			. Age	9	
Midland Park							0.700	100 irrent Use (Prior	2 if bein	na demolis	hed)	75	. 700	-	_
County (6) Bergen			ounty Co TATE US	SEONLY)		_	bı	uilding							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name	of A	Abatement Cont nvironmental	ractor Serv	(9) ices, LL(С	- 0/4/2			
Street Address						Street		dress (483, 4 E Ga	ate D	rive					
City, State, Zip Code								e, Zip Code ood, NJ 074	18						
Project Manager for Monitoring Firm		Te	elephon	e No.		Telep 973		e No. 4-2276		License I	No.				
Start Date (10) 11/10/18	Scheduled		letion D	ate (11)		Name	of (OSHA Monitor							
Occupancy Status During Abatement (Che	ck Only One)					Stree	t Ad	dress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Ab mal Facility H	ateme lours	ent		_	City,	State	e, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Acceptance of the contract of	novati molitic					×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempter	e cedure					e	
	la l	ocatio						Non-Exempte	4 / / 4.	14 114	T			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely Solely Itenan Idial Si (12)	/ y by ce/	Asbesto (i.e. t	os Con herma surfa	escription staining of system acing, V miscell	Mat ms in /AT,	terial (ACM) nsulation, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				1 1		,	115 LF	-	x			
basement			Х		pipe	e insu	latio	on		115 LF	-	^			
											1				
Name of Registered Waste Hauler ABS Environmental Services, LLC	· · · · · · · · · · · · · · · · · · ·	Н	JDEP V auler ID 04248	No.	Cubi of W		S	100000000000000000000000000000000000000	223	tered Land erks Land				,	
City, State Glenwood NJ			0		Disp	osal Da	ate	City, Sta Birdsb		PA					
Completed by A. Scott Higgins	Title Presi	dent				Signat	ture	A			Date 11	e /2/1	8		

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

B & G proj. #:	2018-223	_	(P	ursuant	to NJAC 8	:60-7 a	and 12:120-7)	Check #	9329					
Date of Notification	(1)	I I Na	me of Build	ing Owner	/Operator (2)			INOV	/ 2010					
1111/1011			Juana Sal											
Agencies Notified EPA DEP	Type Notificatio	Cit	eet Address y, State, Zip	Code								87		
X DOL	Amendme	ent	North Arl	ington, N	NJ 07031						-	-		_
DOH DCA	☐ Cancellat		me of Conta Juana Sa					Telephone	Number					
				FACIL	ITY INFORM	ATION								
Name of facility wh	nere abatement is	taking plac	ce (3)					Type of Facility (4						
Juana Sabori	do			14				Subcha	pter 8 (Other			2)		
Street Address									rivate/Comn lomes, etc.	nero	ial			
								Square Feet #	f of Floors		Bld	g. Ag	je	Ī
City (5)		Count	ty (6)	2		200000000000000000000000000000000000000	ty Code (7) e use only)	Current Use (Pri	or if heing de	_l_	lishe	1)		-
North Arlingt	on	Berg	gen			(Oldic	, 400 0,	Residential	or in being de			*/ 		
Name of Monitorin	ng Firm Hired by B	ldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)				- alpos		Ī
					n/a		B & G Restorat	ion, Inc.						_
Street Address							Street Address 105 Ryerson R	Road	-					
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park,	N.I 07035						
Project Manager fo	or Monitoring Firm		I Pho	ne Numbe	er	-	Telephone Number		License Nu	mbe	er	-	_	i
1 Tojoot Managor To	a montenag : ""						(973)696-686		0037	8		_		-
Scheduled Start Da	ate (10)	Sched	. Completion	n Date (11)		Name of OSHA Mon B & G Restorat							
11/02/2018		11/0	5/2018				Street Address							Ī
Occupancy Status							105 Ryerson R							_
	ed/vacated during performed outside						City, State, Zip Code							
Other-Descr						-	Lincoln Park, N	13 07035		_		-		
Demolition		Renovatio					ull Containment w/ne	gative pressure [Glovebag					
>3 sf or >3	f X	160 sf or	n normally u	sed solely	1						R	E	1-	i
Location of asbestos-co material to b			enance/cust		1		sbestos-containing	Amount (Specify S	For c	n	e p a	n c a	E n c	
abated in fa	cility (13)	Yes	No	N/A				LF)	V e	- 1	i r	р	L	
basement				X	VAT (no	mastic)	300 sf					10	
										╣		븜	挊	1
										╡	H	Ħ		
7-										5	百			1
Registered Waste			EP Hauler II	D# C	ubic Yards of	Waste	Name of Registered	d Landfill						Ī
B & G Restor	ation, Inc.		19563	Disposal D	ate 4		City, State	entral Landfill					-	
City, State Lincoln Park,	NJ				5/2018		Pen Argyl	e, PA						
Completed by (Pr		Title Secreta	rv/Treasu	ırer	Signature	(Gordana Luna		Date 11/01/2	201	8			

page 1

T EPA	5.50	ion di	Morris-U Morris-U reet addre 340 Cer ty, State, 2 New Pro- ims of Cor-	Pursuar Plding Own Inion Joi ss htral Ave Pip Code Ovidence	er to NJAC to EMER erroperator (2 niture Comm	Desto 3:60-1 GEN Desto	s Abatement and 12:120-		h ViAis	16/9328*	/	18	
			Elik fid		Angel Marie Company			==	_908-4	64-7425			
Name of facility when	te abetement i	a tairina escu	PA /3\	FAG	ILITY INFORM	ATION	-					-	
Morris-Union Jo Street Address 340 Central Av	ointure, Dev	relopment	al Learn	ing Ceni	ler (NON S	ub 8)	9	9	□ Other	ol (K - 12) 18pter 8 (C (Private/C /Homes, e	erhmero Lo.	ial .	
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New Providence	78	Mor	rie			(Sta	te use only)		Current Use (F	rior If bein	ם ביפחום	ished)	
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Street Address				The Balling State of			Street Accress		- Carlotte Control Con				
Chy. State. Zip Code							105 Ryers		ed				
							City, State, Zip C Lincoln Pa		07008				
Project Manager for N	confloring Pinn		Ph	one Numb	er	-	Telephone Mumit		07035				
							(973)696-		χ,	Lipsnss	พบ ทเจอ เ 378		
Scheduled Start Date	(10)	Sched.	Completio	n Dale (1	7	-	Name of OSHA			-Leaven	-		_
11/02/2018		30,000	5/2018				B & G Rest	ration	i, inc.				74
Occupancy Status Du	ring Abatemer	t (Chack or	ly one)	***************************************		\neg	105 Ryerso	i Ross	đ				411
Facility closed&	sceled during enlared nurside	of narral &	d of abeter	ment.		1	City, State, Zip C					~	
Describe:							Limesta Dan.						
Scope of Work (chec			18,002	un		= 1	LincolnPark	Mark	7035			-	
Demolition	IN IN	Renovation	1			P1 =	uli Containment :	.		_			
区 >2 st or >2 lf		2160 of or 2	260 W				Alni-enciosure	は名言		Gloves			
Location of		la location	normally u	sed solely						Non-tri	R I	2	·
esbesios-coniei meterial to be	-	by mainter steff(12)	VENCE/CUS	00191	Description	on of a	sbestos-containin		Amount	79.0	8 1	E n	
abated in facility	(13)	Yes	No	NA	material (ACM)			(Specify :	SF of	0	9 6	. 8
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129, 131, 141						BUC	200000000000000000000000000000000000000		155 af af			귀므	旦
			MANUAL PROPERTY.									44	##
-											Hi	╬	#
Registered Waste Heu	Her I	IN SE	P Hauler II		ubic Yarca of 9	A Post						計言	
B & G Restoratio	n, Inc.		9563			4660	Name of Registe Tullyton	ed La	nerii 180upte & R	BCOVEN	Canta		
Lincoln Park, NJ	The state of the s			Disposal D 11/05	2018		City, State Tullylov		-	.,	0011101		-
Completed by (Print of Gordana Luna	rType)	Title	-	_	Signatura	=			1	Date			<u>. </u>
		Secretar	//Treasu	rer			Gerdana Len	7	55 <u>4</u> 40	100000000000000000000000000000000000000	/2018		

State of NJ Notification of Asbestos Abatement

B & G proj. #: __2018-220

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

	*				EMERO	SENC	Υ	Cneck #				
Date of Notification	(1)	Name	of Buildin	g Owne	r/Operator (2)			. 作作		7	1	
1 10 1/13 11]/[1 8	1.1		74		ission	Board of Educati	on	To the			1 4
Agencies Notified	Type Notification	n Street	Address									111
☐ EPA ☐ DEP	X Initial		Centra		nue			NO	V = 7 20	18	1	<u></u>
X DOL	Amendm		tate, Zip 0 w Provid		NJ 07974						ě	
₩ DOH			of Contac					Telephone	Number			
☐ DCA	Cancellat	ion Eri	k Hamn	nerdah	nl			908-464	-7425			
				FACIL	LITY INFORM	ATION						
Name of facility wh	nere abatement is	taking place (3	3)					Type of Facility (4				
Morris-Union	Jointure, Deve	elopmental L	earning	Cente	er (NON Su	ub 8)		School Subcha	oter 8 (Other t	han K-	12)	
Street Address									rivate/Comme	rcial		
340 Central A	Avenue							TABLE TO SERVICE TO SE	omes, etc.	Blo	lg. Ag	je
City (5)		County (6)				nty Code (7)					2000
New Provide	ence	Morris				(Stat	e use only)	Current Use (Prior school (non s		olishe	d)	
Name of Monitorin		Ilda, Owner (8)			ASCM No.		Name of Abatement C		ub 0)		-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		-			B & G Restoration	on, Inc.				
Street Address							Street Address 105 Ryerson R	nad				
City State 7in Con							City, State, Zip Code					-
City, State, Zip Coo	16						Lincoln Park, N	NJ 07035				
Project Manager fo	r Monitoring Firm		Phone	Numbe	er		Telephone Number (973)696-6869	9	License Num 00378	per		
Scheduled Start Da	ate (10)	Sched. Co.	mpletion [Date (11	1)		Name of OSHA Monit					
11/02/2018	10 (10)	11/05/2		1	<i>*</i>		B & G Restorati	on, Inc.				-
Occupancy Status	During Abatemen						105 Ryerson Ro	oad				
Facility close	d/vacated during	entire period of	abateme	nt.			City, State, Zip Code					_
Deceribe	erformed outside						Lincoln Dork N	1.07025				
Other-Descri	ibe: start work		2:00 am			-	LincolnPark, NJ	107035			- 11	
Scope of Work (ci						П			7 01		ıro	
☐ Demolition		Renovation					ull Containment w/neg lini-enclosure	gative pressure	Glovebag p Non-friable			
>3 sf or >3 tf	f L	≥160 sf or ≥260		d aslah			iiii-eiiciosure		I R	R	E	1
Location of asbestos-co	ntaining	Is location not by maintenan	many use ce/custod	ial	1	on of a	sbestos-containing	Amount	e m	е	n	E n
material to b	e	staff(12)			material		5500.00 0011	(Specify SI	or	p a	a	C L
abated in fac	CHILY (13)	Yes	No	N/A					v e	r	р	
Rooms 121, 122	, 123, 125, 127			X	VAT & m	astic		155 sf sf	X	부	H	붜
129, 131, 141										ዙ	H	뷰
			-			el roja wa			ㅡ님	ዙ	片	H
					1	-			ㅡ님	計	H	后
Registered Waste	Hauler	NJDEP H	lauler ID#	0	ubic Yards of	Waste	Name of Registered			1—		1
B & G Restora		195	63		4		A THE RESIDENCE OF THE PARTY OF	Resource & Re	covery Cer	iter		
City, State Lincoln Park,	NJ		Dis	sposal D 11/05	Date 5/2018		City, State Tullytown,	PA			13	£
Completed by (Pri		Title Secretary/7	reasure	er	Signature		Gordana Luna		Date 10/31/20	18		

Chec			NO		CATIO	N OF A	New Jersey SBESTOS AE			non 11,5 g aguirrail i agus agus agus agus agus an shiale i shiale i shiale a	gaganput of in ABU	no de la companione de la	*******	
	1013	r	A.				IAC 8:60 and			EGE	U 10	E I		
Date of Notification (1)	01 /	18			DE 3887.57	e of Buildi 5 Lyon I	ng Owner/Opera _LC	ator (2)	Comment Co.		-		
Agencies Notified	Type Notific	cation			Stree	t Address	5			NOV -	7 2018	}	11.	1
□ EPA	☑ Initial				11171000		evard East							
⊠ DOLWD ⊠ DHSS	Amende Amendr	1971			City,	State, Zip	Code			Arena in S	(artis		_	
D DCA	☐ Emerger		cludin	g	Gu	ittenbur	g, NJ 07093							
(NJAC 5:23-8)	justificat	tion)			Name	e of Conta	ect			Telephone Nu	mber			
	☐ Cancella	ation			Ro	n Carva	lho as agent			908-208-3	060			
					FA	CILITY	NFORMATION	V						
Name of Facility Where A	Abatement is	Taking	Plac	e (3)					Type of Facility (4)				
N/A									☐ School (K-12) ☐ Subchapter 8		(2)			
Street Address 143-145 Lyons Ave									Other (i.e., pri	vate and comm	ercial b	uildin	gs,	
City (5)	nue								homes, etc.)					
Newark, NJ									Square Feet 4200	# of Floors	2.000	ldg. A	•	
County (6)					Соц	nty Code	(7)(STATE USE ON	7 VI	Current Use (Price	3		65 +	yrs	
Essex						,	(, ,, , , , , , , , , , , , , , , , , ,	217	House	n ii being demo	iisiieu)			
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	ASCM	No.	Name of Abat	teme	ent Contractor (9)				-	
N/A					N/A		MAK-B Pr							
Street Address							Street Addres	s						
		22					104 Marke	et St	treet					
City, State, Zip Code							City, State, Zi					11/2-25		
D							Garfield, N		7026					
Project Manager for Monit	toring Firm			Te	lephone	No.	Telephone No			License No.				
Start Date (10)	1,	C = l= = = l	1-10		- C - D		973-931-3			01365				
12 / 13 /	18	Schedi 1			etion Da	18 (11)	Name of OSH		5.03.55.55					
Occupancy Status During		-					Same as a		/e			375 HO		
☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement:	d During Enti Outside of N	ire Peri ormal I	od of Facilit	Abat	ırs - Des	scribe _AM	Street Address City, State, Zip	200	de	***				
Scope of Work (Check all	that apply)											-		-
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			□ Re ⊠ De					Enclo ebag	ainment with Nega osure Procedure npted (*) and Non-		ure			
120 7.000				Loca							1 2	atem	ent T	Type
Location of Asbestos-Containing N		1)		Norm	ally lely by	Ach	Descriptio				100	-		T
TO BE ABA	TED	"	Ma	inten	ance/		estos Containing e., thermal syster			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cus	todiai 12)	Staff?		surfacing, V other miscella	ΆT,	or	SF or LF)	Va	-	sula	sure
(10)		Ī	Yes	No			other miscella	aneo	us)				ate	
Basement						Pipe In	sulation			220 LF		П	П	
Basement			П			Transit	e Sinks			15 SF				
3rd Foor				П		Floor T							H	+=
		-				1 1001 1	ne			150	\perp	Ш	Ш	
Name of Registered Waste	e 11e. (e.)		Ц	Щ.			T =							
Newark Carting, Inc.				10.23	NJDEP N Hauler II 11222	No.	Cubic Yards of Waste 5		Name of Registe G.R.O.W.S.,					
City, State					1 1 mm fm fa		Disposal Date		City, State		-			
Newark, NJ							11-20-18		Morrisville,	PA				
Completed By (Print or Type Biljana	oe)	Title	store	ova			Signature		boug		ate	,	,,	7
							1911/	0	15/01/004	1 1	11-1	-	114	70



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Date of Notification (1)	1010011						wner/Ope	erator (2)	Ť			:010	- 1	
Agencies Notified	10/30/18 Notification			Stree	t Add	corporate ress es Road			Annual Control of the		NOV	- /_	2018		
	X) Initial N		on	1016.4526875550						1	40.00	100		- 7	
(X) DOL) Amende Amend	ment#				Zip Cod , DE 198				L was		erijača erij			
(X) DOH () DCA) Emerge justifica) Cancella	tion)	cluding		e of Co ard Me	ontact eks					Te	el. Num	ber		
				FACIL	LITY I	NFORM	ATION								
Name of Facility Where Former Drew Chemical	Abatemen	it is Tak	ing Place	(3)				Туре	of Facil	ity (4)					
Street Address 1000 Harrison Ave				-		·		() St		-12) er 8 (othe private				dina	s
								h	iomes, e		0, 00,			u9	<u> </u>
City (5) Kearny, NJ 07032								Squa	re Feet	# 0	of Flo	ors	Bldg	. Age	е
County (6) Hudson				County USE C		e (7) (ST	ATE	Curre	nt Use (Prior if b	eing	demoli	shed)		
Name of Monitoring Firm	n Hired by	Bldg. O	wner	ASCM	No.		Name o	of Cont	ractor (9	9)					
0							CID CC	NSTR	UCTION	SERVI	CES,	LLC			
Street Address							Street A		-						
City, State, Zip Code							300-2 S			South -	Suite	#3			
•															
Project Manager for Mor	nitoring Fire	m Tel	ephone N	Number			Lodi, N.				Lic	ense N	lumbe	r	
(8)							(973)68					191 "A			
Scheduled Start Date (1	0)	Sc	heduled (Complet	ion Da	ate (11)		25 SAME 2	A Monito	or					
11/5/18			1	1/22/20	19										
Occupancy Status Durin	g Abateme	ent (Che	ck only o	ne)			Street A	Address	3						
(X) Facility Closed/Vaca () Abatement Performe	ted During d Outside	Entire F of Norm	Period of all Facility	Abateme	ent		City, Sta	ate, Zip	Code						
() Other – Describe: Source of Work (Check	all that app	lv)													
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$.,,	() Renova) Demolit				() Mini	i-Enclo		vith Nega	ative	Pressu	re		
		N. 5								and Nor	ı-Fria	ble Pro	cedur	е	
Location of		ls Loc	ation No	rmallv								Aba	temer	nt Ty	ре
Asbestos-Containing M (ACM) TO BE ABATED in Facility		Us Ma	ed Solely aintenand dial Staff	by ce/	Con	taining M ermal sys	on of Asb laterial (A stems ins , VAT, or	CM) (i. ulation,		Amount (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		misc	ellaneous	5)				<u>a</u>	7	late	Ге
Building 722 –2nd FI			Х			Trans	ite Materi	ial		35 SF		X			
Building 722 – Roof B			Χ			Roo	f Material	l		3800 SF	:	X			
Building 722 – Roof C			X			Roo	f Material	ı		6720 SF		X			
Name of Reg. Waste Ha Cid Construction Service		NJD	EP Wast # 329		r ID	Cubic Y	ards of W TBD	/aste		of Reg. L and Com			ı		
City, State Garfield, NJ						Disposa	I Date TBD	-7	City, Si Melville	ate	July	Landin			
Completed by Roque G Schipilliti	Title F	Project N	Manager		Sig	nature	G	=			Dat		/30/18		

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gencies Notified Type N EPA	otification			Street:	Address					71/	15-	ree's sur	41.6	
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	endment #_		- 1						j.		M.			
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ame of Facility Where Abateme	nt la Takina	Disco	121	PAG	ILITY IN	rukm/	THON	Type of Fa	1845	(4)				_
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ivate house free! Address				-				Subcha	201 E	3 (Other than K-1 2)				
TO ME LINES LISTED								Other !	E., 9	rivate and commercia	el bui	ldings		
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illburg. NJ 07041								adam o to	•		1	a - 4 stg		
ounty (6)				Count	y Cods (7) (STATEL	ISE DNLY	Current U	F (P	or if being demolish	ed)	-		
SEX					t conson forter.						**			
eme of Monitoring Firm Hired b	y Building C	Wriet (8) /	SCM I	Vo.	Name	of Abateme	nt Contract	₹ (51)					
						Gr Tec	oh LLC							
treat Address						Street	Address							
	***************************************					576 V	alley Rd#	283						
ity, State, Zip Code							tate, Zip C							
roject Manager for Monitoring F	'lam		Tala	phone I			e NJ 0747	0	_	Licanse No.			en 200	
toloret diet. 1480a tot albittottitä t	\$6.02)		1516	prione i		Commence of the								
Start Date (10)	School	uled C	nmalet	ion Del	te (11)		38-1777 of OSHA N	Conitor		01127				
_11 / 02 / 18		1 /			10									
Decupancy Status During Abater	- 1						Address	nsultants,	IC.					
Facility Olosed/Vacated Durin	g Entire Pa	riod of	Abeter	mant			Wagaraw	Road Blo	7 ii	152				
Abelement Performed Outsid Time of Abstement: A	e of Normal	FROM	Hour	e - Des	chipe	City. S	tate, Zip Ci	sde	2	772	-		-	-
I IME Of ADSTRAINENT.	AMERICAN PARTY PAR	AIT.	1.00		AM	Fair L	awn, NJ 0	7410						
scope of Work (Check all that ap	ply)					L	Clean u	and deco		nation with negative	press	LIFE		
3 ×3 at or ×3 if		Re	novati	Of:		X				gative Pressure				
3 >3 ar or >3 lf 1 ≥ 160 af or ≥260 lf		Do	molitic	n			Glovebs	o Procedur	-	Tent with Negative I	Press	aute		
		1-	Locat	inn	1	L	MOU-FX6	mpled (') f	10 140	n-Friable Procedure	-	1		
Location of		1	Norma	lly		Ď	iascription (p t			-	eriese		-
Asbestos-Containing Materia TO BE ABATED	(ACM)		d Sale			stos Co	ntaining Me	terial (ACII	1	Amount	Respons	Rapair	Encapsulate	Enclosure
IN Facility		Cus	ledbol	Steff?	(6.6	#UH	al systems facing, VAT	, or		(Specify SIF or LF)	QV3	E-	Disc.	in St
(13)		 	(12)	T	1	other	r miscelland	ious)			-		N. C.	100
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arage				X	Duct ins	ulation				50 SF	X	Ц		Ш
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lame of Registered Waste Hau	Inc		- American	DER What	e Hawler 10 No.	Cuble	Yarra of toi	to Meson	Davi	stered Landfill	1-4			<u> </u>
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k Tech LLC				00337	53		BD sal Date	City, Si)	-			
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Completed By (Print or Type)	Tits	e				-	BD Stenature	Tullyn	7 Mg . 1	Dest	e			
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[&]quot; Do not use this form for asbeseds themaure exempted activit is.

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PAGE 82/84

PAI		Mc		CATIC	O MC	F ASS	y Jersey ESTOS ABAT 8:60 and 12:1		7	DOL	- 10	D.A	Y	7
Date of Hotification	(1)			I N	arma o	l Building	Owner/Operator	(2)		TI N	OV -	7	201	8
11/2/18	?				40	e Te	icia Ku	DEM	E .		اسر	1		1
Agency Notified	Type No	distan		18	breat A	Address		THE REAL PROPERTY.			71	7		\Box
□ EPA	Ser Friday							55,000-000	_ [_		LV			
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CI DCA	U Cano	pešešon				MIC	14 DER			4			A	
	4.000				Fach	UTY INF	DRMATION			, .				
Name of Feelity Vil	ero Abelemer	nt in Taking Pla	er (3)					Type c	FROTEY	(4)				
MR	Rich	KNDE	NZ.					O Sch	A (K-12	1				1
Street Address				_		-	1	□ Sub	untible 2	Other than K-1	2)			ĺ
*				100				42 Oth	(La pr	ivate & commen	el building	α,		- 1
City (5)	CONTRACTOR - FRANCES	and the same			-		11	Square		# of Floors	Bldg.			-
	HAWT	CHORN	=					2	LOD	Z	119	49	0	- 1
County (6)				10	County	Code II	STATE USE			ter if being demo	lished			
2	ASSA	~			OHLY)		,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			316000 6				1
Name of Monitoring	Firm Mired by	Building Own	er I A	ACM I	No.	-	Mama of Abelen	need Con		The second secon		_	-	
(0)			"				Best Re							- 1
Street Address					-		Etrus Address	MOVE					-	
					50		450 500	- h D	77.13.5	0 =				
City. State, Zip Cod	6	7800			15.577		450 Sou	Code	· V *5	D L		-	-	\neg
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Project Menager for	Mendoring P	त्रस	Tal	ephon	e No.	-	Telephone No.			Ligerse No.			-	_
•	·						201-329	-744		00388				1
Start Date (10)		Scheduled Co	a implieté o				Name of OSHA	MONBO	haller balance				-	
11/3)1			1/4	118	7		Omega	Envi	:011m	ental				
Company Shifts	Juning Abuten	west (Check on	A ove)	.8			Otreat Address							
CI Peckty Clound/Vi	mentad During	Entire Period	of Abeta	mand			280 H	uyle	; \$t					
CI Absternent Perio	rrand Cubida	of Normel Fed	iny 1988	3			City, State, Zin (
Scope of Wate (Ch			sto (-)	Ţ	(200).		S. Ha	cken	jack	,N.J. 0	7606			
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te of Notification (1)		Name	of Bui	Iding Owner/Operator	(2)	STIC				17.7
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DEP Amended		City,	State,	Zip Code WORTH .	10 . The	7641		š -71		
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DOH justification)		Nan		S. SHULTZ	2				1	_
DCA Cancellation				INFORMATION						
	~	FA	CILIT	INFORMATION	Type of Facility	(4)				
rme of Facility Where Abatement is Taking Place (3)				☐ School (K-12)					
MS. STEPHANIE SHU	172				Cubchanter 8	(Other than K-12)				
reet Address					homes, etc.)	vate & commercia	d Dulidings	•		
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ty (5)				144	.2500.	. 2-	19	4	5	
HANDRTH		-		1 CO COTATE LIGH	Current Use (Pr	for if being demoli	ished)			
ounty (6)			unty Co LY)	de (7) (STATE USE		ESI DENC	E			
BERGEN				Name of Abate	ment Contractor (S	9)				
ame of Monitoring Firm Hired by Building Owner	AS	CM No			moval In					
3)				Street Address						
treet Address					th River	St				
				City, State, Zip		00				
ity, State, Zip Code					sack, N.J	. 07601				
	Tolor	phone	No	Telephone No.		License No.				
roject Manager for Monitoring Firm	1 elei	Pitotic		201-329	7444 -	00388				_
Start Date (10) Scheduled Com	poletion	Date	(11)	Name of OSH	A Monitor					
Start Date (15)	7.11			Omega	Environm	ental				-
Occupancy Status During Abatement (Check only				Street Address						
		+		280 I	Huyler St				_	_
☐ Facility Closed/Vacated During Entire Period of ☐ Abatement Performed Outside of Normal Facility	y Hour	S		City, State, Zir	o Cod e ackensack	. NT T O	7606			
Other - Describe: 750 ARTO 5:3	o QH									
Scope of Work (Check all that apply)				₽ Fi	ıli Containment wi	h Negative Pressi	ure			
□ ≥ 3 sf or ≥ 3 if			Reno	- 0	ini-Enclosure lovebag Procedure		92			
2 160 sf or ≥ 260 lf			1 Demo	In Display	on-Exempted (*) a	nd Non-Friable Pr	ocedure	Δh	aten	nen
	la l	ocatio	n						Тур	
		ormally		Descripti	on of				1.	
Location of		Soleh Soleh		Achoetos Containing	Material (ACM)	Amour (Specif		Re	2	Encapsulate
Asbestos-Containing Material (ACM) TO BE ABATED	Ç	ustodia		(i.e., thermal systematicing,)	vAT. or	SF or L		Removal	Repair	UBC
IN Facility		Staff? (12)	į	other miscel	laneous))a	-	late
(13)	-									
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Best Removal Inc	ID	No.	109		207 Miner	va Enter	hrise	ο,	111	
		Ι/	109	Disposal Da						
City, State	7601			11/19/		esburg,	Oh,44	688	3_	_
Hackensack , N.J. 07	001			Signature	1		Date	1	1	a
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Date of Notification (1)	Q		Name	MA	C. N	JACIM .	Y	LA					-
Agency Notified	Type Notification		Street	Addre	ess		i i		F NOV -	7 2018			
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DOL	D Emergency (including		Name	e of Co				T	eléphone Numb	er			
д рон	justification) ☐ Cancellation	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YALA							\dashv
DCA .	La Cancenation		FAC			RMATION							-
- Fooility Where	Abatement is Taking Place	(3)			13		Тур	of Facility (4)					
Name of Facility Miles	NACIM,	AYA	LL	4			DS	chool (K-12)	other than K-12)	9350			
Street Address							120	other (i.e. privat	te & commercial	buildings,			
Stieet Address							1	nomes, etc.)		Bldg. Ag			\dashv
City (5)				87	٠,			A 1	2	1.8	40		
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3	ERCEN					Name of Abater	nent		J. J				
Name of Monitoring Fi	m Hired by Building Owner	ASC	CM No.			Best Re							
(8)					\rightarrow	Street Address	·	, di 1110					
Street Address					1	450 Sou	th	River	St				
					-	City, State, Zip	Code						
City, State, Zip Code						Hackens	ac	k. N.J.	07601				
	Ionitarina Firm	Teler	ohone l	No.		Telephone No.			License No.				
Project Manager for N	ionming					201-329			00300		-		
Start Date (10)	Scheduled Co	mpletion	Date ((11)		Name of OSHA	Mor	vironme	ntal				100-50
11/1/1/1	8 11/	15/1	8			Street Address		VIIOIIIIC	11002				
Occupancy Status Du	uring Abatement (Check on	y one)						ler St		~	4		
D Earlity Closed/Var	cated During Entire Period	of Abaten	nent				0-4	_	1				
	ned Outside of Normal Factors 730 TO S:50		S			S. Ha	ack	ensack	,N.J. 0	7606			
Scope of Work (Cher	ck all that apply)			*		C) Fu	II Coi	ntainment with	Negative Pressu	ire			
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Asbestos-Cont TO E	BE ABATED	C	ustodia		(ī.	e., thermal syste surfacing, \	/AT.	or	SF or L		Remova	Repair	20
	v Facility		Staff? (12)			other miscell	laneo	us)			8	are	ate
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Oit. Otats			2000000			Disposal Da	ite .	City, State	ahura	0h 44	688	3	
City, State Hacken	sack , N.J. (7601				11/15)	18	Wayne	sburg,	Date	1		^
Completed by	Title					Signature	P -	عسرهم د	3	11	12/	17	1
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Date of Notification (1) 11/2/18			me of Building			(2)					1	-
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DEP Amended		City	, State, Zip C	ode			125		7.7.		1.	
DOL Amendment Emergency		_ Br	ant Beach	NJ 080	80			1		erale e S	2003 Kr. 115	
DOH justification)		1 22	me of Contact				Te	lephone Nu	mber			
DCA Cancellation	1		OM FACILITY INF	ODMAT								
Name of Facility Where Abatement is Takir	g Place (3)		ACILITY INF	OKWATI	ION	Type of Facility	(4)					-
Frank Kerr Private Home						School (K	100 A					
Street Address						Subchapte	er 8 (Oth	ner than K-1				
0.4.45						Other (i.e. etc.)	private	& commerc	ial bui	ldings	, home	es,
City (5) Brant Beach NJ 08008						Square Feet	1000	of Floors		3ldg. /	\ge	
County (6)		Cou	inty Code (7)			1000+	1			35+		
Ocean			ATE USE ONLY	n		Current Use (P House	rior it be	ing demolis	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.		Name	of Abatement Co	ontractor	r (9)				-
N/A						(-)						
Street Address	200 E 00 10 20 12 20				Street							
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Project Manager for Monitoring Firm		Tele	phone No.			t Berlin NJ 08	1091	License	le .	-		
,		10.0	priorio reo.			753-9800		License N 00727	vo.			
Start Date (10)	Scheduled	Complet	tion Date (11)		Name	of OSHA Monito	r	1 33.2.				-
11/13/18	11/19/1		79 60		Sam	е						
Occupancy Status During Abatement (Chec	W 10200	200			Street	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Al nal Facility I	atement Hours			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)								-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				·A	
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In Facility		dial Staff1 (12)	, (surfac	cing, VA	T, or		F or LF)	Remova	Repair	caps	Enclosure
(13)				otner m	niscellan	eous)			oval	air	Encapsulate	sure
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Name of Registered Waste Hauler		() () () () () () () () () ()	P Waste	Cubic '		Name of	Registe	ered Landfil				
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Date of Notification (1)		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING											
Agencies Notified	Type Notificatio	n		Stre	et Address	55 R	50					. 10	
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Name of Facility Where Ab	ESIDE						School (K-						
Street Address	<u> </u>						Subchapte Other (i.e., homes, etc.)	private & ∞			dings	Ġ.	
City (5)	4 RGATI	Ĭ.					Square Feet # of Floors			Bldg. Age			
County (6)					unty Code (E ONLY)	7) (STATE	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm H		Owner	T	ASCA	I No.		nent Contractor (9)					_
(8) W	IA						.tm co	INC					
Street Address						Street Address		RUCE	AL	<u>`</u>			
City, State, Zip Code						City, State, Zip C	LE SH	ADE 1	ر, الم	0	52	_	
Project Manager for Monito	ring Firm		Tele	phone	No.) 3	71			_			
Start Date (10)	Sche	duled (tion D	ate (11)	Name of OSHA		4					
Occupancy Status During A	Abatement (Che	ck only			0	Street Address					-		
Facility Closed/Vacated Abatement Performed 0	During Entire Pe	eriod of	Abated tv Hour	ment s		City, State, Zip C	ode						=
Other - Describe:								7					_
Scope of Work (Check all the	nat apply)					□ Full Cor	ntainment with Ne	egative Pres	SUIFE				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-En ☐ Gloveba		3 7 0 to 3000		3			
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Location of Asbestos-Containing Mate		Maii	ntenano	æ/		os Containing Mat thermal systems i	erial (ACM)	Amous (Speci		71		En	ш
TO BE ABATED IN Facility			Staff?		(1.6.,	surfacing, VAT,	or	SF or L		Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaned	xus)			val	=	ulate	ure
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KLTMCO .	INC			190	74_	Disposal Date	City, State -						=
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Completed By MICHAEL KLEMM SUP.						Signature -	lon		Date 0 -	31	- 15	3	_

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) NOV 11-2-2018 AH & AM Realty LLC Agencies Notified Type Notification Street Address EPA \boxtimes 845 Boulevard DEP Initial City, State & Zip Code \boxtimes DOL Amended Westfield, NJ 07090 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Jeff Silverbera 973-769-8752 **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.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 108 Westfield, NJ Union Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-15-2018 11-16-2018 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am-5:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) \boxtimes Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition \boxtimes Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes N/A No 1st Floor Pipe Insulation 10 LF X Basement Pipe Insulation \boxtimes 40 LF Crawl Space Pipe Insulation M 10 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 11/2/2018

PAID

ETS JOB # 5221/18 CHE	CK #29361	1		AM	ENDME	NT #2	Company of the Compan			
Date of Notification (1) 11/01/18		Name of THE POR	Building Ov	vner / Operator (2)	- 15 (N	=Y			
Agencies Type Notification		Street Ad								
Notified EPA		241 ERIE	STREET,	ROOM 236	1	NOV	7 7 2018			
DEP Initial Notific			e & Zip Coc			1				
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DCA Cancellation	1	Name of 0	Contact PH CAMPI	ONE			Telephone Number			
	- 1.		TY INFORM				973-624-6898			
Name of Facility Where Abatement is	Taking Pla	ace (3)		ype of Facility (4))					
TERMINAL "A" - CONNECTOR A-	3 - SPACE	A20B		School (K-12)						
Street Address	AL AIDDOS			Subchapter 8	(Other th	an K-12)				
NEWARK LIBERTY INTERNATION. 3 BREWSTER ROAD	AL AIRPOR	RT		Other (i.e., pri	vate & co		uildings, homes, etc.			
City (5) County	(6)	unty Code			# of Floo	22	Bldg. Age			
NEWARK ESSEX		unity Cour		1,100,000 urrent Use (Prior		3	70+			
			C	OMMERICAL - A	iemolisnea)					
Name of Monitoring Firm Hired by Bu	ilding Owne	32 800		ame of Abateme						
ATC ASSOCIATES Street Address		98		TS CONTRACTI	NG, INC.					
104 E. 25TH STREET - 10TH FLOOR				reet Address 60 CLAY STREE	т					
City, State & Zip Code				ty, State & Zip C						
NEW YORK 10010				BROOKLYN, NY 11222						
Project Manager for Monitoring Firm PATRICK SISK	212-3	hone Nur 53-8280	71	elephone Numbe 8-706-6300	Number 00511					
11/05/2018	ed Complet 11/04/2	2019		ame of OSHA Mo	onitor					
Occupancy Status During Abatement	(Check onl	y one)	Sti	reet Address						
Facility Closed/Vacated During Abatement	Entire Per	iod of	10	59 JACKSON	AVENUE					
Abatement Performed Outside	of Normal	Facility ⊔	OUTS Cit	tu Ctata 0 7:- C						
Describe: MONDAY - FRIDA	Y 7:00 PM	– 5:00 AI		ty, State & Zip Co DNG ISLAND CI		1101				
Other - Describe:				THE IDEALINE OF	,					
Scope of Work (Check all that apply)	. U 6000									
☐ Demolition ☐ Re ☐ Large Project	novation			☐ Full Cont	ainment	with Negativ	e Pressure			
Quantity is ≥ 3 SF or ≥ 3 LF A	~ N.4			Mini-Enc		W209				
Quantity is ≥ 160 SF or ≥ 260				☐ Glovebaç ☐ Other: N		ire TAINMENT	ii.			
Location of	Is Locati	on Normally		Description of	11141 0014	Amount	Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED in Facility		Solely by enance or		pestos-Containing		(Specify	(Specify: Removal,			
(13)	Custodia	al Staff? (12)	insula	CM) (i.e., thermal systems, VAT		quare Feet or inear Feet)	Repair, Encapsulation or Enclosure)			
TERMINAL A – CONNECTOR A-3		10	or ot	her miscellaneous)						
SPACE A20B		NO	FIF	REPROOFING		9 SF	MINI			
TERMINAL A – VARIOUS AREAS		NO	FIE	REPROOFING		71 SF	CONTAINMENT			
						7101	CONTAINMENT			
Name of Registered Waste Hauler #1	NJDEF		Hauler ID #	Cu. Yds. of Wa	aste Na	me of Regis	stered Landfill #1			
JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		1955	1	8	(2000) (CONT.)		ID COUNTY			
City, State			Disposal Date		NDFILL V State (
559 TIFFANY STREET, BRONX, NY 10474				TBD		y, State O NEWVILL	FROAD			
20 995		1		WBURGH,						
Completed By (Print or Type) Title				Signature /	1	1/2	Date			
Richie Smith Pro	oject Execu	utive		1						

PAI	D	NOTIFICATION	tate of New Je N OF ASBEST o NJAC 8:60-7	ersey OS ABATEMENT and 12:120-7)	•	TO THE	0 87 72 1		
ETS JOB # 5228/18	CHECK	#29362							
Date of Notification (1)	8	Name of I	Building Ow	ner / Operator (2)	WARDO	->7 0010		
Agencies Type No		Street Ad	dress	III OF NEW YO	JKK & NE	WERSE	= Y 2018		
Notified EPA		241 FRIF	STREET, F	200M 236	1		1		
☐ DEP ☐ Ini	tial Notificatio	n City, State	e & Zip Code	9	700				
	nended Notific ancellation	Name of 0		'310			T		
DCA DCA	and charlet	MR. RALI	PH CAMPIC		Telephone Number 973-624-6898				
Name of Facility Where Ab	atement is Ta	FACILI'	TY INFORM						
TERMINAL "B" - CONCO	URSE LEVEL	ing Flace (5)		pe of Facility (4) School (K-12)					
Street Address NEWARK LIBERTY INTER	NATIONAL	VIDDODT.		Subchapter 8 (Other than	K-12)			
3 BREWSTER ROAD Square Feet # of Floors Bldg. Age									
City (5) NEWARK		70+							
INCANKK	ESSEX		Cu	rrent Use (Prior i	f being de IRPORT	molished)			
Name of Monitoring Firm H	ired by Buildin		CM No. Na	me of Abatemen	t Contract	or (9)			
ATC ASSOCIATES Street Address		98		S CONTRACTIN eet Address	IG, INC.				
104 E. 25TH STREET - 10 ^T	^H FLOOR		160	160 CLAY STREET					
City, State & Zip Code NEW YORK 10010				y, State & Zip Co					
Project Manager for Moniton PATRICK SISK	ring Firm	Telephone Nur 212-353-8280	mber Tel	ephone Number 3-706-6300	Number 00511				
Scheduled Start Date (10) 11/10/2018		completion Date 11/09/2019	(11) Nar	Name of OSHA Monitor TESTOR TECH.					
Occupancy Status During A Facility Closed/Vaca Abatement	batement (Ch ted During En	eck only one) tire Period of		eet Address 59 JACKSON A	VENUE				
Abatement Performe	d Outside of N	Normal Facility H	ours - City	, State & Zip Co	de				
Describe: MONDAY Other - Describe:	– FRIDAY 7:	00 PM – 5:00 AI		NG ISLAND CIT	Y, NY 111	01			
Scope of Work (Check all th Demolition Large Project Quantity is ≥ 3 SF or Quantity is ≥ 160 SF	☐ Renova≥ 3 LF ACM	ACM		Full Conta Mini-Enclo Glovebag Other: MI	sure Procedure	Э	e Pressure		
Location of Asbestos-Containing Mater TO BE ABATED in Fa (13)	cility	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbe Material (AC insulati	Description of estos-Containing M) (i.e., thermal syston, surfacing, VAT er miscellaneous)	ems Squa	Amount Specify are Feet or ear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)		
TERMINAL B – CONCOUR		NO	FIR	EPROOFING		10 SF	MINI CONTAINMENT		
Name of Registered Waste I JIMMY BYRNE T/A JIMMY TRUCKING	Hauler #1 BYRNE	NJDEP Waste I 1955		Cu. Yds. of Was 8	CUN	e of Regis IBERLAN DFILL	stered Landfill #1		
City, State 559 TIFFANY STREET, BR	ONX, NY 1047	74		Disposal Date TBD	620 1	State NEWVILL BURGH	EROAD PA 17240		
Completed By (Print or Type Richie Smith ASB-41 JUN 95 G4667		t Executive		Signature		-/-	Date 11/01/18		

Oot 31 18 03:08p Resource Management Group

60! 9144651 p.2

	State of Nev	w Jaraev	MERE	1 NO 11
NOTIFI	CATION OF ASB		ENT DOL - 10	I:AY
Ka985 PAID Pu	revant to <u>N.J.A.C</u>	, 8:60 and 12:12	1)	7 2019
Dale of Novigation (1) 10-31-2018	Name of Building O	wner/ Operator (2)		7
Agencies Notified Type Notification	Street Address		11111	
EPA DEP Intial Amended DOH Emergency Cancallation	City, state & Zip Co	de	- MATER 100	17.511.7517
⊠ DOL □ Amended □ DOH □ Emergency □ DCA □ Cancellation	Relieville, NJ 07108 Name of Contect)		one Number
□ GCA □ Cancellation	Ron Janowski		1	
Name of Facility Where Abatement is Taking Pla	FACILITY INFO	RMATION Type of Facility (4)		
Residential	GE (9)	School (K-12)		
Street Address		Subshipter 8 (C) Other (i.e. private	& commercial buildings, hor	nes, etc.)
City (5) (County (8)	County Code (7)	Square Feet A	of Floors Bldg. Ag	98 80
Ballevillo, NJ 07109 Essax		Current Use (Prior if I Residential	eing demollshed)	
Name of Monitoring Firm Hired by Building Owns Health and Safety Services	P(8) ASCM ND.	Name of Abatement I Resource Manageme	oniractor (9) of Graup, LLG	
Street Address P. D. Bex 365		Street Address 2175 Hamilton Ave. 8		,
City, State & Zip Code	TT Committee of the com	City, State & Zip Cod	1	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
	Telaphone Number	Trenton, NJ 08619 Telephone Number	License Number	
	959-462-1311 plation Date (11)	609-914-4279 Name of OSHA Moni		<u> </u>
17-6-2018	11-7-2018	J&S Environmental L		
Occupancy Status During Abatement (Check on Facility Closed/Vacated During Entire Pe	ly one) engg of Abatement	Street Address 2333 Route 22 West	2	
Facility Closed/Vacated During Entire Per Abatement Performed Quring Normal Ho Describe: 8:30em-5:30pm	urs:	City, State & Zip Cod Union, NJ 07083	The state of the s	
Facility Occupied During Abatement Scope of West: (Check all that apply)	- APVIII	101101111111111111111111111111111111111	-	
			all Conteinment with Negativ	e Pressure
⊠ ≈ sfor = 3 11 □ ≥ 160 sf ≥ 260 11	Renovation Demotition		Ini-Enclosure love Beg Pracedures	
Location of	is Location	Description of	on-Exempted and Non-Frieb	de Procedure batement Type
Actestos-Containing	Normally Used	Asbestos-Containing	(Specify	111
Maleñal (ACM) To be abated	Solaly by Maintenance or	Meterial (ACM) (i.e., thermal systems	SF or LF)	Enclas Encage
in Feeliny (13)	Custodial Staff? (12)	néulation, surfecting, VA or other miscelleneous)		ned in the service of
	Yes No NA			
Basement	Pipe I	negletion	130 LF &	The same of the sa
The state of the s				
		A STATE OF THE PARTY OF THE PAR		
Blasso of Bardon and March 21	TI OLGI	IC. No. 12 IN.		
Name of Registered Waste Heuler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035216	of Waste	if Registered Landfill _andfill	
City, State Tranton, NJ 08615		DisposeLDsta City, 8	ete lile, PA	A ATTENDED TO SALES
Completed By (Print or Type) Mr. Brien Haney	Title Prezident	Signature Min -	1 HAM 1/ DER	e 31/2018
Land Value of the second		1111	113/14 T	
		1	1	

Date of Notification					Owner / Operator	r (2)	101	200						
	Type Notific				anow:				MOA	- 7 - 20)18		9 1	
□ EPA □ DEP		ı		City S	State /	& Zip C	ode							
⊠ DOL	☐ Ame	nded		Bellev	ille, N	J 0710			1					
DEP DOL DOH DOA		rgency cellation			of Co	ntact				Telepho	ne N	umb	er	
							ODMATION							
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3		ACILI	YINF	ORMATION Type of Facili	ty (4)						
Residential				•			School (F	<-12)	14.40					
Street Address							Subchap Subchap	ter 8 (Other the private & co	ian K-12) mmercial build	inas, hom	es. e	tc.)		
011 (5)		To	1-				Other (i.e. private & commercial buildings, homes, et Square Feet # of Floors Bldg. Age							
City (5) Belleville, NJ 07109		County (6) Essex	Co	unty (Code	(7)	840 3 60 Current Use (Prior if being demolished)							
							Residential	5/.	155.2					
Name of Monitoring Health and Safety S		by Building Owr	ner (8)		ASC 117	CM No.	Name of Abat Resource Ma							
Street Address	CIVIOCS				1117		Street Addres		Jup, LLC					
P.O. Box 365 City, State & Zip Co	do						2115 Hamilton		02					
Berlin, NJ 08009	ue						City, State & 7 Trenton, NJ 0							
Project Manager for Mr. Jim Proctor	Telep 856-4		Numl	oer	Telephone Nu 609-914-4279		License	Number 0118	5					
Scheduled Start Da	npletio	on Da	te (11))	Name of OSHA Monitor J&S Environmental Laboratories, Inc.									
11-6-201 Occupancy Status D	11-7-2	the same and the s			J&S Environm Street Addres		ories, Inc.		-		-			
☐ Facility Clos	ed/Vacated	During Entire P	eriod		ateme	nt	2333 Route 2	2 West						
Abatement I Describe:		uring Normal H	ours:				City, State & 2 Union, NJ 070							
☐ Facility Occ	upied During	Abatement					Official, 145 O76							
Scope of Work (Che	eck all that a	pply)							ntainment with	Mogativo	Droc	curo		
≥3 sf or ≥3 l	f		\boxtimes	Ren	ovatio	on			iclosure	ivegative	1168	Sure		
□ ≥160 sf ≥26	0 If			Der	nolitio	n			Bag Procedures		. D	t.		
Lo	ocation of		ls	Locat	ion	T	Description		empted and No		ateme			
	os-Containir	ng	Norr	nally I	Jsed		Asbestos-Conf			Mileson	7,50			
	erial (ACM) BE ABATED			olely l tenan	oy ice or		Material (AC (i.e., thermal sy		SF or LF)	Re	Z.	Encapsula	Enc	
ir	n Facility			odial S	Staff?	i	nsulation, surfac	ing, VAT		Remova	Repair	apsı	Enclosure	
	(13)		Yes	(12) No	N/A		or other miscella	aneous)		<u>a</u>	-	ılat	ıre	
Basement						Pipe I	nsulation		130 LF					
			H	H	H					ᆜH	H	H		
			Ī	ō										
Name of Registered	l Waste Hau	ler		17722	DEP \		Cubic Yards of Waste	Name of Reg	istered Landfil					
Resource Managem	nent Group, I	LC		1000000	35218		TBD	Grows Landf	ill					
City, State Trenton, NJ 08619							Disposal Date TBD	City, State Morrisville, P	Α .					
Completed By (Print	t or Type)			Tit	le		Signature ;		1111	Date		4		
Mr. Brian Haney	erra erro eritateristi.			Pre	esider	nt	M	10 //	THAIN	// 10/31	/2018	3		
							1/19	MA	- ///	1				



	I FALLE	<i>-</i>	(P	ursuant	to NJAC	8:60 an	d 12:12	0)	C	On	L 18	219	76)			
Date of Notification (1) 11/2/18					f Building			r (2)			CE	17	77	[-1] [-1]			
Agencies Notified	Type Notification		-	Street A	CONTRACTOR CONTRACTOR	IIII aciii	ig inc.		- 111	11 1	1 (2)	i,	14	10 to	1 1 1		
					are Roa	d				N.							
EPA DEP	X Initial Amended		-	VENES 1 516-9	ate, Zip C			-V-1 E-5	- 41	1	NOV -	7 9	2018	[11.7		
▼ DOL	Amendment				Saddle		. NJ 0	7458	-	4	140 4		010	No.			
ĭ DOH	Emergency (-	1/3/1	f Contact					Tel	ephone Nur	nher		1			
DCA	Cancellation			Rob T						201-538-3604							
				FACI	LITY INF	ORMAT	ION						177-11	900 S			
Name of Facility Where	Abatement is Takin	g Place (3)					Туре	of Facility	(4)							
Building									School (K-								
Street Address											er than K-12 & commerci		dinge	hom	00		
50 Main Street									etc.)	Jiivate	& commerci	ai buii	uings,	nom	es,		
City (5) Hackensack								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Feet	1000	f Floors		Bldg. A	lge			
County (6)				0	0 1 (7)			7800		1		- 1 "	30				
Bergen				(STATE	Code (7) USE ONLY)		build		or if bei	ng demolish	ied)					
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	Л No.		Name		ement Co	ntractor	(9)						
	8 8										ices, LLC	;					
Street Address					III (A) (A) (A)			Addres									
Cib. State 7i- Code										, 4 E Gate Drive							
City, State, Zip Code								State, Zi	p Code , NJ 074	110							
Project Manager for Mor	itorina Firm		-	Telepho	no No			hone No		10	1 (NI						
	morning i min			relepito	110 140.		11	764-2			License N 703	0.					
Start Date (10)		Schedule	d Con	npletion !	Date (11)				A Monitor								
11/12/18		1/12/19					120,000,000										
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addres	s								
× Facility Closed/Vac	ated During Entire F	eriod of A	baten	nent													
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	3			City, S	state, Zi	o Code								
Scope of Work (Check A	Il That Apply)																
≥3 sf or ≥3 lf		По		41			Īx	a									
≥160 sf or ≥260 lf			enova emolit						Containmi Enclosure		Negative P	ressu	re				
							×	Glovebag Procedure									
		T						Non L	-Exempted	d (*) and	d Non-Friab	le Pro	70.00				
		100000	Locati ormal	2000										ement pe			
Location Asbestos-Containing		Used	d Sole	ly by	Achae	De: tos Cont	scription		(ACNA)	^	mount						
TO BE ABA	ATED		ntenar odial S	The second secon	(i.e.	thermal	systems	s insulat	tion,		Specify	R	71	Enc	四		
In Facil (13)	ity	Oust	(12)	ntail :			cing, VA niscellan			SF	or LF)	Removal	Repair	aps	Enclosure		
(10)		Yes	No	ALIA		Other n	iliscellal	ieous)				val	=	Encapsulate	ure		
OFF ATTA	INO	N/A															
SEE ATTA				SEE A	ATTAC	HED				Х							
			100000														
						2000	No - Company										
Name of Registered Was	te Hauler			JDEP W		Cubic			Name of	Registe	red Landfill	-					
Newark Carting			1.6867.0	auler ID 4509	110.	of Was	ste		Grand (Centra	al Sanitary	/ Lar	dfill				
City, State				Disposal Date													
Newark NJ						TBD			Pen Arg		·						
Completed by			Signature //				Date										

President

A. Scott Higgins

11/2/18

V 3060		(1	Pursuant	to NJAC 8:60 a	nd 12:12	(0)	· F	O E	(2	(1)					
Date of Notification (1)			Name o	of Building Owner	/Operato	r (2)	1 1 1	1	::0		(4)	2			
11/2/18			Ker	Smith											
Agencies Notified Type Notification			Street A	Address	_		Ni	OV -	7	018	3				
☐ EPA ☐ Initial							111	O i		UH	2				
DEP Amended			City, St	ate, Zip Code					illo-chilo	liere een					
DOL Amendmen	The second second second second second		Freeh	old		NJ	07728								
DOH Emergency justification			Name o	f Contact			Telephon	e Numbe	r						
DCA Cancellation			Е	ric Plackis											
			FAC	ILITY INFORMA	TION						2000000				
Name of Facility Where Abatement is Takir	ng Place (3)				Type of Facility	(4)								
						School (K-	-12)								
Street Address				`					14		hom				
						etc.)	private & com	mercial o	UNG	ngs.	HORN	85,			
City (5)						Square Feet	# of Floor	rs	Bk	lg. A	ge				
Freehold								de la company							
County (6)				Code (7)		Current Use (Pr	rior if being der	molished)	1						
Monmouh			(STATE	USE ONLY)		Home									
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	d No.	Name	of Abatement Co	ontractor (9)								
						Brick Industr	ies, Inc.								
Street Address					Street	Address					-				
						PO	Box 915								
City, State, Zip Code					City, S	State, Zip Code			-						
59					E	Brick, NJ 08723									
Project Manager for Monitoring Firm		-	Telepho	ne No.		hone No.	Lice	nse No.							
		70.00				732-899-7499		01196	3						
Start Date (10)	Schedule	ed Co	mpletion	Date (11)		of OSHA Monitor									
11/5/18	11/12/	18													
Occupancy Status During Abatement (Che	ck Only On	e)	80-100-0-		Street	Address									
▼ Facility Closed/Vacated During Entire	Period of A	bate	ment												
Abatement Performed Outside of Norr					City, S	State, Zip Code									
Other – Describe:															
Scope of Work (Check All That Apply)					-										
☐ ≥3 sf or ≥3 II	□ R	lenov	ation			Full Containn	nent with Nega	rtive Pres	sure	2					
2160 sf or ≥260 lf	X D	emal	tion		-	Mini-Enclosur									
					t			-Friable P	, roc	edur	e				
												į.			
p 2 12		Loca Iorma								ĩу	pe				
	Use	d Sol	ely by		escription ntaining !	n or Material (ACM)	Amount				m				
TO BE ABATED			ance/ Staff?	(i.e. therm	al system	s insulation,		/ 2	0	π	nca	Enclosure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		(12)		1. (2011) (2011)	acing, VA misceliai		SF or LF	F) 8		opa	18c	1081			
(15)	-			- Carci	THISOCHUL	neous)		à		7	ate	6			
	Yes	No	N/A						1			_			
garage exterior				Asbestos sid	ing		1200SF	X	2						
								1	1						
	+			t				-	+	-1		1			
				ļ					+			-			
				L											
Name of Registered Waste Hauler		1000	NJDEP W		c Yards	Name of	Registered La	andfill							
Driek Industries Inc			Hauler ID			Gr	ows North	Landfil	I						
Brick Industries, Inc.			21602		4 osal Date										
STATE OF THE STATE				i				lle PA							
Brick, NJ Completed by	Title				11/12/18 Signature		MOITION		'A						
Eric Plackis	1.100	D	esident			£	inapter 8 (Other than K-12) (i.e. private & commercial buildings. ho at # of Floors Bidg. Age at (Prior if being demolished) at Contractor (9) ustries, Inc. PO Box 915 de 723 License No. 99 01196 mitor de animment with Negative Pressure losure (Procedure mpted (*) and Non-Friable Procedure Abatema Type 1) Amount (Specify SF or LF) 20 1200SF X To Grows North Landfill Grows North Landfill								
EUC PIACKIS	1		esideni					1 1/2/	10						





						11-11	- 1	-		2
Date of Notification (1)	8	Name of	f Building Owne	r/Operator (2)	PORT	1 Dar	۲۷	ſ		Colorest St.
Agencies Notified Type Notification		Street A	ddress	110	7	MOV	- /	201	8	
□ EPA ★ Initial □ Amended	,	City. Sta	ate, Zip Code	27.	1.					
DOL Amendment #		Oity, Oil	1	letuck	nen	NJ	98	38	40)
DOH Emergency (in justification)	nciuaing	Name of	f Coritact	4	10	Telephone Nur	nber	-		_
□ DCA □ Cancellation			RI D	CRCY						-
Name of Facility Where Abatement is Taking	Place (3)		.,		of Facility	(4) 🖟	-			
Dingle tami	14 F)we	lling		School (K-	12) r 8 (Other than K-12	٥١			
Street Address U	•	89		X	Other (i.e.	private & commerci	al build	dings.	home	es,
City (5) A 1	1			· Squar	e Feet	# of Floors	В	ldg. A		
Metuchen	NI		18810			2		70) t -	_
County (6) Middlesex			Code (7) USE ONLY)	Curre	nt Use (Pr	ior if being demolish	ied)	٠.		
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	A No.	Name of Abar	tement Co	A ¥	2		*	
Street Address	3162		MIN	Street Addres	= 16	chaolee	16:	b ,	Ln	16
Ro. Box 3.	37_		7 - 4	P.O.	Box	337	ā 			
City, State, Zip Code	NZ	80	533	City, State, Zi	p Code	ZIA +A:	0	25	13	3
Project Manager for Mobility graim	7,0	Telepho	ne No.	Telephone No	. J	License N	0.	10	LI	
Steve Schenked			758-336	5 609 758 Name of OSH			5		1	
Start Date (10)	Scheduled C	15 -				hnologies	\mathcal{I}	2	7. 1848	
Occupancy Status During Abatement (Check	Only One)	10		Street Addres	ss	٦				7.
Facility Closed/Vacated During Entire Po	eriod of Abate	ement		City, State, Zi		337		- 24	17-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	San Air
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility Hot	urs		New &		ALT	783	53	. 3	.32
Scope of Work (Check All That Apply)			- 1		JIP:	700	0			_
≥3 sf or ≥3 lf		vation		1000		ent with Negative F	ressu	re		
≥160 sf or ≥260 lf	□ Demo	olition	~	☐ Glo	i-Enclosur vebag Pro	cedure				
<u> </u>	T		T	No	n-Exempte	ed (*) and Non-Friat	le Pro		ement	t
	Is Loc	**		Description of				S 100 100 100 100 100 100 100 100 100 10	ре	
Location of Asbestos-Containing Material (ACM)	Used So Mainter		Asbestos Co	ontaining Material		Amount	71		En.	m
TO BE ABATED In Facility	Custodia	al Staff?	sur	nal systems insula facing, VAT, or	iuon,	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)	(12		othe	r miscellaneous)	*		in	air	Encapsulate	sure
	Yes No	o N/A		~			-	-	-	-
Basement	X		Floor	eTile		500 Si	K		_	-
**							+-	-	-	-
		_	-				+	-		-
Name of Registered Waste Hauler		NJDEP V	Vaste Cut	oic Yards	Name of	Registered Landfil	1	Ь,		
		Hauler ID	No. of V	Vaste 2	Was	teManage		4	c f	Ais
EPC Technologies City, State		1/0		posal Date	City, Sta	ite		. 0		
New Egypt	N2		ĺ	1-16-18	Mori		PA ate		•	
Steve Schenker	Presi	dent	•	Signature	Sch	che !	11-	5	-18	3

(K1759		N			OF ASB to NJAC				CH	IEO	K #17	59			
Date of Notification (1) 11/01/2018	PAND			Name of CAME	Building EN RE	Owner/C GIONA	perator LL LEG	(2) GALS	ERVICES	INC.	RE!	1 1	1-3		
	Notification nitial			Street A 745 M	ddress IARKET	STRE	ET				NOV - 7	201	Q		
DEP DOL	Amended Amendment#		_ [te, Zip Co DEN NJ					4	NOV		<u> </u>		,
✓ DOH ☐ jı	Emergency (inclustification) Cancellation	luding			Contact	HNSON	1				ephone Nun 0-583-52				
				FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatem SOUTH JERSEY LAW O	ent is Taking PI FFICE	lace (3)							of Facility (4 School (K-12	2)					
Street Address 745 MARKET STREET									Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) CAMDEN								Squa 960	re Feet 0	# of 2	Floors		ldg. A 60+	ge	
County (6) CAMDEN					Code (7) JSE ONLY				ent Use (Prio V OFFICE		being demolished)				
Name of Monitoring Firm Hired to SYNERTECH INC.	by Building Own	ner (8)	ASCM No. Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL							⁽⁹⁾ ENTAL SE	RVI	CES	INC		
Street Address 228 MOORE STREET								Addre	ss MS RUN				7		
City, State, Zip Code PHILADELPHIA PA 1914	8								ip Code HILL NJ (08062	2				
Project Manager for Monitoring I JANAE BERENATO-FIO	Firm RELLI			Telephor 215-7	ne No. 55-2305			none N -304-4			License No 01145).			
Start Date (10) 11/03/2018		hedule 1/03/2		pletion I	Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abate	ment (Check O	nly One	e)					Addre							
Facility Closed/Vacated Du Abatement Performed Outs	ring Entire Perio	batem Hours	ent			City, S	State, Z	30 NORT							
Other – Describe:						_	CIN	NAMI	NSON NJ	0807	77				
Scope of Work (Check All That /							_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		distance	enova emoliti				~	7	ll Containme ni-Enclosure	nt with	Negative P	ressui	e		
	L		SHOIL	OII			F	Glo	ovebag Proc	edure					
							<u>~</u>	No	n-Exempted	(*) an	d Non-Friabl				
			Locati ormail	T105000		12/200							Abate Ty	ре	1
Location of Asbestos-Containing Materia	al (ACM)	Used	Sole	y by	Asbes	Des tos Cont	scription		L(ACM)	А	mount			-	
TO BE ABATED			ntenar odial S			thermal	systems	s insula		(S	pecify	Re	ZD.	nca	Enc
In Facility (13)		(12)				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								<u>a</u>	~	late	Ге	
OFFICE			Х		FLC	OR TI	ILE		13	0 SF	Х				
								W-0							
Name of Registered Waste Hau	ler		1000000	JDEP W		Cubic		-	Name of F	Registe	red Landfill				
ASSURED ENVIRONMEN	NTAL			auler ID 03489		of Was					NDFILL				
City, State MULLICA HILL NJ						11/10)/2018		City, State WAYNE		RG, OH				
Completed by RON SWANSON		Title GENI	ERAI	_ MAN	AGER	S	ignature	Kus	elbu	CUID	M 11		2018		

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ASSLRED SERVICES

PAGE 03/04

1.1 Agr

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Fursuant to NJAC 5:59 and 12:120)

			(1	Pursuar	nt so NJAC	S:69 ar	xd 12:12	0)	CH	ECH	く井丁	759	10	Di	\ <u>'</u>
Date of Notification (1 11/01/2018 Agencies Notified		A. S. of Street,		Name CAN	of Building	Owner/ GION	Operator AL LEG	AL SE				(5			-
☐ EPA	Type Notification Initial			745	Address MARKE		EET				•			1	
DEP	Amended Amendment Emergency			CAV	PEN NU	08102	?				<u> </u>	107/	U	/20	10
DOH DCA	justification) Cancelleien		ą.		of Contact REA JO	HNSO	N		A STATE OF THE PARTY OF THE PAR	Telep	hone No -583-5	imber 286			
Name of Facility Who	e Abelian of L. W. M.	The second		PAL	ILLA IN	ORMAT	ION			19.11.0		-		-	-
SOUTHJERSEY	LAW OFFICE	g Paga	(2)				,		SGI-SY (4)		-		OCEANTY.		
245 MARKET ST	REET							Su	chapter a	(Other	than K-1 comment	2) iel bui	ldings	, hom	188,
CAMDEN				•				Squera 9500		eoff 2	loora		보호및. / 60+	Age	
CAMDEN					Gode (T) USE CALL	,		Current LAW (ISS (Frier IFFICE	if being	demoils	hea)	•	-	
Name of Managing F. SYNERTECH IN	om Hilrad by Building (C.	Česnes (B	3	ASC	M No.		Alares ASS	of Abeter URED	ent Conta	ector (B NMEN	TAL S	ERV	CES	INC	3.
Street Address 228 MOORE STR			and a special section of the section	and Supplement	AND OFFICE OR OTHER	National Con-	Strest	Address CLEME						0840	1
CRY, SESSE, ZIO CODO PHILADELPHIA I	PA 18148		Miner		THE PERSON NAMED IN COLUMN		City, S MUAL	LICA H	LL NJ O	9062					-
Project Meseger for M JANAE BERENA	enitering Firm TO-FIORELLI			Telspho 215-7	ne No. 55-2305	i	Talesh	one No. 304-46		11	Igense N 1146	lo.			_
\$tert Date (10) 11/03/2018		11/03/	2018	mpletion	Dass (11)		Nama i	of OSHA	Acritor					-	
Occupancy Status Dur				-			Sirect	Address	h.(d') menu n						
Abatement Perfor	cated During Entire F med Gutside of Norm	eriod of al Facilit	Absten y Houn	nent 5			City. St	nte Zin i	NORTH ON NU C	VOAT7					·
Scope of Wark (Charle	All Test Apply)	***************************************							211160 6	20077	water plants as the same				
≥3 sf or ≥3 l/ ≥160 sf or ≥260 lf			Renova Jamolii					Aleva Gleva	stainment sclosure ag Proced cerreted (*	ura					
		La	Locati	ion				19077 1	1001	A GELEVI LA	GIVP (SE	erfuneramentals)	Abala	ment	1
Location Asbestoe-Containing TO BE AI In Fac (13)	g Material (ACN) BATED Idy	Use Ma	d Sola Intena Iodial S (12)	by by	Astroni (i.e.	ce Cont themsi surfac	ecipton alning M systems ong, VAT alsoellen	eterial (A Insulation Cor	264; '-	Amo (Spe SF or	city	Regunal	Repair	Eng	Enclosura
OFFI	75	Yes	No	NVA								12	8	eyerneda	
. Orri	VE	-		X		FLO	OR TIL	E		190	BF	ä			
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N	A POWER DAME		************			ALTERNATION AND AND ADDRESS OF THE PARTY OF	-		-+-					-	-
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day, S1299 Müllica Hill NJ						Diapos 11/10			y, state laynes			i i			4
Completed by RON SWANSON		THE GEN	ERAL	MAN	AGER	-	ensule	Sancal!		Porp	Dat	/O1/超	018		+

ASB-41 (R-06-05)

[&]quot;Do not use this beat for asbeston ticensure exempted activities.

State of New Jersey - Notification of Asbestos Abatement



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

									2 000 ELECTRON		1 1			
Date of Notification (1) November 2, 2018					Name of Building Owner RUTGERS, THE S	Operator	(2) NIVERS	HONE	- 7 2	018				
Agencies Notified		Notification	Type		Street Address						-			
		☐ Initial I		ation	ENVIRONMENTAL	HEALT	LL S CVI	ETV D	EDT		-3			
□ EPA										diam'r	-11			
□ DCA				fication #1 –	27 ROAD 1, BLDG	4086, L	IVINGS	ON CA	WIPUS)				
X DOL				reas & quantity	City, State, Zip Code			20 100						
The state of the s		and new s	tart & c	completion	PISCATAWAY, NJ	08854								
DEP – No Longer REQU	IRED	dates		DATE OF STREET	Name of Contact		Teler	hone Nu	mber					
⊠ DOH		□ Emerg	oncy (including	Michael Smith ENV HE	ALTH &		.445.25						
				including	SAFETY									
			cation)											
		☐ Cance	lled											
				. FACILITY INF	ORMATION									
Name of Facility Where Abate					Type of Facility (4)			100						
Admin Complex #11,	Bldg #	7277			☐ School (K-12)									
					Subchapter 8 (other tha	n K-12)								
Street Address					IX Other (i.e. private & contact the contact to t		uildings bo	mas ata l						
RBHS Newark Camp	us				Sq. Feet: Unknown					14 1/05	ire			
City (5)	County (6	2)	Count	Code (7)	Sq. reet. Offictiowii	# OI FIC	0015.	Bldg. A	ge. o	i yea	115			
Newark	Essex	21		Use Only)	Current Use (prior if bein									
INEWAIK	ESSEX		Totale	OSC OTHY)	Current use (prior if bein	g demons	neu): Aca	uemic						
					Name of Contractor (0)									
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)									
ATC ASSOCIATE	S		0098		CREENWOOD ARATEMENT CONSULTANTS INC									
					GREENWOOD ABATEMENT CONSULTANTS, 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		Licen	se Numbe	<u>r</u>					
BRIAN KEARNY		609-386-	8800				12							
2		F. 1900-1-0 C-0,1307-1-39664			973-492-0477		0084	10						
Scheduled Start Date (10)		Scheduled C	Completic	n Date (11)	Name of OSHA Monitor									
November 9, 2018		Novemb	er 12, 1	2018										
**					Envirovision, Inc.									
Occupancy Status During A	batement ((Check only or	ne)		Street Address									
Facility Closed/Vacate														
Abatement Performed	d Outside o	of Normal Faci	ility Hour	s -	20-21, Bldg E Waga	araw Ro	ad							
Describe			1.50		City, State, Zip Code									
XOther − Describe:	5pm - 5	am -(24 h	rs & W	eekends as										
Needed)		•			Fairlawn, NJ									
1100000,														
Source of Work (Check all that	at apply)													
						TEUIL CO	ontainment	with Noa	ativo Pr	accura				
□ ≥ 3 sf or ≥ 3 lf				▼ Renovation	D)			with Neg	auve i i	533UI C				
					ly	☐Mini-E								
L 160 st or ≥ 1	Image: State of 2 3 in the s						ag Proced							
							xempted (*) and Nor	n-Friable	Proce	edure			
Lasakias of Ashastas Octob	Is Location Normally Used Description ocation of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e.					3.0 A 28.777.7	nount	Abateme	ent Type					
Location of Asbestos-Contain Material (ACM) in Facility (13)				al systems insulation, surfac		pecify SF	Remove	Renair F	ncan I	Enclose				
Waterial (ACW) III Facility (13)	f? (12) S NO	VAT, or other mis	ceii.)	or	LF)	romovo	rtopan c	,riodb E	21101000					
1101 1102 Cuite	YES		NA	MAT		40	10 - 5	TEST	T		1,00			
1101- 1103 Suite		X	PUBLIC AND	VAT	Na Kanada II Cara Pala Regional	13	40 sf	X	S. D. Sell	22	-361			
Name of Reg. Waste Hauler		NJDEP Was		· ID #	Cubic Yards of Waste:			of Regist						
See Hauler Below # 1 &	2	See Below	/		10 CYDS		GRO	WS Nor	th Lan	dtill				
Hauler #1) Greenwood	Abateme	nt Consulta	nts, In	c Butler, NJ 0	7405	Disposal			ity, State	2				
NJ DEP # 12			*			Novemb	per 12, 201		00 New		CCCC			
Hauler #2) Newark Cart	NI DED # 10551					oad, Mo	rrisville	, PA						
Lucioi "2) I waik Cart	. 10 DEL # 19331		- 3		255	9067 15-736-1	700							
					2	10-730-	700							
Completed by /Brint or Trans		Titlo	10.21		Cignoture		D.4							
Completed by (Print or Type)		Title	חס יבי	`T	<u>Signature</u>		Date	lover-b-	-2 204	0				
Raymond C. Pedali		SENIOR P		, I	Raymond C. Pedalino	1	-	Novembe	1 2, 201	0				
		MANAGER	ξ											

State of New Jersey - Notification of Asbestos Abatement

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

Data of Nationalia (4)							1 11 11 11							
Date of Notification (1) October 23, 2018					Name of Building Owner, RUTGERS, THE S	SITY OF NJ. 2010								
Agencies Notified		Notification			Street Address	37/		NUV / 2016						
		IX Initial	Notifica	ation	ENVIRONMENTAL	HEALTH	& SAI	FETY DEPT.						
□ EPA		□ Amende	ed Certi	ification	27 ROAD 1, BLDG			2) TO THE POST OF						
□ DCA		□ Emerg	manufacture and		City, State, Zip Code	1000, 214	/	TOTE ORINI OC						
X DOL				including	PISCATAWAY, NJ	00054								
DEP - No Longer REQU	IRED		cation)			00034	T-I-	- L N b						
X DOH		☐ Cance	lled		Name of Contact Michael Smith ENV HEA	AITU O		phone Number						
					SAFETY	ALIT O	848	3.445.2550						
				FACILITY INF										
Name of Facility Where Abate	ement is Ta	king Place (3)			Type of Facility (4)									
Admin Complex #11,					☐ School (K-12)									
AND THE RESERVE THE PROPERTY OF THE PROPERTY O					Subchapter 8 (other tha	n K-12)								
Street Address					SOther (i.e. private & cor		lings be	man ata\						
RBHS Newark Camp	us				Sq. Feet: Unknown			마리 경기 및 경기 (Control of the Control						
City (5)	County (6	()	County	Code (7)	Sq. reet. Officiowii	# 01 11001	<u>5.</u> I	Bldg. Age: 60+ years						
Newark	Essex	4		Use Only)	Current Use (prior if bein	a domolicho	d). Acc	domio						
Newark	LOSEA		10.00.0	333 3111/7	Current Ose (prior il beili	g demonstre	ij. Aca	demic						
Name of Monitoring Firm Hire	d by Dide	O	10014	N-	1 1 10 1 1 10									
		Owner (8)	ASCM		Name of Contractor (9)									
ATC ASSOCIATE	5		0098		GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address					Street Address									
3 TERRI LANE					Street Address									
3 ILINI LANL					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
BURLINGTON, NJ 08	8016				Butler, NJ 07405									
Project Manager for Monitorin		Telephone N	lumber		Telephone Number		Licon	se Number						
BRIAN KEARNY	91.11111	609-386-			Telephone Number		Licen	Se Number						
Ditty tit ite titti		003-000-	0000		973-492-0477		0084	40						
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor		1							
November 2, 2018		Novemb	er 5, 20	018										
					Envirovision, Inc.									
Occupancy Status During A					Street Address									
Facility Closed/Vacate						72								
Abatement Performed	d Outside o	of Normal Fac	lity Hour	s -	20-21, Bldg E Wagaraw Road									
Describe		races market and a			City, State, Zip Code									
Other - Describe:	5pm – 5	am –(24 h	rs & W	eekends as	Fairlann N.I									
Needed)					Fairlawn, NJ									
Source of Work (Check all that	it apply)													
_				12 <u>000</u>		□Full Cont	ainment	with Negative Pressure						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				Renovation	i i	☐Mini-Enc								
⊠ ≥ 160 sf or ≥ 2	260			■Demolition		Glovebag	Proced	ure						
						⊠ Non-Exe	mpted (*) and Non-Friable Procedure						
	Is Location Normally Used Description					Amou		Abatement Type						
Location of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e					al systems insulation, surfac		ify SF	Remove Repair Encap Enclose						
Material (ACM) in Facility (13) Staff? (12) VAT, or oth					cell.)	or LF		Keniove Kepaii Elicap Eliciose						
1101, 1101B 図 VAT					Mineral Control of the Control of th	240	- 5	IDI						
Name of Reg. Waste Hauler			to Marita			340		X						
See Hauler Below # 1 &	2	NJDEP Was See Below		10#	Cubic Yards of Waste: Name of Registered La									
	75.5		<u> </u>		10 CYDS			OWS North Landfill						
Hauler #1) Greenwood		nt Consulta	nts, Ind	c. – Butler, NJ 0	7405	Disposal D	Service and the service of the service of the service of	City, State 100 New Ford Mill						
NJ DEP # 12						November	3, 2010	Road, Morrisville, PA						
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 195					P # 19551 19067									
					215-736-1									
Completed by (Print or Type)			200.00	<u>Signature</u> <u>Date</u>										
Raymond C. Pedali		SENIOR P		CT	Raymond C. Pedalino		Oct	tober 23, 2018						
		MANAGEF	2				1							

GAC # 2018-060

CKATUI PAI		NOTIF (F	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)	***	EG	B	1		
Date of Notification (1) 10/30/2018			Name o	of Building lence	Owner/0	Operator	(2)			7	001	0	
Agencies Notified Type Notification			Street A	Address					NOV	- 7	201	ĕ—	
▼ EPA ▼ Initial Amended		}	City St	ate, Zip Co	nde			1					1
X DOL Amendment		_		ng NJ 07				9	6 1.				
DOH Emergency (i	ncluding			of Contact				Te	lephone N	lumber			
DCA Cancellation	110-52		15	Laterovia		011		4					
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMATI	ON	Type of Facili	ty (4)					
Residence							School (<-12)					
Street Address							Subchap Other (i.e	ter 8 (Oth	er than K- & commer	-12) rcial bui	ldinas	hom	nes
City (5)							etc.) Square Feet	8.	f Floors		(5)	· V.	
Landing							1,025	2	II FIOOIS		Bldg. <i>i</i> 62	age	
County (6) Morris				Code (7) USE ONLY)			Current Use (Prior if be	ing demoli	ished)			
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	wner (8)		ASCN	M No.			of Abatement ((9)				
Street Address PO Box 354						Street	Address						
City, State, Zip Code							Liberty Ave tate, Zip Code	nue					
South Orange, NJ 07079							de, NJ 0720	5	-				
Project Manager for Monitoring Firm Sarah Calandra				49-2666			one No. 162-7465		License 01316	No.			
	Schedule 11/29/2		npletion I	Date (11)			of OSHA Monite ine Lighthou	100 000	utions				
Occupancy Status During Abatement (Check	53	93					Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of A Il Facility	baten Hours	nent				ox 354 ate, Zip Code						
Other – Describe:					_		n Orange, N	J 07079)				
Scope of Work (Check All That Apply)							1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Glovebag P	ure ocedure	-				
	le I	ocati	on	7			Non-Exemp	ed (*) an	d Non-Fria	able Pro		e emen	t
Location of	N	ormall	ly		Des	cription	of				Т	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mair	Sole	nce/	Asbesto	os Conta	aining M systems	aterial (ACM) insulation,	1000	mount Specify	70		<u>n</u>	ш
In Facility (13)	Custo	dial S (12)	starr?		surfac	ing, VAT	Γ, or		or LF)	Remova	Repair	Encapsulate	Enclosure
1	Yes	No	N/A		outer it	ii 300ii ai ii	cous			Val	=	ulate	ure
Basement		Χ			Fl	oor Tile	9	70	04 SF	x			
Name of Degistered Wests Use		1											
Name of Registered Waste Hauler Newark Carting		H	JDEP Wauler ID 1509		Cubic \ of Was				red Landfi gement l		II		
City, State East Orange, NJ					Dispos	al Date	City, St	ate Argyle,	PA				
Completed by	Title				Si	ghature		97.0,		ate			
Alison Lamers	Office	Man	ager		0	WV.	LLO		1	0/30/	2018		

CK2760 P.	AII	NOT	TIFICATI (Pursua	State of New Jers ON OF ASBESTO ant to NJAC 8:60 a	SABATI	EMENT 20)			E	T)	FF. 125	
Date of Notification (1) 10/31/2018			Name	e of Building Owner idence	r/Operato	or (2)		NOV	- 7	2018		
Agencies Notified X EPA X DEP X DOL X DOL X DOL X Emergence	ent #	ng	City, Ced	t Address State, Zip Code ar Grove NJ 07	009	¥		NOT	- 1/9			
DOH justification Cancellati	n)		Jose	e of Contact eph Wishnea			l Te	elephone N	lumbe	г		
Name of Facility Where Abatement is Tal Residence	king Place	(3)	FA	CILITY INFORMA	TION	Type of Facility						
Street Address City (5)						School (K Subchapt Other (i.e etc.)	er 8 (Oth	her than K- & commer	-12) rcial bu	iildings	s, hor	nes,
Cedar Grove						Square Feet 1,476	2	of Floors		Bldg.	Age	
County (6) Essex			County (STATE	y Code (7) E USE ONLY)		Current Use (P	rior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	CM No.		of Abatement Co		r (9)				
Street Address PO Box 354			'			Address Liberty Aven	ue					
City, State, Zip Code South Orange, NJ 07079						tate, Zip Code de, NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra				one No. 349-2666		one No. 162-7465		License 01316	No.			
Start Date (10) 11/10/2018	Date (10) Schedule 10/2018 11/30/2					of OSHA Monitor ine Lighthous		utions				
Occupancy Status During Abatement (Che			mont		Street A	Address Ox 354						
Other – Describe:	mal Facilit	y Hour	S		City, St	ate, Zip Code n Orange, NJ	07079					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if			74									
≥160 sf or ≥260 lf		Renova Demolii			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of		Locati Normal	ly	Doo	cription o		4 () 4110	richi-i nat	JIE FIL	Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/	Asbestos Conta (i.e. thermal surface	aining Ma	iterial (ACM) insulation, , or	(S	nount pecify or LF)	Remova		Encapsulate	Enclosure
Basement	Yes	No X	N/A	FI	oor Tile		45				ate	Ĝ.
				110	JOI THE		450	0 SF	X			
No.												
Name of Registered Waste Hauler Newark Carting		Ha	JDEP Wauler ID			1		ed Landfill				\dashv
City, State East Orange, NJ	-	04	509	Disposa	al Date	City, State	1	ement La	andfil			
Completed by Alison Lamers	Title Office	Man	ager	Sig	nature	Penn Ar	gyle, F	Da	te /31/2	018		-

Nov 02 2018 11:19AM HP Fax 2012951707

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- 64	ч	m	-	- 2

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K3274 PA	JUNO	(Pure	of known	o of New Jersey OF ASBESTOS A NJAC 8:60 and	12:120))	; ()		DOL.	NER	D/	Y	201	8
Pate of Notificetion (1) Nov 2-2018 Check # 3274		Ne	me of B	uliding Owner/O The Baptiel (perator	(2)	-14		J. History	· ·	7	S		
Agencies Notifical Type Notification			rest Ade		nurce	1/6	010811	Jelar	Cuanayasa	Idol		-	+	-
		3	044 K	ennedy Blvd					L	V			ل	
D DEP Amended		CI	y, State	, Zip Code					WAIVER	Ar		77		
Par Emanage /h				CIN, NJ 0730	3					w·m			y	
DOM Justification	•	4 3 3 3 3	and of C						Telephone N 201-795-4		10000000			
				YY INFORMATI	M	-		<u></u>	201700-7	700			-	-
Name of Facility Where Abelement is Taking Golden Door Charler School	Place (3)					Typ	a of Pan	图图						
Street Address							Schon .			401				
3044 Kennedy Blvd							©්ලා මැප.∑	.0. pf	(Other than K- lvete & comme		liding	a, ho	mas.	
City (5) Jersey City, NJ 07306						20	1219 Fe1 1000		9 of Floors 2		Bidg. 60÷	Age	1	
COUNTY (8) HUDSON		(a)	TATE U	ode (?) SE ONLY)		80	hool		II being demoi	ished)				
Name of Manitoring First Hired by Building O Omega Environmental Services	waer (8)		ASCM	Na.			ices C		rector (B)					
Sireet Address					8000			- P	561011				-	-
250 Hyuler Street							Street			See the				
City, State, Zip Code South Hackensack, NJ 07606							Zp Co erg, N		09					
Project Manager for Mentioring Firm		170	alaghon	a Na		hone		urv	License	n Ma				-
Alex Pallets		2	0148	9-8700	201	-295	- 1700		01074	1000000000				
Stern Delle (10) 11/2/2018	8 cheduled 11/3/20		letian D	1919)	-27		SHA MA							
Occupancy Status During Abatement (Check	Only One)			Stree	Add	7060	- ~			175000			
Facility Clased/Vacabad During Entire P Abaumont Performed Outside of Norm Other - Describe: Starting 4 PM	eriod of At	doung	alement									-		
Scope of Work (Check All Ther Apply)														
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Location of	M	or malb	,	D	ace pas	an of			77 2 000 (180	-		Pyp		-
Asbestos-Domining Material (ACM) TO BE ASAJED In Facility (13)	Mali	ntenen odiel Si (12)	cel	Asbeetos Cor (I.s. Iherme euro other	Maining system wing, t miscell	ms ins /Av. c	awaten. M	AI	Amount (Specify SF or LF)		Regnoval	Reusi	Басарышы	Englosura
	Aea	No	NVA						20.05	-	+	-	-	_
Room 213-Balcony Area		<u> </u>			en-up				60 SF	_	-	\dashv	-	-
East/West -Stair 1 : Level 2 & 3	-	×			מו-חם	-	-		40 SF	-	-	+	_	
Copy Room/Stage Area		×	-	Clas	п-ир	deb!	19		40 SF		-	-		_
Name of Registered Wests Hauler	لــــــــــــــــــــــــــــــــــــــ	IN	JDEP W	Vesto Cubi	s Yarde)	Na	n of	Registered Ler	rdfill				-
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City, State Bronx, NY				Disp TBC	0891 DE	876	Ci	ly, To	auburg, DH					
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Date of Notification (1)													
11-2-2018			Name Rock	of Buildin efeller	ig Owne Group	r/Operato	r (2)		NOV	-	7	2018	- 1
Agencies Notified Type Notification EPA Initial)			Address Avenue	e of An	nericas		<u> </u>		1 02			
DEP Amended Amendmen	t #		City, S	tate, Zip (York, N	Code						1		4 = 5
DOH Emergency justification	(includin	g		of Contac				Telephor	ne Nun	her			
☐ DCA ☐ Cancellation				l Borne				973-63					
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	ILITY IN	FORMA	TION	Type of Facility	(4)					
Street Address 1427-1429 Willow Avenue							School (K-	5505	n K-12 mercia) Il bui	ilding	s. hon	nes,
City (5) Hoboken, NJ 07030.							Square Feet 15000	# of Floor	S	100	Bldg. 70+	Age	
County (6) Hudson			County (STATE	Code (7) USE ONL	Y)		Current Use (Pri	or if being der	molish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.		Name Gree	of Abatement Cor n Environmen	ntractor (9)	e 11(200	
Street Address					Address Virginia Avenu								
City, State, Zip Code						City, S	tate, Zip Code by City, NJ 073						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.	Licer	nse No				
Start Date (10) 11-12-2018	1-12-2018 11-14-2						of OSHA Monitor	011					
Occupancy Status During Abatement (Chec						-	n Environment	al Services	s, LL(,			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abater y Hour	ment s			235 \	/irginia Avenue ate, Zip Code	9					
Scope of Work (Check All That Apply)						Jerse	y City, NJ 073	04					
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Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	De tos Con	scription	of aterial (ACM)	A === === 1	+		13	ре	
TO BE ABATED In Facility (13)	intena todial ((12)	Staff?	(i.e.	therma surfa	systems cing, VAT miscellane	insulation, , or	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler		l N	JDEP W	aste	Cubia	Yards	I No. 15						
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City, State Jersey City, NJ 07304			Dispos	sal Date	City, State Morrisvil	le PΔ							
Completed byiliana Serrano	Man	ager		\$	ignature	(4)		Date					
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NOTIFICATION OF ASBESTOS ABATEMENT Page#1 Check#3198 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) L Date of Notification (1) 01_____ 'Shore To Shore Edison LLC" Type Notification Street Address Agencies Notified ✓ Initial X EPA 160 Stony Road Amended **⋈** DOLWD City, State, Zip Code Amendment # X DHSS Edison, NJ 08817 Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Kelvin Pittman FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private house Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) Edison, NJ 08817 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 11 / 17 / 18 11 / 12 / 18 Envirovision Consultants,Inc Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf ☑ Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Remova Repair Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A No Yes \boxtimes 150 LF X Ш Pipe insulation Basement X 50 SF \times VAT -floor tiles Bathroom X 240 SF X VAT -floor tiles Kitchen 60 SF VAT -floor tiles 2nd floor-closet NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc **TBD** 0033785 Gr Tech LLC Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470 Date Signature Title Completed By (Print or Type) ente Wenad 11/01/18 Owner N.Jevtic

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#3198	1		(1	Pursi	uant t	o NJAC	8:60	and 5:16)		Page#2						
Date of Notification (1)								Operator (2		A) E C	Ę	T T	F	7			
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⊠ EPA	☐ Initial	41.								1	NO	V - 7	7 20	18			
⊠ DOLWD	Amended				160 Stony Road City, State, Zip Code						· · · · · · · · · · · · · · · · · · ·				1		
□ DHSS	Amendment	#															
☐ DCA	Emergency justification)		9			NJ 08817 Contact				Telephone Number							
(NJAC 5:23-8)							Telephone Number										
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Name of Facility Where	Abatement is Tak	ing Place	(3))					1 . 0	pe of Facility (4)	•				İ		
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Street Address					◯ Subchapter					Other (i.e., priv	private and commercial buildings.						
										homes, etc.)	·						
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Edison, NJ 08817									l.								
County (6)		County Code (7) (STATE USE ONLY)					urrent Use (Prio	r if being demoli	shed)								
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Name of Monitoring Fir	AS	SCM N	0.	Name	of Abatem	ment Contractor (9)											
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City, State, Zip Code		*						State, Zip C									
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Project Manager for M	Telepi	lephone No. Telephone No					License No.										
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11 / 12							Snyir	ovision C	ons	sultants,Inc							
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✓ Facility Closed/Vac					ent		20.21	Wagaray	v R	oad Bldg #3	5F						
Abatement Perform	ned Outside of No	Hours	urs - Describe City, State, Zip Code						52				110				
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Gr Tech LLC		0033785 TBD Disposal Date															
City, State		TBD					Tullytown, P	Α									
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT FEGEL VIEW (Pursuant to NJAC 8:60 and 5:16)												a catherinal de la catherina					
Date of Notification (1) 11 / 02 / 18						Name of Building Owner/Operator (2) Jacobs Demolition NOV - 7 2018											
Agencies Notified ⊠ EPA	Type Notifica	ation			Street Address P O Box 9												
□ DOLWD □ Amended						City, State, Zip Code											
□ DOH Amendment #						Manasquan, NJ 08736											
DCA Emergency (including justification)						Name of Contact Telephone Number											
(NJAC 5:23-8) justification) Cancellation					Lin		,		732-528-3800								
					FA	CILITY IN	FORMATION										
Name of Facility Where A	Abatement is T	aking F	Place	(3)	170	DILITI III	Type of Facility (4)										
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Name of Monitoring Firm	8)	ASCM	No	Name of Ahate	me	nent Contractor (9)											
The state of the	٥,	/ 100 W	140.			ontracting, Inc.											
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ourou, idanoo				C attention of the con-		Unit 61											
City, State, Zip Code								1889 Route 9, Unit 61 City, State, Zip Code									
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Project Manager for Manifesian Firm						No		Ι, Γ	License No.								
Project Manager for Monitoring Firm Tele						INO.	Constitution • Proceedings of the Constitution										
Start Date (10) Scheduled Comple						to (11)	732-349-9932 00624 Name of OSHA Monitor										
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Occupancy Status During	nly o	ne)		Street Address													
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Abatement Performed Outside of Normal Facility Hour Time of Abatement:AMPM/PM-						cribe	City, State, Zip	Со	ode								
Time of Abatement: _	_PM-		AM Piscataway, New Jersey 08854														
Scope of Work (Check al	I that apply)																
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