Ch 386	1	NOTIF (F	ICATION	ate of Ne OF ASB TONJAC	ESTOS	ABATE	MENT	14.		),EC	D E		₩ [	5
Date of Notification (1) 11/5/2019	43	)	Name o	f Building ecaucus	Owner/6 S Cons	Operator tructio	n LLC		A Company of the	NO	)\ -	7 2	019	100000000000000000000000000000000000000
Agencies Notified Type Notification  X EPA Initial			Street A 100 P	ddress assaic A	Ave, St	e 240				ASBES	2700	001	TOOL	C
DEP Amended  DOL Amendment		_	City, Sta Fairfie	ate, Zip Co eld NJ 0	ode 7004	•				ASSES		VSIN		. Cl
DOH Emergency (injustification)  Cancellation	ncluaing			f Contact Molinar	0				Telephone Number 973-487-1805					
Name of Facility Where Abatement is Taking	Dloop /2		FACI	LITY INFO	ORMAT	ION	-							
N/A	riace (3	)						of Facility (4	730					
Street Address 1631 Paterson Plank Road, Buildin	ıg 1-4						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Oth	er than K-1 & commerc	2) cial bui	ldings	, home	∋s,
City (5) Secaucus			0	700	74		4,90	e Feet 0/ 5,300 / 0/ 3,000		f Floors 1/3/1		3ldg. /		
County (6) Hudson				Code (7) USE ONLY			Currer	nt Use (Prior ndoned	if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/I No.		Name Che	of Abat ckmar	ement Conti k Industria	ractor al	(9)				
Street Address						0.000,000,000	Addres lorgan							
City, State, Zip Code							itate, Zip rta NJ	O7871						
Project Manager for Monitoring Firm			Telepho	ne No.			one No 570-2			License N 01334	No.			
Start Date (10) 11/18/2019	Schedule 12/31/2		npletion I	Date (11)				A Monitor k Industria	al					
Occupancy Status During Abatement (Check							Address		t)					
Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	Hours	nent			City, S	tate, Zip							
Scope of Work (Check All That Apply)						opu	140							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emolit				×	Glov	Containmen -Enclosure rebag Proce -Exempted (	dure				e	
		Locati										Abat	ement	
Location of Asbestos-Containing Material (ACM)	Use	Iormal d Sole	ly by	Ashest	Des os Cont	scription		(ACM)	٨	mount		1	pe	
TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	ntena odial 8 (12)	0.00000	(i.e.	thermal surfac	systems cing, VA niscellan	s insulat T, or	ion,	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
ji.	Yes	No	N/A								=		ate	9
see attached survey		X			see	attach	ed	5	see a	attached				
							-2015					-		_
						- Frederick						-		$\dashv$
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic			Name of Re	egiste	red Landfil				-
Newark Carting		H	auler ID	No.	of Was	ste		Grand C				ndfill		
City, State Newark NJ					Dispos	al Date		City, State Pen Argy	yl, PA	4				$\neg$
Completed by Corey Stankovic	Title CEO		Signature / D						Date 11/5/2019					

## **EXHIBIT H**

E G	E		W	E	
NOV	_	7	2019		

# RESULTS: EMSL Analytical, Inc.: #031924429: Building 1

Sample #	Sample Location	ACM Material	ACM AS Results	Approximate Amount
33	Second Floor Apartment 2 Back Bedroom	Green tile	4%	100 SF
39	Roof	Flashing	5%	150 SF

### NOTE: BUILDING 2

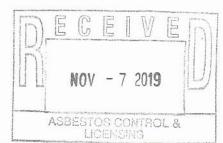
Assumed approximately 1-yard white fire brick are positive for asbestos

# RESULTS: EMSL Analytical, Inc.: #031924442: Building 3

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
1	Basement	Air cell	30%	50 LF
2	Basement	Elbows	15%	4 elbows
6	Front Office	Plaster	2%	All plaster is considered positive for asbestos greater than 1% throughout the building, approx. 6,000 SF
7	Main Entrance	Plaster	2%	- a
8	Office R	Plaster	2%	
9	Office L	Plaster	2%	56
10	Bathroom	Plaster	3%	
14	Office L w bathroom	Plaster	2%	sc
15	Stair to basement	Plaster	5%	ζς.
16	Office R	Red tile	8%	100 SF
17		Mastic & tile	1.8%	100 SF
18	Office L	Tile & mastic	2%	70 SF
20	Stairs	Plaster	2%	All plaster is considered positive for asbestos greater than 1% throughout the building, approx. 6,000 SF
25	Office R	Plaster	3%	6
29	Hallway	Plaster	5%	44
32	Kitchen	Window glaze	2.4%	All windows

Samples 17,19,31, 32, 38, 42, 43, 49, and 59 were sent for TEM (Transmission Electron Microscopy).

## EXHIBIT H



## RESULTS: EMSL Analytical, Inc.: #031924429: Building 3

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
71 72	Roof	Core	3% 2%	2,000 SF
73 74	Roof	Flashing	5% 2%	300 SF
75	Chimney	Tar	8%	20 SF
39	Roof	Flashing	5%	150 SF

Building 3: all roofing tar, sealants, flashing are considered positive for asbestos greater than 1%

## RESULTS: EMSL Analytical, Inc.: #031924429: Building 4

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
76	Back Building	Roof	5%	3,000 SF (under metal roof)

#### NOTE

Asbestos pipe insulation is known to be present in this building. If any insulated pipes/ducts or mastic is found behind/above/below existing surfaces, they are assumed asbestos. If any untested flooring or mastic is found underneath existing flooring, it is assumed asbestos. If any fireproofing/insulation/waterproofing adhesive/cement is found behind/above/below existing surfaces, it is assumed asbestos

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

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W						Land	
1		MAN/		7	2019		

			(1	uisua	III LO NJ	AC 0:00 and 5:1	0)		VOV -	7	2010	Ĺ	
Date of Notification (1)				Name	e of Buildir	ng Owner/Operator	(2)	144	A C) A		CUIJ		
/	/ _1	9		Co	ttage Sti	eet Orbit Acquis	itons, LLC		ramprovist select	mondemus	Tributana,	errenia.	
Agencies Notified Type I  ☐ EPA ☐ Init	lotification al	n			t Address	en's Road, Suite	101	ASB	ESTOS LICE	the party	4 - 4 - 3 - 5 - 5 - 5	<del>L &amp;</del>	
☑ DOLWD ☑ Am				-	State, Zip		101	•					
	endment #				mpe, AZ								
	ergency (i ification)	includin	9		e of Contac			Telephone N	umbor	_	_		
	cellation				phen Ea			201-668-1798					
				-			201-000-1	130					
Name of Facility Where Abateme	nt is Takir	na Place	(3)	ГА	CILITY	NFORMATION	Type of Facility	(4)					
Commercial	icio rakii	ig i lace	. (3)										
Street Address							School (K-12		-12)				
31-39 Central Avenue							Other (i.e., p	rivate and com		uildin	gs,		
City (5)							homes, etc.) Square Feet	V	- 15	res a	avilles		
Newark							# of Floors	B	ldg. A	\ge			
County (6)				Cour	nty Codo /	7)(STATE USE ONLY)		<u> </u>					
Essex				Cou	nty Code (	I JOINTE USE ONLY)	ior if being dem	olisnea)					
Name of Monitoring Firm Hired by	Building	Owner (	(8)	ASCM	No	Name of Abatem	ent Contractor (0)						
Mark Jovic Consulting LL													
Street Address						Street Address	MAGEWENT	LC					
87 Main Street, Suite A						27 Outwater	Lano						
City, State, Zip Code						City, State, Zip Co							
Lincoln Park, NJ 07035						Garfield, NJ							
Project Manager for Monitoring Fi	m		Tolo	ephone	No	Telephone No.	07026	[1: N					
Mark Jovic	•••		100000000000000000000000000000000000000	73-650		973-928-4888	ë	License No.	3				
Start Date (10)	Sche	duled C				Name of OSHA M		1188					
07 /22 /19		01 /					NAGEMENT L	1.0					
Occupancy Status During Abatem			100				NAGENIENT L	LC					
☐ Facility Closed/Vacated During				ment		Street Address 27 Outwater Lane							
☐ Abatement Performed Outside	of Norma	al Facility	/ Hou	rs - Des	scribe								
Time of Abatement:AN	P	PM/	_PM		AM	City, State, Zip Co							
Scope of Work (Check all that app	lv)					Garfield, NJ	07026						
	197	⊠ Re	novati	ion		☐ Full Cont	ainment with Neg	ative Pressure					
≥160 sf or ≥260 lf		□ De	molitio	on		⊠ Glovebag		n-Friable Proce	dure				
F. Same P. California and Co.		1 200	Locat							atem	ent T	ype	
Location of Asbestos-Containing Material	(ACM)		lorma d Sole		Acho	Description o stos Containing Ma		A	R	Z.	ш	ū	
TO BE ABATED	,,	Ma	intena	ince/		., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility (13)		Cust	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	val	~	Sul	sure	
(10)		Yes	No	N/A	1	outer miscellane	ous)				ate		
Throughout					Pipe In	sulation		2,000 LF					
Basement					Boiler I	nsulation		4 SF					
Office					VAT			150 SF					
9								-10-00 900009-135		<u></u>			
					Vaste	Cubic Yards of	Name of Regis	tered Landfill					
Century Waste, LLC/Newark Carting Hauler ID N 32797 / 0						Waste As Needed	Fairless Land	fill / Grand Cer	ntral San	itary	Land	lfill	
City, State					Disposal Date	City, State							
Elizabeth, NJ / Newark, NJ / Garfield, NJ					TBD	Morrisville, PA / Pen Argyl, PA							
Completed By (Print or Type)	Title	е				Signature			Date				
Allen Monchik	P	roject	Man	ager			Monchik	1		^			
A CONTRACT OF THE PROPERTY AND A SECOND OF THE PROPERTY OF THE				~		Necen	Monchek		11/1/1	9			

Inv-15	1828	NOT	SIFICATION	tate of New Jers	ABATE	MENT	DE	C E		RH	nt For
IN SLOTS			Pursuant	N OF ASBESTOS to NJAC 8:60 at	id 12:12	0)		VOV -	- 7	201	9
Date of Notification (1)			-	of Building Owner,	Operator	(2) tha (	7 ASB	ESTOS	00	VTR	3 LC
Agencies Notified	Initial Amended			ate, Zip Code	Pla	.ZQ	. I landerbotten varien erest zo de multi-besse	LICE	NSIN	IG.	orizonea en
Doil	Amendment #			10r58-1	CH	e, nJ	0730	) P			
DOH DCA	justification) Cancellation	3	Name o	of Contact		-	Telephone Nu	-	( <del>-</del> -	7-> 8	84
Name of Facility Where Ab	atement is Taking	Place (3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)				
Street Address	Squar	C.				School (K	(-12) er 8 (Other than K-				
y bath	Maza	_				etc.)	. private & commerc		: 1 <del>-2-</del> -02/001		es,
City (5) 2 NS-C	( Cit	-				Square Feet	# of Floors	BI	ldg. A	ge	
County (6) Had	Sim	1		Code (7) USE ONLY)		Stores	rior if being demolis	shed)	9		
Name of Monitoring Firm H	ired by Building Ov	vner (8)	ASCN	И No.	Name	of Abatement C	ontractor (9)	mo	v-ti		
Street Address					Street	Address	nt-Cabi	o W			
City, State, Zip Code					City, S	State, Zip Code	A(1.0	PA	 - [	SU	36
Project Manager for Monito	ring Firm		Telepho	ne No.	Teleph	none No.	License	Vo 1	lo	3	7,0
Start Date (10)		Scheduled Co	ompletion	Date (11)		of OSHA Monito		Pust	Q G		
Occupancy Status During A	batement (Check	Only One)	(2 1		1 1	Address	CIVONIN	i ·	1 000	_	
Facility Closed/Vacate Abatement Performed Other – Describe:						tate, Zip Code	CODD Re	)	<i></i>	. 2	,
Scope of Work (Check All T	hat Apply)				1	and	Hriel 4	7+1	84	<u>)</u>	0
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo				Mini-Enclosu Glovebag Pr					
		Is Loca				Ŷ.			Abate	ment	
Location of Asbestos-Containing Ma	aterial (ACM)	Norma Used So Mainten	lely by	Asbestos Con		faterial (ACM)	Amount				
TO BE ABATE In Facility (13)	<u>=D</u>	Custodial (12	Staff?	surfa	l systems cing, VA miscellan		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes No			*:					ate	roi .
Voorway			X	Carelo	ini	7	Dalt	X	+		
Name of Registered Waste	Hauler (		NJDEP W		Yards	Name-o	f Registered Landfil				
City, State	laste		Hauler ID	210	CY_	# 6	11/10/055	(6	UN	$\wedge$	
116401	-K VI	7			sal Date	City, Sta	longsville	PF	+	j	
Completed by W	eller	Title PV	M	5	Signature	in		ate (i) /<	1	9	

Ch 4779	NC	(Pu	CATION Irsuant	DE ASBE to NJAC 8	STOS 60 and	ABATE 1 12:120	0)				G	<u>E</u>			D D D
Date of Notification (1) 11/01/2019 11/01/2019	304	0		Building O					Ш	Total Control	NOV		7 20	19	and and a
Agencies Notified Type Notification  EPA Initial		1	Street Ad 1 St.	<sup>ddress</sup> Mary's F	Place					ASB			ONT	ROL	&
DEP Amended Amendment #		_ [		te, Zip Co ille, NJ C		area variation and a second			STATE OF THE PROPERTY OF THE P						
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding			Contact Damaris	Gurov	wsky	Transmitted to the second	3·····		Telephone Number 973-983-6530					
			FACI	LITY INFO	RMATI		1								
Name of Facility Where Abatement is Taking ValleyView Middle School	Place (3)		Type of Facility (4)  School (K-12)						2)						
Street Address 320 Diamond Spring Road							B	Subchapter Other (i.e. p etc.)					ings,	home	s,
City (5) Denville			Square Feet 50,000						# 0	f Floors			dg. A	ge	
County (6) Morris				Code (7) ISE ONLY)				ent Use (Prio hool	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building O DAI Environmental Services	wner (8)		ASCM 012					atement Con Instruction			ion,	Inc.		= K	
Street Address 560 Sylvan Ave, Suite 3065		Street Address 265A Route 46 Suit						ite 3D							
City, State, Zip Code Englewood Cliffs, NJ 07834		City, State, Zip Code Totowa, NJ 07512													
Project Manager for Monitoring Firm Nadine Bello		T	Telephone No. Teleph 973-981-4850 973-					lo. -7010		Licens 0666		1			
Start Date (10) 11/27/2019	Scheduled 12/01/2		mpletion Date (11)  Name of OSHA Monitor  Bako Construction					& Re	storati	ion,	Inc.				
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Pe	•		Street Address 265A Route 46 Suit					ite 3D	)						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:Wed: 12.30pm-9pm, Fri, S	I Facility F	Hours	City State 7 in Code											$\neg$	
Scope of Work (Check All That Apply)															$\neg$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mi	ni-Enclosure ovebag Proc							
	ls L	ocatio	on						)				Abate	ment	
Location of	Used	Solel				scription					}		Ту	oe T	-
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	tenan	ice/		thermal surfac	aining M systems bing, VA niscellar	s insul T, or		(8	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											e	
Boiler Room Stairwell		X		As	sbesto	s Ceili	ng Ti	les	18	30 SF		Х			
	-														-
	-					-									
Name of Registered Waste Hauler Bako Construction & Restoration, Ir	H	JDEP W auler ID 20889	7,77	Cubic of Was TBD	ste		Name of F Fairles				e Ma	nag	eme	nt	
City, State Totowa, NJ					Dispos	sal Date		City, State Morris	ville, F	PA					
Completed by Damir Valjevac	ct M	anage	r	Signature   Date					/01/2019						

CHIIL CUIIII



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

	4			( 63	that the	L	Emande .	Check	# 9703			_		
Date of Notification	1 (1)	11	Name of	Building Ow	ner/Operator (2	1)								
1 1 1 1/10 11	1/11/9/			n Fulford	non operator (2	,		MEC	BEIV	7 [		7		
Agencies Notified	Type Notifica	tion	Street Ad	dress						[5				
	X Initial													
☐ DEP	middi	1+	City, Stat	e, Zip Code				- LL NO	V - 7 - 20°	19	III.	+		
X DOL	Amend			field, NJ 0	7090									
X DOH		- 1	Name of 0	Contact	dreaders were the			Télephon	e Number	IOL	Š.			
☐ DCA	☐ Cancell	ation	Willia	m Fulford				Character and a second	LICENSING	- Constitution	e-monet			
				FAC	CILITY INFORM	MATIO	N			.000				
Name of facility wh	nere abatement	is taking p	lace (3)					Type of Facility (	4)					
William Fulfor		- J							(K - 12)					
									apter 8 (Other					
Street Address									Private/Comm Homes, etc.	ercial				
								Square Feet	# of Floors	E	ldg. A	ge		
City (5)		Cou	inty (6)				unty Code (7) ate use only)			<u> </u>				
Westfield, NJ	07090	W	estfield			(00	ate use only)	Current Use (Pri residential	for it being der	nolisi	nea)			
Name of Monitorin	g Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement	Contractor (9)						
				F			B & G Restorat	tion, Inc.						
Street Address							Street Address 105 Ryerson F	Road						
City, State, Zip Cod	ė					_	City, State, Zip Code			_				
- i,y, - i.i.o, - i,p - o o o	-						Lincoln Park,							
Project Manager for	Monitoring Firm	1	T	Phone Numi	ber	_	Telephone Number	10	License Num					
7.		15					(973)696-686		00378					
Scheduled Start Da	te (10)	Sche	d. Compl	etion Date (1	1)		Name of OSHA Mon B & G Restora							
11/18/2019		11,	21/2019	9			Street Address	1011, 1110.						
Occupancy Status I							105 Ryerson R	Road						
Facility closed	d/vacated during erformed outside						City, State, Zip Code							
Describe:		oi noma	racility in	Juis-		_	Lincoln Park, N	1107035						
Other-Describ						$-\bot$						-		
Scope of Work (che							wrap & cut		<b>¬</b> -					
	X	Renovati					Full Containment w/ne	gative pressure [	Glovebag p					
>3 sf or >3 lf	X	≥160 sf o		ly used solel	ul .	Ш	Mini-enclosure	L	Non-friable	proc		_		
Location of asbestos-con	taining	by main	enance/c		11	on of	asbestos-containing	Amount	e	e	n	E		
material to be	,	staff(12)	Т		material			(Specify S	For o	p	c	C		
abated in faci	lity (13)	Yes	No	N/A				LF)	v e	i	p	L		
basement				X	pipe insul	ation		285 lf	X					
					-					川	H	14		
				_	-					H	H	1		
Registered Waste H	auler	IN.IF	EP Haule	erID# I C	Dubic Yards of	Waste	Name of Registered	Landfill				1—		
B & G Restorat			19563		4		Grand Central							
City, State Lincoln Park, N	1J			Disposal I	Date 1/21/2019		City, State Pen Argyl, PA							
Completed by (Print		Title	year	-1	Signature				Date	NATION OF				
Gordana Luna		Secreta	ary/Treasurer							/01/2019				

				(Max				90	П	ME	C	F	]] P	int Fo	
Ch 2501		NOTIF	ICATIO	NOF ASE t to NJAC	ESTOS	ABATE	MEN 0)		THE PERSON NAMED IN COLUMN 2 IS NOT	N T	-		7 20	140	
Date of Notification (1)	73	3		of Building		Operator	r (2)	Sunday or of "			NUV	-	1_2	119	
Agencies Notified Type Notification	, 0			Address						ASB	EST	OS C	ONT	ROL 8	
EPA Initial Amended			City St	tate, Zip C	ada				L		LI(	CENS	SING	nc.honveletene	
X DOL Amendmen				swood, N		84				27					
DOH justification) DCA Cancellation	W 15	7		of Contact sa Jolley					Tel	ephone Nu	mber				
				ILITY INF		ION				_		-			
Name of Facility Where Abatement is Takir Residential Home	g Place (	(3)					Тур	oe of Facility	(4)						
Street Address							H	School (K- Subchapte	r 8 (Oth	er than K-1	2)				
	1						×	Other (i.e. petc.)	private a	& commerci	al bui	ldings	, hom	es,	
City (5) Spotswood							31	uare Feet 00	2	f Floors	(	3ldg. <i>A</i> 35+/-			
County (6) Middlesex				Code (7) USE ONLY	)			rrent Use (Pri esidential F		ng demolisi	ned)				
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	)	ASCI	M No.				batement Cor es Abatem		(9)					
Street Address			111111111111111111111111111111111111111			Street		ress /lidland Av							
City, State, Zip Code								Zip Code	е.						
Desired Manager for Maria II.		_			Sado	dle E	Brook, NJ (	07663							
Project Manager for Monitoring Firm				one No.		Teleph 201-		No. -3184		License N 01305	0.				
Start Date (10) 11/4/19	Schedul 11/9/1		ompletion Date (11) Name				of OS	SHA Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne)	Street Address					ess	S						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of all Facility	Abaten y Hours	City, State, Zip Code					69		-0-15		- 1			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	200			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	on				,	Ion Exemples	a ( ) and	1 NOTE TIAD		Abate	ement		
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Achoo		scription of taining Material (ACM) systems insulation, cing, VAT, or			A	maus t	-	Ту	ре		
TO BE ABATED In Facility		intenai todial S		(i.e.	thermal				(S	nount pecify or LF)	Rer	R	Enca	Enc	
(13)		(12)	T			niscellan			OI.	or Er)	Removal	Repair	Encapsulate	Enclosure	
Basement	Yes	No X	N/A			VAT			121	27 SF	V		е		
2000					- ///-	VAI			122	27 35	X				
					1.57									-	
Name of Registered Waste Hauler		1 22.435	JDEP W auler ID		Cubic of Was			1000		red Landfill					
All Stages Abatement		4000	036592		8 YD			Grand (	Centra	I Sanitary	/ Lar	dfill			
City, State Saddle Brook, NJ					Dispos TBD	al Date		City, State		\					
Completed by Richard Cristofol	Title Pres	ident			S	Signature Date 11/2/19									

			ort where when					MEC	E		∭ Pr	int Fo			
Ch 2502		NOTIF	CATTO	tate of New NOF ASBES	Jersey STOS ABATE 60 and 12:12	MEN	т		V -	7 2	019	The second secon			
Date of Notification (1) 11/2/19	125	7			wner/Operato	r (2)	4	111111111111111111111111111111111111111	¥	1 -	010				
Agencies Notified Type Notification	ا	)	Street A	ta Parciase	epe			ASBES	TOS	DON	TROL	. &			
▼ EPA								LICENSING							
	#1			ate, Zip Code enfield, NJ				7							
Emergency justification)		_	(2,50	of Contact	07021	_		Talanhone N	umher						
DCA Justification)  Cancellation				ta Parciase	ере										
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INFOR	RMATION	Typ	e of Facility (4	4)							
Residential Home	9 / 1000 (	-,				П	School (K-1	075.7 00.76							
Street Address				Subchapter 8 (Other than K-12)						م ما الما	h				
24.75						×	etc.)					es,			
City (5) Bergenfield						180	are Feet 00	# of Floors	- 20	31dg. <i>A</i> 35+/-					
County (6)				Code (7)		2000		or if being demoli		-		-			
Bergen				USE ONLY)		35000	sidential H	7.77.7							
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	)	ASCN	vi No.			es Abateme								
Street Address					Street							-			
							lidland Ave	1.							
ity, State, Zip Code							Zip Code Brook, NJ 0	7663							
roject Manager for Monitoring Firm		Telepho	ne No.	Telepi	0.000		License	No.							
				100000000000000000000000000000000000000		3184	01305								
tart Date (10) 11/7/19	Schedul 11/10/		mpletion	Date (11)	Name	of OS	SHA Monitor								
occupancy Status During Abatement (Chec	k Only O	ne)	60		Street	Addre	ess	(a)							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of an al Facility	Abaten y Hours	nent s		City, S	City, State, Zip Code									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× 1	Renova Demoli	ation tion		2	M	lini-Enclosure lovebag Proc				re				
	Is	Locat	ion					17 2112 11011 110		Abatement					
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaataa	Description		-1 (0 004)		-	T I y	ре	-			
TO BE ABATED		intena todial s		(i.e. the	Containing Nermal system	s insu		Amount (Specify	Re	Z.	Enca	Enc			
In Facility (13)		(12)			surfacing, VA ther miscellar		)	SF or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A						=		ate	9			
Main Basement		Х			VAT			314 SF	x						
Laundry Room		х			VAT			288 SF	X						
ame of Registered Waste Hauler		1.590	IJDEP W lauler ID		Cubic Yards of Waste			Registered Landf							
Il Stages Abatement		0	036592	78	3 YD			Central Sanita	iry Lai	natill					
ity, State addle Brook, NJ				11127	Disposal Date FBD		Pen Arg								
completed by	Title	0000 74		L.	Signature	/	1		ate			$\dashv$			
Richard Cristofol	Pres	ident			1 2	RIF	1	7	11/2/1	0					

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Ch 196 + 15	803	NOTIF	CATIO	tate of New N OF ASBE t to NJAC 8	STOS A	BATE	MENT		D	E (		3 n n	V	E	And the second s
Date of Notification (1) 11/1/2019 1/1-158	22			of Building C ngton Pub		perator	(2)			N(	VC	- 7	20	19	Led
Agencies Notified  Type Notification  Type Notification  Initial  Amended			Street Address PO.Box 368 City, State, Zip Code						ASSESTOS CONTROL & LICENSHIG						
DOL Amendmer Emergency justification  DCA Cancellation	(including	,	Name o	horne, PA of Contact		,				ephone				-1-	
DCA Cancellation	n			a Voorhee					21	5-622	2-101	14			
Name of Facility Where Abatement is Taki Burlington County Times Building		3)	FAC	ILITY INFO	RMATIO	)N	Туре	of Facility				, Clam			
Street Address 4284 US-130			Subcha Other (				Other (i.e.	I (K-12) apter 8 (Other than K-12) (i.e. private & commercial buildings, homes,							
City (5) Willingboro			175	RALH	D		Squa 41,0	etc.) are Feet 000	# 0	f Floors	i	10.00	8ldg. /	Age	
County (6) Burlington County				Code (7) USE ONLY)		_	Current Use (Prior if being demolished) Office								
Name of Monitoring Firm Hired by Building EAGLE IHA Inc	Owner (8	)	ASCI	M No.			of Aba	atement Co vironmen		(9)					
Street Address 359 Dresher Road						Street	Addre		4						
City, State, Zip Code Horsham, PA				Cold Carrent Co.		Zip Code on Cross	ina PA	1897	7						
Project Manager for Monitoring Firm Mark Hays				ne No. 72-6088		Teleph	one N	lo.	J	Licens	se No	•			
Start Date (10) 11/18/19	Schedul 12/20/		mpletion Date (11) Name of same					HA Monitor							
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of a	Abatem / Hours	nent	ent City, State, Zip Code						-					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	tion Mini-				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	(100	Locati	ally			Non Exempte			d (*) and Non-Friab		Паріе	Abatement Type			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	Used Solely by Maintenance/ Custodial Staff?  (12)  Used Solely by Asbestos Co (i.e. therm:					escription of staining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>an</u>		ate	ē
Attached															
											+				
N															
Name of Registered Waste Hauler Service Transport Group		H	JDEP W auler ID W2117	No.	Cubic Ya of Waste TBD			Name of I	£750						
City, State Wayneburg, OH				1	Disposal TBD	Date		City, State		JU					
Completed by Andre Gosek	Title Pr. m	anad	er			nature	/	Layrie !	July, C	<b>У</b> П	Date		110		
	ariay	OI .			(	1	اسطر ها	11/1/2019							

24 2000 05:21 AM NJ Asbesto		003	,033,00	04		pa	ge	1	And the Party State of the Party					
10.2019 08:15 AM 10.2019 08:15 AM 10.2019 08:15 AM	72	MOTIF	D) SI CATION	ete at New l'OF ASSE	Jaraey Bress Asi	TEM	ENT			G	JE CONTRACTOR	Je.	/ <sub>2</sub>	
Data of Notification (1)		(P)	travant	to NJAC 8: 1 Building Ox	60 end 12	1:120)				DEGO:		ZU DOM	ne ne	
10/30/19			Judy S	Scott					يرسان	13	ICE	SING		
Agencies Notified Type Notifical	lon		Strest A	ddrese										
EPA Initial Amended Amended	d	-	CKY, Sta	ite, Zip Çode	9		WAIVER AT PROVED							
IX Proces	ent#_ rcy (ineluding	_		LN ,boom	07450				A TOTAL STATE OF STATE OF		7 . 4 to d			
DOH Lettification Canosine	on)		Judy S	f Contect Scott				2	Telephone	Viimhai	1	Edition of the Lorentz of the Lorent	-	
Name of Facility Where Abatement is Te	aking Place (S	9)	FACI	LITYINFO	MATION		Type	of Facility (	4)					
House Street Address		Cardina Cardin						School: K-1	21					
						State of the last	57	Subthapter Other (I.e. p etc.)	5 (Qiner than it rives & commo	(-12) Projet bu	aliding	, ham	QS,	
City (5) Ridgewood							re Feet	# of Floora 2		aldg. 25	Age			
County (6) Bergen		County Code (?) (STATE USE ONLY)				Current Use (Prior If being demolished)					_			
Name of Monitoring Firm Hirad by Builds	1/68					Abetament Comractor (\$)								
							ntracting							
Street Address					reet A		end Ave							
City, State, Zip Code			Terrenous					ip Cada			-	_	-	
Project Manager for Monitoring Firm			Tarkenson		M	lidlar	nd P	erk, NJ o	7432		-0			
Lindack Mauadat in Moutottid bittle							Phone No.   Licenze No.   1-262-5541   00156							
Start Dale (10) 10/30/19			mpletion Date (11) Name				Name of OSHA Monitor Omega Environmental Services, Inc							
Occupancy Status During Abetement (C	11/07/	1 W.				meg			ntal Services	, Inc				
Facility Closed/Vacated During Enti Abatement Performed Outside of N			nent					c Street						
Abatement Partormed Outside of N Other - Describe	ormal Faculty	House	1					ip Code	ann a		-			
Scope of Work (Check All That Apply)						HECK	a ne a	ick, NJ 07	900		-		rissil is	
≥3 at or ≥3 # ≥180 at or ≥280 #		evone)					Fu	il Containmi N-Enclosuri Ovebeg Pro:	ant with Negativ	6 Press	ure			
≥ 160 of or ≥260 if				providente plantacionessa a	were the second	KK	GK	n-Exampted	equre i (*) and Non-F	labla P	recedi	116		
	is.	Locati	lan				Gk No	n-Exampted	edure (*) and Non-F	table P	Aba	temer	t	
Logation of Asbestos-Containing Meterial (ACM) TO BE ABATED In Feelility (13)	is tuse Ma		lan ly ly by	(i.e. th	Descrip a Conteins sermal aya aurtgoing other misc	ng Me	Gk No storia Insula	I (ACM)	Amount (Specify 6F or LF)	_	Atha	temen ype	T	
Logation of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility (13)	is tuse Ma	Locati Normel Id Sole Intenze	ion iy iy by nce/ Naff7	(i.e. th	s Conteining termal sys surfacing other misc	otion on the second of the sec	Gk No storia Insula	I (ACM)	Amount (Specify 6F or LF)	D Kendral	Atha	temer	T	
Logation of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility	In Page Mage Cust	Lecati Normel Id Sole Intenat Iodial S (12)	on ly ly by nce/ staff?	(i.e. th	s Conteini termal sys surfacing	otion on the second of the sec	Gk No storia Insula	I (ACM)	Amount (Specify	_	Atha	temen ype	Enclosure	
Logation of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility (13)	In Page Mage Cust	Lecati Normel Id Sole Intenat Iodial S (12)	ion iy iy by nce/ Naff7	(i.e. th	s Conteining termal sys surfacing other misc	otion on the second of the sec	Gk No storia Insula	I (ACM)	Amount (Specify 6F or LF)	Kentaka	Atha	temen ype	T	
Location of Asbestos-Containing Material (ACM) TO BE ARATED In Facility (13)  Basement	In Page Mage Cust	Locati Normalid Sole intenze social S (12)	lon ly by noce/ Raff?	(i.e. th	s Contains sermal sys surfacing other misc	ption of ng Menterns in VAT allans	Gk No storia Insula	I (ACM)	Amount (Specify SF or LF)	X	Atha	temen ype	T	
Location of Asbeston-Containing Material (ACM) TO BE ARATED In Facility (13) Basement	In Page Mage Cust	Lecati Varmelid Sole Intenational (12)	Ich iy iy by noe/ Raff? WA X	(i.e. th	s Conteining termal sys surfacing other misc	ption of ng Menterns in VAT allans	Gk No storia Insula	I (ACM) allon.	Amount (Specify SF or LF)	X	A Repair	temer Type Envalpsulate	T	
Location of Asbestos-Containing Material (ACM) TO BE ARATED In Facility (13)  Basement  Name of Registered Waste Hauser Newark Carling Inc.	In Page Mage Cust	Lecati Varmelid Sole Intenational (12)	Ign Iy by nce/ Naf7  NA X	Reto No.	E Contains sermal sys surfacing sother misc Pig Cubic Yan of Wests	ption on Medical Medic	Gk No storia Insula	Name of Grand C	Amount (Specify SF or LF) 140 LF	X	A Repair	temer Type Envalpsulate	T	
Logation of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility (13)	In Page Mage Cust	Lecati Varmelid Sole Intenational (12)	Ich iy iy by noe/ Raff? WA X	asto No.	s Contains sermal sys surfacing sthar misc	polion congression of the second of the seco	Gk No storia Insula	Name of Grand Carly, State	Amount (Specify SF or LF) 140 LF	X X Annual Control of the Control of	A Repair	temer Type Envalpsulate	T	

INV-15821

# State of New Jersey CATION OF ASBESTOS ABATEMEN

NOV - 7 2019

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

				_		The second second second				_		
Date of Notification (1)	1-19		Nar	ne of Buildin	ng Own	ner/Operator	TATE	DE FORTING	DNTI DVII	FOL	&	
Agencies Notified	Type Notification		Stre	eet Address	ornando.			_	77,744		711.45	
□ ₽A			_		8	CLER	man D	K.	-			=
DEP	Amended Amendment #		City	, State, Zip (			- 41 -	08210	`			
™ DOL	Emergency (inc	luding	_		15	RMON	JNI	- Galli)p-ti-			1	=
<b>⊠</b> -DOH	justification)  Cancellation		Nar	ne of Contac				Telephone Number	er.			
□ DCA	Cancellation			JIM	-				_		_	=
	949		F	ACILITY INF	FORM	ATION					_	_
Name of Facility Where	Abatement is Taking	Place (3	)				Type of Facility	(4)				
	RESIDENCE						School (K-1	2) 8 (Other than K-12)				
Street Address						*	Other (i.e., p	rivate & commercial	build	ings,		
City (5)	1 Ι.	12.7	1	1	01	0	Square Feet	# of Floors	1	ig. A		
	1. WILDU	JUL	100	ounty Code (	7) (\$	TATE		rior if being demolish	_			ᅱ
County (6)	VE WAY		US	SE ONLY)	1) (3	10,12		CANT				
0.		mer	TASC	M No.	Nan	ne of Abatem	ent Contractor (9					-
Name of Monitoring Firm (8)		ALIGI	1	11.110.	1	200	MO I	WC				_
	I/A		_		Stre	et Address	THE STATE OF THE S					$\neg$
Street Address		369 S. SPRICE ALL										
City, State, Zip Code					City	State, Zip C		1.01 ULT 0	Ci	57	,	
						MAP	LE SHU		200	) (	_	늬
Project Manager for Mon	e No.		phone No.	19-0477	License No.	7			_			
Start Date (**)	pletion (	Date (11)		ne of OSHA N								
Start Dale	9 11	-7	1-1	9	S	10	WIA					_
Occupancy Status Durin	Abatement (Check	only on	e)		Stre	et Address	×					
Facility Closed/Vacate	ed During Entire Perio	od of Ab	atement				-2					_
Abatement Performed	Outside of Normal F	acility H	ours		City	State, Zip Co	ode					
Other - Describe:												=
Scope of Work (Check a	ill that apply)					T Full Con	tainment with Ne	native Pressure				
	_	Renov	/ation			Mini-End	closure	gauverressure				
≥3 sf or ≥3 lf 1 ≥160 sf or ≥260 lf	Ė	Demo		G 01 1 - D								
A12100 01 01 200 11						Non-Exe	empted (*) and N	DIFFILIABLE FIOCEULIC		bate	nent	$\neg$
,		ls Loc			122					Typ	e	
Location of	of	Used Sc	lely by			escription of				_		
Asbestos-Containing M	Material (ACM)	Mainter		Asbes	them	ontaining Mat nal systems in	nsulation.	Amount (Specify	Z,	ZI	Encapsulate	Enclosure
TO BE ABAT IN Facility		Staf	f?	(1.0.)	sur	facing, VAT,	or	SF or LF)	Remova	Repair	apsı	dos
(13)		(12	)		othe	r miscellaneo	ous)		val	=	late	ure
		Yes N	o N/	4							-	
SIDING			X		TR	AUSIT	E	325040	X			
		_	_									
		-	+-	-								
Name of Registered Was	te Hauler			Waste		ic Yards	Name of Reg	istered Landfill				
Total Control of the	Duk		Hauler	ID No.	of X	S VDS	(	M.C. M.V.	Д			
KLTMCO	TM		117	<u> </u>	Disc	osal Date	City, State	14				
City, State - WAPLE S	HADE N.	T						SORINE	NI	5		_
Completed By	Title				T	Signature	1.001	Date	_ 1	-i	9	
	MINI S	SUPE	NIS	DR.	_	Mee	10 K		1		_	_

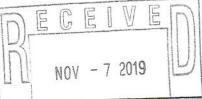
# (1CH 4936

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Street Address  Street	_										
State   Stat	- parent										
Amended Amendment # DOH DOH DOA  Strip Dot  City, State, Zip Code  Amendment # Doca  Name of Contact  RiCH  Telephone Number	_										
□ Emergency (including justification)											
DCA Cancellation RICH											
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)											
RESIDENCE School (K-12)  Subchapter 8 (Other than K-12)											
Street Address  Other (i.e., private & commercial buildings, homes, etc.)											
City (5) SEA TSLE CITY OSDUB Square Feet # of Floors Bldg. Age 2000 Z 40+											
County (6) County Code (7) (STATE Current Use (Prior if being demoished)											
CAPE MIA											
Name of Monitoring Firm Hired by Building Office  (8) NI A L											
Street Address Street Address 369 S. Sprice Auc	369 S. SPRUCE AUE										
City, State, Zip Code	,										
MAPLE SITHISE MO	_										
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.	_										
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor											
11-11-19 Street Address											
Occupancy Status During Abatement (Check only one)  Street Address  Street Address  Street Address											
Abatement Performed Outside of Normal Facility Hours											
Other - Describe:											
Mini-Enclosure											
≥3 sf or ≥3 lf											
Is Location Abatement Type	nt										
Normally Used Solely by Location of Maintenance/ Asbestos Containing Material (ACM)  Amount	n										
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	ncansulat										
TO BE ABATED Staff? surfacing, VAT, or SF or LF)	Encansulate										
IN Facility (12) other miscellaneous)	1										
IN Facility (12) other miscellaneous)  Yes No N/A											
YES NO NIA TRIANSITE ZOODSE V											
Yes No N/A	+										
YES NO NIA TRIANSITE ZOODSE V											
YES NO N/A  YES NO N/A  TRANSITE ZOOOSE X  TRANSITE ZOOOSE X											
Name of Registered Waste Hauler  Yes No N/A  Y TRANSITE ZOODSE X  NUDEP Waste Cubic Yards of Waste Plauser D No. of Waste C. M. C. M. U. A.	<u>+</u>										
Yes No N/A  SIDING  Yes No N/A  TRANSITE ZOOOSE X  Name of Registered Waste Hauler  LLEMED INC  Disposal Date: City, State											
Name of Registered Waste Hauler  Name of Registered Landfill  C. W. C. M. U. A.											

# INV-15818

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



W 10 .00	×.			(0)	and the same of th	United the same	and the same	-	7				
Date of Notification (1)		KI	Owner/Operator	SSURP	SBESTOS CONT LICENSING	ROL	<u>&amp;</u>		4				
Agencies Notified Type Notification	Street A	Address 513		Antonio de la constante de la	TY BLUD, SI			0_					
Manital  Amended  Amendment #	City, Sta	ate, Zip C		.) (1	T 0823	30							
☐ Emergency (including	Name o	Contac		1	Telephone Number				٦				
DOH DCA Justification	-	RI	eich										
	100	LITY INF	ORMATION	Type of Facility	. (4)				+				
Name of Facility Where Abatement is Taking Place	(3)			School (K-1									
Street Address				Other (i.e., phomes, etc.	orivate & commercia )	buildir							
City (5) STA TSLE (	ÎTT	150	3243	Square Feet 2000	# of Floors		). Age 0 +						
County (6)	County	y Code (7	) (STATE	Current Use (P	nor if being demolish	ned)							
CAPE MAY	ASCM N		Name of Abatem	ent Contractor (9					٦				
Name of Monitoring Firm Hired by Building Owner (8)	_		Street Address	10 LA					+				
Street Address	nerisatas		369	S. Spr	VCE AVE				_				
City, State, Zip Code			City, State, Zip C	E SHAN	DE INT.	080	5	2	_				
	Telephone No	0.	Telephone No.	722 20 20	License No.	71			1				
Project Manager for Monitoring Firm			856-7 Name of OSHA		- 013	11,	_		4				
11-11-19	ompletión Date	(11)	Street Address	N/A	<u> </u>				=				
Occupancy Status During Abatement (Check only	one) Abatement		Street Addrage						=				
Facility Closed/Vacated During Entire Period of Abatement Perior Outside of Normal Facility	Hours		City, State Zip C	ode .					_				
Other - Describe:  Scope of Work (Check all that apply)			☐ Full Cor	ntainment with Ne	egative Pressure								
□ >3 sf or >3 ff	novation molition		Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	ocation		Nortex	empled / Jana 11		At	aterr						
No. Used	mally Solely by		Description of	f	Amount	H	T	T					
Asbestos-Containing Material (ACM)	tenance/ stodial	Asbes (i.e.,	tos Containing Mat thermal systems i	insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
IN Facility	taff? (12)		surfacing, VAT, other miscellane	ous)	0.0.07	loval	bair	sulate	sure				
(13) Yes	No N/A					1.1	+	+	-				
SIDING	Y_		TRAN SI	TE	2500 SE	X	+	+	_				
7 (7)170						+	+	+					
Name of Registered Waste Hauler	NUDEP W		Cubic Yards		pistered Landfill	( ) /	Λ						
Name of Registered Waste Haute.	Hauter ID N	17	of Waste	City, State	u.C. M.	U. F	<u>+</u>	_	=				
City. State	(,)	E .	Disposal Date-	Uny, state			N.	1	_				
Completed By / Title Pr			Signature .	4070	Date	1-	19		_				
MicHALL Reonn VPT			- Mee										