			[4]	7) <u> E C</u>			》而	Print			
NOCK	TIFICATION OF	f New Jersey ASBESTOS ABA JAC 8:60 and 12:		NO	- 5	20	19	And the second s			
Date of Notification (1) 11/04/2019	Name of Build Michael Fl	ding Owner/Opera	ator (2)	L				I to the same			
Agencies Notified Type Notification	Street Addres			ASSES	<u>FOS CO</u> ICENSII	AH NO	iol &	is			
EPA Initial Amended Amendment #	City, State, Zi	p Code 1, NJ 07960	S- same	Anna Paris de la Carla de Carl	e tradition of the tradition	463		Andrew Street, garage			
■ DOH □ DCA ■ Emergency (including justification) □ Cancellation	Name of Cont Michael Fle			Telep	Telephone Number						
Name of Facility Where Abatement is Taking Place (3)	FACILITY	INFORMATION	Trans - 4 F -	-110. (6)							
Residental House			Type of Fac	(K-12)							
Street Address			Subch	apter 8 (Other I (i.e. private & c			dings, h	omes,			
City (5) Morristown, NJ			Square Fee	# of FI	oors	1	ldg. Age 19	е			
County (6) Morris County	County Code ((STATE USE OF			(Prior if being ial House	demolishe	1					
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC	ASCM No.	10.75	ne of Abatemen	t Contractor (9)		0.12311100					
Street Address P.O Box 483		Stre	et Address 0 Market Str								
City, State, Zip Code	***************************************	City, State, Zip Code						-			
Glenwood, NJ 07418 Project Manager for Monitoring Firm	Telephone No.		rfield, NJ 07		cense No.						
Scott Higgins	973-583-8	3500 20	1-747-6313	0	1377						
11/06/2019 11/22/201		npletion Date (11) Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check Only One)			et Address 7 W 38th St #	au.							
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho Other – Describe:	ement urs	City,	State, Zip Code	•							
Scope of Work (Check All That Apply)		INE	ew York, NY	10018							
	vation plition		Mini-Enclo	inment with Ne sure Procedure apted (*) and No							
Is Loc Location of Norm		Danadatio	3000		NI I NIGOLO		bateme Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12)	I Staff? ASD	Description Descri	Material (ACM) ns insulation, AT, or	Amou (Spec SF or I	5555	Remova	Repair	Enclosure			
Yes No						<u></u>	ate	ē			
First,Second and Third Floor X		Removal of	Plaster	Appr.40	00 sf X	1	_	-			
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name	of Registered I	andfill						
Atlantic Carting, LLC	Hauler ID No. 26085	of Waste		vs Landfill	-urum						
City, State											
Wayne, NJ		11/22/2019	City, S Morr	isville, PA				- 1			

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

NOCK			NC					ESTOS ABA C 8:60 and 5:1						
Date of Notification (1)					Na	me of Buildi	na (Owner/Operator	(2)			= 100		
10/	31	19)						ny / Job #1901	-5435 Chec	k#-	1 II	n. z. new	oren elektri.
Agencies Notified	Type Not	ification			Stre	eet Address			1171	E GE		W	5	7-1
⊠ EPA	☐ Initial	NC 70			1	0 Legion F	Pla	ce- Building A		L-1 *			-	-
☑ DOLWD ☑ DHSS		ded dment #7	7		-	, State, Zip				Mali				1 11
□ DCA	☐ Emerg		_	na	IV	lorristown	, N	IJ 07960		NOY -	8	119		100
(NJAC 5:23-8)	justific		oluui	iig	Nan	ne of Contac	ct			Telephone Nu	mber		-	
	☐ Cance	llation			K	eith Slans	ky			973-955-7			. K	
					F	ACILITY IN	VF	ORMATION		LICE	84		20.2.00	
Name of Facility Where Al	batement i	s Taking	Plac	ce (3)		101 5000			Type of Facility (4)				
NJ DOT									School (K-12)	56				
Street Address									☐ Subchapter 8	(Other than K-	12)			
Route 71 & Asbury	Ave MM5	64.13 t	o Rt	. 71 8	Deal	Lake Rd.	MN	M595.39	Other (i.e., pri	vate and comm	ercial	buildir	ngs,	
City (5)							201100		Square Feet	# of Floors		3ldg.	Δne	
Neptune, NJ									- 4	01110010	1.	Jiug. i	·gc	
County (6)					Cou	unty Code (7)(S	TATE USE ONLY)	Current Use (Prio	r if being demo	lished)			
Monmouth								,	Substation	in boing define	iiorica)			
Name of Monitoring Firm H	lired by Bu	ilding O	wner	(8)	ASCN	I No.	N	lame of Abateme	nt Contractor (9)			170 110		
ATC Associates								AbateTech, In						
Street Address							-	treet Address						
3 Terri Lane					Darries and Allender			30 Maple Ave.	PO Box 25					
City, State, Zip Code		100	Service Control	-				ity, State, Zip Co						
	Burlington, NJ 08016							Lumberton, N						
Project Manager for Monito	Project Manager for Monitoring Firm Telepho							none No. Telephone No. License No.						
John Lutz				6	09-57	1-7522	1 2	609-265-2107		00529				
Start Date (10)		Schedu	led C	omple	etion Da	ate (11)	Na	ame of OSHA Mo	nitor					
3/25/	19	11	/	_ 29	_ /	_19_/	1	EMSL Analytic	cal					
Occupancy Status During A	batement	(Check o	only	one)			Str	reet Address						
☐ Facility Closed/Vacated	During Ent	tire Perio	od of	Abate	ment		2	200 Route 130	North					
Abatement Performed O	utside of N	Iormal-E	acilit	y-Hou				ty, State, Zip Coo						
Time of Abatement:		PM/		PM-		_AM		Cinnaminson,						
Scope of Work (Check all th	nat apply)													-
≥3 sf or ≥3 lf		Б	d Re	novati	on			Full Conta	inment with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf		Ĕ		molitic				☐ Mini-Enclo						
			_					Non-Exem	pted (*) and Non-l	Friable Procedu	ire			
1				Locat Vorma							Ab	atem	ent T	уре
Location of Asbestos-Containing Ma	terial (ACN	n l		d Sole		Achasi		Description of	-1-1 (4.044)		Z	Z	Ш	ш
TO BE ABATE		8	Ma	intena	nce/	(i.e.,	the	Containing Mate ermal systems in:	rial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cust	odial (12)	Staff?		8	surfacing, VAT, o	r	SF or LF)	oval	=	Encapsulate	Enclosure
(13)			res	No.	N/A		ot	ther miscellaneou	is)				late	е
Exterior Street Lights]	П	×	Asbestos	s C	Conduit		90 LF				
						/ NOBCOLO				90 LF				
			_											
Name of Registered Waste H	Hauler				JDEP V	Vaste (Cub	oic Yards of	Name of Besister	- d I d£II		Ш	Ц	
AbateTech, Inc.				Ha	auler ID	No. V	Nas	ste	Name of Register G.R.O.W.S. L					
City, State					18750		2 Dist		City, State	चनाम् । इ.स. इ.स. इ.स. इ.स. इ.स. इ.स. इ.स. इ.		-	-U-i-V	
Lumberton, NJ							100	1/29/19	Tullytown, PA	A.				
Completed By (Print or Type))	Title						Signature,		Da	te			
Gwen Trumbetti		Ope	Operations Coordinator						1		0/2	31-	10	7

ASB-41 **MAY 11**

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 5:15)

_ 1/O(, K			(Purs	uant to N	JAC 8:60 and 5:	16)	11 U. NO		1			
Date of Notification (1)			Na	ame of Build	ding Owner/Operato	r (2)	1		_			
	/19	-			The State Univers		#1806-5338	Chec	k#	Ti i	~ - na	
Agencies Notified Type No	tification			reet Addres			I	CSA	Str.	4	C. C.	
⊠ EPA ☐ Initial			1	REHS, 27	Road 1, Bldg. 40	86 Livingston	Campue				er in the gall in the	
☑ DOLWD ☑ Amer ☑ DHSS Amer				y, State, Zip		oo Elvingston	Jampus	_				
	idment #13		1	Piscataway, NJ 08854								
	gency (includo cation)	aing		me of Conta			1=					
Cance			100	lichael F.	19.7.7.1		Telephone Nu					
					ALCOHOL SECTION CONTRACTOR		848-445-25	550				
Name of Facility Where Abatement	is Taking Di	ace /3)		ACILITY	INFORMATION							
Rutgers- Livingston Campus	s-Bldge	noc	4007 0	4455		Type of Facility						
Street Address	5- Diugs. 4	000,	4007 8	4155		School (K-1)	2)					
27 Road #1						Other (i.e., p	8 (Other than K-1 rivate and comm	2) ercial	huildi	nae		
City (5)						homes, etc.)		Groiai	Dullai	ngs,		
						Square Feet	# of Floors		Bldg.	Age		
Piscataway, NJ 08854							4		60-			
County (6)			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Middlesex						Academic						
Name of Monitoring Firm Hired by Br	uilding Owne	er (8)	ASCI	M No.	Name of Abateme	-1,000,000,000,000						
Health & Safety Services			11	7	AbateTech, I							
Street Address					Street Address							
PO Box 365					30 Maple Ave	PO Boy 25						
City, State, Zip Code					City, State, Zip Co						_	
Berlin, NJ 08009					Lumberton, N							
Project Manager for Monitoring Firm	ALEXANDER OF THE PARTY OF THE P	Te	lephone	e No	Telephone No.	13 00046	1					
James Proctor		2-1311	609-265-2107		License No.							
Start Date (10)	850					•	00529					
7/25/18_/	11		9 /	1	Name of OSHA M EMSL Analyti							
Occupancy Status During Abatement	(Check only	one)	_/		Street Address	INCOME.						
☐ Facility Closed/Vacated During En	tire Period o	f Abate	ement		200 Route 130	North						
☐ Abatement Performed Outside of N	Normal Facil	ity Hou	ırs - De	scribe	City, State, Zip Co							
Time of Abatement:AM	PM/	PM	l	_AM	Cinnaminson,							
Scope of Work (Check all that apply)					Omnaminison,	143 00077				-		
≥3 sf or ≥3 lf			on the second			inment with Nega	tive Pressure					
⊠ ≥160 sf or ≥260 lf	XI D	enovat emoliti	on			osure						
		Orriona	011		☐ Glovebag ☐ Non-Exen	Procedure opted (*) and Non-	Friable Procedur					
	1:	s Loca	tion			prod () drid (tol)	Thable Frocedu	1				
Location of		Norma			Description of				_	ent T	-	
Asbestos-Containing Material (ACN TO BE ABATED	(I) Use	ed Sole aintena		Asbes	stos Containing Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility		todial		(i.e.	, thermal systems in		(Specify	Vou	pair	àps	sols	
(13)		(12)			surfacing, VAT, o other miscellaneou		SF or LF)	8		sula	ure	
	Yes	No	N/A			/				te		
See Attached				See Atta	ched		See Attached			П		
	П	П										
		П										
Name of Registered Waste Hauler			JDEP V	Masta	Cubia Vanda of					Ц	Ц	
AbateTech, Inc.		(7) 375	auler IE		Cubic Yards of Waste	Name of Registe						
City, State			18750		40	Fairless Lar	natill					
Lumberton, NJ					Disposal Date	City, State						
					11/29/19	Tullytown, P	A					
Completed By (Print or Type)	Title				Signature	N/X	Date	е		.03	_	
Gwendolyn Trumhetti	Onovek				1. /	M W 18	- 1	~	9.	1 6		

NOUK				(Pursu	ant to NJ	AC 8:60 a	nd 5:	16)						
Date of Notification (1)					Na	me of Buildin	ng Owner/Op	erator	(2)	LUL NOV	- 8	2010	<u> </u>	11	
	30 /	1	9		F	Rutgers, Tl	he State Ur	nivers	ity of NJ / Jo	b #1806-5338	Chec	k#			
Agencies Notified	Type Noti	ification	ı	i i	Stre	eet Address				ASSESTO	3 001	VITTE	i de	5	
⊠ EPA	☐ Initial	20000			R	EHS, 27 R	Road 1, Bld	g. 408	36 Livingston	Campus	ENSIN	IG.	and the same of	top one	
☑ DOLWD ☑ DHSS			449		_	, State, Zip			3				-		
□ DCA	Amend Emerg		_	na.	P	iscataway	, NJ 08854								
(NJAC 5:23-8)	justific		iiciuui	iig	Nar	ne of Contac	ct	32-1-1-1		Telephone Number					
	☐ Cancel	llation			M	lichael F. S	Smith			848-445-2					
					F.	ACILITY IN	NFORMATI	ON							
Name of Facility Where At	patement is	s Takin	g Plac	ce (3)					Type of Facilit	ty (4)		-	_		
Rutgers- Livingston	Campus	- Bldg	js. 40	986, 4	087 &	4155			School (K-						
Street Address										r 8 (Other than K-					
27 Road #1									homes, etc	private and comr	nercial	buildi	ngs,		
City (5)									Square Feet	# of Floors		Bldg.	Age		
Piscataway, NJ 0885	4									4		604	.575		
County (6)					Co	unty Code (7)(STATE USE	ONLY)	Current Use (F	Prior if being demo	olished)			
Middlesex									Academic						
Name of Monitoring Firm H	lired by Bu	ilding (Owner	(8)	ASCI	ΛNo.	Name of A	bateme	ent Contractor (9)					
Health & Safety Serv	ices				117	7	AbateTe								
Street Address							Street Add	ess			-				
PO Box 365							30 Mapl	e Ave	. PO Box 25						
City, State, Zip Code						City, State, Zip Code									
Berlin, NJ 08009							Lumber	ton, N	IJ 08048						
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone	No.		License No.					
James Proctor						2-1311	609-265	00529							
Start Date (10)						ate (11)	Name of OS	SHA M	onitor						
7/25/	0			1	/	19	EMSL A	nalyti	cal						
Occupancy Status During A	batément	(Check	only	one)		and the same of th	Street Addre	ess							
Facility Closed/Vacated	During Ent	ire Per	iod of	Abate	ment		200 Rou	te 130	North						
Abatement Performed O Time of Abatement:	utside of N	lormal DN	Facilit	y Hou	rs - De: -		City, State,	Zip Co	de						
	-	' ''				_AIVI	Cinnami	nson	NJ 08077						
Scope of Work (Check all th	at apply)	-					N F								
≥3 sf or ≥3 lf			☐ Re	novat	ion		☐ Mir			gative Pressure					
≥160 sf or ≥260 lf			☑ De	moliti	on		☐ Glo	vebag	Procedure						
			lo	Local	lan.		∐ Nor	n-Exen	npted (*) and No	n-Friable Proced					
Location of				Vorma			Descrip	tion of	1		Al		ent T	ype	
Asbestos-Containing Ma		/I)		d Sole		Asbest	tos Containir	ig Mate	erial (ACM)	Amount	Rer	Repair	Enc	Enc	
TO BE ABATE IN Facility	D			intena todial	Staff?	(i.e.,	thermal syst	ems ir	sulation,	(Specify	Removal	pair	aps	Enclosure	
(13)		1		(12)			surfacing, other misce	VAI,	or us)	SF or LF)	<u>a</u>		Encapsulate	ure	
			Yes	No	N/A								e		
See Attached				\boxtimes		See Atta	ched			See Attached	1 🛛	П	П		
		-								- Coo Attaonet		12		片	
				0								П	Ш		
Name of Registered Waste H	łauler			9000	JDEP \		Cubic Yards	of	Name of Regis	tered Landfill		1		_	
AbateTech, Inc.				Н	auler II 18750	PERSONAL PROPERTY.	Vaste 40		Fairless L						
City, State					10/30		Disposal Date	e)	City, State					111	
Lumberton, NJ							11/1/19		Tullytown,	PA					
Completed By (Print or Type)		Title					Signatur	e			ate				
Gwendolyn Trumbetti		500000	eratio	ons (oordi	nator	- Gratter	7	1/	1	h . 7	٨	10	1	
20.44		Op	J. au	J113 C	Joorul	natol		1	1/ X	{	0.3	0-	1	Í	

ASB-41 **MAY 11**

K8D	PAID	NO	(Pursuan	N OF AS	C 8:60 an	ABATE d 12:12	20)	The second section of the sect		E G			PI 	int F		
Date of Notification (1) 11/04/2019			P.A.C	of Buildin C.O DEI	g Owner/ P WEAT	Operato HERIZ	r (2) ZATIC	ON ASSIS	TANCE	NO√ E	8	20	19			
Agencies Notified Type	Notification			Address Central	Avenue		-00045.1-		L	DEST	S Ct	20-17-	OL 8	i i		
DEP DOL	Amended Amendment #			tate, Zip (ey City, l	Code NJ,0730	7		To Serve	Wester St. Miles o	f 11	Fixe	1416-2	de la processa	to pelocia i se te		
DOH DCA	Emergency (including justification) Cancellation	uding		of Contac Medina						phone Nu -217-0		XT 5	5072			
			FAC	ILITY IN	FORMAT	ION			1							
Name of Facility Where Abates PRIVATE HOUSE	ment is Taking Pla	ace (3)					Туре	of Facility (4 School (K-1)								
Street Address								Subchapter Other (i.e. p	8 (Other	than K-1	l2) cial bui	ldings	, hom	es,		
City (5) West New York							Squa N/A	are Feet	# of F N/A	loors		Bldg. /	Age			
County (6) Hudson			County (STATE	Code (7) USE ONL	n		Curre	ent Use (Prio	r if being	g demolis	hed)					
Name of Monitoring Firm Hired N/A	by Building Owne	er (8)	ASCI	M No.		Name PRI	e of Abatement Contractor (9)									
Street Address							Addre	ss ATEMENT	LLC					_		
City, State, Zip Code	77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1-1			City, S	State, Z	ip Code KLIN STR						19/1		
Project Manager for Monitoring	Firm		Telepho	one No.		Teleph	none N	0.	- 1	License N	No.					
Start Date (10) 11/13/2019		eduled C /14/201	ompletion 9	Date (11)	Name	of OSI	HA Monitor								
Occupancy Status During Abate	ement (Check On	ly One)				Street	W 111-7-00002-012									
7 Facility Closed/Vacated Di	uring Entire Perior	d of Abate	ement			89 F	RANI	KLIN STRI	EET							
Abatement Performed Out Other – Describe: OCCUF Cope of Work (Check All That								DN,NJ,075	24							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Αρρι y)	Renor Demo	vation lition			<u>/</u>	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted	dure				e			
Location of		ls Loca Norm	ally		Des	cription	of						ement pe			
Asbestos-Containing Materia TO BE ABATED In Facility (13)		Used So Mainten Custodia (12	ance/ Staff? 	Asbe: (i.e	stos Conta thermal: surfac	aining M	laterial insula T, or	(ACM)	(Speci	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
BASEMENT	Y	es No	N/A		PIPE IN	SUI A	TION		60 I	F	X		le l			
							.,.		00 1	-1	Λ					
lame of Registered Waste Haul	ler		NJDEP W Hauler ID		Cubic Y			Name of Re								
TIM ADATEMENT LLC	INTILLC 0037095 TBD TRI STATE TRANS						ANSFE	R								

Disposal Date TBD

Signature

Title Project Manager

City, State PATERSON.,NJ

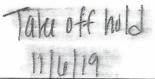
Date 11/04/2019

City, State BRONX,NY

Inv#	15874 PAI	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)										The second second		
Date of Notification (1)	6 / 1	19			of Buildin	700 to t		911-2515 Chk. #	: 12166	271	3	Louis		
Agencies Notified	Type Notification				Address		7 305 # 1	ASBESTO	amenda.		/ N 6/	j		
⊠ EPA	Initial	11				d Leas Way	Ì		a bu Ensir		IJl Gī			
☑ DOLWD	☐ Amended				State, Zip Code									
☑ DHSS	Amendment	#			dford, N.									
DCA (NUAC 5:23 8)	☐ Emergency (g		e of Contact Telephone Number									
(NJAC 5:23-8)	justification) Cancellation			1000000		e Mirarchi 215-539-9124								
								215-559-912	.~	21				
Name of Facility Where A	hatement is Taki	ing Place	(3)	FA	CILITY	IFORMATION	Type of Eacility	(4)						
Medford Leas	batement is Taki	ing Flace	= (3)				Type of Facility ☐ School (K-12							
Street Address							☐ Subchapter 8	(Other than K-12						
1 Medford Leas Roa	nd							rivate and comme	rcial bu	uilding	gs,			
City (5)	-		-				homes, etc.) Square Feet	# of Floors	PI	dg. A	ne .			
Medford							Square 1 cct	# 0/ 1 100/15		-y. A	90			
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)					
Burlington				Joodi	ity oddo (i	(C) (1 C C) (1 C)	Senior Housing/Residential Living							
Name of Monitoring Firm I	Hired by Buildina	Owner	(8)	ASCM	No.	Name of Abateme				5				
Criterion Laboratori			(-)			Asbestos and Mold Services, Corp.								
Street Address						Street Address		,р.						
400 Street Road						PO Box 1239								
City, State, Zip Code						City, State, Zip Code								
Bensalem, PA 19020)					Delran, NJ 08								
Project Manager for Monit			Tel	ephone	No.	Telephone No.		License No.		-		-		
Mike Panepresso	3		1	15-244		609-702-0400								
Start Date (10)	Sche	eduled C	100			Name of OSHA M						-		
11/15/			. 5.	1 /	5	EMSL Analyt	L Analytical, Inc.							
Occupancy Status During	Abatement (Che	ck only o	one)			Street Address						-		
☐ Facility Closed/Vacated	,			ement		200 U.S. Route 130 North								
Abatement Performed					cribe	City, State, Zip Code								
Time of Abatement:	AMF	PM/	PM	l	AM	Cinnaminson								
Scope of Work (Check all	that apply)	***					<u> </u>		6		0.0257			
≥3 sf or ≥3 lf		⊠ Re	novo	tion		⊠ Full Cont ☐ Mini-Enc	기업이 이번 10kg	gative Pressure			e			
△ ≥3 \$1 61 ≥3 11 □ ≥160 sf or ≥260 lf		-	moliti			☐ Mini-End	129	whole comp	oner	71-				
						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re					
750		7/72	Loca Norma			3 <u>11</u> 3 23/413 //			Ab	atem	ent T	уре		
Location of Asbestos-Containing M				lely by	Ashe	Description o stos Containing Ma		Amount	Re	Repair	E	E		
TO BE ABAT	ΓED			ance/ Staff?		., thermal systems i	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure		
IN Facility (13)	/	Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	<u> 20</u>		ula	ure		
(13)		Yes	No	1		other iniscendific	335)				le l			
Two Trench Areas			П		Transite	e Drain Pipe		32 LF		П	П			
Two Trench Areas						/Fittngs with Asi	b. Insulation	4						
									-					
Storage Closet					Suspen	ded Ceiling Tile		60 SF		닏				
40 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5											Ш			
Name of Registered Waste			- 1002	NJDEP \ Hauler IC		Cubic Yards of Waste	Name of Regis							
Freehold Cartage, In	ic.		'	02265		5	GROWS La	andfill						
City, State														
Freehold, NJ			11/21/19 Morrisville, PA 1					, PA 19067						
Completed By (Print or Typ	pe) Tit	Title Signature Date												
Kimberly A. Trumber	rumbetti Office Coordinator						110	Ì						
SB-41			-			1000/1		/	10	11				

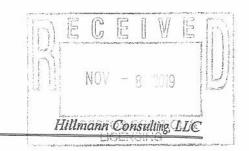
Page 1 of 3

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



Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)							
8 /22	/ _1	9		Ec	ho Lake	Country Club	/ Job #1	908-2479 Chk.	#NA W/	id for				
Agencies Notified Type N	Votification	ř.		Stree	et Address				3 1 W	15.1				
☑ EPA ☐ Initi	al			51	5 Springf	field Avenue		봇						
- Control of the cont	ended	-			State, Zip	- Control of All Control of Victor Agency (S. 1999)	1	I III MOV						
	endment #				estfield, N		1	II III NUL .	- 8 1919	l long				
DCA Em	ergency (i	ncludin	g		e of Contac			Tolophone Nives		_				
	ncellation				hn Leshe	7.7%	1	Telephone Numb	Programme and the Park and the					
	Icellation							908-233-914 LICE	NSING)L a				
Name of Facility Where Abateme	nt in Takin	a Dias	- (2)	FA	CILITY IN	NFORMATION	L=	-n		auceburtet en				
	nt is Takin	g Plac	€ (3)				Type of Facility							
Echo Lake Country Club							School (K-1)	2) 8 (Other than K-12)						
Street Address								rivate and commer		S.				
515 Springfield Avenue							homes, etc.							
City (5)							Square Feet	# of Floors	Bldg. Ag	je				
Westfield							20000	2	1913					
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)					
Union							Residential							
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	1						
Hillmann Consulting, LLC			/				d Mold Service							
Street Address						Street Address	u Moid Service	es, corp.						
1600 Rte 22 East						The supremental and supplies								
						PO Box 1239								
City, State, Zip Code						City, State, Zip Co								
Bordentown, NJ 08505						Delran, NJ 08	3075							
Project Manager for Monitoring Fi	rm		100000000000000000000000000000000000000	phone		Telephone No.		License No.						
Mark Perlmutter			1		-7800	609-702-0400	2-0400 00862							
Start Date (10)	Sched	duled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor							
9 / 3 / 19		12 /	8	/	19	EMSL Analyti	ical, Inc.							
Occupancy Status During Abatem	ent (Chec	k only	one)			Street Address								
☐ Facility Closed/Vacated During				ment		200 U.S. Rout	te 130 North							
☐ Abatement Performed Outside						City, State, Zip Co								
Time of Abatement:AM	PI	VI/	_PM-		AM	Cinnaminson								
Scope of Work (Check all that app	lv)					Ommannison	, 110 00077							
	.37						ainment with Neg	ative Pressure						
≥3 sf or ≥3 lf			novati				osure							
≥160 sf or ≥260 lf		∐ De	molitio	n		☐ Glovebag	[2017] [1] - [2017] [2017] [2017] [2017] [2017] [2017]	n Eriable Deservice	- 11					
		lo lo	Locat	ion		⊠ Non-Exer	ripted (*) and No	n-Friable Procedure						
Location of			Norma			Description of	£		Abateme	nt Type				
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashe	Description of stos Containing Mat		Amount	Re	四 四				
TO BE ABATED			intena todial			., thermal systems in	nsulation,	(Specify	Repair	Enclosure				
IN Facility (13)		Cus	(12)	otan?		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	Enclosure				
(10)		Yes	No	N/A	1	other miscenariet	ous)			fe				
Phase 2A - Starts 10/31/19		П			Floor til	e (additional sco	one)	730 SF						
Phase 2 - Starts 10/15/19					11001 411	(, ,	70001						
Phase 1 - Windows 9/3/19 (D	ONE													
Ph 1A - cleanup debris from	OILL)													
discarded nine 9/18/19 (DON	E١				pipe ins	ulation		12 LF						
Name of Registered Waste Hauler			0.025%	JDEP \		Cubic Yards of	Name of Regis	tered Landfill						
Waste Management			Н	auler II 17273		Waste 5	Grand Cen	tral						
City, State						Disposal Date	City, State							
Lafayette, NJ						12/8/19	Penn Argy	le, PA						
Completed By (Print or Type)	Title		-			Signature		Date	е					
Kaysi Gruner		ffice /	Assie	ant			1			E .				
ASB-41						14/	<u> </u>	300	1-5-14	2				
ASB-41 A∆∨ 1.1	*	Do not	1100 th	in form	for anhant		lad authorities	19						

Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

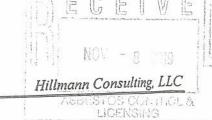
LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL	BASEME	T	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF	- 2	\$
Locker Area "B' and Hall by Bath and Attendee Station, and N/West part of Locker Area "C", and entire Locker Area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
	MAINLE	ÆL		
Reception, South Wall	Window Glaze	30 LF		\$_
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF _		

Hase 4 -:

Name of Contractor:	Signature: as all will
Printed Name: JUNUSMUSSYLLY	Date: [f-[G-[G]]

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age 1 of	3 PAI		TIEIC	ΔΤΙΟ	N OF	ASBE	Jersey STOS AB 8:60 and 5	ATEME :16)	ENT OA	d slope	10:3	11-1	9	7
ate of Notification (1)	1 12.0						wner/Operato	or (2)	/ Job #1908-	2479 Chk. #21	29 E	F	1	
8/	/	19		1			untry Club				0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	200	TANADA PARAMA	1
gencies Notified	Type Notificat	tion	ÇLİ		et Add 15 Spi		d Avenue		Control of the contro	NOV - c	119	Total Control	Section 1	_
DOLWD		0				, Zip Coo			14 14			E PODULE	-	
DHSS	Amendme		na			eld, NJ	07090		I To	lephone Number	inora s	3/1		
DCA	☐ Emergeno justificatio	y (mada n)	ing	1000000000		contact				908-233-9147				
(NJAC 5:23-8)	☐ Cancellati			500		esher			An annual main an greetai		edwirtung wit gebiet.	et direction	n worth	
				F	ACILI	TY INF	ORMATION	<u> </u>	(F - 1114 (A)					
ame of Facility When	re Ahatement is T	aking Pla	ice (3)						oe of Facility (4) School (K-12)					
Echo Lake Coun	try Club								a behanter 8 10	ther than K-12)				
treet Address		-							Other (i.e., priva	te and commerci	al buildin	igs,		
515 Springfield	Avenue								homes, etc.)	# of Floors	Bldg.	Age		
ity (5)									uare Feet 20000	2	191			
Westfield									irrent Use (Prior		ed)		500	•
county (6)				C	County	Code (7)(STATE USE OF		Residential	II Domig				
Union														
Jame of Monitoring I	Firm Hired by Buil	ding Owr	ner (8)	AS	CM No		Name of Ab	atement	Contractor (9)	Corp.				
Hillmann Const	of Monitoring Firm Hired by Building Owner (8) Mame of Abatement Contractor (c) Asbestos and Mold Services, Corp. Street Address								00.15.					
Street Address	0,						Street Addre							
1600 Rte 22 Eas	st				- 175		РО Вох							•
City, State, Zip Code							City, State,							
Bordentown, N.							Delran,		75	License No.				
Project Manager for					one No		Telephone			00862				
Mark Perlmutte					-688-7		609-702 Name of O		nitor					
Start Date (10)		Schedul	ed Co	mpletio	n Date	(11)	EMSL A							
9 / 3	/ 19_	11	_ /	8	- / _	19	1		αι, ποι					•
Occupancy Status [Ouring Abatement	(Check	only or	ne)			Street Add	ess	130 North					
0110	Inacted During Er	ntire Perio	oa ot A	Datem	ent									•
	ormed Outside of ent:AM	Normal F	acility	Hours	2000	M.	City, State	inson,	NJ 08077	4 4	6			
Scope of Work (Cho ≥3 sf or ≥3 lf ≥160 sf or ≥260	eck all that apply)		⊠ Rei	novatio	n			lini-Enclo	ninment with Neg osure Procedure npted (*) and No		ure			
EN				1	on		E3 1				Aba	ateme		y
Asbestos-Cont TO B	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Is Location Normally Used Solely by Maintenance/ Custodial Staff?						estos Contai	ystems i na. VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	(13)		Yes	No	N/A					700 SE				
Phase 2A - Star	rts 10/31/19				\boxtimes	Floor	tile (additi	onal sc	ope)	730 SF			F	-
Phase 2 - Start														
Phase 1 - Wind		ONE)								12 LF				
Ph 1A - cleanu discarded pine Name of Register	n debris from				NJDEP Hauler	Waste	Cubic Ya Waste	ards of	Name of Reg	istered Landfill				-
Waste Manag					1727		5 Disposa	Date	City, State					•
City, State Lafayette, N.	J						11/8/	19	Penn Arg	yle, PA	Date		20,000	-
Completed By (P	rint or Type)	Tit		e Assi	stant		Sig	nature	V		10-	30-	19	Transferred to

Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL/	BASEMEN	T	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF	· · · · · · · · · · · · · · · · · · ·	. \$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		.\$
Locker Area "B' and Hall by Bath and Attendee Station, and N/West part of Locker Area "C", and entire Locker Area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
	MAIN L	EVEL		, then
Reception, South Wall	Window Glaze	30 LF		_ \ \\$
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		_ 4_

Hase 4 —
(done)

Name of Contractor:	Signature: Can cell/ill
Printed Name: JUMUJMUJAYJUJ	Date:

Page 3 of 3



	UPPER LI	EVEL		
2 nd Floor Women's Locker Room	Gold Mastic and Carpet* and Tar Paper* on Plywood (Tar Paper is only in Hall by West Side Exit to Stairs)	900 SF		\$
2 nd Floor Women's Lounge	Mastic and Carpet* on top of Floor Tile 9"x9", Gray and Black in pattern and associated Mastic on Wood Substrate.	500 SF		\$
	ROOF	rs .		
Roof North and Northeast Side: Sloped and Flat Roof (Except part of the Roof above the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		
Roof North Side Ducts by HVAC Units	Duct Seal (Tar)	160 SF		
	Electric Panel	Connect/Dis	sconnect Cost:	
		Proje	ct Filing Fees:	_
		Base Bio	l 1 Total Cost:	÷

6	, fili
Name of Contractor:	Signature: 10 all helle
Printed Name: Janus Mullar Micy	Date: 11-21-19

Inv# 15871

State of New Jersey

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approximation in	Brown of Windows	or many restricts	and the same			1 1 1 1 1	_
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				- 1	File	HILL COLL	11
				L		1 1 1 1	_

Kayoulul PAI				OF ASBESTOS ABA to NJAC 8:60 and 12					Ü	To One	- Page 1
Date of Notification (1)		1	Name of	Building Owner/Oper	ator (2)		ASSESTOS CO)KII	GL.	Ši.	
10-28-7019			- Laboratoria	ELON - A+	-0.	4:0 E	= / UCENS		12	· ·	
Agencies Notified Type Notification	n		Street Ac		C 2911	110 6	-1001770				
			1	57 Wi	1110	m5+	Lawal 1	21	g F		
EPA Initial				te, Zip Code	1110	MOI	E CUIV /	1		-	$\overline{}$
DOL Amended Amendme	nt #		T.		1	AIT	08009	ji.			
	y (including	_ _		SerLin	,	NJ					
DOH justification				Contact	-	-	Telephone Numb			1 2	200
DCA Cancellation	nc		J 6	FF Bec	1- U		856.4	3:	5-	64	1
	. =		FACIL	LITY INFORMATION	1 =	(F. 11) (45				
Name of Facility Where Abatement is Tak			- /		Тур	e of Facility (4	4)				
ExeloN-Atla	ntic	L	10	ctric		School (K-1					
Street Address			-	J.		Subchapter	8 (Other than K-12)	k. deli	naa l		
157 William	Ston	lai	Re	_/	M	other (i.e. p	rivate & commercial	Dullai	ngs, i	iomes	**
City (5)	01000	12 00			Squ	are Feet	# of Floors	Blo	lg. Ag	je	
Bentin A		0	800	19			an entertainment		07000 107		
County (6)	<i>'-1</i>			Code (7)	Cur	ent Use (Pric	or if being demolishe	d)			
				ISE ONLY)	_ Cui	CIR OSC (I IIC	or in being demonstre	۵)			
Camaen	0 (0)		1001	IN- IN-	f Ab	alaman Cam	tractor (O)				_
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	INO. Na	ame of Ab	atement Con	mactor (9)	3	16	d ,	1
HET				f-	-blua	nced	Opecial	Ly	(00	1
Street Address		1	1	St	reet Addr	and the same of th	/	1	0	j	
28 N. Peni	121	LO	7	1	2/5	Bride	gewate.	R	10	O.	
City, State, Zip Code				Ci	ity, State,	Zip Code /			0780		i i
Lima DA	190.	28	r e	١,	45	TON,	DA.	1	90	15	-
Project Manager for Monitoring Firm			Telephor	ne No. Te	elephone		License No.	3			
Eric Suther Lo	e on al		/	891.0114/	10 4	197-09	140 00	7 -	-0		
Start Date (10)	Schedule				ame of OS	SHA Monitor	13 20	6 - 3	-36"		
11-14-19	12-		piodotti	0	Λ	67 7	7111				
			-/	7	reet Addr	000	7000			200	
Occupancy Status During Abatement (Ch				31	7 O		Parison	j	D.	1	
Facility Closed/Vacated During Entir	e Period of A	batem	ent		28		PENNEC	ton.	100	4	
Abatement Performed Outside of No	rmal Facility	Hours		Ci	1	Zip Code	Ω_{Λ}	10	<i>a</i> .	28	,
Other – Describe:					210	mA_{j}	F-14. 1	9	0 .		
Scope of Work (Check All That Apply)	6					959					
23 sf or ≥3 lf	Пв	enovat	ion		☐ F	ull Containme	ent with Negative Pro	essur	е		
≥160 sf or ≥260 lf	D	emoliti	on			1ini-Enclosure					
						Slovebag Prod		Dron	odur	ç	
					N N	ion-Exempled	d (*) and Non-Friable		502 III	ment	-
	Is	Locatio	on					,	Ту		
Location of		lormali		Descri	ption of				- 7		
Asbestos-Containing Material (ACM)		d Solel intenan		Asbestos Containi			Amount	_		Ψ.	m
TO BE ABATED		odial S		(i.e. thermal sys	stems insu g, VAT, or		(Specify SF or LF)	ren	Re	car	ncl
In Facility (13)		(12)		other misc			31 01 11)	Removal	Repair	Encapsulate	Enclosure
(13)	1		I			·		<u>a</u>		ate	ē
	Yes	No	N/A			~					
TRANSITE Shee	1	330	X	TRANSI	10	PANell	1800A	X			
12/414 00. 0 00 116.0	-		1	0 1000		1 3000 2	3	" "			
									_		-
Name of Registered Waste Hauler		I M	JDEP W	laste Cubic Yar	rds	Name of	Registered Landfill				
Name of Registered Waste Hadier		(6000)	auler ID				i		1 1	C: .	
Dervice LANS	DORT			Life	0	MI	nerva L	4 N	d	+1	11
City, State		1	a	Disposal	Date	City, Stat	e		A		
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ASB-41 (R-06-08)				*\{	Do not us	e this form for	r asbestos licensure	exen	ibied	activit	162.

MMCK		NO		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	이 발생하는 경기에 보면 소비를 살아가면 하지 않는 그렇지?	<u>jece</u> j _{nov} -	8	W 2019	122	The state of the s	
Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)					COLUMB .	
	31 / 1	9		St	tate of Ne	w Jersey DPMC	/ Job #1906-5	506 Check #117	27	moi	1		
Agencies Notified	Type Notification	n		Stre	et Address		-	LICEN			- CS		
⊠ EPA	☐ Initial			PC	D Box 034	ļ.					********		
☑ DOLWD ☑ DHSS	Amended Amendment	#1		City,	State, Zip	Code							
□ DCA	☐ Emergency (i	-	ng	Tr	enton, NJ	08625							
(NJAC 5:23-8)	justification)			Nam	e of Contac	at .		Telephone Num	ber				
	☐ Cancellation			Ac	lministrat	ion		609-929-674	8				
				FA	CILITY IN	FORMATION		-12					
Name of Facility Where A		ng Plac	e (3)				Type of Facility	y (4)				10010	
Woodbine Develop	ment Center						School (K-1						
Street Address							Other (i.e.,	8 (Other than K-12 private and commer) cial b	uilding	gs,		
1175 DeHirsch Aver City (5)	nue						homes, etc	.)					
Woodbine							Square Feet	# of Floors	В	ldg. A	ge		
County (6)				I Carr	-t O-d- (7	VOTATE LIGE ON VA					-		
Cape May				Cou	nty Code (/)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)				
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme	nt Contractor (0	w				_	
USA Environmental		OWNER	(0)	,10011	140.	AbateTech, In		")					
Street Address						Street Address	10.						
344 West State Stree	et					30 Maple Ave	. PO Box 25						
City, State, Zip Code						City, State, Zip Co							
Trenton, NJ 08618							ton, NJ 08048						
Project Manager for Monito	oring Firm		Téle	phone	No.	Telephone No.	280					-	
William Weisgarber		/	60	9-656	-8101	609-265-2107		00529					
Start Date (10)				tion Da	ite (11)	Name of OSHA M	onitor						
10 / _8_ / _	_19	11_ /	_ 29	_ / _	19	EMSL Analyti	cal						
Occupancy Status During	Part -	1		and a second		Street Address							
Facility Closed/Vacated						200 Route 130							
Abatement Performed (Time of Abatement:	Outside of Normal AM- PI	Facilit VI/	y Hour PM-	s - Des	AM	City, State, Zip Co	de						
						Cinnaminson,	, NJ 08077						
Scope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	пат арріу)	_	novatio molitio				Procedure						
		le	Locati	on		⊠ Non-Exen	npted (") and No	on-Friable Procedure	T				
Location of	f	140	Normal			Description of				ateme			
Asbestos-Containing M		110000	d Sole intenar			tos Containing Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABAT IN Facility		1112333232	todial S		(i.e.	thermal systems in surfacing, VAT,		(Specify SF or LF)	lova	air	apsı	nso	
(13)			(12)			other miscellaneo		0. 0. 1. 7	-	-	ilate	e	
		Yes	No	N/A							est.		
Power House & Learni	ng Center		\boxtimes		Hinge Gaskets 16								
Manhole D&E			\boxtimes		Debris Clean up 25 SF								
Manhole H				☐ Pipe Insulation 8 LF ⊠									

City, State Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

AbateTech, Inc.

Name of Registered Waste Hauler

Title

Cubic Yards of Waste
25
Disposal Date

Name of Registered Landfill G.R.O.W.S. Landfill

City, State

11/29/19 Tullytown, PA

Signature

Date 10-31-19

NJDEP Waste

Hauler ID No.

18750

Operations Coordinator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 31 / JCP&L/FirstEnergy Company / Job #1910-5545 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 10 Legion Place- Building A ASSESTES CONTROL & □ DOLWD M Amended City, State, Zip Code **⊠** DHSS Amendment #3 Morristown, NJ 07960 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation George Betar 267-347-0130 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Valiant/JCP&L Pole School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 10 Fair Haven Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fair Haven, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 10 / 19 11 / 29 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 if $\subseteq \ge 160$ sf or ≥ 260 if □ Renovation ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Pole #BT752RN X Asbestos risers 16 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 2 City, State Disposal Date City, State Lumberton, NJ 11/29/19 Tullytown, PA Completed By (Print or Type) Signature Gwen Trumbetti Operations Coordinator

State of New Jersey

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

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(NJAC 5:23-8)	justificat	ion)		2	Name	e of Contac	ct			Te	elephone N	lumber				
	☐ Cancella	ition			Bu	ilding Ac	lmin	istration			609-631-	4100			Discourage of the Control of the Con	
					FA	CILITY IN	VFO	RMATION								
Name of Facility Where A	batement is	Taking F	Place	(3)					Type of Facilit	y (4)						
Hamilton HS West									School (K-		thorthon k	(12)				
Street Address									☐ Subchapte☐ Other (i.e.,				l bu	ilding	IS,	
2720 South Clinton	Avenue								homes, etc							
City (5)									Square Feet	#	of Floors		Blo	lg. A	ge	
Trenton					-										a V	_
County (6)					Cou	nty Code (7	r)(STA	ATE USE ONLY)	Current Use (I	Prior if	f being den	nolishe	d)			
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Name of Monitoring Firm	Hirea by Bull	aing Ow	ner (8)	ASCM	No.			ent Contractor (9)						
Street Address							_	AbateTech, In eet Address	nc.					-		-
Street Address									e. PO Box 25							
City, State, Zip Code							1	y, State, Zip Co								-
				_			25.55	umberton, N								
Project Manager for Monit	oring Firm		/	Tele	phone	No.		ephone No.		I	icense No					
					, i		16	09-265-2107	F H		00529					
Start Date (10)	S	Schedule	ed Co	mple	tion Da	te (11)	Na	me of OSHA M	lonitor		V (20 - 20 - 20 - 20 - 20 - 20 - 20 - 20					
6 / _24_ /	19/	_11	_ /	29	_ / _	19	/E	MSL Analyti	ical							
Occupancy Status During	Abatement (Check or	nly o	ne)												
☐ Facility Closed/Vacated						Secretary of the second	2	00 Route 13	0 North							
Abatement Performed							City	, State, Zip Co	ode						100	
Time of Abatement:	AIVI	PIVI/_		_PIVI-		AM	C	innaminson	, NJ 08077							
Scope of Work (Check all	that apply)							П F::// О	alamant with M		- D	16				
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≥160 sf or ≥260 lf			Den	nolitic	n			Glovebag								
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Location of	ıf			orma				Description of	f			-			ent Ty	
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TO BE ABAT IN Facility				100000000000000000000000000000000000000	Staff?	(i.e		rmal systems i surfacing, VAT,			(Specify SF or LF)	1	000	air	ısdı	osui
(13)		_		(12)				ner miscellane			01 01 21)	1	-		ilate	e l
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First Floor]		\boxtimes	Double	Fire	Doors O&M	l		15 total]				
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AbateTech, Inc.				H	auler II 18750	3/4/7H20/700	Wa:		G.R.O.W.	S. La	ndfill					
City, State								oosal Date	City, State						CO (# 5	
Lumberton, NJ							1	1/29/19	Tullytown	ı, PA						
Completed By (Print or Typ	oe)	Title						Signature	N			Date	g	3 A	i d	$\overline{}$
Gwendolyn Trumbet	ti	Ope	ratio	ons (Coordi	nator		()	MIN			10	1	51.	-[·	71

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Date of Notification (1)					Na	me of Buildi	ng O	wner/Operator ((2)	- NOV -	8 201	q		#
	4 /	19)		J	CP&L/Firs	stEn	ergy Compar	ny / Job #1911	-5558 Check	1000	~	flow	1
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					F	ACILITY II	NFO	RMATION						
Name of Facility Where A		Taking	Plac	e (3)					Type of Facility	(4)				
JCP&L- Green Villa	ge								School (K-12		40)			
Street Address					-				Other (i.e., p	3 (Other than K- rivate and comm	12) nercial b	uildin	as.	
7 Meyersville Road		*							homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Green Village														
County (6)					Co	unty Code (7)(STA	ATE USE ONLY)	Current Use (Pr Substation	or if being demo	olished)			
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASC	M No.	Na	me of Abateme	ent Contractor (9)					
NA							1	AbateTech, Ir	nc.					
Street Address							Str	reet Address						
								30 Maple Ave						
City, State, Zip Code							1	y, State, Zip Co						
Decised Manager & Manager				T=				Lumberton, N	IJ 08048	T				
Project Manager for Monit	oring Firm			Te	ephon	e No.		lephone No.		License No.				
Start Date (10)		Schod	ulad C	omn	otion [ate (11)	1	609-265-2107 00529 Name of OSHA Monitor						
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Occupancy Status During							Str	eet Address						
Facility Closed/Vacated								200 Route 130						-
Abatement Performed Time of Abatement:								y, State, Zip Co						
Scope of Work (Check all							-	Cinnaminson,	, NJ 08077					
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Name of Registered Waste AbateTech, Inc.	Hauler			100		Waste ID No. 0	Was		Name of Regist G.R.O.W.S.					
City, State		int.	- 100					posal Date	City, State					
Lumberton, NJ							1	1/2/19	Tullytown,	PA				
Completed By (Print or Typ	ne)	Title						Signature	inn		Date	. 1	-1	0
Gwen Trumbetti		Op	erati	ons	Coor	dinator		1/1	N N O		11-	4-	and the same of	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Second to N.IAC 8:60 and 5:16)

CK#1254

Date of Notification (1)	.点 人 風 是	Libert			Man	o of Buildin	20 04	ner/Operator ((3) Character	IF P	2 11 '	W	5 6	F-12 1 3
)7/	19				ank of An	_		(2)		<u> </u>	M.	1	A DESCRIPTION OF THE PROPERTY
⊠ EPA □	ype Notific ☑ Initial	ation				et Address South B	road	way	The state of the s	NO.	- 9 9	019	September 1	
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	Cancella	tion			Di	no Nappi			h	516-972-	method services	wall-Thissey -		
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Bank of America	atomont is	raking	j i iacc	5 (5)					School (K-12					
Street Address								/	Subchapter 8		(-12)			
25 North Maple Avenu	ue								Other (i.e., pr homes, etc.)	ivate and com		ouildir	gs,	
City (5)								-2.7	Square Feet	# of Floors	E	Bldg. A	Age	
Ridgewood, NJ									5,000	1		45		
County (6)					Co	unty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Bergen														
Name of Monitoring Firm Hi	red by Build	ding C	wner	(8)	ASC	/I No.	Na	me of Abateme	ent Contractor (9)					
ARCADIS U.S Inc.							-	IVN Restora	tion Inc					
Street Address							Str	eet Address						
44 South Broadway							4	7 Foster Ro	ad					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
White Plains, NY 1060								Staten Island NY 10309						
Project Manager for Monitor								ephone No.		License No				
Dino Nappi				1	516-97	2-8809	7	18-605-6256	i	00774				
Start Date (10)	0.0000000					ate (11)	Na	me of OSHA M	lonitor					
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Occupancy Status During A							Str	eet Address	1 10 10 10 10 10 10 10 10 10 10 10 10 10					
☐ Facility Closed/Vacated I	100						1	0-59 Jackso	on Avenue					
Abatement Performed O							City	, State, Zip Co	ode					
Time of Abatement: Sunday 9:00 am to 3				PIVI-	Saturt	iay,	L	IC NY 11101	E.					
Scope of Work (Check all th														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re					☐ Mini-Enc		ative Pressure				
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2 nd Floor MER			\boxtimes			Wall B	oard	& Joint Con	npound	2,200 SF				
Roof Flat Roof Area						Roof F	ield a	and flashing		920 SF				
1 st Floor			\boxtimes			Pipe Fi	tting	s		50 SF				
Name of Registered Waste I	Hauler			1		Waste	Cut	oic Yards of	Name of Regist	ered Landfill				
Newark Carting					Hauler NJ-5		Wa	ste		tral Sanitary	Landfi	H		
City, State							Dis	posal Date	City, State					
Newark, NJ							1	1/31/2019	Pen Argyl,	PA				
Completed By (Print or Type	:)	Title					1	Signature	1 17		Date		-	
Ralph Barnhardt		Pr	oject	Ma	nager			hall.	len		11 -	37)	- 2	219

NO(1/				(P	ursua	nt to NJ	AC 8:60 and 5:1	6)		E I	\mathbb{W}	LUL.	[7]
Date of Notification (1) 10 /	30 /	19					ng Owner/Operator (tEnergy Compar)-5545 Chec			Burry Karteni va	And the property of the party o
Agencies Notified	Type Notific	cation			Stree	et Address			16/1/	~ X	HU	1	Louis
⊠ EPA	☐ Initial				10	Legion F	Place- Building A						
☑ DOLWD					City,	State, Zip	Code		ASSEST			- Ĉt	
☑ DHSS □ DCA	Amendm Emerger				Mo	rristown	, NJ 07960	L.	LIC	EKSIN	9	ndilan into	Contraction and
(NJAC 5:23-8)	justificat		auuni	4	Name	e of Contac	at	-	Telephone No	umber			
	☐ Cancella	ation			Ge	orge Bet	ar		267-347-0	130			
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Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Valiant/JCP&L Pole								School (K-12					
Street Address				12.22				Subchapter 8					
10 Fair Haven Road								Other (i.e., p homes, etc.)		nerciai b	ullaing	js,	
City (5)					1127			Square Feet	# of Floors	В	ldg. A	ge	
Fair Haven, NJ							50						
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Monmouth							200	Substation					
Name of Monitoring Firm I	Hired by Build	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					\neg
NA							AbateTech, In	nc.					
Street Address		-1					Street Address						
							30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
				- Carrier	and the same of th	The same of the sa	Lumberton, N	J 08048					
Project Manager for Monit	oring Firm	· Services	STATES	Tele	ephone	No.	Telephone No.		License No.				
	1						609-265-2107		00529				
Start Date (10)		Schedul					Name of OSHA M	lonitor					
10 /10 / _	19/	11	_ /	8	_ / .		EMSL Analyti	ical					
Occupancy Status During	T.			-	_		Street Address		¥3				
☐ Facility Closed/Vacated							200 Route 130	0 North					
Abatement Performed (Time of Abatement:							City, State, Zip Co	ode	- Williams				
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Scope of Work (Check all t	that apply)							singaph with Nag	ativa Danasura				
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☐ ≥160 sf or ≥260 lf] Der				Glovebag		Eill B				
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Location o	f			Loca: orma			Description of	f			ateme		
Asbestos-Containing M		1)			ely by		stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				ntena odial	Staff?	(i.e	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	BVOI	air	apsı	uso
(13)			SEE STORES	(12)			other miscellaned		SF OF LF)	=		ulate	6
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		L									Ш	Ц	Ш
Name of Registered Waste	Hauler			1500	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
AbateTech, Inc.					18750		Waste 2	G.R.O.W.S.	. Landfill				
City, State					.0.00		Disposal Date	City, State					
Lumberton, NJ							11/8/19	Tullytown,	PA				
Completed By (Print or Typ	e)	Title					Signature	1	Ti	Date ,		A	\neg
Gwen Trumbetti	nonespecial in	Ope	eratio	ons	Coordi	nator	7()	Λ/Λ		10	30	110	7

ASB-41 MAY 11

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

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Date of Notification (1)		-		Na	me of Buildi	ng C	Owner/Operator	(2)					
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	pe Notifica	ation		Str	eet Address								1
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	Amendme Emergen		na	V	/orristowr	ı, N.	J 07960						****
(NJAC 5:23-8)	justification		iig	Nai	me of Conta	ct			Telephone Nu	ımber			
Procedure and the second secon	Cancellat	tion		J	ohn Greco)			201-602-1	499			
					ACILITY I	NFC	DRMATION						
Name of Facility Where Abate			ce (3)					Type of Facility	(4)				
JCP&L- Substation- Ca	able Dep	artment						School (K-12					
Street Address									8 (Other than K- rivate and comm		uildin	as	
10 Legion Place- Build	ing B							homes, etc.		ioroiar s	unum	30,	
City (5)								Square Feet	# of Floors	В	ldg. A	.ge	
Morristown, NJ 07960				- 1 -									
County (6)				Co	unty Code (7)(S1	TATE USE ONLY)		ior if being demo	olished)			
Morris	-1 to D. 11-1		(0)	1100				Substation					
Name of Monitoring Firm Hire		ling Owner	(8)	ASC	M No.			ent Contractor (9)					
1 Source Safety & healt Street Address	tn, inc.						AbateTech, Ir	ıc.					
140 S. Village Ave. Suit	o 130					1	reet Address	DO Day 25					
City, State, Zip Code	E 130					-	30 Maple Ave					_	
Exton, PA 19341						1000	ty, State, Zip Co						
Project Manager for Monitoring	a Firm		T	elephon	o No	-	Lumberton, N	J 00046	License No.	1100000			
Brian Hovendon	9 1 11111			andlano.	24-5525	609-265-2107 00529							
Start Date (10)	S	cheduled (Name of OSHA Monitor						
10 / _28_ / _19					19	1000	EMSL Analyti						
Occupancy Status During Aba			- 27-5				reet Address						
☐ Facility Closed/Vacated Du	-						200 Route 130) North					
☐ Abatement Performed Outs	side of Nor	rmal Facili	ty Ho	urs - De		1	ty, State, Zip Co						
Time of Abatement:	_AM	PM/	PI	M	_AM	1	Cinnaminson,						
Scope of Work (Check all that	apply)					_				1			
≥3 sf or ≥3 lf		⊠R	enov	ation				ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf							☐ Glovebag						
A COUNTY OF THE PARTY OF THE PA							☐ Non-Exen	npted (*) and No	n-Friable Proced	ure			
1			s Loc Norm	ation						Ab	atem	ent T	ype
Location of Asbestos-Containing Mater	rial (ACM)	1.15		lely by	Asbe	stos	Description of Containing Mate		Amount	Re	Re	En	En
TO BE ABATED		Ma		nance/ I Staff?	/i a	., the	ermal systems in	sulation,	(Specify	Removal	Repair	caps	Enclosure
IN Facility (13)		Cus	(12				surfacing, VAT, ther miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure
(10)		Yes	No	N/A		01	iner miscenaneo	us)				fe	
Ladies Room					Double	Lay	er Floor tile 8	& Mastic	100 SF		П	П	П
		П				-					П	П	П
Name of Registered Waste Ha	uler		ᆜ		Waste	Cu	bic Yards of	Name of Regist	tered I andfill				
AbateTech, Inc.				Hauler	ID No.	Wa	iste	G.R.O.W.S.					
City, State				1875	U		posal Date	City, State					
Lumberton, NJ							1/1/19	Tullytown,	PA				
Completed By (Print or Type)		Title					Signature	N	D	ate	92	20 904	
Gwen Trumbetti		Operat	ions	Coord	dinator		M	10		10-	28	3-10	1

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Date of Notification (1)				Nam	ne of Buildir	ng O	wner/Operator	(2)	111	A E C	占	\mathbb{W}		2 1
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Project Manager for Monitorin	g Firm	Market Ma		ephone	1		lephone No.			License No.				
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Completed By (Print or Type)	11	Title					Signature	N	/		ate			
Gwendolyn Trumbetti		Operat	ions	Coordi	inator			WI			0-	31 -	-1	7

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Street Address				6		Street Address						
PO Box 365						30 Maple Ave	. PO Box 25					
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Berlin, NJ 08009						Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jim Proctor			6	09-839	-2432	609-265-2107		00529				
Start Date (10)	Sched	uled-6	omple	tion Da	ate (11)	Name of OSHA M	onitor					
9 / 16 / 19				_ /	19	EMSL Analyti	cal					
Occupancy Status During Abatement	(Check	only	one)	/	/	Street Address						-
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Scope of Work (Check all that apply)						Ommannison	, 110 00077					
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TO BE ABATED IN Facility			todial	700 700 700	(i.e.	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	BAO	≝.	psu	uso
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Completed By (Print or Type)	Title					Signature	N	Dai	te			
Gwendolyn Trumbetti	100000000000000000000000000000000000000	erati	ons (Coordi	inator		\mathcal{N}/\emptyset)-7	31-	10	7

ASB-41 **MAY 11**

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

MOCK				(F	ursua	nt to NJ	AC :	8:60 and 5:1	6)					
Date of Notification (1)	31 /	19			90000	ne of Buildin	ig O	wner/Operator Job #	(2)	E Check	# 1			
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Street Address							Str	eet Address						
							3	30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
							L	umberton, N	J 08048					
Project Manager for Monit	oring Firm			Tele	ephone	No.	500000	lephone No.		License No.				
Start Date (10)	10	Sçhedu	lad C		tion De	4- (44)	9	09-265-2107		00529				
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AbateTech, Inc,				Н	auler II		Was		FAIRLESS					
City, State					18750	,	Disp	oosal Date	City, State					
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Gwendolyn Trumbett	ti	Ope	erati	ons (Coordi	nator			W		10-3	31-	17	.

ASB-41 **MAY 11**

Inv-15870 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) 2019 Date of Notification (1) Name of Building Owner / Operator (2) 11/05/2019 Mr. Peter & Mrs. Diana Kreel Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LIGENSING X **EPA** DEP Initial City, State & Zip Code \boxtimes \boxtimes DOL Amended Wharton, NJ 07885 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mr. Peter & Mrs. Diana Kreel **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential *Basement* School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) Approx. 2,500 102 Wharton Morris Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, 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 Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/19/2019 11/22/2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed: Operating hours-8am to 5pm City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition 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) Encapsulate Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)No N/A Yes Basement Pipe Insulation 22 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste

0035218

President

Title

TBD

TBD

Signature

Disposal Date

Grows Landfill

Morrisville, PA

Date

11/05/2019

City, State

Resource Management Group, LLC

City, State

Trenton, NJ 08619

Mr. Brian Haney

Completed By (Print or Type)

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DOH justification justification Cancellation		,	Name of Bill	of Contact					Tel	ephone	Numbe	г		
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Street Address					81			Subchapte Other (i.e. etc.)	8 (Othe	er than I & comm	K-12) ercial bi	uildin	gs, ho	omes,
City (5) Cape May NJ 08204							100	are Feet 00+	2	Floors		50+	. Age)
County (6) cape may				Code (7) USE ONLY)				rent Use (Pri ouse & ga		ng dem	olished)	5		
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Street Address						Street PO I					7.52			
City, State, Zip Code				1		City, S	tate,	Zip Code rlin NJ 080	091					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N			Licens 0072				
Start Date (10) 11/15/19	Schedul 11/27/		mpletion	Date (11)	1	Name Sam		SHA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ess	P-CALT		///=====			
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	Yes	No	N/A										ale	69
Exterior Siding House & garage			X		Exterio	or Sid	ling		185	0 SF	Х	+	+	-
Name of Registered Waste Hauler		N	JDEP W	laste	Cubic Ya	arde		Name of I	Panietos	ed Long	HEII			
United Roll Off		Н	auler ID 2459	1010101	of Waste			G.R.O.		ou Lail	attii			
City, State Elm NJ					Disposal 11/27/1			City, State Morrisv		1906	7			
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Date of Notification (1) 11/5/19	102	100	Name of	Building Ow Kolovos F	vner/Operat	tor (2)		VC	NOV	{	3_21)19		<u>U</u>
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DEP Amended Amendment # Emergency (ir DOH justification)		_ ['	Berlin I	te, Zip Code NJ 08009 Contact					Tele	ephone	Numb	er		50 EV.	
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Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFOR	MATION	T	Туре о	of Facility (4	1)						
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Street Address								ubchapter other (i.e. p				build	ings,	home	es,
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Berlin NJ 08009						- 1	1000		1.5)+	, -	
County (6) Camden		6		ISE ONLY)			Curren	nt Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	l No.	Pe	erna	aco In		tractor	(9)					
Street Address							Address								
City, State, Zip Code			-					Code							
•					W	est	Berli	n NJ 080	91						
Project Manager for Monitoring Firm			Telephor		85	6-7	one No 753-9	800		Licens 0072					
Start Date (10) 11/15/19	Schedule 11/27/		pletion [Date (11)		ne c		A Monitor							
Occupancy Status During Abatement (Check	Only On	ie)			Stre	et A	Address	s							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent		City	, St	ate, Zir	o Code							
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basement			х		Floor	Tile)		3	12 SF		Х			
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City, State Elm NJ					Disposal D 11/27/19	ate		City, Stat Morrisv		A 190	67				
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Name of Facility Where Abatement is Tak	ing Place (3))	· Ao	LITT INTO	JI CHILLY I	1014	Туре	of Facili	ty (4)						
Kevin Engelken Private Home Street Address								School (
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City (5) North Beach NJ 08008							Squa 100	are Feet 0+	2	of Floors		Bldg 50+			
County (6) Ocean			(STATÉ	Code (7) USE ONLY)			ho	use		eing dem	olished)				
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCN	/I No.		Library and the second	of Aba naco	atement Inc.	Contract	or (9)					
Street Address							Addre Box 3				2.				
City, State, Zip Code						FI 702.5		Zip Code din NJ (08091						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi 856-	none N -753-			Licens 0072					
Start Date (10) 11/15/19	Schedule 11/27/1	9	npletion	Date (11)		Name Sam		HA Moni	tor						
Occupancy Status During Abatement (Che	eck Only One	e)				Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:						City, S	State, Z	Zip Code							
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Exterior Siding			х		Exte	erior Si	ding		2	000 SF	х				
Exterior break away board			х		t	ransite			!	500 SF	x	-			
Name of Registered Waste Hauler United Roll Off		Н	JDEP W auler ID 2459		of Wa	Yards ste		1 55 000	of Regis	tered Lan	ndfill				
City, State Elm NJ					-	sal Date		City, S Morr		PA 1906	 87				
Completed by Anthony T Perna	Title Presi	dent				Signature	9				Date 11/5/	19			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)					Name	of Building	Owner	Onamin	-12	1			_	_			
11/5/19						n Engelk											
Agencies Notified	Type N	otification				Address		ato i ic	21110								
					Outcot	7001033											
EPA DEP		itial mended			City, S	tate, Zip C	dde										
Ĭ DOL	_ A	mendment				Beach		800									
⊠ DOH		mergency stification)		1	Name	of Contact					Te	lephone	Numbe		_		
DCA		encellation			Kevii	1					1_10	cprons	INTIMIDE	24			
	_				FAC	ILITY INF	ORMAT	ION	_		1			_			
Name of Facility Where A			g Piace (3)					T	ype of Facility (4)						
Kevin Engelken Priv	ate Hic	ome						10	Г	School (K-12	2)						
Street Address										Subchapter t	(Oth	er than	K-12)				
									X	Other (i.e. pr etc.)	ivate	& comm	ercial b	uik	lings.	hom	68.
City (5)									S	quare Feet	# 0	f Floors		В	ldg. A	ge	
North Beach NJ 080	1 800								1	000+	2			5	0+		
County (6)						Code (7)			C	urrent Use (Prior	r if be	ing dem	olished)			
Ocean					[\$IATE	USE OALLY	" —	_		house							
Name of Monitoring Firm I	Hired by	Building (Owner (8))	ASC	M No.		Name	of /	Abatement Cont	ractor	(9)					
N/A								Perr	nac	o Inc.							
Street Address								Street									
								1		x 329							
City, State, Zip Code								100000000000000000000000000000000000000		, Zip Code							
		-							27/20	erlin NJ 0809	91						400
Project Manager for Monit	onng Fi	rm			Teleph	one No.		Telept				Licens					
Start Date (10)	_			ليب		D				3-9800		0072	.7				
11/15/19	1	1	11/27/		mpletion	Date (11)		100000000000000000000000000000000000000		OSHA Monitor							
Occupancy Status During	Abalda	ant/Chan						Sam									
		5007 - 57 - 53						Street	Add	iness .							
Facility Closed/Vacat Abatement Performer	ed Durin	ng Entire F	Period of	Abater	nent		.00	61.6		7 0 1						- 11	
Other - Describe:	u Out	ac or isomi	iai raciiny	nour	s 			City, S	tate	, Zip Code							
Scope of Work (Check All	That Ap	oply)						_	_								
☐ ≥3 sf or ≥3 if		F-11						Г	1								
≥160 sf or ≥260 if				Renova Demoli						Full Containmer Mini-Enclosure	It with	1 Negativ	e Pres	sur	0		
									1	Glovebag Proce	dure						
	\rightarrow		_			1		×	<u>J</u>	Non-Exempted	(°) an	d Non-F	riable F	roc	edun	e	
270			100	Local										-		meni pe	1
Location of Asbestos-Containing N	SNOT VIEWNIN	(aCsa)		Norma d Sole		Achan		scription			72			П	- ',		
TO BE ABAT		(ACM)		intena		(1.0.	thermal	Systems	late s ins	rial (ACM)		mount Specify	۱,	,	_	Ē	m l
In Facility (13)	/		Cusi	(12)			surfac	cing, VA	T. 0	er }		or LF)	Kenlova		Repair	A S	do
(13)					T ~	-	ouner n	niscellan	100L	18)			IPAC		Bir	Encapsulate	Enclosure
			Yes	No	N/A											8	
Exterior Sid	ling				×		Exte	rior Sic	ding		20	00 SF	×				
Exterior break aw	vay bo	ard			×		tr	ansite			50	00 SF	x	1	-		\vdash
						 							- ^	+	-		$\vdash\vdash$
	-		+		-						~			1			
													-				
Name of Registered Waste	Hauler	Š		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP V lauler ID		Of Was			Name of Re	egiste	red Lan	dfill				
United Roll Off					2459	110.	5	ii d		G.R.O.W	I.S.						Ì
City, State							Dispos	al Date		City, State				-			\dashv
Elm NJ							11/27	/19		Morrisvill	e PA	1906	7				
Completed by			Title				Si	ignature				1	Date	- 10	-		\dashv
Anthony T Perna			Presi	ident				4					11/5/	19			
	N.														_		

ASB-41 (R-06-08)

Y776760	N	IOTIFI (P	CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MENT	R	D)-		<u> </u>	2010	G	
Date of Notification (1) 11/4/19	20			Building Desavin						NUV	Ö	2015		
Agencies Notified Type Notification		7	Street A	ddress					P	SBESTO)L &	
EPA Initial Amended		H	City, Sta	ite, Zip Co	ode			L	-	LIC	ENSIN	(G		
DOL Amendment :		-	(1)53	Beach T	wp NJ	08091								
DOH justification) Cancellation			Name of Sara	Contact					Tel	ephone Nu	mber			
			Street Street	LITY INFO	DRMAT	ION								
Name of Facility Where Abatement is Taking Sara Desavino Private Home	Place (3)					_	f Facility (0.00					
Street Address							St X		8 (Oth	er than K-1 & commerc		dings,	home	es,
City (5) Long Beach Twp NJ 08091					16		Square 1000-	Feet	# 0	f Floors		Bldg. A	ge	
County (6)			County (Code (7) JSE ONLY				San Berg School Spirit M.	or if bei	ng demolis	hed)		A	
Ocean Name of Monitoring Firm Hired by Building C	lwnor (8)		ASCN			Nome	hou:	se ment Co	atrootor	(0)				
N/A	wilei (6)		ASCIV	1110.			naco In		iliacioi	(9)				
Street Address							Address Box 32							
City, State, Zip Code							tate, Zip	Code NJ 080	091					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No.			License I	No.			
Start Date (10) 11/15/19	Schedule		npletion [Date (11)			of OSHA	A Monitor		00727				
Occupancy Status During Abatement (Check	1000 H 1000 H 1000	1000000					Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	batem	nent	111		City, S	itate, Zip	Code			-			
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Mini- Glov	Enclosure ebag Pro	e cedure	n Negative			e	
	(4)	Locati										Abate		
Location of Asbestos-Containing Material (ACM)	Used	lormal d Sole	ly by	Asbes		scription	of Material (ACM)	А	mount		.,		
TO BE ABATED In Facility	11	ntenar	33.50		thermal		s insulati		(8	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	(12)				miscellar				62 TO 1230	oval	pair	sulat	sure
Futurio Oldino	Yes	No	N/A		F. 4-				. 40	00.05			Ф	
Exterior Siding			X		Exte	erior Sid	aing		16	00 SF	X			
	-										-			
	-	2020-22									-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards	Т	Name of	Registe	ered Landfi	ll l			
United Roll Off		1.0	lauler ID 2459	No.	of Wa	ste		G.R.O.	W.S.					
City, State			- 380. Ali			sal Date		City, Stat						
Elm NJ	Title				11/27			Morris	/ille P/	A 19067	ote			
Completed by Anthony T Perna	Presi	dent			1	Signature	2	حليا وودخ فساساونو			ate 1/4/19	9		

JAM-108	(d)		Sta	te of Ne	ew Jers	sey				Citeci				
つかいからか		NOTI	FICATI	ON OF AS	SBESTOS	S ABATEMENT		f			(77)	n 17	7 E	
Date of Notification	- (1)	(Pursu	Name (of Build	ing Ow	and 12:120-7) ner/Operator	(2)		m E	16	5		/ [511
11/5/2019	u (1)		Dav	rid Ma	rtir	MY U	LEAVE !			Mary to the Walterson				
Agencies Notified	Type Notifica	ation	Stree	t Addres	ss					NOV	- 8	20	19	
[]EPA	[X] Initial								III L	IAO A	_		, 0	j hao
[]DEP	Notific	ation	City,	State,	Zip Co	de			3,-,13,-7		g , same e s	anthan's star	S and habita	
[X]DOL	[]Amended			cona, N					ASE	BESTO)S () YEM!	ONI	HOL	Č.
[X] DOH	Notific	ation	Name (of Conta	act		Te	lephone	Number	personal contra	-	CONTRACT OF		
[]DCA	[]EMERGENC	Y	Dav	rid Ma	artir	1								
Libon	[]Cancella	tion												
					ITY IN	FORMATION	Type of	W1711	(A)					
Name of Facility Wh David Martin	ere Abatement	is Taki	ng Pla	ce (3)			[]S	chool (I	K-12) er 8 (Othe	er th	an K	-12)		
Street Address							[X]O	ther (i	.e., priva	ate & homes	, et	mer-		
							Square 1		# of Flo			g. A	ge	
CITY	***************************************	County				y Code (7)								
Verona		Essex			(STAT	E USE ONLY)	Current	Use (P:	rior if be	eing	demo	lish	ied)	
Name of Monitoring Owner (8)	Firm hired by	Buildin	g Asc	M No.	N	ame of Abate AZTECH M								
N/A Street Address					s	treet Addres								
						86 Chris		r St.						
City, State, Zip Co	de					_{ity, State,} Montclai		0704	2					
Project Manager for	Monitoring Fi	1000	lephon	e Number	r	elephone Num (973)744				Licer 00	371		er	
Scheduled Start Dat	e (10) Sche			Date (11) N	ame of OSHA	Monitor							
				19		I/A								
Month Day Cocupancy Status Du [X] Facility Cl	ring Abatemen	t (Check	Day only ntire	Year one) Period	S	treet Addres	s							
of Abatement P []Abatement P Hours - Des []other - Des	erformed Outsi cribe:«OffHour	s Descr	ipt»		A	ity, State,	Zip Code							
			2000											
Scope of Work (Chec [X]>3 sf o: 1>160 sf		1		ovation olition		[]Mini-	-Enclosur	e edure	h Negativ	e Pre	essu	re		
			Is			[]Non-	Friable F	rocedur	.e		Abai	teme		
Location Asbestos-Co Material TO BE A In Fac: (13	ontaining (ACM) BATED Lity		Locati Normal Used Solel By Mai tenand Ustod taff (ly hn- ee/	inst	Description Asbestos-Con Material i.e., thermal color misce	ntaining (ACM) 1 systems Tacing, V	AT,	Amount (Specif SF or LF)	Ey	R E M O V A L	R E P A I R	A P	EZCHOSER
		Yes		N/A	Dim	e Insulat	ion		70 L:	E	X		•	E_
Basement			-	X		ler Insul			40 SI					
			-	-	له ملد اینا است									
Name of Registered AZTECH MANA		NTC F	JDEP Viauler	ID No.		ic Yards Vaste 1.5	100 miles (100 miles (of Regis	stered Lar tate	ndfil	1			
City, State Montclair, N	J 07042	·				00sal Date 1/22/19	City, Bro	State Onx, l	NY, 10					
Completed By (Prin		itle resid	ent			Signatur	fanti	12/10	111		1/5,	/201	9	
31 East Lincoln St						1 /	,	J						

INV-R	385	9				State of N	lew Jersey			8	11/7	ſĽ	
Ch le lles	3	1	NOT		ATIO	N OF AS	BESTOS ABA AC 8:60 and 5:		DEGE		M	<u>15</u>	
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	III NOV -	8 2	019	11.0	U
	05 /	19	_		Ma	arques W	ashington	-	Ind 140 c			Carlo colonia de la colonia de	in the same
Agencies Notified EPA	Type Notific Initial	cation			Stree	et Address		L. Carrier and Car	ASBESTOS LICEN			_&_	
⊠ DOLWD	☐ Amende				City	State, Zip	Code	<u>L</u>		CHIS	******	-	Control Married
⊠ DOH	Amendr	_		7.0	Contraction of	Imyra, N.			1257				
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g		e of Contac			Telephone Num	her			
	Cancella				Ma	rques W	ashington		l_ ·				
					FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facilit	y (4)				
Washington Reside	nce							☐ School (K-					
Street Address									r 8 (Other than K-12) private and commer c.)		uilding	gs,	
City (5)			1.70	1000				Square Feet	# of Floors	В	ldg. A	ge	
Palmyra								1,092	2		77		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
Burlington								Residence)				
Name of Monitoring Firm I	ON THE RESIDENCE OF THE PROPERTY OF THE PROPER				ASCM	No.	Name of Abatem		9 . 5				
Management & Envi	ro. Consul	Iting S	Servi	ces				onmental, LL	C				
Street Address							Street Address						
PO Box 341							623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C						
Chesterfield, NJ 085	4,000						Maple Shade	e, NJ 08052	400000				
Project Manager for Monit	oring Firm			N 000	ephone		Telephone No.	28	License No.				
Bill Weisgarber				100		3-4070	856-755-0099		00842				
Start Date (10)11 /18 /						ate (11) 19	Name of OSHA N EMSL Analy						
Occupancy Status During	Abatement (Check	only o	one)			Street Address						
☐ Facility Closed/Vacated							200 Route 13	30 North					
Abatement Performed			Facilit	у Ноц	rs - Des		City, State, Zip C	ode					
Time of Abatement:	AM	PN	/	PM		_AM	Cinnaminsor						
Scope of Work (Check all t	hat apply)												
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			⊠ Re □ De				☐ Mini-End ☐ Gloveba	closure g Procedure	egative Pressure	e			
	,			Loca			U			Ab	atem	ent T	уре
Location o Asbestos-Containing M		,		Norma d Sol	ally ely by	Asha	Description of			D.	ZD.	m	ш
TO BE ABAT		''	Ma	inten	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	i tress	surfacing, VAT	, or	SF or LF)	Val	~	sula	sure
(13)		Ī	Yes	No	N/A	1	other miscellane	ous)				ate	,,,
Basement						Floor T	ile and Mastic		650 SF				
											П	П	П
			П	П									
		-			1					П			
Name of Registered Waste	Hauler		Ц_		JDEP 1	Naste	Cubic Yards of	Name of Peg	istered Landfill	Ш	Ш	Ш	Ш
Freehold Cartage					lauler II	O No.	Waste 5	Fairless L					
City, State							Disposal Date	City, State					
Freehold, NJ							11/22/2019	Morrisville	e, PA				
Completed By (Print or Typ	e)	Title				NAME OF	Signature		Dat	е			
Christina Fay		Vic	ce Pr	eside	ent of	Operation	is they	Ray	1	15	10	ľ	

no Ci	5	NO	OTIF		MOITA	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:1		DEC	E		\mathbb{V}	
Date of Notification (1)	04 /	19				of Building Lot 9, LL	Owner/Operator (2)	II II NO	V -	8 2	019	Total victorial
Agencies Notified EPA	Type Notifica				200 550	Address Hastings	Drive		ASBES	TOS (L &
☑ DOLWD ☑ DHSS		7000			City, S	State, Zip C	Code		ACTION AND AND AND AND AND AND AND AND AND AN	ternitory and the second tree	MONORPH STORES	ON COMMENT PROPERTY	ROLD HILL SHIP IN
□ DCA	☐ Emergen		dina		Ten	afly, NJ	07670						
(NJAC 5:23-8)	justification	on)			Name	of Contact	t		Telephone Numi	per			
	☐ Cancellat	tion			Chr	is Roton	di as agent for o	owner	201-876-940	0			
					FAG	CILITY IN	FORMATION						
Name of Facility Where N/A	Abatement is T	raking Pla	ace (3)				Type of Facility (
Street Address									Other than K-12		10.00	200	
97 Monitor Street								homes, etc.)	rivate and commer	ciai bu	illaing	S,	
City (5)								Square Feet	# of Floors	Bl	dg. Ag	ge	-
Jersey City								9,600	4		68 +	yrs.	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Hudson								Warehouse					
Name of Monitoring Firm	n Hired by Build	ding Own	er (8)	ASCM	No.	Name of Abateme	and the second second control of the second					
Street Address							Street Address	nc.					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							104 Market S	troot					
City, State, Zip Code					-		City, State, Zip Co						
,,							Garfield, NJ						
Project Manager for Mor	nitorina Firm			Tele	phone	No	Telephone No.	07020	License No.				
,				1010	pilolio		973-931-3293		01365				
Start Date (10)	[5	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA M		01000			-	
11 /07 /	19	12	_ / .	30	_ / _		Same as abo						
Occupancy Status Durin Facility Closed/Vacat							Street Address						
Abatement Performer	d Outside of No	ormal Fac	ility F	Hours	s - Desc	cribe Time	City, State, Zip Co	ode			-	-	
Scope of Work (Check a	Ill that apply)					•							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren				☐ Mini-Enc ☐ Gloveba	g Procedure	ative Pressure	re			
				.ocat							atem	ent Ty	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM ATED	"	Jsed Main Custo	tena	ly by		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(.0)		Ye	es	No	N/A		other miscellane	ousj			8	te	
Roof]		\boxtimes	Roof m	nembrane		2,400 SF				
1 st Floor Hallway					\boxtimes	Floor Ti	ile		100 SF	\boxtimes			
]										
Name of Registered Wa Newark Carting, In		1			JDEP \ lauler II 11222	O No.	Cubic Yards of Waste 40 vds.	Name of Regis G.R.O.W.S					
City, State Newark, NJ							Disposal Date Nov. 2019	City, State Morrisville	, PA				
Completed By (Print or 1 Kiril Nestorov	Гуре)	Title Proje	ect i	Vlan	ager		Signature	nt	Da	ate	4	-/	Cy

check #

State of New Jersey

Check FF	NOTIFI	CATI Purs	ON OI	of New FASBE NJAC	STOS ABATE 8:60 and 5:16)	EMENT	DEC	El	M	E	
Date of Notification (1) 10 / 25 / 19)			Building O	wner/Operator (2)		NON TITL	- 8	201	9	la l
Agencies Notified Type Notification		S	treet Ad	dress stings D	rive	11.0000	ASBEST	06 00	NTA	OL 8	ž.
		_			The second secon		11/	Camerine 1		attricent?	
☑ DOLWD☑ Amended☑ Amendment #	‡	0		e, Zip Coo			and the second				
□ DCA □ Emergency (i	0.00			y, NJ 07	6/0		Telephone Number				-
(NJAC 5:23-8) justification)		N		Contact			201-876-9400				
☐ Cancellation			Chris	Rotondi	as agent for o	wner	201-070-3400				\dashv
			FACIL	JTY INF	ORMATION						-
Name of Facility Where Abatement is Takin	ng Place (3	3)				Type of Facility					
N/A						School (K-12	?) 3 (Other than K-12)				
Street Address						Other (i.e., p	rivate and commercia	al build	ings,		
97 Pine Street						homes, etc.)					
City (5)						Square Feet	# of Floors	Bldg.			
Jersey City						9,600	4		+ yr	s.	
County (6)			County	Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolishe	ed)			
Hudson						Warehouse					
Name of Monitoring Firm Hired by Building	Owner (8) A	SCM No	0.	Name of Abatem	ent Contractor (9))				
N/A					MAK-B Pro,	Inc.					
Street Address					Street Address						
Street Address					104 Market S	Street					
City, State, Zip Code	1200				City, State, Zip C	ode					
City, State, Zip Gode					Garfield, NJ						
Project Manager for Monitoring Firm		Teler	hone N	0.	Telephone No.		License No.	-			
Project Manager for Monitoring 1 in					973-931-329	3	01365				
Start Date (10) Sch	neduled Co	molet	ion Date	(11)	Name of OSHA	Monitor	Ji .				
	12 /				Same as abo	ove	, to				
Occupancy Status During Abatement (Ch					Street Address						
☐ Facility Closed/Vacated During Entire			nent								
Abatement Performed Outside of Norm of Abatement:AMPM/_	nal Facility	Hours	- Descr	ibe Time	City, State, Zip C	Code			8		
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ Re ⊠ De	novati molitic			☐ Mini-Er	nclosure aa Procedure	egative Pressure Non-Friable Procedu	re			
	1.	1	ion		Z Non E	torriptou () and			ateme	ent Ty	/pe
Location of	1	Locat Norma d Sole	lly	Ashe	Description estos Containing N	of Material (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ince/	(i.e	e., thermal system	is insulation,	(Specify	SVOL	ar.	apsı	nso
IN Facility	Cus	todial (12)	Staff?		surfacing, VA other miscellar		SF or LF)	=		ılate	ਰ
(13)	Yes	No	N/A		Office Hiscoria	neous)				10	
Roof			\boxtimes	Roof r	membrane		2,400 SF	\boxtimes			
4St Electrical Lellers		П		Floor	Γile		100 SF	\boxtimes			
1 st Floor Hallway	ᆜᆜ	Ŧ	-	1.00				П	П		
								1		П	TI
							11 45:11		Ш		1-
Name of Registered Waste Hauler Newark Carting, Inc.			NJDEP Hauler I	D No.	Cubic Yards of Waste 40 vds.		egistered Landfill V.S., Inc.				
City, State			1122	_	Disposal Date	City, State					
Newark, NJ					Nov. 2019	Morrisv	ille, PA				
	Title	-			Signature	10.		ate			8000
Completed By (Print or Type) Kiril Nestorov	Projec	ct Ma	nager	-	There	1 House		16-	2	5-	17

CKIGHI	4			ICATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE			v a li		Q V (4	4		**********
Date of Notification (1) 10/22/19	1-1545	8		Accur	f Building ate Buil							医们	<u> </u>	<u> </u>	
Agencies Notified X EPA	Type Notification X			Street A	Address oss Stre	et, Su	ite 301				NOV	- 8	201	9	UII
DEP	Amended	- 112		City, Sta	ate, Zip C	ode									manuel
X DOL	Amendment Emergency		-		vood, N		01			AS	BEST	08 00	VTR	3.10	
DOH DCA	justification) Cancellation				of Contact y Tendle				lange	The state of the s	ephone 2-573	Wednesday, but the same	IG.	190 20 20 April	
				224 0 0 0 0 0 0	ILITY INF		ION			10	2-373	-3290			
Name of Facility Where Giovani Restaurant		g Place (3	3)					Туре	of Facility	(4)					
Street Address 1462 South Avenue								☐ S × C	chool (K- ubchapter ther (i.e. p	8 (Oth	er than I	K-12) ercial bi	uilding	js, hon	nes,
City (5) Plainfield								Square 1600		# of	f Floors		Bldg 75	. Age	
County (6) Union				County (STATE	Code (7) USE ONLY)			it Use (Pri urant	or if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.			of Abate	ement Cor			1.0			
Street Address			ill.				Street	Address				.LC			
City, State, Zip Code							tate, Zip	3, 4 E G	ate D	rive		WORLS.			
							0.00	4.75	NJ 074	18					
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No. 764-22			Licens 703	e No.			
Start Date (10) 10/31/19			d Con		Date (11)				A Monitor		700				
Occupancy Status During	g Abatement (Chec			11 /		-	Street	Address	i						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A al Facility	baten	nent			City, S	tate, Zip	Code				il .	B1122 40	
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		R X D	enova emolit	tion ion			×	Glov	Containme Enclosure ebag Prod Exempted	edure				ure	
2000 NA		2.00	Locati ormal	5.000									Aba	temer Type	it
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use	d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial (insulati T, or		(S	nount pecify or LF)	Remova		П	Enclosure
		Yes	No	N/A								<u> </u>	7	late	lre
exterio				х			tar			30	0 SF	х			
exterior r	roof			Х		r	oofing			380	00 SF	Х			
														-	
Name of Registered Was Newark Carting	te Hauler		Н	JDEP Wauler ID		Cubic of Was			Name of F				ındfi		
City, State Newark, NJ						1	al Date		City, State						
Completed by		Title				TBD	ignature	1	Pen Arg	gyl PA		Dot:			
A. Scott Higgins		Presid	dent				.g. rature	1_				Date 10/22	/19		

Ch 19415		NOTIF	ICATIO	N OF ASE	BESTOS	ABATE	МЕ <u>МТ</u> 0)		n.al	1 -16		The state of the s	77 17	-1-1 page					
Date of Notification (1) 10/22/19	7									FEU	I B	1	<u> </u>						
Agencies Notified Type Notification							ороле		HI			0 0	240	-11					
X EPA X Initial			32 Cr	oss Stre	eet, Su	ite 301] N()∀ -	8 21	119						
DEP Amended		Ì	City, St	ate, Zip C	ode		-0.55		1					-					
			Lakev	vood, N	J 0870	01				ASBE	STOS (CONT	ROL	&					
DOH justification)	iciuaing	, [100		LTel		I tomprese to	1-12 100		UNB - 15 THE					
DCA Cancellation				7					732-573-5296										
Name of Facility Where Abatement is Taking	Place (31	FAC	ILITY INF	ORMAT	ION	T	of Facility	(4)										
home	i lace (3)							100 MV 100 AO										
Accurate Builders & Developers Spencies Notified Type Notification Steet Address Servet Address DOL Amended Amended Amended Amended Amended Amended Carbelliston Carbelliston Carbelliston Carbelliston Carbelliston FACILITY INFORMATION Type of Facility (A) Name of Contact Mendy Tendler T32-573-5296 Talephone Muniber T		es,																	
City (5)									# 0	Floors			Age						
			0 1	0 1 (7)					1			75							
Union			(STATE	USE ONLY)		buil	ding			ished)								
	wner (8)	ASCN	Л No.							_C								
Street Address						The state of the s			ate D	rive									
City, State, Zip Code	City, State, Zip Code																		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	0.	10		No.								
Start Date (10)	Pobodul	ad Car		D-1- (44)		100 24 1				703									
11/6/19	12/6/1	9	npietion	Date (11)															
	45	200				Street	Addre	ss											
Abatement Performed Outside of Norma	riod of a	Abaten / Hours	nent			City, S	tate, Z	ip Code					-						
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 lf			70.77			×	Mir	ni-Enclosure ovebag Proc	edure										
	le	Locati	on				140	II-Excilipted	() and	INOTI-L LIS	able FIC	2855 190	7 72						
Location of	1	Normal	у	li de la companya de	Des	scription	of					Ty	ре						
TO BE ABATED In Facility	Ma	intenar todial S	nce/		tos Cont thermal surfac	aining M systems cing, VA	aterial insula T, or		(S	pecify	Remova	Repair	Encapsul	Enclosu					
	Yes	No	N/A								=		ate	·e					
			х		е	elbows				20	х								
			Х		а	ir cells			20 e	lbows	х								
Apt 1464 closet, living, dining, kitchen			x		p	laster			340	0 SF	х								
The state of the s																			
Name of Registered Waste Hauler								Name of F	Register	ed Landf	ill								
Newark Carting		Accurate Builders & Developers Street Address 32 Cross Street, Suite 301 City, State, Zip Code Lakewood, NJ 08701 Name of Contact Mendy Tendler FACILITY INFORMATION Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 4 of Floors Square Feet 2200 1 75 County Code (7) (87ATE USE ONLY) When (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 Telephone No. Telephone No. 973-764-2276 Total County Code (7) (1) Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 Telephone No. 973-764-2276 Total County Code (7) Street Address City, State, Zip Code Telephone No. 973-764-2276 Total County Code Street Address City, State, Zip Code Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Telephone No. 973-764-2276 Total County Code (7) Street Address Total County Code (7) Street Address Toda County Code (7) Street Address Total County Code (7) Street Address Toda Count																	
City, State Newark, NJ					530	al Date													
Completed by A. Scott Higgins		dent			Si	ignature		ne _	~			19							

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Date of Notification (1) 11/6/19 JMJ - 1585	8			f Building Constr		perator	r (2)	100000000000000000000000000000000000000		NO.	٧ -	. 8	201	9			
Agencies Notified Type Notification EPA Initial			Street A	ddress ne Cour	t				1	V QDICA-	Tour	Title to			Alarmoni E Marchania and		
DEP X Amended Amendment a	‡			ate. Zip Co				Mary ser		ASDES'	105			01.5			
DOH Emergency (in justification) DCA Cancellation	ncluding		Name of	f Contact Constru					Telephone Number 732-905-4494								
Bend toker	NAVA-			LITY INF			10	2-900-	449	4							
Name of Facility Where Abatement is Taking Street Address	Place (3)						Ту	School (K-1) Subchapter	2)	as these 1				12			
City (6)							×	Other (i.e. pi etc.)	rivate	& comm	ercial	build	tings,	home	98.		
City (5) Lakewood							Sq	uare Feet	#0	# of Floors			Bldg. Age				
County (6) Ocean				Code (7) JSE ONLY	,	urrent Use (Prior if being demolished) Dime											
Name of Monitoring Firm Hired by Building O	ame of Monltoring Firm Hired by Building Owner (8)							e of Abatement Contractor (9) A LEAD PROFESSIONALS									
Street Address			ress E DOVE CO	COURT													
City, State, Zip Code						Zip Code	701										
Project Manager for Monitoring Firm	ne No.		Teleph	one			Licenso	e No.									
	Scheduled Completion Date (11) 11/21/19							SHA Monitor	SSIO	L							
Occupancy Status During Abatement (Check		3				Street .		ess DOVE CO	URT								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:								Zip Code	701								
Scope of Work (Check All That Apply)					1	E) (I (E	_ ,,,	300, 140 00	,,,,,			_			\dashv		
≥3 sf or ≥3 lf ≥160 ef or ≥260 lf	THE REAL PROPERTY.	enovat				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
Location of	0.00000	ocatio										ment pe					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solel ntenar odial S (12)	ice/		tos Conta	systems ing, VA	later inse T, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Endosure		
INTERIOR	Yes	No	N/A		FLO	OR TI	1 F		1	50SF				е			
(2.(0.)(120					`							
Name of Registered Waste Hauler NEWARK CARTING	H	JDEP W auler ID 1509		Cubic Y of Wasi				Registered Landfill									
City, State NEWARK, NJ						al Date		City, State		1 PA					\neg		
Completed by JOSEPH PERLSTEIN		Signature Date 11/6/15							·								

Ch 1168	NC	(Pi	CATIOI ursuant	tate of Ne NOF ASI to NUAC	BESTOS 8:60 an	ABATE d 12/12	01	Т		15	NOV	********		019				
Date of Notification (1) 11/6/19	1		Name of MB H	of Building ealthCa	Owner/ re	Operator	r (2)		Ui		NUV			USJ				
Agencies Notified Type Notification			Street A	Address Route 8				-		ASE	EST		ON'		. &			
EPA X Initial Amended			City, Sta	ate, Zip C	ode	<u> </u>			SHEAT COMMITTEE	ter a summir ture me	L. P	kuri Zumi i i i i kurio diamenta		urk Just assertingskrifted	N CO TELL MANAGEMENT			
DOL Amendment Emergency	(including	-		NJ 087					1 T-1									
DOH justification) Cancellation			Josh \						Telephone Number 845-558-5879									
Name of Facility Where Abatement is Takin	g Place (3)		FACI	ILITY INF	ORMAT	ION	Tvr	e of Facility (4	(4)									
1593 Route 88								School (K-12	2)									
Street Address 1593 Route 88							×	Subchapter 8 Other (i.e. pri etc.)	8 (Other than K-12) rivate & commercial buildings					, home	es.			
City (5) Brick							Squ	uare Feet	# 0	f Floors	S	В						
County (6) Ocean				Code (7) USE ONLY	rent Use (Prior	e (Prior if being demolished)												
Name of Monitoring Firm Hired by Building (ASCN	No.			of Al	patement Contr											
Street Address				OURT														
City, State, Zip Code					City, S	state,	Zip Code											
Project Manager for Monitoring Firm		Γelepho	ne No.		Teleph	none	No.	, , ,	Licen 1200									
Start Date (10) 11/17/19	732-668-90 Scheduled Completion Date (11) Name of OSH/ 11/20/19 AAA LEAD								SIO				neeser.					
Occupancy Status During Abatement (Chec	20 ==00					Street	Addr	ess										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba al Facility H	atem ours	ent			City, S	tate,	Zip Code						10				
Scope of Work (Check All That Apply)						LAKEWOOD, NJ 08701												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren X Den	novat				×	M	ull Containmen lini-Enclosure lovebag Proce	dure					0				
	Is Lo	catio			524	55.0000			n-Exempted (*) and Non-					ment pe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely	/ by ce/		tos Cont thermal surfac		lateria s insu T, or						Repair	Encapsulate	Enclosure			
INTERIOR	Yes N	No	N/A									Removal		ate	e e			
INTERIOR	INTERIOR FLOOR TILE AND MAS								13	30SF		x						
											-							
Name of Registered Waste Hauler	NI	DEP W	aste	Cubic	Yarde		Name of Do	agists	rad La-	oden.								
NEWARK CARTING		На	uler ID I 509	70,70,0,70	of Was			IESI	Registered Landfill									
City, State NEWARK, NJ					Disposal Date City, State 11/20/19 BETHLEHE					PA								
Completed by JOSEPH PERLSTEIN	Signature Date 11/6/19																	

FIRIT VIIII

CH006570

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:50 and 12:120)

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				April of the ware and the state of the state	
	NOV	- 8	2019		71

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Date of Notification (1) 08/26/2019	26/2019 JNU-14010 I									Ck #006570 ASH-STOS CONTROL &								
Agencies Notified Type Notification			Street A	Address rederick	Ave				THE SHAPE OF		LICE			4QL-4				
EPA Initial DEP Amended Amendment #	ŧ			ate, Zip Co	Code e, NJ 08052													
Emergency (in justification)			Name o	of Contact		Telephone Number												
DCA Cancellation				od Diana	85	856 779 1750												
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILIT INFO	RIVIAI	ION	Ту	pe of Facility	(4)									
Maude Wilkins Elementary School Street Address							×											
34 West Mill Road,							H	Other (i.e. etc.)				build	dings.	, home	es,			
City (5) Maple Shade				S				Square Feet # o 35,000+ 2			ors Bldg. A							
County (6) Burlington	Burlington							rrent Use (Pr ducation	ior if be	ing dem	olishe	d)						
Name of Monitoring Firm Hired by Building O Environmental Design Inc.		ASC	И No.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		batement Co Diagnosti		r (9)									
Street Address 5434 King Avenue, Suite 101						Street 16 G		ress wild Ave	ess									
City, State, Zip Code Pennsauken,NJ 08109								, Zip Code igdale, NJ	07403	3								
Project Manager for Monitoring Firm Tom Pruno						Teleph 973		No. 3995		Licens 0118								
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Add	ress										
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem Hours	nent			City, S	state,	wild Ave										
Scope of Work (Check All That Apply)			Bloomingdale,						07403	}					_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×		Mini-Enclosur Glovebag Pro	e cedure		Negative Pressure Non-Friable Procedure							
	1000	Locati							i-exempled () and Non-Fi					Abatement Type				
Location of Asbestos-Containing Material (ACM)	Use	lormali d Sole	ly by	Asbesto		scription aining M		ial (ACM)	А	mount	-		· y					
TO BE ABATED In Facility (13)		intenar odial S (12) No		(i.e. t	surfa	systems cing, VA niscellan	T, or			Specify F or LF)		Removal	Repair	Encapsulate	Enclosure			
Main Office, copy room, principal's	103	X	19/2		Flo	or Tile	es		10	00 SF	-							
to the second se																		
							-0.0								-			
Name of Registered Waste Hauler	JDEP W auler ID	1000	Cubic			Name of	Registe	red Lan	dfill	_								
Hazmat Diagnostic LLC/Newark Cart	333,733)	of Waste TBD Grand Central Land					fill											
City, State Bloomingdale, NJ/Newark, NJ		Dispos TBD	al Date	8	City, Star		PA											
Completed by Deni Naumovski	Title Presi	dent			Signature				Date 08/26/2019				019					

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

FIIIILI VIIII

1K0014512	NC		ATION	te of New Jersey OF ASBESTOS A to NJAC 8:60 and	BATEMENT		0)_[EGE		W [
Date of Notification (1) 11/04/19	9			Building Owner/O Payne No1 LLC	perator (2)			Clhedk# 44	52 21	019		J			
Agencies Notified Type Notification			Street Ad 25 18 th	ddress Street			A	SBESTOS (CONT	HOL	8				
□ EPA □ Initial ☑ DEP □ Amended ☑ DOL Amendment #_				te, Zip Code City, NJ 07807		Literary	termowanyo.	LICEN	SING	1700011	200				
	luding	1 2	lame of Harry U	Contact vegi				phone Numb -915-5328	per						
			FACII	LITY INFORMATI											
Name of Facility Where Abatement is Taking Robert Payne No1 LLC	Place (3)					Type of Facility (4) ☐ School (K-12)									
Street Address 725 18 th Street					☐ Subch	gs, ho	, homes, etc.)								
City (5) Union City, New Jersey 07807					Square Fe 50,000										
County (6) Hudson				Code (7) JSE ONLY)	Current Us										
Name of Monitoring Firm Hired by Building C Detail Associates, Inc	Owner (8)		ASCN	1 No.	Name of Abatement Contractor (9) Lilich Corporation										
Street Address 560 Sylvan Ave, Suite 3065			L		Street Address 606 McBride Ave										
City, State, Zip Code Englewood Cliffs, NJ 07631			12		City, State, Woodland	Zip Code I Park, New	,			79					
Project Manager for Monitoring Firm Anthony Valentine	oject Manager for Monitoring Firm Telephone No thony Valentine 201-569-6078														
Start Date (10) 11/05/2019	Scheduled 11/07/20		pletion		SHA Monitor Inmental La	borato	ries, LLC			(4					
Occupancy Status During Abatement (Chec				*	Street Addi 2333 Rou	ress te 22 West									
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm ☑ Other – Describe: Occupied	nal Facility	Hours	nent		City, State, Union, N	Zip Code NJ 07083									
Scope of Work (Check All That Apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		novati molitic				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	/ Limited Co	ntainn	nent&	Tent				
	100000	ocatio			#1 300 hrs. Dept.				T	Abate Ty	ment				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall I Solel ntenar odial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa	escription of staining Mater Il systems ins acing, VAT, o miscellaneou	ulation, r	(S	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A		Visit Seese of		70 W L								
Basement	X			Steam Pipe In	sulation		15	LF	X						
Name of Registered Waste Hauler Lilich Corporation	Н	IJDEP V lauler ID 18724		c Yards aste		ame of Registered Landfill									
City, State Woodland Park, New Jersey				Dispo	osal Date 7/2019	City, Sta Morrisv		4							
Completed by Adriana Olejarova	Signature	50		Da 1	ite 1/04/	2019	8								

Jnu 15855		NOTIF	ICATIO	tate of Nev N OF ASBE t to NJAC 8	ESTO	SABATE	MENT	-						na	(TTT) 200								
Date of Notification (1)					1				1) [E		15		\mathbb{W}									
10/27/2019				of Building (liocese of			(2)		11-	Ų		AND DESCRIPTION OF STREET		No Name and Association									
Agencies Notified Type Notification			Date I have been	Address	INEV	vaik			111		110		0	0040	- 1								
				Clifton Ave	enue						NO'	V -	8	2019	14								
EPA Initial Amended		+		ate, Zip Coo																			
DOL Amendment				rk, New J		y 07104	1		ASBESTOS CONTROL &														
Emergency (including	1		of Contact					Tel	ephon	- 1	100	4SIN	9	samutation er their								
DCA Cancellation			Ms. V	alentina E	Balde	essarre			(973) 497-4116														
None of Forth 186 and 1			FAC	ILITY INFO	RMA	TION																	
Name of Facility Where Abatement is Taking St. Anne/Jersey City Global Charte							Туре	of Facility (4	1. 10														
Street Address	30110	OI					×	School (K-12	12) r 8 (Other than K-12)														
255 Congress Street							H	Other (i.e. pr					dings	, hom	es.								
City (5)							Sauc	etc.)															
Jersey City		80.0	are Feet	3	f Floor	S	185	lldg. A	Age														
County (6)	Code (7)					1777	na der	nolish	- 67	<u> </u>													
Hudson	_	Current Use (Prior if being demolished) School																					
	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abate											atement Contractor (9)											
TBD						Sky (of Abatement Contractor (9) Contracting, LLC																
Street Address											s												
						1385 Valley Road, Suite K City, State, Zip Code																	
City, State, Zip Code						100			ev 07470														
Project Manager for Monitoring Firm Telephone No. Telephone No.																							
1. Tojout Manager for Monitoring 1 iiiii			releprio	ne No.						0087	ise No).											
Start Date (10)	Schedul	ed Con	noletion	Date (11)				HA Monitor		000	14												
	11/14/			()				acting, LL(2														
Occupancy Status During Abatement (Check	Only Or	ne)				Street								_									
Facility Closed/Vacated During Entire P	eriod of	Abaten	ent			1385	Valle	ey Road, S	uite l	K													
Abatement Performed Outside of Norma Other – Describe:	al Facility	/ Hours	er G			1		ip Code															
						Wayr	ne, N	ew Jersey	0747	70													
Scope of Work (Check All That Apply)	_																						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure					e									
	Is	Locati	on							ement													
Location of		Normal			De	escription	of			ре													
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole		Asbesto	s Cor	ntaining M al systems	ateria	I (ACM)		mount		-		Щ	m								
In Facility	Cus	todial S (12)	taff?	(1.6. ti		acing, VA		ation,		pecify or LF		Removal	Repair	Encapsulate	Enclosure								
(13)		(12)			other	miscellan	eous)			•		oval	oair	sula	Sure								
	Yes	No	N/A											te									
Basement - Small Gym		Х		ACM 3	3" DI.	A elbow	insu	lation	1	LF				х									
Lunch Room	, and a second medical management									2 LF				х									
Lunch Room	A THE STATE OF THE CONTROL OF THE CO									LF				х									
Basement Water Meter Room		ACM 2"	DIA	2 elbow	s ins	sulation	2	LF				x											
Name of Registered Waste Hauler	0.0000	JDEP W			Yards		Name of R			ndfill													
Service Transport Group, Inc.	auler ID 1990	500 march	of Wa TBD	aste		Minerva	Ente	rprise	s, LL	.C													
City, State Disposal Date City, State New Castle, Delaware TBD Wayne									Mra	Ohio													
Completed by	Title					Signature		1 1000	~. y,	01110	Date	9											
Ljiljana Sekularac	Office	e Assi	stant		Completed by Title Signature																		