000	WU PA	ALL	(P	ırsuant	to NJAC	8:60 and	0 12:12	J)		11.45	9.4	Ü,	. W.	1.5	
Date of Notification (1) 11/12/18			- 1		f Building Metals	Owner/C	Operator	(2)			NOV	2	2010		
Agencies Notified	Type Notification			Street A 245 Fr	ddress eight St	reet			1.7		NOV	-	2018		1000
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co)2			1.				1	
DOH DCA	Emergency (justification) Cancellation	including		Name of	f Contact					100000000000000000000000000000000000000	phone Num -575-574	ber			-
					LITY INFO	Barri.	ON								
Name of Facility Where Cookson Alpha	Abatement is Taking	Place (3)						_	of Facility (4 School (K-12						
Street Address 600 Route 440								×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,
City (5) Jersey City									re Feet	# of 2	Floors	1775	ldg. A 0+	ge	
County (6) Hudson					Code (7) USE ONLY)			ent Use (Prio it Industria			ed)			
Name of Monitoring Fir ACER	m Hired by Building (Owner (8)		ASCN	No.			of Aba	tement Cont						
Street Address 1012 Industrial Dri	ive			1			Street	Addre		d					
City, State, Zip Code West Berlin, NJ									ip Code 19341						
Project Manager for Mo Matt DePalma	onitoring Firm		- 1	Telepho	ne No. 09-1202		10.000 (CONT.) - 1000	none N 872-8			License No).			
Start Date (10) 11/26/18		Scheduled 2/28/19	Com	pletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status Duri	ng Abatement (Chec	k Only One))				Street	Addres	SS						
Abatement Perform	cated During Entire F med Outside of Norm						City, S	state, Z	130 North	1					
Other – Describe:							Cinn	amin	son, NJ						
Scope of Work (Check	All That Apply)	_					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				××××	Mir Glo	Il Containment ni-Enclosure ovebag Proce n-Exempted	edure				۵	
		le l	ocatio	on				110	II Exempted	() dild	NON I Habi		The San Liver	ement	t
Location			rmall	у			scription						Ту	ре	
Asbestos-Containin TO BE Al In Fac (13	BATED cility	Main: Custo	tenar	ice/				s insula T, or	ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
See atta	ached	Yes	No	N/A										Ф	
Name of Registered Wa	aste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of R	egister	ed Landfill				
Waste Managemer			2775	auler ID		of Was			GROWS						
City, State Newark, NJ						Dispos TBD	sal Date		City, State Morrisvil						
Completed by Jack Bally		Title Sr. Pro	ject	Mana	ger	S	Signature	/	2, 11.	6.10	Dat	e /12/	18		
550		1	20		(c)	- 1	AM	10 - 3	a de la	- (1.V)					



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



Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	E O	2 5 5 5	38.		
11 /	11 / 18	8			izon	g owner operator (-/		1 + 12 +			
							1179	4	ALL CROSS		+14	
Agencies Notified EPA	Type Notification ☐ Initial				Address			NOV 7	0			
⊠ DOLWD	☐ Initial ☐ Amended			111 300.70	erizon W		15.4	NOV I	3 2018	3		14
☑ DHSS	Amendment #	<u>2</u>		1000	tate, Zip (Ť	
☐ DCA	☐ Emergency (i	ncluding		Contract of the second	king Ric			· · · · · · · · · · · · · · · · · · ·			, i	
(NJAC 5:23-8)	justification)				of Contac		18 part 102	Telephone Nu				
	☐ Cancellation			Alex	Baylor			301-802-5	112	10.7		
				FAC	CILITY IN	IFORMATION .						
Name of Facility Where A	Abatement is Takir	g Place	(3)				Type of Facility	(4)	-1-20			
Verizon							School (K-12					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			ildina	S.	
10 Phillips Drive							homes, etc.)		1010101101	9	-,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	ge	
Old Bridge, NJ 088	57						10,000	3	5	50		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Middldesex												
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmenta	I Managaement	Inc.				JVN Restorat	ion Inc					
Street Address				S-1-1-11-11-11-11-11-11-11-11-11-11-11-1		Street Address						
8436 Enterprise Av	enue					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
Philadelphia, PA 19	9153					Staten Island	NY 10309					
Project Manager for Mon		-	Tele	phone I	No.	Telephone No.		License No.				
Mark Jenkins	• • • • • • • • • • • • • • • • • • • •			5-365		718-605-6256		00774				
Start Date (10)	Sche	duled Co	omple	tion Da	te (11)	Name of OSHA M	lonitor					
11 / _21 /		11 /				Testor Tech						
Occupancy Status During	Abatement (Chec	ck only o	ne)			Street Address						
☐ Facility Closed/Vacate		Contractive Contractive		nent		10 59 Jackso	n Avenue					
Abatement Performed					cribe	City, State, Zip Co						-
Time of Abatement: _	AMF	M/ <u>5:00</u>	PM- <u>1</u> :	30AM		LIC NY 11101						
Scope of Work (Check al	I that apply)										11.2011	
		222					ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enc	losure g Procedure					
			Homac	<i>,</i> 11			mpted (*) and No	n-Friable Proce	dure			
		Is	Locat	ion					Aba	atem	ent Ty	уре
Location			lorma d Sole			Description o			R	D	ш	Ш
Asbestos-Containing TO BE ABA			ntena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	nca	nclo
IN Facili		Cust		Staff?	(,,,	surfacing, VAT,		SF or LF)	oval	7	Encapsulate	Enclosure
(13)		Van	(12)	NI/A		other miscellane	ous)				ate	(D
		Yes	No	N/A								
First Floor					VAT &	Mastic		17 SF		Ш	Ш	
		T	П						П	П	П	
][] [] [][
			Ц			La crista de la companya de la compa				Ш	Ш	Ш
Name of Registered Was	ste Hauler		1 2.9	JDEP \ auler I[Cubic Yards of Waste	Name of Regis					
Newark Carting				NJ-56		30	G.R.O.W.S	., Inc.				
City, State						Disposal Date	City, State			-		
Hackettstown, NJ						08/25/17	Morrisville	,PA				
Completed By (Print or T	ype) Tit	le				Signature	/) [Date 1		10	
Ralph Barnhardt		Project	t Mar	ager		1 0	S		1	-	14	_
ΔSR-41										- 1		





Date of Notification (1)					Name	of Building	g Owi	ner/Operator (2)		J	- 5		- 3,	2
	09 / _	18	-		Ver	izon									
Agencies Notified	Type Notificat	tion			Street	Address				A N	101	3	20	8	11
⊠ EPA					53 E	E. Mount	Plea	sant Avenu	е	1 7 7	IU V				11
□ DOLWD	☐ Amended			İ	City, S	tate, Zip C	ode								
☑ DHSS	Amendme				Livi	ngston,	NJU	07039		7			. 1		176
DCA (NJAC 5:23-8)	☐ Emergenci justificatio		ding	ŀ		of Contact				Telephone-N	umber		*		
(145/10/3.25-0)	☐ Cancellation					k Baylor				301-802-5					
					FAC	CILITY IN	FOR	MATION				11			
Name of Facility Where A	Abatement is Ta	aking P	lace (3)					Type of Facility	(4)					
Verizon									School (K-12						
Street Address									☐ Subchapter ☐ Other (i.e., p			huil	dinas		
53 E. Mount Pleasa	nt Avenue								homes, etc.)		Helciai	Juli	ungs	,	
City (5)	iero-								Square Feet	# of Floors		Bldg	g. Ag	Э	
Livingston, NJ 0703	39								10,000	3		5	0		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	nolished))			
Essex															
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9))					
USA Environmenta	I Managaem	ent Ind	С.				J	VN Restora	tion Inc						
Street Address	,						Stre	et Address							
8436 Enterprise Av	enue						4	7 Foster Ro	ad						
City, State, Zip Code							City	, State, Zip Co	ode		- T				
Philadelphia, PA 19								taten Island	NY 10309		300000				
Project Manager for Mon	itoring Firm				phone		1 60	ephone No.		License No.					
Mark Jenkins				77718	5-365		- 27	18-605-6256		00774			you.		
Start Date (10)		chedule		- S				ne of OSHA N	Ionitor						
/					_ / -	18		estor Tech							
Occupancy Status During	745		- 19 Jan					et Address							
☐ Facility Closed/Vacate						م مانه م		0 59 Jackso							
Time of Abatement:						cribe	1 8	, State, Zip Co							
Scope of Work (Check al	Il that apply)							IC NT TITO							-
		1	7						tainment with Ne	gative Pressure	:				
≥3 sf or ≥3 lf≥160 sf or >260 lf		-	Ren Dem					☐ Mini-End	osure Procedure						
			•	27002,700					mpted (*) and No	on-Friable Proce	edure				
	1.2		20.00	_ocat ormal							1	Aba	teme	nt Ty	
Location Asbestos-Containing		,			ly by	Ashe	stos (Description of Containing Ma		Amount	1	D	Re	En	Enclosure
TO BE ABA				ntena			., the	rmal systems	insulation,	(Specify	Control	3	Repair	cap	clos
IN Facili	ity		Custo	(12)	Staff?			urfacing, VAT ner miscellane		SF or LF)	2	2		Encapsulate	ure
(13)		Y	/es	No	N/A		Oti	iei miscenane	ous)	-				te	
Basement HSB Area	HSB Area						ile			60 SF	D	3			
Basement HSB Area		Σ				Floor N	lasti	С		180 SF	[2	3			
]												
Name of Registered Was	ste Hauler			1000	JDEP \		1 / 10/2007	oic Yards of	Name of Regi	stered Landfill					
Newark Carting				Н	auler II NJ-56		Wa:	ste 5 CY	Grand Cer	ntral Sanity L	.andfill				
City, State							-	oosal Date	City, State						
Hackettstown, NJ							1	1/23/18	Pen Argyl	,PA					
Completed By (Print or T	ype)	Title			V-11070C			Signature	11/11	7	Date				,
Ralph Barnhardt		Pro	oject	Man	ager			MA	In follow	m	(/ -	- 3	orl.	12)

(K 25	128 PA	ALL	NOTII (I	FICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MENT 0)		,	heck #	257	20	s salter to the	· campanya (a
Date of Notificatio	n (1) 1/7/2018			Name o	of Building	g Owner/0	Operator	r (2) Ziegl	er	7 1	N.E	P _j			
Agencies Notified	Type Notification		70-	Street A	Address						Patr				
☐ EPA	× Initial		A									NOV	1 3	3 20)18
DEP × DOL	Amended			City, Sta	ate, Zip C	Code		2 B			1	14/7 8			710
	Amendment Emergency						Penr	ningtor	n, NJ 08	534	i				
DOH DCA	justification) Cancellation				of Contact Nicole	-				Te	lephone Nu	mber	A		
	Caricellation				ILITY INF	250	ION								31.5
Name of Facility V	Vhere Abatement is Takir	g Place (3	3)	170	ILIT IN	ORWAT	ION	Туре	of Facility	(4)					
	Residential							П	School (K-	12)					
Street Address									Subchapte	r 8 (Oth	er than K-1				
									otner (i.e. etc.)	private	& commerc	ial buil	dings	, hom	es,
City (5)	Pennington, NJ	00524						Squar	re Feet	# 0	f Floors	E	Bldg. A		
County (6)	rennington, NJ	00534		<u> </u>	<u> </u>				3000		2		10	0+/-	3
Merc					Code (7) USE ONL	n		Curre	nt Use (Pri	or if bei	ing demolis	hed)			
	g Firm Hired by Building	Owner (8)		ASCN	√l No.				tement Co						17 - 27
Street Address	WILCO									ental S	Services,	Inc.			
The control of the co	Box 341							Addres 30x 32							
City, State, Zip Co	de								p Code				2		
	osswicks, NJ 08515								NJ 0850)1					
Project Manager for Bill Weisgar				Telepho	ne No. 298-40	70		none No			License N	10.			
Start Date (10)	Del	Schedule	ed Cor		290-40 Date (11)		204.050400	of OSH	IA Monitor		00493				
11/17/20)/2018			MEC	S							
	During Abatement (Chec							Addres	7						
Facility Close	d/Vacated During Entire F erformed Outside of Norm	Period of A	Abater	nent			G 283877	30x 34							
Other – Descr		iai r acility	Hour	s 					p Code ld, NJ 08	515					
Scope of Work (Ch	eck All That Apply)						01100	otorno.	140 00	010					
≥3 sf or ≥3 lf	,,,,,,	X	Renova	ation			Г	7 =	Containm	ont with	Negative F				
≥160 sf or ≥26	60 If	-	emoli						i-Enclosure		ivegative i	riessu	ie		
							ř		vebag Pro		d Non-Friab	ole Pro	codur	۵	
		ls	Locat	ion				1101	ZXOMPTO	4 () ain	a reon-r rial	1	U-16 AV	ement	
Lo	cation of	N	Vorma	lly		Des	scription	of	1				Ту	ре	
	aining Material (ACM)		d Sole intena		Asbes	stos Cont	aining M	laterial	(ACM)		mount			ш	_
	E ABATED Facility	Cust	odial	Staff?	(i.e.	thermal surface	systems cing, VA		tion,		pecify or LF)	Ren	Re	ncap	ncl
	(13)	(12)				niscellan			0.	0. 2. /	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								_		ate	e)
Ва	sement		X		Th	nermal I	Pipe In	sulation	on	2	25 If	Х			
											- V(10 - 5 - 5				
	0														
Name of Registered	d Waste Hauler		I	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
AND ADDRESS OF THE PARTY OF THE	nmental Services			lauler ID 18292	No.	of Was			Fairless						
City, State							al Date		City, State						
Allentown, NJ					11/	30/201	8	Morrisy	ille, P	×					

Mahlon E. Stevens

Completed by

Date

11/07/2018

Signature

Title

Project Manager

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Drir	nt l	-0	rm
Prir	11 1	U	1111

CICITIO P	AII		CATION	OF ASB to NJAC	ESTOS	ABATE		r			Ç.	G		1 (-1 13 1-	
Date of Notification (1)				f Building Calvitti	Owner/0	Operator	r (2)			A	101/	1 3	201	0	
Agencies Notified Type Notification		-	Street A						12 14	P	101	1 0	201	0	15
			Olicela	duress											i.
EPA Initial DEP Amended		H	City Sta	ite, Zip Co	nde	- 47 Sec. 480			i.	Postal	1			- 40 mm	
× DOL Amendmen	t #			e Brook		663				5 25 1 1 7 2	i	and.	1.0		
DOH Emergency		-		f Contact	, 110 07				Tel		- 11				
DOH justification				Calvitti					Tel	ephon	ie Nui	nber			
				LITY INF	ORMATI	ON				_					
Name of Facility Where Abatement is Takin	ng Place (3)	1 AOI		OKWATI	OIN	Тур	e of Facility	(4)						
Residential Home															
Street Address							H	School (K- Subchapte		er thai	n K-1	2)			
							×	Other (i.e.	private a	& com	merci	al buil	dings.	home	es,
City (5)						-	Sau	etc.) are Feet	1 # 0	Floor		- 1 -	lda /		
Saddle Brook							190		2	F1001	5	100	8ldg. <i>A</i> 70 +/	-	
County (6)			County (Code (7)			100000	ent Use (Pr		na do	malial	- 2	0 17	_	
Bergen				JSE ONLY)			sidential I		ng dei	TIOIISI	iea)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	No.		Name	of Ab	atement Co	ntractor	(9)			5 th 1 1 1 1 1 1		
Project Manager								s Abatem		ansena					
Street Address						Street	Addre	ess							
						280	N. M	idland Av	e.						
City, State, Zip Code								Zip Code					127		
								rook, NJ	07663						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph				Lice	nse N	0.			
						201-	600-	3184		013	05				
Start Date (10) 11/13/18	Schedule 11/16/		pletion [Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Chec						Stroot	Addra	200							
			ACCUPATION AND ADDRESS OF THE ACCUPA			Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abatem / Hours	ent			City S	tata	Zip Code							
○ Other – Describe: 8 A.M to 4 P.M						City, G	itate, z	rib Code							
Scope of Work (Check All That Apply)												-	-		-
≥3 sf or ≥3 lf	X F	Renova	tion			×	i .	II Contoine		Mana					
× ≥160 sf or ≥260 lf	_	Demoliti						ıll Containm ini-Enclosur		ivega	tive F	ressu	re		
						H	GI	ovebag Pro	cedure						
							J NO	on-Exempte	d (*) and	Non-	Friab	T			
		Location											Abate	ment pe	
Location of Asbestos-Containing Material (ACM)		d Solel		Ashaai	Des	cription	of			20.0		-	,	-	
TO BE ABATED		intenar		(i.e.	thermal	aining iv systems	nateria s insul	al (ACM)		mount pecify		- R	Transaction of the same	5	ш
In Facility	Cus	todial S (12)	tarr?		surfac	ing, VA	T, or			or LF		Remova	Repair	Encapsulate	Enclosure
(13)	-	V /			other m	niscellan	neous)					ova	air	sula	sur
	Yes	No	N/A									_		te	е
Basement		X				VAT			27	7 SF		x			
The state of the s					West of the second										
	-														
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic `	Varda		Non	D=-! :						
All Stages Abatement		10000	auler ID I	2004200	of Was			Name of							
		00	36592		2			Grand	Centra	l Sar	nitary	/ Lan	dfill		
City. State					Dispos	al Date	*****	City, Stat	e						
Saddle Brook, NJ					TBD			Pen Ar		4					
Completed by Richard Cristofol	Title	40 .00			Si	gnature	1	/ /	11		Da	e			
belle more firetestal	Droci	dent					11/	1-7		-	111	/8/18			

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

D&S Proj. #: 18-241	TU	PA	(Pursu	ant to NJA0	8:60	and 12:120)			9 19	**		1.73	1
Date of Notification (1)				ner/Operator (2)				NOV	13	2018		
Agencies Notified Type Notificat EPA Initial DEP Amended Amendment #	tion	nancy gav treet Addre	SS										
DOL Emergency (including justification)		rutherfor	d, nj 070	070				Telephone	Number				
DCA Cancellation		nancy ga	vura										
			FAC	ILITY INFORM	MATION								
Name of facility where abatement	is taking pla	ace (3)					Тур	oe of Facility (4	(K - 12)				
nancy gavura				Market Water Committee				_	pter 8 (O	ther th	an K-	12)	
Street Address							11	Other (F	Private/Co Homes, e	omme tc	rcial		
							Sc		of Floor		Bld	g. Ag	je
City (5)	Cour	nty (6)				nty Code (7) te use only)		urrent Use (Pri	or if bein	g dem	olished	d)	_
rutherford Name of Monitoring Firm Hired by	berg			ASCM No.	۱.,	Name of Abateme	ent Cont	ractor (9)				_	
Name of Monitoring Firm Filled by	Blug. Own	si (0)		ASCIVI NO.		D & S RESTO							
Street Address					-	Street Address		511, 1110.					
						20 California	NAME AND ADDRESS OF TAXABLE PARTY.		moral and the second second				
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring Firm	1	I Dh	one Numb	ner		Paterson, NJ Telephone Numb			License	Numb	er		
1 Toject Manager for Monitoring 1 in		1	One realin	561		973-345-80				1169	-		
Start Date (10)	Sched	I. Completion	n Date (1	1)		Name of OSHA N							
11/28/18	12/12	2/18				D & S Restor	ration, l	nc.					
Occupancy Status During Abateme	nt (Check o	only one)		Your handers and head of	THE REAL PROPERTY.	20 California	Avenu	e					
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Co	ode						
Other-Describe: NORMAL I	HOURS				_	Paterson, NJ	07503						
Scope of Work (check all that app Scope of Work (check all that app Scope of Work (check all tha	y) Renovation						Mini- Glove	Containment ware enclosure ebag procedure Exempted (*)	е			dure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally enance/cus		3		sbestos-containin		Amount (Specify SI LF)	For	R e m o v	R e p a i	E n c a p	E n c L
BASEMENT		X	1	PIPE INSU	JLATI	ION		80 l ft		e			
DITODITO													
					um at a second								旦
													牌
Registered Waste Hauler	INUE	ED Haulas I	D# 10	Cubic Yards of	Wasta	Name of Registe	rod Lan	dfill			Ш	Ц	
D & S RESTORATION, INC.		EP Hauler I 506		1 yd	vvasie	TULLYTOW			COVE	RY			
City, State			Disposal I			City, State	DI F						10 <u>2 - 2 - 10 - 1</u> 02
PATERSON, NJ 07503	Title		11/29/	Signature		TULLYTOV	/N, PA		Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIC	FNT		Oignature					11/05	/18			

MO254368010

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

intelli	- PROPERTY	emperican.	cos a	our enter effect description and the contract of the contract
3	10	152	1	Print Form
	1 5 572		1.5	

Name of Registered Waste Hauler EHW ABATEMENT LLC City, State PATERSON,NJ No N/A Pipe 100 LF K Name of Registered Landfill TRI STATE TRANSFER Disposal Date TBD City, State Bronx,NY Date	10221	2010/2010		45	TI DECEMBER OF THE		and 12:120				NOV	13	20.	0	
## PAPER Initial Amended City, State, 26 Code TOTOWA, NJ, 07512	Date of Notification (1 11/05/2018)		N:	ame of B	uilding Ow County	ner/Operator Weatheriz	(2) ation	n Dept	2. 1	1001				7.0
DOL				S	treet Add	lress erview D	rive ,suit 2	250		1			1		
DOH	EPA DEP DOL		‡	C	ity, State	, Zip Code VA,NJ,07	512								
Name of Facility Where Abatement is Taking Place (3) Private House Street Address Type of Facility (4) School (K-12) S		justification)	ncluding												
Street Address Street Address	_ DCA	L Cancellation			FACILI	TY INFOR	MATION								
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Street Address Stre	Private House								Subchapter 8	(Other	r than K-12)				
City (6) County (6) Passaic County (7) Passaic Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Stre	Olicernadiess							1	etc.)						•
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)								N/	'A	N/A		N/		-	
Street Address			(3	County C	ode (7) SE ONLY)					g demolishe	ed)				
Street Address Street Address 89 Franklin Street City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Project Manager for Monitoring Material (ACM) Amount (Specify Custocial Strip Full Containment with Negative Pressure Giovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-F		Firm Hired by Building (Owner (8)		ASCM	No.					9)				
Project Manager for Monitoring Firm Telephone No.	1282-22-2						Stree 89	t Add	ress klin Street						
Telephone No. 973-333-5144 Diagram	City, State, Zip Code											100 700		-	
Start Date (10) 11/16/2018 Scheduled Completion Date (11) 11/16/2018 Scheduled Completion Date (11) 11/16/2018 Scheduled Completion Date (11) 11/16/2018 Scheduled Completion Date (11) 11/16/2018 Scheduled Completion Date (11) 11/16/2018 Scheduled Completion Date (11) Scheduled Completion Date (11) Stheat Abatement Parformed Outside of Normal Facility Hours Street Address 89 Franklin Street City, State, Zip Code Paterson, NJ, 07524 City, State, Zip Code Paterson, NJ, 07524 Street Address 89 Franklin Street City, State, Zip Code Paterson, NJ, 07524 City, State, Zip Code Paterson, NJ, 07524 City, State, Zip Code Paterson, NJ, 07524 Street Address 89 Franklin Street City, State, Zip Code Paterson, NJ, 07524 City, State Paterson, NJ, 0	Project Manager for	Monitoring Firm		1	elephon	e No.	Tele	phone	No.			0.			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupy Scope of Work (Check All That Apply) Scope of Work (Check All That App					pletion D	Date (11)	Nam	e of C	SHA Monitor	II.C					
Facility Closed/Vacated During Entire Period of Abatement Abatement Promed Outside of Normal Facility Hours Other – Describe: Occupy Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf ≥ 160 sf or		Juring Abatement (Chec					Stree	et Ado	iress	LLO					-
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf	T Facility Closed	Vacated During Entire	Period of Ab	atem	ent			07 100.00							_
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Basement X Pipe 100 LF X Name of Registered Waste Hauler EHW ABATEMENT LLC City, State PATERSON,NJ Title Signature Signature Date	ln		Cusic		Man:					Si	- OI LF)	Nova	pair	Suk	Enclosure
Name of Registered Waste Hauler EHW ABATEMENT LLC City, State PATERSON,NJ Name of Registered Landfill TRI STATE TRANSFER Disposal Date TBD City, State Bronx,NY Date		(13)	Yes	No	N/A							=		ate	O.
Hauler ID No. 0037095 City, State PATERSON,NJ Disposal Date TBD City, State Bronx,NY Disposal Date Bronx,NY	Bas	sement		Х			Pipe	9		10	00 LF	X			
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PATERSON,NJ TBD Bronx,NY Date				1	lauler ID	No.	of Waste	s							
Complete Signature Date	City, State PATERSON,NJ	l						ate	City, Stat Bronx,	e NY	,				
Victor Espiritu			Title Proje	ect	-		Signa	ture	how	KAL			/201	8	

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Date of Notification (1) 11/05/2018	F/			Name of Jorge	Building Cruz Sa	Owner/C antos	Operator	(2)			N()\	3	2018	,
Agencies Notified	Type Notification		1	Street A	ddress					, i					
X EPA	× Initial		-	City Cto	te, Zip Co	da				-	7331				
× EPA × DEP × DOL	Amended Amendment		_		rk ,NJ ,C										
DOH DCA	Emergency justification) Cancellation		Ī	Name of Jorge	Contact Cruz Sa	antos				Tel	ephone Nui	nber			
				FACI	LITY INFO	DRMAT	ION								
Name of Facility Where Private House	Abatement is Takin	ig Place (3))					Ту	pe of Facility (0.00					
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	es,
City (5) Newark									uare Feet /A	# o	f Floors A		ldg. A	ge	
County (6) Essex				County C	Code (7) JSE ONLY)		Cu	rrent Use (Pri- rivate Hous	or if bei	ng demolis	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.		Name EHV	of A	batement Cor BATEMEN	ntractor LLC	(9)				
Street Address							Street 89 F		ress klin Street	-15-a 41					
City, State, Zip Code							City, S	State	, Zip Code n,NJ,07524	1					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi 973-		No. 3-5144		License N 01274	lo.			
Start Date (10) 11/15/2018		Schedule 11/16/2		npletion [Date (11)				SHA Monitor BATEMEN	Γ LLC	L				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street		ress klin Street						
X Facility Closed/Vac Abatement Perform Other – Describe:					ii ii		City, S	State	, Zip Code	4					\dashv
Scope of Work (Check A	All That Apply)				0.000										-
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				>		Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
		Is	Locati	ion								T	Abate	ement	
Location Asbestos-Containing		Used	ormal d Sole	ly by	Ashas		scription		rial (ACM)	Δ	mount		1,	pe	\sqcap
TO BE AB In Faci (13)	ATED lity		ntena odial 3 (12)			thermal surfa	system cing, VA	s ins	sulation,	(8	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Basem	ent		Х				VAT			10	00 SF	Х			
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Name of Registered Wa	ste Hauler		IN	JDEP W	aste /	Cubic	Yards		Name of	Registe	ered Landfil				Щ
EHW ABATEMENT			H	lauler ID 037095	No.	of Wa N/A			TRI ST	ATE	TRANSFE				
City, State PATERSON,NJ						Dispo TBD	sal Date		City, Stat Bronx,						
Completed by Victor Espíritu		Title Proje	ct			Ş	Signature	1	to h	161		ate 1/05/	2018	3	

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 09 540 Broad Street Owners, LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 1865 Palmer Avenue, Suite 203 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Larchmont, NY 10538 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Patrick Dobbins 914-833-3000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 540 Broad Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Whitman Environmental ALL PRO MANAGEMENT LLC Street Address Street Address 7 Pleasant Hill Road 27 Outwater Lane City, State, Zip Code City, State, Zip Code Cranbury, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __10 / __18 11 / 12 / 18 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM- AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure □ ≥160 sf or ≥260 lf □ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) 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 1st Floor-Bathrooms X Pipe Insulation- Wrap and Cut 30 LF \boxtimes П П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** IESI Bethlehem Landfill As Needed 0283 City, State Disposal Date City, State Newark, NJ TRD Bethlehem, PA Completed By (Print or Type) Title Signature Date Allen Monchik Allen Monchik Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

11/9/18

CK1643 PAID

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

Date of Notification (1)			1									Mar.	
11/06/18			Name	of Building ark Publ	g Owner ic Scho	/Operato	r (2)		100	Nov	1 () 20	10
Agencies Notified Type Notification EPA Initial	1			Address Mohamn	ned Ali	Avenu	e Room 209			101	3		10
X DEP Amended X DOL Amendment		_		state, Zip Cark NJ 0					Z - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				8
□ Emergency □ justification) □ Cancellation				of Contact	-	0			elephone No	ımber			
				CILITY INF				3	13-133-1	200			
Name of Facility Where Abatement is Takir Quitman Street Community School	ng Place (3 ol	3)			O' WINA	ION	Type of Facility School (K-	100					
Street Address 21 Quitman Street							Subchapte Other (i.e.	r 8 (Otl	her than K-	(2) cial bu	ilding	s, hon	nes,
City (5) Newark							etc.) Square Feet 15000	3	of Floors		Bldg. 120	Age	
County (6) Essex			County (STATE	Code (7)	n		Current Use (Pr School	ior if be	eing demolis	- 1	120		
Name of Monitoring Firm Hired by Building Whitman	Owner (8)		ASCI 001	M No.		Name Turn	of Abatement Co	ntracto	r (9)				
Street Address 7 Pleasant Hill Road						Street	Address erkeley Terrar		g 00ip.				
City, State, Zip Code Cranbury,NJ 08512						City, S	tate, Zip Code gton, NJ 0711						
Project Manager for Monitoring Firm Kevin Lovely			Telepho	one No. 90-5858		Teleph	one No.) 372-2177		License N	lo.			-
Start Date (10) 11/16/18	Schedule			Date (11)		Name	of OSHA Monitor	l	01238				
Occupancy Status During Abatement (Check	c Only One	e)				Street	Analytical La						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	baten Hours	nent		y.	City, St	Vest 36th Stre ate, Zip Code						
Scope of Work (Check All That Apply)						New	York, New Yo	rk, 10	018	000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
Location of	100000000000000000000000000000000000000	ocationall	22/1/2010		-) and	u Woll-Filab		Abat	emen pe	ŧ
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenar	nce/	Asbest (i.e.	os Conta thermal surfac	scription aining Ma systems sing, VAT niscellane	aterial (ACM) insulation, , or	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No									_		ite	е
Principal's Office		X			floor	tile/mas	stic	35	0 SF	Х			
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic \	/ords	N						
Tri-State Transfer Assoc.		Ha	uler ID 1 V1896	00/00/200	of Wast				red Landfill ITERPRIS	SES	ASS	OC,	INC
City, State Bronx, NY 10474					Disposa TBD	al Date	City, State Waynes		OH 4468	8			
Completed by Emeka Okeke	Title Preside	ent			Sig	gnature	Fines	3	Dat	10.00	8		

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240080		OTIFICAT	State of New Je	OS ARAT	EMENT		E			20
Date of Notification (1) 11/01/2018 CHECK #0080 Agencies Notified Type Notificat X EPA Initial Amender Amender Amender Amender Amender Amender Amender Amender Cancellat Name of Facility Where Abatement is Ta	id ent #_ cy (including in)	Name CLA	is and to NJAC 8:50 is of Building Owning RY RODRIGU ist Address State, Zip Code RTH BERGEN is of Contact ARA KOCH	er/Operate	Type of Facilities School (f	VFR APPI	C-12)	(ED)	13	20
City (5) NORTH BERGEN,NJ 07047 County (6) hudson		Count	y Code (7)		Square Feet 50X100	# of Floors		Bldg 50	gs, no g. Age YEAI	-
Name of Monitoring Firm Hired by Building Street Address	g Owner (8)	(STATE	É USE ONLY)	Name ALL	of Abatement C	Prior if being demo T UNOCCUPII ontractor (9) CONTRACTI	DE			
City, State, Zip Code Project Manager for Monitoring Firm		Telepho	one No.	City, St	HURCH ST rate, Zip Code WOOD, NJ 0 one No.	7407	No			
Start Date (10) 11/02/2018 Occupancy Status Date 1	Scheduled 0 11/03/201	Completion 8	Date (11)	201 8 Name o	73-9418 of OSHA Monitor	01301		ıc.		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: BASEMENT EMPT Scope of Work (Check All That Apply)	Period of Abat			Street A 24 CH City, Sta					-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Reno Demo		10:25	××	Glovebag Pro	cedive				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Loca Norm: Used So Mainten: Custodial	ally lely by ance/	Asbestos Conta (i.e. thermat	systems in	f erial (ACM)	Amount (Specify	-	Abai	temen ype	Т
(13) BASEMENT	Yes No	N/A	surfac	ing, VAT, iscellaned	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
DASEMENT		X	PIPE IN	ISULAT	ION	55 SF	Х	-		
							-	-		

ATLANTIC CARTING

Hauler ID No.

Of Waste TDB

City, State
PEN ARGYL

Completed by
LUIS ARCILA

Disposal Date TDB

Disposal Date TDB

City, State PEN ARGYL, PA 18072

Signature

Date 11/01/2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#3204	PATE		(P	ursua	nt to NJ	AC 8:60	and 5:1	6)	1 6				1	100
Date of Notification (1)	月 10 月月月			Nam	e of Buildir	ng Owner	/Operator (2)	1 .	W.Ets				1 11
	06 / 1	8			Dames	20		11		NOV	13 %	018		- :]
Agencies Notified	Type Notification			-	t Address			1	2.	NOV		.010		2.14
☐ EPA	☑ Initial								1					
☑ DOLWD ☑ DHSS	Amended Amendment			City,	State, Zip	Code				***			1. T.V	
DOCA	Emergency (i		-	Rahw	ay, NJ 07	7065			0 - 102	v				
(NJAC 5:23-8)	justification)		3		e of Contac				Tele	phone Nu	ımber			
	Cancellation			Gabr	iela Berna	ıl			D			•		
				FA	CILITY II	VFORM.	ATION							
Name of Facility Where	Abatement is Takir	g Place	(3)					Type of Facility	y (4)	ATTO DESCRIPTION				
Private house								School (K-1	12)					
Street Address								Subchapter Other (i.e.,	private a	r than K-1 and comm	i 2) nercial i	ouilding	js,	
City (5)				10				Square Feet	*	Floors		Bldg. A	ge	
Rahway, NJ 07065 County (6)				10		(22122								
Union				Cour	nty Code (7)	(STATE (JSE ONLY)	Current Use (F	Prior if be	ing demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner	(8) T	ASCM	No	Nama	of Abotom	ent Contractor (21					
	, ,		(-)	, 100W	140.	1	ch LLC	ent Contractor (3)					
Street Address							Address							(2.104)
							alley Rd#	283						
City, State, Zip Code							tate, Zip Co		10,000					
						Wayne	, NJ 0747	70						
Project Manager for Moni	itoring Firm		Tele	phone	No.	Teleph	one No.		Lice	ense No.				
Start Date (10)	10-1-	11.16					8-1777		011	27				
					ite (11) 18		of OSHA M							
Occupancy Status During					10			nsultants,Inc						
Facility Closed/Vacate				ment		1	Address							
Abatement Performed	Outside of Norma	I Facilit	v Hour	s - Des	scribe	20-21	Wagaraw tate, Zip Co	Road, Bldg .#	35E			2-15-2-2-2		
Time of Abatement: _	AMP	M	PM_		AM		wn, NJ 0							
Scope of Work (Check all	that apply)			-		I all La		and decontami	nation w	ith negat	ive pres	ssure		
⊠ >3 sf or >3 If		M Da	navati			П	Full Cont	ainment with Ne	egative P	ressure				
>3 sf or >3 lf ≥ 160 sf or ≥260 lf		De	novati molitic	on		×	Mini-Encl Glovebac	Procedure	Tent wi	th Negati	ve Pres	sure		
								mpted (*) and N						
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Asbestos-Containing I	Material (ACM)	Use	ed Sole	ly by	Asbe		escription o taining Mat	terial (ACM)	l A	mount	Te e	Re	E	En
TO BE ABA IN Facilit		7 YOMES	intena todial :		(i.e		l systems i		(8	Specify	Remova	Repair	caps	Enclosure
(13)	-1		(12)				icing, VAT. miscellaneo		SII	F or LF)	/a	'	Encapsulate	ure
		Yes	No	N/A									O .	
Basement				\boxtimes	Pipe inst	ılation			12 LF		×	П	П	П
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Name of Registered Wast	e Hauler		LJ	ED Waste	Houler ID Ma	Cubin V	rds of the	- II No		16				Ш
	- I radioi							Name of Regi		andtill				
Gr Tech LLC City, State			10	03378	55	TB		T.R.R.F. Inc						
Wayne, NJ 07470						Disposa		City, State	57.29					
Completed By (Print or Type) Title						TBI		Tullytown, P	A		2-1			
N.Jevtic		SIG	gnature 7	Tentre Wen	100		Date							
ASB-41	Ow	HEF					//	/ew. wer	ad	1	1/06/1	8		
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Agencies Notified	Type Notification)		S	rest A	idress			-			1		-	7	
□ EPA	M Initial															
DOLWD	Amended			C	ity, Sta	e, Zip Co	**					1:17	-3 ,	1	1	ᅦ
OHS\$	Amendment	-	-	I.I	olon. h	NJ 07083		ı			i	1	1/			Total Control
DGA (NJAC 5:23-8)	[matification)	meragin	9	N	ame of	Contact						Telephone Nim			1	7
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Name of Facility Where	Abatement is Takin	ng Piao	e (3)	)				7	Typ	o of f	activity (	4)				7
Tivate house		•								6 chai	(K-12)	i				
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Date of Notification (1) 10/30/2018 CHECK #0079			Name of	f Building cila	Owner/0	Operator	(2)		N	0V	1 3	201	8	11
Agencies Notified Type Notifica			Street A					1 + + + + + + + + + + + + + + + + + + +	; ; ; ; ; ;					j
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Name of Facility Where Abatement is T	aking Place (	3)	FAGI	LITINE	URMAII	ION	Type of Faci							
Street Address							Subcha Other (i etc.)	pter 8 (Ot .e. private			l build	250		es,
City (5) HILLSIDE,NJ 07205							Square Feet 50X100	2	of Floors			dg. A		3
County (6) UNION				Code (7) USE ONLY	·		Current Use BASEMEI				ed)		V. 2004 1.00	
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCN	l No.			of Abatement SOLUTION		집회에 가신하는 아니는 그는	ING	INC			
Street Address							Address HURCH ST							
City, State, Zip Code							tate, Zip Code WOOD ,NJ							
Project Manager for Monitoring Firm			Telephor	ne No.			none No. 373-9418		Licens 0130					
Start Date (10) 11/02/2018	Schedul 11/03/		npletion I	Date (11)			of OSHA Mon SOLUTION		TRACT	ING	INC			
Occupancy Status During Abatement ( Facility Closed/Vacated During En	tire Period of	Abaten	nent			Part of the second	Address HURCH ST							
Abatement Performed Outside of Other – Describe: BASEMENT EN	Normal Facility IPTY 7:30AM	Hours TO 3:30	O PM				tate, Zip Code WOOD ,NJ							
Scope of Work (Check All That Apply)	×					Г	1 5.00		41- N1 1:	D-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Annual Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contr	Renova Demolit				×		sure Procedure	9				e	
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BASEMENT	Yes	No	N/A X		PIPE II	NSULA	TION		95 SF		Х			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards	Name	e of Regis	tered Lar	ndfill				
ATLANTIC CARTING		H	lauler ID	No.	of Wa		GRA	AND CE			I Canada and			
City, State PEN ARGYL			5000 Zee		TDB	sal Date	PEN	State I ARGY	L,PA 1	8072	2			
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Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (	2)		i	2	201	0	111
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Agencies Notified	Type Notific	cation			Stree	t Address	-7-10-1								1
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(NJAC 5:23-8)	justificat		uug	l:	Name	of Contac	t			Telephone N	lumber	.17			
	☐ Cancella	ation			Eri	n Carren	0								
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where A	Abatement is	Taking F	Place	(3)	7,700				Type of Facility	(4)				-	
Carreno Residence	<u>!</u>								School (K-12						
Street Address									☐ Subchapter 8	(Other than k					
									Other (i.e., p homes, etc.)		ımercıa	I bu	ilding	S,	
City (5)		-							Square Feet	# of Floors		Blo	dg. Ag	ie .	
Haddonfield									1,700	3			70		
County (6)					Cour	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pri	ior if being den	nolishe	d)			
Camden								•	Residence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~/			
Name of Monitoring Firm	Hired by Buil	lding Ow	ner (	8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)						
Management & Env				8352					onmental, LLC						
Street Address								reet Address							
PO Box 341								623 Cutler Av	enue.						
City, State, Zip Code				-				ty, State, Zip Co				-			
Chesterfield, NJ 08						Maple Shade									
Project Manager for Moni				Tele	phone	No	-	lephone No.	,	License No					
Bill Weisgarber				100000		-4070	100	356-755-0099		00842	te.				
Start Date (10)		Schedul	ed Co		220000000000000000000000000000000000000	STATE STATE OF THE		me of OSHA M		00042		_			
11 / 26 /	1					18	100	EMSL Analyti	8 16 86						
Occupancy Status During								eet Address		10-11-20		_			
□ Facility Closed/Vacate					mont		44.4	200 Route 13	O North						
☐ Abatement Performed						cribe									
Time of Abatement: _							9	y, State, Zip Co Cinnaminson							
Scope of Work (Check all	that apply)							Jiiiiaiiiiisoii	, NJ 00077						
	tilat apply)							☐ Full Cont	ainment with Neg	ative Pressure	9				
≥3 sf or ≥3 lf				novati				☐ Mini-Encl	losure		2				
≥160 sf or ≥260 lf			_ Der	molitio	n			☐ Glovebag	g Procedure mpted (*) and No	n Friable Proce	adura				
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Location	of		N	lorma	ly			Description of	f			-	-		
Asbestos-Containing I		Л)		d Sole ntena				Containing Mai	terial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Wast	te Hauler			0.0000	JDEP I		62.838	bic Yards of	Name of Regis	tered Landfill					
Freehold Cartage	H	auler II 15939		Wa 1	iste	Fairless La	ındfill								
City, State					10000			posal Date	City, State			-			
Freehold, NJ				100000000	1/28/2018	Morrisville	, PA								
Completed By (Print or Ty	rpe)	Title						Signature			Date				
Christina Lynch	1-1	17.530.000.00	e Pre	eside	nt of (	Operation	าร	Ohiola			ll /	7	118		
-,		1.50				- 100.000		I AVONTO			11/	11	6 6		

State of New Jersey

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	- PATT	NOTIFICAT			Jersey STOS ABA 3:60 and 12	TEME:120)	NT	4.	E						26
JK 327	5	Na	me of B	uilding	Owner/Oper e Flower	ator (2	)		NC	N 13	2018				18.02
Date of Notification (1)	Check # 3275				C 1 10.1.						1.54.			1	20
Nov 5-2018	Type Notification	Str	eet Add	oseve	It Avenue				1-15						
Agencies Notified		- 01	Chat	7in C	ode			The state of					=2-4		
EPA	Initial Amended		ly, Stati	/ Heig	hts, NJ 07	7922			Talenh	one Numbe	er				
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	iustification)	10	dichol	as Sbl	endoro				000					$\dashv$	
DOH DCA	Cancellation		FACI	LITY IN	FORMATIO	N	Type (	of Facility (	4)						
	tio Taking Plac	e (3)				1			av.	100					
Name of Facility When	e Abatement is Taking Place						M S	Subchapter	8 (Other	than K-12) commercial	building	gs, ho	mes,		
Church of Little F	lower						IT 9	Other (i.e. ) etc.)	private a c			٨٥٥		-	
Street Address								re Feet	# of F	loors	50+	ı. Ag∈ ⊢	5		
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City (5)	NI 07922						Curre	ent Use (P	rior if bein	g demolishe	ea)			- 1	
Berkeley Height	s, NJ 07022		County	Code (	(/) NLY)		Sch	loor							
County (6)			(f)			Nam	e of Ab	atement C	ontractor (	9)					
UNION	Firm Hired by Building Own	ner (8)	ASC	CM No.		EA	Servi	ces Corp	oration						
Name of Monitoring	Fill Hired by -					Stre	et Addr	ess							
						42	6 69th	Street							
Street Address						City	, State,	Zip Code	7000						
Zin Cor	10					G	uttenb	erg, NJ	3/093	License N	No.				
City, State, Zip Coo	10		Talou	phone N	lo.	Tel	ephone	No.		01074					
Project Manager fo	or Monitoring Firm		Tele	priorio .		20	01-29	5- 1700	*1 - #				5203		
Project Wanage		Scheduled C	complet	ion Dat	e (11)	Na	ame of (	OSHA Mon	iitoi						4
Start Date (10)		11/08/20	18					as above							
		Only One)				St	reet Ad	aress							-
	s During Abatement (Check	Offiny Office)	tomani	Ya.		_	· Chai	te, Zip Cod	e						
Facility Clos Abatement Other – Des	ed/Vacated During Entire in Performed Outside of Norm scribe: 9 AM	eriod of Aba al Facility H	ours				ity, Sta			ish Nogativ	ve Press	sure			-
Scope of Work (	Check All That Apply)	_	12				F	Full Con Mini-End	tainment v	vith Negativ	VO				
Promise to the second		⊠ Re □ De	novatio molition	า				Gloveba	g Procedu	ire and Non-F	riable F	roce	dure	1000	-
≥3 sf or ≥3 ≥160 sf or	≥260 If						×	Non-Ex	empted (*)	and Non-	11.00	Α			
						V-3-6-							Тур	e	$\dashv$
Asbestos-C	Location of Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Location formally d Solely intenant todial S (12)	by ce/	(i.e. th	s Conta	cription aining M systems sing, VA niscellar	laterial (Ac s insulation T, or	cM)	Amount (Specify SF or LF	(2)	Removal	Repair	Encapsulate	Enclosure
	(13)	1.	No	N/A	1					60 SF	-	x			
		Yes		1,577		Clea	n-up d	lebris		60 51					
	Balcony Area		X	1	-		0.500 St. 152					-	-	-	-
	Dalcotty 7 il co										2012		1	-	+
			1						Name of	Registered	Landfill				
			1	NJDEP	Waste		c Yards	5	MAINE OF	a Enterpr	rises				
Name of Rec	gistered Waste Hauler		1	Hauler	ID No.	of W	aste								
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	Tullore					TB			Wayne	sburg, O	TD	ate			
City, State	,					1.0	Signa	ture/1/1	1	/	1	11/0	5/20	18	
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Date of Notification (1)	15 /	18		100000		g Owner/Operator (	(2)					
☐ EPA ☐ DOLWD ☐ DOH	Type Notificatio  ☑ Initial  ☑ Amended  Amendment ☐ Emergency (	# <u>2-11/7</u>		71 City, \$	t Address Madison State, Zip (		9	NOV-	13	2018	141	
(NJAC 5:23-8)	justification)  Cancellation	Ø 11. 10.7	ą.	Name	of Contac	et		Telephone Num 201 356 516				
				FA	CILITY IN	FORMATION						-
Name of Facility Where Aboverizon Bergen Cent Street Address 71 Madison Ave		ing Place	(3)					2) 3 (Other than K-12 rivate and comme		iilding	s,	
City (5)							Square Feet	# of Floors	BI	dg. Ag	ge	
Jersey City							113,347	7		+-50		
County (6) Hudson				Cour	nty Code (7	7)(STATE USE ONLY)		ior if being demolis	shed)			
Name of Monitoring Firm H	ired by Building	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ESIS						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address	- 66					Street Address						
10 Exchange Place, 1	3 th Floor					1123 BEAVE						
City, State, Zip Code Jersey City						City, State, Zip Co BRISTOL, PA						
Project Manager for Monitor Brian Kingsbury	ring Firm		1	ephone <b>01 356</b>		Telephone No. 215-788-6040		License No. 00509				
Start Date (10)		eduled C 11 /			99 1001	Name of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC				
Occupancy Status During A  Facility Closed/Vacated  Abatement Performed O  Time of Abatement:  Scope of Work (Check all the	During Entire Plutside of Norma	eriod of a	Abate / Hou	rs - Des	cribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	ode	5				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	ат арріу)	⊠ Re	novat moliti			☐ Mini-Encl	Procedure	native Pressure	e			
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Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)	Use Mai Cust	intena odial (12)	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2 nd Floor Battery Room	y	Yes	No	N/A	Cailina	Tile 9 Class Dead					_	
2 1 loor Battery Room			_		Cennig	Tile & Glue Daul	os	100 SF				
										Ш	Ц	Ш
Name of Registered Waste I SERVICE TRANSPOR		NC.	6573	IJDEP V lauler ID 20990	No.	Cubic Yards of Waste	Name of Regis					
City, State  NEW CASTLE, DE				20330		Disposal Date TBD	City, State WAYNESB	URG, OH				
Completed By (Print or Type Dillan DeCaro		le Estimat	or			Signature	· No Page	Dai		7 - /	D	

ASB-41 DD18096

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

	er (8)	Str. Cit. Na E F ASC ASC	reet Address 71 Madison y, State, Zip Jersey City me of Conta Brian Kings FACILITY III Dunty Code ( M No.	Code  7, NJ 07034  ct sbury  NFORMATION  7)(STATE USE ONLY)  Name of Abateme	Other (i.e., pinomes, etc.) Square Feet 113,347 Current Use (Priverizon Content Contractor (9) VIRONMENTAL R STREET	# of Floors 7 or if being demolinmunications	2) ercial building Bldg. A +-50	ge
ed nent #1-1 ncy (incluition) ation Taking Pl	er (8)	Na E F ASC	71 Madison y, State, Zip Jersey City me of Conta Brian Kings FACILITY II  Dunty Code ( M No.	n Ave Code //, NJ 07034 // Ict sbury  NFORMATION  7)(STATE USE ONLY)  Name of Abateme BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Telephone No.	School (K-12 Subchapter 8 Other (i.e., prinomes, etc.) Square Feet 113,347 Current Use (Priverizon Content Contractor (9) VIRONMENTAL	Telephone Nur 201 356 51  4) ) (Other than K-1 ivate and comme # of Floors 7 or if being demolinmunications ., INC.	mber 66 2) ercial building Bldg. A +-50	ge
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11	I Comp	201 35 letion D	56 5166 Date (11)	Telephone No.		T1:		
11	Comp	letion D	Date (11)	215-788-6040		LICERSE NO		
11						00509		
	1			Name of OSHA M	onitor	0000		
heck on		9_/	18	BRISTOL ENV	/IRONMENTAL	, INC		
PHECK OUI	y one)			Street Address				
e Period	of Abat	ement		1123 BEAVER	STREET			
ormal Fac	ility Hou	urs - De	escribe	City, State, Zip Co				
PM/ <u>5:</u>	00PM-2	2:00AN	Л	BRISTOL, PA				
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Title					n 1		)-26-	101
	Yes O	Mainten Custodial (12 Yes No	Maintenance/ Custodial Staff? (12)  Yes No N/A  D D D  NJDEP Hauler I 2099	Maintenance/ Custodial Staff? (12)  Yes No N/A  Ceiling  NJDEP Waste Hauler ID No. 20990	Maintenance/ Custodial Staff? (12)  Yes No N/A  Ceiling Tile & Glue Daub  NJDEP Waste Hauler ID No. 20990  Citle  Signature	Maintenance/ Custodial Staff? (12)  Yes No N/A  Ceiling Tile & Glue Daubs  Ceiling Tile & Glue Daubs  NJDEP Waste Hauler ID No. 20990  Disposal Date TBD  Signature  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NJMERVA LA  Signature	Maintenance/ Custodial Staff? (12)  Yes No N/A  Ceiling Tile & Glue Daubs  INC.  NJDEP Waste Hauler ID No. 20990  Disposal Date TBD  Signature  Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Arthount (Specify SF or LF)  Arthount (Specify SF or LF)  NJOEF Waste Cubic Yards of Wame of Registered Landfill MINERVA LANDFILL  Disposal Date City, State WAYNESBURG, OH	Maintenance/ Custodial Staff? (12)  Yes No N/A  Ceiling Tile & Glue Daubs  INC.  NJDEP Waste Hauler ID No. 20990  Disposal Date TBD  Signature  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Arount (Specify SF or LF)  SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify SF or LF)  NAME (Specify

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

CM# 3449

Date of Notification (1)				Na	me of Buildi	ng Owner/Operato		7		1 1	1.9	-
	18					mmunications						
Agencies Notified Type Notifi ☐ EPA ☐ Initial ☐ Initial				0000000	eet Address '1 Madisor		<u> </u>	NOV	- 1-3-	2018	3	
DOLWD 9 663 ☐ Amend Amend	ed ment #				y, State, Zip			1.00	-			
☐ DCA ☐ Emerge	ency (ind		g	_		, NJ 07034						
(NJAC 5:23-8) justifica			20		me of Conta	₹ <u>₹</u>		Telephone Nu	ımber			
Cancel	lation				Brian Kings			201 356 5	166			
Name of Facility Where Abatement is	T-12		(0)	F	ACILITY II	NFORMATION						
Verizon Bergen Central Office		Place	e (3)				Type of Facility					
Street Address		-					School (K-12	²⁾ 8 (Other than K-	12)			
71 Madison Ave							Other (i.e., p	rivate and comn	nercial b	uildin	gs,	
City (5)							homes, etc.) Square Feet			N-1 A		
Jersey City							113,347	# of Floors	-	3ldg. <i>A</i> +-50		
County (6)				Co	ounty Code (	7)(STATE USE ONLY)			liched)			
Hudson					,	7( 332 S.I.E.)		nmunications				
Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASC	M No.	Name of Abatem	nent Contractor (9)					
ESIS	-				~~~***********************************	4	VIRONMENTA					
Street Address						Street Address		_,				
10 Exchange Place, 13th Floor						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						
Jersey City						BRISTOL, P.						
Project Manager for Monitoring Firm			Tele	ephon	e No.	Telephone No.		License No.				
Brian Kingsbury			2	01 35	66 5166	215-788-604	0	00509				
are the first transfer that the first the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transfer that the first transf					Date (11)	Name of OSHA	Monitor					7
				/	18	BRISTOL EN	IVIRONMENTAI	_, INC				
Occupancy Status During Abatement						Street Address			<del>100-100-1</del>		-	
☐ Facility Closed/Vacated During Ent	tire Perio	od of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of №     Time of Abatement:AM	ormal F	acility 5.00	/ Hou	rs - Do	escribe	City, State, Zip C	ode					
			<u>-</u>	.00/ 11		BRISTOL, PA	4 19007					
Scope of Work (Check all that apply)						⊠ Full Con	tainment with Neg	ativa Procesura				
≥3 sf or ≥3 lf			novati				closure	alive Pressure				
☐ ≥160 sf or ≥260 lf	L	_ Der	molitio	on		☐ Gloveba	g Procedure empted (*) and Nor	S Erichle Dress d				
		ls	Locat	tion	T	□ I40II-EXE	impled ( ) and Nor	1-Friable Proced				Siece -
Location of		N	lorma	lly		Description of	of			ateme		
Asbestos-Containing Material (ACI TO BE ABATED	/I)		d Sole ntena	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
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and Floor Dettern De	-	Yes	No	N/A								
2 nd Floor Battery Room	L				Ceiling	Tile & Glue Dau	bs	100 SF				
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Name of Registered Waste Hauler			N	JDFP	Waste	Cubic Yards of	Name of Regist	ered Landfill		Ш	Ш	Ш
SERVICE TRANSPORT GROUP	P, INC.		4 3300.25	auler	ID No.	Waste	MINERVA L					
City, State				2099	0	Disposal Date		ARDITEL				
NEW CASTLE, DE						TBD	City, State	IDG OU				
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Bui	ding Owner/Operato	0 S CON	STRUCTIO	DAI			
Agencies Notified Type Notification	Street Addre		TT ST.					_
☐ DEP	City, State, Z		CITY		32	13	_	=
DOH justification)  Cancellation	Name of Cor	ntact -RAWIC		Telephone Numb	er			_
		INFORMATION						
Name of Facility Where Abatement is Taking Place (3	)	×		2) 8 (Other than K-12)				
Street Address	,		homes, etc			ings,		_
City (5) OCTAN CITY			Square Feet	# of Floors	5	0 +		_
County (6) CAVE WAT	USE ONLY	e (7) (STATE		nor if being demotis ACAUT	hed)			_
Name of Monitoring Firm Hired by Building Owner	ASCM No.		nent Contractor (S	ENC.				
(8) N/A Street Address		Street Address	S. SPI		-			=
City, State, Zip Code		City, State, Zip C	Code		- 0	80	-	_
40-400 to 100-100-100-100-100-100-100-100-100-100	elephone No.	Telephone No.		License No.	3	i	١	=
Project Malager to Mostoring 1 mil		856-77 Name of OSHA	9-0472 Maritar	013	),[,		_	=
Start Date (10)         Scheduled Corr           11-17-18         11-27	pletion Date (11)		N	4				_
Occupancy Status During Abatement (Check only on	e)	Street Address						_
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility H	ours	City, State, Zip C	Code					_
Other - Describe:  Scope of Work (Check all that apply)		☐ Fu® Cor	ntainment with Ne	egative Pressure				
** Programme	vation lition	☐ Mini-En	closure ag Procedure	on-Friable Procedur	e			
Is Loc					A	baten Typ		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Norm Used Sc Mainter Custc Sta' (12)	olety by nance/ Ast odial (i	Description of the stost Containing Marse, thermal systems is surfacing, VAT other miscellaneous containing the surfacing of the systems of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of th	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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SIDING	X -	1 KAM 21	10	3000 5-	1			
	++=							
Name of Registered Waste Hauter	NUDEP Waste Haruler ID No.	Cubic Yards of Waste		istered Landfill				
KLEMCO DAIC.		Disposal Date-	City, State		1 7	-		
City. State  MAPLE SHAVE NI. I	08052	Signature =		DBINIE 1	ر. ال	18	=	_
Completed By Title SU	V	_ Nu	Win		1	10		

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Name of Building Owner/Operator (2) Date of Notification (1) CONTRACTING EARTHTECH Street Address Type Notification Agencies Notified Initial Amer Amended City, State, Zip Code GREENFIEL Amendment #_ DOL. Emergency (including justification) Telephone Number DCA Cancellation BRUCE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12)

Other (i.e., private & commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) 50+ OCCAN CITY Current Use (Prior if being demolished) County Code (7) (STATE County (6) MACANIT USE ONLY) CAPF Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner CLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code HADE MAPLE License No. Telephone No Telephone No. Project Manager for Monitoring Firm 856-77 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ___≥3 sf or ≥3 lf ___≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Removal Custodial SF or LF) TO BE ABATED surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A Yes No X SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler of Waste Hauler 10 No. KLEMI City, State Disposal Date City, State 000 SHADE MADLE Signature Title Completed By UP. MITHAU

## State of New Jersey

	PAU	N	OTIFK (Pur	CATION Suant	to NJAC	8:60 and 12:120	))	N	UV		20	10			
Date of Notification (1)_	1-18			Name	of Buildin	g Owner/Operator	ON LLC	1. 7.5							
Agencies Notified	Type Notification				Address 65	1 SEAS		)			_	=			
⊠ DOF	Amended Amendment #	ncluding	-	City, S	State, Zip (	APE MA	YNJ	08204 Telephone Number			1				
☑ DOH □ DCA	justification)  Cancellation			Name	of Contact	SON									
				FAC	CILITY INF	ORMATION	T of Foodity	(4)				$\dashv$			
Name of Facility Where	Abatement is Takin SIDEW (E	g 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	# of Floors	Bkd	lg. Ag	je	-			
City (5)	PE WA	4				(OT1.75	1500	2 for if being demolish	1	0	+	_			
County (6) CAP	E MAY			USE	onty Code (	7) (STATE	VA	CANT				_			
Name of Monitoring Firm (8)		Owner	T	ASCM	No.		nent Contractor (9)	IMC				_			
Street Address	<del>                                      </del>		=1			Street Address 369 S. SPRUCE WIE									
City, State, Zip Code						City, State, Zip Code [MAPLE SHADE W.] 08052									
Project Manager for Mor	Tele	phone	No.	Telephone No. 856-77		License No.	14			_					
Start Date (10)	Scher	duled C	omple	tion Da	te (11)	Name of OSHA	Monitor N/A	1.				_			
0ccupancy Status Durin	g Abatement (Che	ck only	one)			Street Address									
Facility Closed/Vacati	ed During Entire Pe	riod of	Abate	ment rs		City, State, Zip C	code					=			
Other - Describe:												=			
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	il that apply)	☐ Re	novati molitic	ion in		☐ Mini-En	an Procedure	gative Pressure on-Friable Procedur	re						
(Azios el Zaron			ocatio			. NOTE	empted ( ) and the		A	bater					
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Completed By	Title	PRES	<u> </u>			Signature	Dr.	Date	7-	1	2				
ASB-41				s form t	or asbest	os licensure exen	npted activities.								

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Michael Cooper	ent			14.00		11/7/18										
Completed by		Title				S	ignature		Da	te						
Donora, PA						1:	2/31/18	Tullytown	, PA							
City, State						Dispos	sal Date	City, State	7							
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11/26/18 Occupancy Status During	9	k Only O		12/31/1	8			CK Group, LI	_C.		2007					
Start Date (10)		Schedule			Date (11)		10.00001.00001.000	f OSHA Monitor								
Jay Murray			388-306				59 - 5000	00781								
Project Manager for Monit	oring Firm		Telepho	ne No.		Telepho		License N	0.							
Pennsauken, NJ 0810					W. J. L. C. C. C.	Cherry	Hill, NJ 08034	1								
City, State, Zip Code							ate, Zip Code									
5434 King Ave, Suite	101					1500 K	ings HWY N,	I. STE 209								
Street Address								et Address								
Environmental Design	Inc.			-			The MA	CK Group, LI	LC.							
Name of Monitoring Firm	Hired by Building	Owner (8)	- 1	ASCN	Λ No.		Name o	f Abatement Con					-			
Union					USE ONLY	)			empty	100)						
County (6)				County	Code (7)			Current Use (Pric	or if being demolish	ned)						
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City (5)					17-111-1-1-1			etc.) Square Feet	# of Floors		Bldg.	٨٨٨				
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Street Address								School (K-1	2) 8 (Other than K-1)	2)						
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DCA	Cancellation			Project	Manag	er			973-641-1736							
□ DOH	justification)			Name o	of Contact				Telephone Nu	mber						
⊠ DOL	Amendment Emergency		_	Short H	lills, NJ	07078			* III & 64 AV							
DEP	Amended				ate, Zip C							-				
⊠ EPA	Initial			18 Sha	wnee R	Road										
Agencies Notified	Type Notification			Street A	arlingtor	n, LLC				MOA		2 4	.UIO			
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Date of Notification (1)			(1				0.50									
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) 11/7/18 All Risk Street Address Agencies Notified Type Notification 801 Clements Bridge Rd. **EPA** Initial City, State, Zip Code Amended DEP X Runnemede NJ, 08078 Amendment # DOL Emergency (including X Name of Contact Telephone Number DOH justification) 856-546-0016 Thomás Messina Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Williamstown Middle School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 561 Clayton Road etc.) Bldg. Age Square Feet # of Floors City (5) 50 +1000 +2 Williamstown NJ, 08094 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Gloucester ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Same 11/12/18 11/8/18 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure  $\overline{X}$ Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A Floor Tile & Mastic 2000 SF X Band Room X Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. **United Containers** 22459 5 Disposal Date City, State City, State 11/12/18 Morrisville PA 1960 Elm NJ Date Signature Completed by 11/7/18 President Anthony T Perna

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	Project Manager for Committee and			Ud.	758-3345		-33				Q.	4	
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t #	City, State, Zip Code									
(including	Cape May Courthouse, NJ 08210									
)	Name of Contact		Telephone Nu	mber						
n	Jerry Jorgenson		609-465-2715							
	FACILITY INFORMATION	100 mm = 1000 mm								
king Place (3)	Т	ype of Facility	(4)							
	Ì	☐ School (K-12)								
		Subchapter 8 (Other than K-12)								
		homes, etc.)	(i.e., private and commercial buildings, es, etc.)							
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☐ DCA	☐ Emergen	_	uding		Ca	pe May C	our	thouse, NJ 0	8210								
(NJAC 5:23-8)	justificati		3		Name	of Contac	ct			Telephone Nu	ımber						
	☐ Cancellat	tion			Jer	ry Jorge	nso	n	609-465-2715								
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where A	Abatement is 7	Taking F	Place (	3)		Type of Facility (4)											
Residence			(			School (K-12)											
Street Address									Subchapter 8	(Other than K-	12)						
									Other (i.e., pri	vate and comm	nercial b	uildin	gs,				
City (5)									homes, etc.)								
North Wildwood									Square Feet	# of Floors	E	Bldg. A	\ge				
		CONTROL OF			1 -				1600 sf	1 80							
County (6)					Cour	ity Code (7	7)(STA	ATE USE ONLY)	Current Use (Price	or if being dem	olished)						
Cape May									Residence								
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8)		ASCM	No.	Na	me of Abateme	ent Contractor (9)								
N/A							(	Guardian Co	ntracting, Inc.								
Street Address						Yu	Str	eet Address									
				1	1889 Route 9	, Unit 61											
City, State, Zip Code		ALC: N					_	y, State, Zip Co									
						New Jersey 087	55										
Project Manager for Monitoring Firm Tele						No	-	lephone No.		License No.							
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Start Date (10)	nnia	tion Do	te (11)		me of OSHA M		00024										
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Occupancy Status During Abatement (Check only one)								eet Address			-						
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 07 18 Eisco-NJ Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 43 New Brunswick Avenue, Unit 3 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ ☐ DCA Hopelawn, NJ 08861 (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Jeff 732-713-8273 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Apartment Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1055 Boulevard East City (5) homes, etc.) Square Feet Weehawkin # of Floors Bldg. Age 50,000 sf 6 County (6) 100 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson **Apartment Building** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Excel Environmental Resources, Inc Guardian Contracting, Inc. Street Address Street Address 111 North Center Drive 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code North Brunswick, NJ 08902 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tim Novy 732-545-9525 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __08__ / __18__ 11 / 12 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1056 Stelton Time of Abatement: ____AM-___PM/___PM-___AM City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ≥160 sf or ≥260 lf ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Location of Abatement Type Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Encapsulate Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A basement П M asbestos tank insulation 320 sf X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 City, State 5

Toms River, New Jersey

Title

Project Manager

Completed By (Print or Type)

Nicholas Fernicola

Disposal Date

11/12/18

Signature

City, State

Tullytown, Pennsylvania

Date

### IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721

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

CHECK# 1760

	PATO		(1	Pursuant	to NJAC	8:60 an	d 12:12	(0)	יחבי		1 / C	)U		
Date of Notification (1) 11/03/2018				Name o MAPI	of Building LEWOC	Owner/OD III LI	Operato LC	r (2)	; E	0 5 .	13.5			
Agencies Notified	Type Notification			Street A 2000	Address MAPLE	WOOE	DRIV	/E						
EPA DEP	Initial Amended				ate, Zip C			1-3	N	01/13	-016	3		* !
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DOH DCA	justification) Cancellation			DAN	ii Contact					ephone Nun 6-206-21		5 %		
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)					
PARK CROSSING	APARTMENT F	IOMES	;					School (K-	7.500 7.500					
Street Address 9 PEACHTREE LA	NE UNITA							Subchapte	er 8 (Othe	er than K-12 commercia	) al buil	dings	, hom	es,
City (5) MAPLE SHADE					Square Feet 800	# of 1	Floors		8ldg. <i>A</i> 50+	. Age H				
County (6) CAMDEN			Code (7) USE ONL)	)		Current Use (Pr RESIDENTI	ior if bein ALAPA	ng demolish ARTMEN	ed) IS	idea e i i i i i i i i i i i i i i i i i i				
Name of Monitoring Firm ACER ASSOC.	)	ASCN	/I No.		Name	of Abatement Co BURED ENVIP	ntractor (	(9) NTAL SE	SERVICES INC.					
Street Address 1012 INDUSTRIAL						Address CLEMS RUN								
City, State, Zip Code WEST BERLIN NJ				City, S MUL	State, Zip Code LLICA HILL No	08062	)							
Project Manager for Mon MATT DEPALMA		Telepho 856-8	ne No. 09-1202	2		hone No. -304-4676		License No	).					
Start Date (10) 11/05/2018		Schedule 11/06/			Date (11)		Name	of OSHA Monitor	•					
Occupancy Status During				Address										
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire Poed Outside of Norma	eriod of A	Abater / Hour	ment s			200 RT. 130 NORTH  City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check A	Il That Anniv)						CIN	NAMINSON N	IJ 0807	7				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PROFESSION NAMED IN COLUMN TWO IS NOT THE OWNER.	Renovi Demoli		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
			Locat									Abate	ement	t
Location Asbestos-Containing		Use	Vorma	ely by	Asbes		scription	i of /laterial (ACM)	Δn	nount		1 )	pe 	
TO BE ABA	ATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Staff?		thermal		s insulation,	(Sp	pecify or LF)	Ren	Re	ncap	Encl
(13)			(12)				niscellar			J. 2. /	Removal	Repair	Encapsulate	Enclosure
BATHRO	MOM	Yes	No	N/A X		OINT	CAMP	OUND	10	SSF	.,		œ.	
2,111110				+		301141	COIVIE	OUND	10		Х			
				-										
	Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES					Cubic of Was				ed Landfill NDFILL			L	L
City, State MULLICA HILL NJ						Dispos	sal Date 5/2018			RG, OH				
Completed by		Title		1 1641	1055	30.552.50266	ignature		10.00	Dat				
RON SWANSON GENERA					AGEH		- 1	TOWER I	MACO	7 11	/03/2	2018		