	TD A FI				BESTOS ABATEMENT					
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Agencies Notified	Type Notific	ation	Street .	Addres	S			91 899 4	0010	
[]EPA	[X]Initial						NOV	1 4	2018	
[]DEP	Notific	ation	City, S	tate,	Zip Code					
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12 0200-000	[]EMERGENC	Y			owell	Terebu	one Number	48 A 21 - 40 / 7		
[]DCA	[]Cancella	tion	wayii	ie CI	Owell					
				FACILI	IY INFORMATION					
Name of Facility Whe	ere Abatement	is Taki			and old million	Type of Faci	lity (4)			-
Wayne Crowell			(3.0			[]School				
							pter 8 (Othe	er than	K-12)	
Street Address						[X]Other	(i.e., priva	ate & c	ommer-	
			•				buildings, 1			
City		County			County Code (7)	Square Feet	# of Floo	ors Bl	.dg. Ag	ge
-		-			(STATE USE ONLY)	Current Has	(Driew if he		naliah	- 41
Maplewood		Essex				Current Use	VETTOL II DE	aring de	MOTTSU	eu)
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ocreet Address					Street Addres 86 Chris	s topher St	t.			
City, State, Zip Cod	e				City, State, Montclai	Zip Code r, NJ 070	042			
Project Manager for	Monitoring Fi	rm Te	lephone 1	Vumber	Telephone Num			License	Numbe	<u></u>
	_	N/	and the state of t		(973) 744		Í	0037		.
Scheduled Start Date 11 17			letion Da	ate (11 18	Name of OSHA I	Monitor				
Month Day Ye Occupancy Status Dur [X] Facility Clos		(Check	only one		Street Address	5				
of Abatement					City, State, 2	Zip Code				
Hours - Descr []other - Descr	ribe: «OffHours ribe: «Other Oc			t»						
Scope of Work (Check	all that app	Ly)			200 Metaberson v	500 Mg 100 Mg 100 Mg	WINTER NAVE OF AS	13760		
[X]≥3 sf or []≥160 sf o			X]Renova		[X]Mini- [X]Glove	Containment w Enclosure bag Procedure riable Procedo	-	Pressu	ire	
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Name of Registered Ware AZTECH MANAGE		Ha.	DEP Wast		Cubic Yards of Waste 1.5	Name of Regi		fill		
City, State					Disposal Date	City, State				
Montclair, NJ	07042				11/20/18	(a) (b)	NY, 104	74		*
Completed By (Print o	or Type) Titl	Le			Signature		: 1	Date		
Constantine Vi	vian Pro	eside	nt		Ons	tativel	bian	11/8/	2018	

	DA TITE	(Pursu	ant	to NJA	C 8:60	STOS ABATEMENT -7 and 12:120-7)						
Date of Notification	n (1) [1]					Owner/Operator			7 M	10	er the meaning	11.	12:
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t 15ca	[]Cancellat	ion			u Zille	***				•			
				FAC	ILITY	INFORMATION							
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Eric Guzman							[]School	L (K-12)					
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Name of Monitoring 1 Owner (8)	Firm hired by B	uilding	g As	CM No.		Name of Abate							
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Street Address						Street Address							
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City, State, Zip Coo	de					City, State, Montclai	0.77.0	042					
Project Manager for	Monitoring Fire	m Tel	epho	ne Numl	ber	Telephone Numb		en engane.	Licer	ise	Nıımh	er	-
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Scheduled Start Date 11 8		Compl. 1		0.0	(11)	Name of OSHA N	Monitor						
	ear Mont		0 av	18 Year	r	N/A							
Occupancy Status Dur [X]Facility Clo of Abatemen	ring Abatement sed/Vacated Dur	(Check	only	one)		Street Address	3						
[]Abatement Pe	rformed Outside	of No:	rmal	Facili	ty	City, State, Z	in Codo						
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[X] \geq 3 sf or [] \geq 160 sf or				ovation olition		[X]Mini-E [X]Glove	Containment w Enclosure Dag Procedure Tiable Proced		ve Pre	ssu	re		
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D		Yes	No	N/A	<u> </u>					ъ		L ·	R E
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						C CAN	MANIAR	1 UKI OVY	/	-			-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/09/2018 State of New Jersey Department of Transportation Check No. 1299 Agencies Notified Type Notification Street Address 1035 Parkway Avenue **EPA** X Initial X DEP City, State, Zip Code Amended X DOL Amendment # Trenton, New Jersey 08625 Emergency (including Name of Contact **⊠** DOH Telephone Number justification) Sheryl M Quatermas ☐ DCA 609-530-5472 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT McKee City Maintenance Yard School (K-12) Street Address Subchapter 8 (Other than K-12) 6016 Blackhorse Pike (Route 322) ☐ Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Egg Harbor Township Atlantic City, New Jersey 08234 10.000 50+ County (6) Current Use (Prior if being demolished) County Code (7) Atlantic (STATE USE ONLY) NJ DOT Maintenance Yard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. 00057 Lilich Corporation Street Address Street Address 120 North Warren Street 606 McBride Ave City, State, Zip Code City, State, Zip Code Trenton, New Jersey 08608 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Dominick Dercole 609-392-4200 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/19//2018 11/28/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7:30am - 4 pm City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf X Renovation П Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Type Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED thermal systems insulation, surfacing, Enclosure Remova Custodial Staff? Repair In Facility VAT, or (12)(13)other miscellaneous) Yes No N/A Office Bldg 1559 Χ Exterior Window Glazing 100 LF Χ Metal Garage Attached to Pole Barn 1561 X Window Glazing 125 LF X Metal Garage Attached to Pole Barn 1561 X Window & Door Caulk 100 LF X Safety Cone Storage Building 1566 X Bottom Layer of Roofing 300 SF X Fuel Storage Building 1564

X Window Glazing 20 LF X Fuel Storage Building 1564 X Exterior Stucco 400 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 10 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 11/28/2018-Morrisville, PA Completed by Title Signáture Date Adriana Oleiarova President 11/09/2018

PAUD

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

CHECK# 2939

Second	Date of Notification (1) 11/7/2018					of Building					11.	12	· (n)	1=	ا بي وادي و ا	7.1	102
DOL		Type Notification			Street	Address			<i>"</i>			1,15	17		5		1.52
DCA	X DEP X DOL	Amended Amendment Emergency	(including	_	City, St Linde	ate, Zip C n, NJ 07	ode 7036	nue			Te	lephone		er	4	2018	3
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Invington		et							× c	ther (i.e. p tc.)	orivate	& comme	ercial b				es,
Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address 1385 Valley Road, Suite K City, State, Zip Code City, State, Zip Code Wayne, New Jersey 07470 Telephone No. (973) 928-5040 00874 Start Date (10) 11/19/2018 Start Date (10) 12/15/2018 Start Date (10) Start D	Irvington											t Floors				\ge	
Street Address Street Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Scheduled Completion Date (10) 12/15/2018 Scheduled Completion Date (11) 12/15/2018 Sky Contracting, LLC Occupancy Status During Abatement (Check Only One) Street Address Start Date (10) 12/15/2018 Sky Contracting, LLC Street Address)		Currer	t Use (Prid	or if be Buildir	ing demo	lished)			
Street Address 1385 Valley Road, Suite K City, State, Zip Code City, State, Zip Code Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. (973) 928-5040 (973) 928-		Hired by Building	Owner (8)		ASCI	M No.						(9)					
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Telephone No. (973) 928-5040 Clicense No. (0874 Clicense No. (087	City, State, Zip Code							City, S	tate, Zip	Code				S-214		-71	
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Occupancy Status During Abatement (Check Only One) Street Address 1385 Valley Road, Suite K					mpletion	Date (11)		Name	of OSH	A Monitor	<u> </u>	00074					
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Wayne, New Jersey 07470 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A See Attached Name of Registered Waste Hauler Service Transport Group, Inc. City, State Wayne, New Jersey 07470 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and N	Occupancy Status During	Abatement (Chec						100000									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Secondarian Secondaria Secondaria		ted During Entire F	Period of Ab	aten	nent						Suite	K					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Other – Describe:				-1.5, State, 2.p 30d0						074	70					
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler Service Transport Group, Inc. Normally Used Solely by Maintenance/ Custodial Staff? (12) Name of Registered Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID No. 20990 Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 20990 Name of Registered Landfill Minerva Enterprises, LLC Disposal Date TBD City, State Waynesburg, Ohio Completed by Produced Screeney Title Signature Date	≥3 sf or ≥3 lf	тпат Арріу)						×	Mini- Glov	Enclosure ebag Proc	e cedure						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A See Attached Name of Registered Waste Hauler Service Transport Group, Inc. Name of Registered Waste Hauler Service Transport Group, Inc. Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill Minerva Enterprises, LLC City, State New Castle, Delaware Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, Ohio Completed by Produced Seasons Signature Date		3	1,000												Abate	ment	
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Service Transport Group, Inc. Hauler ID No. 20990 Of Waste TBD Minerva Enterprises, LLC	Name of Registered Waste	e Hauler		N	JDEP W	aste a	Cubic	Yards		Name of R	Registe	red I and	fill				
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Completed by Title Signature Date	City, State New Castle, Delaware					sal Date				Ohio							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Parenest to NIAC 8:50 and 12:120)

CLH85T PAL		(Pursuant	to NJAC 8	6:60 and 12:120)						3 1
Date of Notification (1)		Name of	Building O	wner/Operator (2	2)			1		
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Agencies Notified Type Notification		Street Ad	dress		- - -	NOV	1 -1	20	lö	
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DOH Emergency (in justification)	cluding	Name of		-		Telephone Numb	ег			
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N. CP. Th. William About and in Talaine Die	20 (3)	FACII	ITY INFO	RMATION	Type of Facility (4)				\dashv
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BERGEN BUILDING	mor (9)	ASCM		Name	of Abatement Contr					\neg
Name of Monitoring Firm Hired by Building Ow	nei (o)	ASCIV	1 140.							
Street Address				Street	t Removal Address	Inc.				
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City, State, Zip Code				City, S	State, Zip Code	WORK NAMED OF				
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Project Manager for Monitoring Firm		Telephon	e No.	1 0	none No.	License No				
G-+P (10)	Scheduled Co	mulation De	to (11)	201 Name	- 329 - 7444 of OSHA Monitor	0038	8	-		\dashv
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☐ Facility Closed/Vacated During Entire Period	od of Abateme	ent			Huyler S	treet				
Abatement Performed Outside of Normal F Other - Describe: 2:00 AM	acility Hours		П		State, Zip Code	``.		72772		
				Sou	th Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)	~			-1	Full Containm	ent with Negative Pres	Sure			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	A 600 (00) 1000 (00) 10	vation olition		j	☐ Mini-Enclosure	е	Suic			
				1	☐ Glovebag Proc ☐ Non-Exempted	edure l (*) and Non-Friable	Proced	ure		
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Best Removal Inc City, State		1710)9	Disposal Date	City, Sta		ΝLΙ	SES	,	וווונג
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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 Building Owner/Operator (2) 01 LNEINEGR FCHANICA Agencies Notified Type Notification Street Address 1061 14 V115010 EFA ínitiaí DEP D City, State, Zip Code Amended M DOL Amendment # CHEION NID Emergency (including Name of Contact DOH Telephone Number iustification) DCA 13 Cancellation MR JOHN UDER 47 2x 640 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, home 1061 etc.) City (5) Square Feet # of Floors Bldg. Age 5000 60 County (6) County Code (7) Current Use (Prior if being demolished) 9516 (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NOVATER Street Address Street Address LOGX City, State, Zip Code City, State, Zip Code (3) ndie Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 18 16 NOVALEC Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zjp Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure N Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Removal TO BE ABATED (i.e. thermal systems insulation, (Specify Repair Custodial Staff? in Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No NIA SASEHEN 5/1 FIDOWS GC Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Haufer ID No. of Waste NOVALE 5 INC 2501 City, State City, State Disposal Date Ni aid

CANICS

Completed by

Title

Signature

Date

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1 DCA Cancel	lation		ITR	KER			17323	32	X	145
Name of Facility Where Abatement is	faking Place	(3)	P-2-91	SANTER B. STATE CONFIDENCE	F5Q39	Type of Facili	ly (4)			
Street Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					School (K-12) vter 8 (Other than K-1	121		
				E	·	Other (i.e	e. private & commerc	fal buil	olings,	, home
City (5) 500 LVC LV	KE	Ni) (577621	(.(.(Square Feet	# of Floors	TE	Idg. A	0.0756
SPRING LA	NE	101	County	/ Code (7)	1000	4,000 Current Use (1	Prior If being demolis	hed)	<u>i0</u>	<u>U</u>
MONMOUTH			(STATE	EUSE ONLY)			HOUSE			
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASC	M No.	- 1	of Abatement C				
Street Address	******************	-				OVAICO Address	b inc			
					18.0	, Box	413			
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Project Manager for Monitoring Firm		7	Telepho	one No.	-	one No.	License N	lo.	-	
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Other - Describe:		-			CID	3710	tce Ni).	0 9	38	57
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City (5)	lue							Other (i etc.)	.e. private	e & comme	rcial b	uilding	s, ho	mes,
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City, State, Zip Code								Clifton Ave		nit 365				
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Project Manager for Monito	oring Firm		-	Telenh	one No.			n, NJ 0701	2					
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State of New Jersey NOTIFICATION OF ASBESTOS ASIATEMEN'

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Date of Notification (1) Name of Building Owner / Operator (2) 11-08-2018 2018 NOV Christy Collins Agencies Notified Type Notification Street Address \boxtimes **EPA** DEP Initial City, State & Zip Code \boxtimes DOL Amended Burlington, NJ 08016 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Christy Collins FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2,500 80 Burlington, NJ 08016 Burlington Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC 117 Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-27-2018 11-30-2018 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am-5:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf \boxtimes 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) Encapsula Remova Enclosure TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement \boxtimes Pipe Insulation 230 LF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City. State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 11/08/2018

Date of Notification (1)

State of New Jersey	
ATION OF ASBESTOS ABATEMENT	111.9:
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Date of Notification (1)				Nan	ne of Ruild	dina Ou	ner/Operato	- (0)	MOV	14	201	0	
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State of New Jersey NOTIFICATION OF ASBESTOS A

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Date of Notification (1) 11/02/18	Add. At. A		Name Mitch	of Building Ov nel Berlin	vner/Operato	or (2)		NOV	14	2018	,	
Agencies Notified Type Notification			Street	Address		-		NUV		2010)	
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Emergency justification) DCA Cancellation		g		of Contact				Telephon	e Numb	er		
				nel Berlin CILITY INFOR	MATION			•				
Name of Facility Where Abatement is Takin	g Place	(3)	170	SILITI INFOR	WATION	Type of	Facility (4)					
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City (5) Highland Park						Square	Feet	# of Floor	S	Blo	lg. Age	
County (6) Middlesex				Code (7)		Current	Use (Prior	if being der	nolished	i)		
Name of Monitoring Firm Hired by Building (Owner (8	()	ASC	M No.	Name	of Abater LEAD I	ment Contra PROFES	actor (9) SIONALS	 S			
Street Address					10	Address	OVE COL	IDT				
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Project Manager for Monitoring Firm			Telepho	one No		EWOOL), NJ 087		N-			
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	F-21					7			was stalled to			
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NEWARK CARTING		Ha	JDEP W auler ID	No. of	ibic Yards Waste		ame of Reg	istered Lan	dfill			
City, State NEWARK, NJ		04	509		sposal Date /22/18	Ci	ty, State	EM DA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Signature	* 1	ETHLEH	EWI PA	Date 11/08	/18		

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

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Date of Notification (1) 11/8/18			e of Building ry McArthu		erator (2	2)			NON	1 4	201	5			
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Emergency (in justification) DCA Emergency (in justification) Cancellation		17.00	ne of Contact ry McArthu	ır				Tele	phone N	umber					
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Name of Facility Where Abatement is Taking Street Address	Place (3)		H			Sch Sub	Facility (4) nool (K-12 ochapter 8 ner (i.e. pri) S (Othe	er than K- k commer	-12) rcial bu	ildin	gs, ho	mes,		
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Name of Monitoring Firm Hired by Building O	wner (8)	T A	SCM No.		Name	of Abater LEAD I	nent Cont	ractor SSIO	(9) NALS						
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Project Manager for Monitoring Firm		Tel	ephone No.		732-	one No. 368-90			License 1200						
Start Date (10) 11/18/18	Scheduled (11/22/18	Comple	etion Date (11)	Name AAA	of OSHA LEAD	Monitor PROFE	SSIC	NALS						
Occupancy Status During Abatement (Check						treet Address WHITE DOVE COURT									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours			City, State, Z _i µ Code LAKEWOOD, NJ 08701										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molition				Mini-	Containme Enclosure ebag Pro	e cedure	9						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Maint Custoo	ocation rmally Solely tenanc dial Sta (12)	by Asb	estos Cor i.e. therma surfa	Description of Containing Material (ACM) Amount					Repair	e Encapsulate	Enclosure			
	Yes	No	IN/A	Atti	c Insul	ation			500SF		X				
Interior	+			71111	o moun	1(1									
	+++					il:									
Name of Registered Waste Hauler NEWARK CARTING		Ha	DEP Waste uler ID No. 509	0.7000000000000000000000000000000000000	ic Yards /aste		Name o	f Regis	stered La	ındfill				90141	
City, State NEWARK, NJ	(*)	104		Disp	osal Da 22/18	te	City, Sta BETH		EM PA						
Completed by JOSEPH PERLSTEIN	Title OWNI	ER		Signature Date 11/8/18											

CK4300 PAID

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

Date of Notification (1)			LNI				1	70.14				i	11 1
			Nam	e of Build	ing Owner	/Operato	r (2)	1.1	NOV T	4	2018		1 1
Agencies Notified Type Notification	n		Stro	ceton	Univer	sity	11.0		1101				
[7] FDA				. macN		ومناطنه		1				200	
✓ DEP Amended			City	State, Zip	Code	uliaing)	Trans			11	1,0	
✓ DOL Amendme	nt #	1		ceton l		11				i.	1 20		
DOH Emergenci	y (includ	ing		e of Conta									
DCA Cancellation	n			Ortega				Te	lephone N	umbe			
Name of English Ma				CILITY IN		TION		160	9-258-	184	l		
Name of Facility Where Abatement is Tak NOAA/GFDL	ing Place	(3)				1014	Type of Facil	itv (4)					
Street Address							School (
201 Forrestal road							Subchar	oter 8 (Oth	er than K-	12)			
City (5)							Other (i. etc.)	e. private	& commerc	cial bu	ildings	, hor	nes,
Princeton NJ 08544							Square Feet	# 0	f Floors	-	Bldg.	Δαρ	
County (6)							200000	3			50	rige	
()			Count	y Code (7 E USE ONL)		Current Use (Prior if bei	ng demolis				
Name of Monitoring Firm Hired by Building	Ourse /	0)				_ TO THE REAL PROPERTY.	offices						
TTI Environmental	Owner (8)	ASC	CM No.		Name	of Abatement (Contractor	(9)				
Street Address						Asso	ciated Spe	ecialty (Contrac	ting	Inc		
1253 North Church street						Street	Address					7,-1	
City, State, Zip Code							Crue Ave						
Moorestown NJ 08057							ate, Zip Code	00.40					
Project Manager for Monitoring Firm		T	Teleph	one No.		Telepho	Mills Pa 1	9342		1.00.0600			
Mike Kheen			856-8	340-88	00		64-9622		License N	0.			
Start Date (10) 11/5/18	Schedu	iled Co	mpletion	Date (11)		f OSHA Monito	or.	01103				
	11/30	/18					monito						
Occupancy Status During Abatement (Chec						Street A	ddress						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abaten	nent										
Other – Describe:	iai Facili	y Hours	5		Ī	City, Sta	ite, Zip Code						
Scope of Work (Check All That Apply)	-10,710,7												
23 sf or ≥3 lf	Titron I		220000										
≥160 sf or ≥260 lf		Renova Demolit				1	Full Contains	ment with I	Negative P	ressu	re		
	_	1000	15:11				Mini-Enclosu Glovebag Pr	re					
	T			T			Non-Exempte	ed (*) and	Non-Friabl	e Pro	cedure	<u> </u>	
Location of		s Locati Normal									Abate	ment	
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Achae	Des	cription o	f				Тур	e	
TO BE ABATED In Facility	Cus	aintenar todial S	ice/	(i.e.	thermal s	systems in	terial (ACM) nsulation,		ount ecify	773		Щ	m
(13)	0.500	(12)	· com :		surfaci	ng, VAT.	or		or LF)	₹em	Repair	ıcap	inclo
	Yes	No	NI/A	1	outer m	scellane	ous)			Remova	pair	Encapsulate	Enclosure
data center 1st floor restroom	163	No	N/A							-		te	0
		Х		Mu	id Bed \	at and	mastic	24	7sf	х			\neg
2nd and 3rd floor mens rooms		Х		Ceramic	floor tile,	cmu wal	I, pipe fittings	240sf ct 350sf	wall, 40 fittings	х	-	\dashv	-
2nd and 3rd floor womens room		X					I, pipe fittings		r, 300sf wall, 40fitting		-	-	-
1st Floor Rooms 126,125,124		х			District Control of the	ompou				х	_	-	_
Name of Registered Waste Hauler		N.	DEP W		Cubic Y			20 Registere		X			
Mercer Group Internat	iona	al Ha	uler ID	No.	of Waste	9	40.0000						
City, State					80 Dianasa	I D-4			ources R	eco.	very l	and	dfill
1519 Rev S. Howard Woodson Jr. 1	Way, T	rento	n. NJ	08637	Disposa as req		City, Stat		Δ.				
Completed by	Title		,	30001		nature -	rulleyt	own, P					
Jack Tomasura	Sr, E	stima	tor		20		Acres	I 4	Date		0.45	-E-0 000	
					NI	1711	111 1 41	111	11/	13/2	018		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				-	Nan	ne of Buildi	na (Owner/Operator	(2)						
	6/	18	8			SE&G	ng c		#1810- 5400	Check	[F3	, n	Siren		
Agencies Notified EPA	Type Notin				500,000	et Address 000 Hadle		load		· 1) (L 1) · 1) · 1 · 1/ ·			- 1	1	
⊠ DOLWD	⊠ Amend					State, Zip	-			NO	1 14	2018		111	
☑ DHSS ☐ DCA	Amend		-			outh Plair				: NO		2010	Ć.	1	
(NJAC 5:23-8)	☐ Emerge justifica		iciuali	ng	Nam	e of Conta	ct			Telephone N	Number.			# #	
,	Cancel				M	ark Domii	ngu	ies	201-206-0998						
					FA	ACILITY II	NFC	DRMATION			***			-	
Name of Facility Where A			g Plac	ce (3)					Type of Facility	(4)		117-17-			
PSE&G Metuchen S	witchyard	i							School (K-1						
Street Address									Subchapter						
234 Pierson Avenue)								Other (i.e., p		merciai	oullain	JS,		
City (5)		-10 7							Square Feet	# of Floors	1	Bldg. A	ge		
Edison, NJ												,	9		
County (6)					Cou	inty Code (7	7)(\$7	TATE USE ONLY)	Current Use (Pr	rior if being den	nolished)				
Middlesex									Switchyard						
Name of Monitoring Firm I		ilding C	Owner	(8)	ASCN	l No.	N	ame of Abateme	ent Contractor (9))					
Health & Safety Serv	/ices							AbateTech, I	nc.						
Street Address					2		St	treet Address							
PO Box 365								30 Maple Ave	e. PO Box 25						
City, State, Zip Code							Ci	ty, State, Zip Co	Code						
Berlin, NJ 08009					Lumberton,				J 08048						
Project Manager for Monito	oring Firm	9	and the same	Tele	ephone	No.	Te	elephone No.		License No					
Jim Proctor						3-2432		609-265-2107		00529					
Start Date (10)11 /5 /		1			etion Da	ate (11) 18	1 2	ame of OSHA M EMSL Analyti							
Occupancy Status During A	Abatement	Check	only	one)			St	reet Address					_	_	
☐ Facility Closed/Vacated							1	200 Route 130	0 North					1	
Abatement Performed C	Outside of N	ormal	Facilit	y Hour	s - Des	scribe	Cit	ty, State, Zip Co	de						
Time of Abatement:	AIVI	PIV	1/	PIVI-		AM	(Cinnaminson	, NJ 08077						
Scope of Work (Check all to	hat apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic				☐ Mini-Encl							
			Is	Locat	ion							pateme	ent T	vne	
Location of		.		Normal d Sole				Description of				1		1	
Asbestos-Containing Ma TO BE ABATI		1)	Ma	intena	nce/			Containing Matermal systems in		Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility			Cust	todial S	Staff?	(1.0.	5	surfacing, VAT,	or	(Specify SF or LF)	oval	7	psu	Sur	
(13)		1	V	(12)	1 21/0	1	ot	her miscellaneo	ous)				late	e	
Control House			Yes	No	N/A	T	_						_		
Control House		-					_	or Panels		85 SF					
Control House						Roof Fla	ISN	ing		120 LF					
·															
Name of Decistered Marts	l tautaa														
Name of Registered Waste AbateTech, Inc.	Hauler			7,4295	JDEP V auler ID		Cut	oic Yards of ste	Name of Regist G.R.O.W.S.						
City, State					18750			0		Landini					
Lumberton, NJ								posal Date 1/30/18	City, State Tullytown,	PA					
Completed By (Print or Type	e)	Title					-	Signature			Date			_	
Gwendolyn Trumbetti			erati	ons C	oordi	nator		SA	W				8		

ASB-41 **MAY 11**

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

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Date of Notification (1)	_				00000		ng Owner/Operator			4			
	7 /	18	-		JC	P&L/Firs	tEnergy Compa	ny / Job #1811	-5407 Chack	#107	56018		
Agencies Notified		ication			Stree	et Address							1
A STATE OF THE PARTY OF THE PAR	- Comment	ad					Place- Building A	4	1	H 18			in the
The Committee of the Co		70774				State, Zip				12			5.4 5
□ DCA			uding		_		, NJ 07960	2.1		3000			
(NJAC 5:23-8)	L-17-05-7		1 4 (100 (100 (100 (100 (100 (100 (100 (100000000000000000000000000000000000000	e of Contac	55		Telephone Num	ber			
	☐ Cancell	ation			Jo	hn Greco	i i		201-602-149	99			
					FA	CILITY IN	NFORMATION						
Company of the Compan		Taking F	Place	(3)				Type of Facility					
	akes							School (K-12	t) 3 (Other than K-12	1			
									rivate and comme		uilding	gs,	
	e							homes, etc.)				56403	
Total Section								Square Feet	# of Floors	В	ldg. A	ge	
					Cou	nty Code (7	')(STATE USE ONLY)		or if being demolis	shed)			
								Substation	P				
		8073	ner (8	3)	ASCM	No.		ent Contractor (9)					
	eaith, inc.	9					AbateTech, I	nc.					/ II-6380
							Street Address	DO D					
5.0	ouite 130						30 Maple Ave	Section 2002 - Commence of the	-				
							City, State, Zip C						
	orina Firm			T-1-		NI-	Lumberton, I	NJ 08048	T				
Agencies Notified □ EPA □ DOLWD □ DHSS □ DCA (NJAC 5:23-8) □ Cancellation □ Cancellation □ Street Address 317 Wanque Avenue □ City (5) □ Pompton Lakes, NJ □ County (6) □ Passaic □ Name of Monitoring Firm Hired by Building Owner 1 Source Safety & Health, Inc. □ Street Address 140 S. Village Ave. Suite 130 □ City, State, Zip Code □ Exton, PA 19341 □ Project Manager for Monitoring Firm □ Brian Hovendon □ Start Date (10) □ 11 / 8 / 18 □ 11 □ Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Time of Abatement:AMPM/ □ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ D □ Asbestos-Containing Material (ACM) □ DE ABATED □ IN Facility (13) □ Name of Registered Waste Hauler AbateTech, Inc. □ Name of Registered NJ					phone	NO. I-5525	Telephone No.		License No.				
	-d Co				609-265-2107		00529						
				711		59 (50)	Name of OSHA N EMSL Analyt						
								icai					
					mont		Street Address	O Novelle					
						scribe	200 Route 13						
							City, State, Zip Co						
Scope of Work (Check all I	hat annly)					8.5°	Cinnaminsor	i, NJ 00077					
	mat apply)	Manual					☐ Full Conf	ainment with Neg	ative Pressure				
		-					☐ Mini-Enc ☐ Glovebag						
		Ш	Den	IOIILIO	111			mpted (*) and Nor	-Friable Procedur	e			
			Is L	ocati	ion					Ab	ateme	ent T	уре
				ormal			Description o			-	_		1
			Main				stos Containing Ma , thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility					Staff?	(1.0.	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(12)	1.1/0	-	other miscellane	ous)				ate	(D
				No	N/A					-			
Exterior Pole						Asbesto	s risers		16 LF				
] [
			1 1								П	П	
Name of Registered Waste	Hauler	_	1 1		JDEP V	Nasta	Cubic Yards of	Name of Regist	ared Landfill		П	Ш	
AbateTech, Inc.	Tiddici			Ha	auler IE 18750	No.	Waste 2	G.R.O.W.S.					
							Disposal Date	City, State	No. College				
Lumberton, NJ							11/8/18	Tullytown,	PA				
Completed By (Print or Typ	e)	Title					Signature	1/1	Da	te		, _	
Gwen Trumbetti		Oper	ratio	ns C	oordi	nator	M	VI	M.	-	e.	X	

ASB-41 MAY 11

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

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Date of Notification (1)	,		_				ng Owner/Operat		14.71				11.5
/	9 /	1	8			Henry J A	ustin Health Ce	enter/ Job #181	1-5408 Chec	k #1075	59		
Agencies Notified	Type Not	ification	1		Str	eet Address			NO.	V 14	201	8	- 13
☑ EPA ☑ DOLWD					3	21 North	Warren Street						
☑ DHSS	Amen	ded dment #	#		City	, State, Zip	Code	Tariha.				nesil.	
□ DCA	☐ Emerg			ina	Т	renton, N.	J 08618						
(NJAC 5:23-8)	justific		o.aa	9	Nar	ne of Conta	ct		Telephone			_	
	☐ Cance	llation			L	eaonard :	Scozzari		609-203				
					F	ACILITY II	NFORMATION						
Name of Facility Where A	Abatement i	s Takin	ig Pla	ce (3)				Type of Facilit	v (4)				_
Henry J Austin Hea								School (K-	723.053.0				
Street Address								── ☐ Subchapte	r 8 (Other than I	K-12)			
321 North Warren S	treet							Other (i.e., homes, etc	private and con	nmercial	buildir	ıgs,	
City (5)								Square Feet		T	Bldg. A	١.٥٥	
Trenton, NJ 08618								oquaic i cci	# 011 10015	1	blug. /	-ge	
County (6)					Co	untv Code (7	7)(STATE USE ONLY	Current Use (F	Prior if being der	noliched'			
Mercer						,,	No 2 002 ONE!	Health Cer		nonsneu)	,		
Name of Monitoring Firm	Hired by Bu	ilding (Owne	r (8)	ASC	M No.	Name of Abater	ment Contractor (9					
NA				, ,			AbateTech,	10.70	2)				
Street Address							Street Address						
								e. PO Box 25					
City, State, Zip Code							City, State, Zip						
							Lumberton,						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.	110 00040	License No				
				10.55			609-265-210	7	00529				
Start Date (10)		Sched	uled (Comple	etion D	ate (11)	Name of OSHA	5	00025				_
11 /19 / _						18	EMSL Analy						
Occupancy Status During	Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated					ment		200 Route 1	30 North					
☐ Abatement Performed (Dutside of N	Normal	Facili	tv Hou	rs - De	scribe	City, State, Zip C						
Time of Abatement:	AM	PN	1/	PM		_AM	Cinnaminso						
Scope of Work (Check all t	hat apply)						Olimaniniso	11, 143 00077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	120 (170 h) (170 h)		annua .	enovat emolitic			☐ Mini-En	g Procedure					
			le	Locat	ion	1	⊠ Non-Exe	empted (*) and No	n-Friable Proce				
Location of				Norma			Description	of		At	patem	ent T	ype
Asbestos-Containing Ma		A)		ed Sole		Asbes	tos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	En
TO BE ABATE IN Facility	<u>=D</u>			todial		(i.e.,	thermal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
(13)				(12)			surfacing, VAT other miscellane	ous)	SF or LF)	<u>a</u>		ula	ure
			Yes	No	N/A		85385584445	,				e	
xterior						Window	Caulk		275 LF			П	
	Carrie de Carrie		<u>-</u> _						ZIOLI		12	_	ш
			ш	Ш									
												П	П
ame of Registered Waste	Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.					auler ID	No.	Waste	G.R.O.W.S					
ity, State			-50H-T-12		18750		25 Disposal Date	City, State					_
Lumberton, NJ							11/23/18	Tullytown,	ΡΔ				
ompleted By (Print or Type	2)	Title						- any town,					
Gwendolyn Trumbetti		100	ersti	one C	'oord:	nator	Signature	m 1/1		Date	_ 1 .	0	
244		Op	ciali	ons C	oorul	וומנטו	1	1000		11)(a)1	0	

State of NJ

Notification of Asbestos Abatement 2018-230 (Rursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) 11/1/10/19//11/18/ Raymond Porrata Agencies Notified Type Notification Street Address EPA. NOV 2018 Initial DEP City, State, Zip Code X DOL Amendment Cranford, NJ 07016 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Raymond Porrata **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Ray Porrata Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Cranford, NJ 07016 Current Use (Prior if being demolished) Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 11/20/2018 11/21/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) ☐ Demolition X Renovation Full Containment w/negative pressure >3 sf or >3 if ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing E e e Description of asbestos-containing Amount n staff(12) material to be n m p material (ACM) (Specify SF or C abated in facility (13) 0 С a Yes No N/A LF) a V p basement pipe insulation 73 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 11/21/2018 Pen Argyle, PA Completed by (Print or Type) Signature Gordana Luna Gordana Luna Secretary/Treasurer 11/09/2018

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CKI	528	PA	NO	FIFICA (1	ATION OF ASP	BES 2 8:6	TOS ABA? 0 and 12:20)	remen?		(B)					
Date of Noti 10/26/18					wner/Operator (2): ESTMENT CO.					10V	14	2018			
Notified	Type Notification	110000000000000000000000000000000000000	et Addr		CAME					17.		2010			
(X) EPA	() Initial Notification			EORGE' Zip Code					1 1			4.1			
(X) DEP	() Amendment Notification	LINI	DEN, N	IJ 07036											
	(X) Emergency () Cancellation	100000000000000000000000000000000000000	e of Co FAIR	ontact:		Telephone Number: 973-908-451-0665									
					FACILITY INF	ORN	MATION								
Name of Fac	cility Where Abate	ement is	Taking	g Place (3	3): COMMERCIAI		ype of Facility (4):				Y			
	ess: 720 WEST ED					() School (K-12)) Subchapter 8 X) Other (i.e., pr homes, etc.)	(Other than I	(-12) mercial buildings						
City & State	(5): LINDEN					S	Square Feet: NA	A	# of Floors: 2	: [Bldg.	Age:	NA		
County (6):			Co	unty Coo	de (7)	-	Surrant Has (De	ion ich sin -	J1:-1 - 1\		972	1774			
UNION					SE ONLY)		Current Use (Pr TORAGE	for it being	demolished):						
	Monitoring Firm	Hired	by	Building		N	lame of Abater	ment Contra	actor (9):						
Owner⊗8) ENVIRONM	MENTAL CONSU	LING (GROUF	LLC	NA	S	/M Enterpris	e of NJ, In	c.						
Street Addre	ss:					S	treet Address:								
71 ARCH S		339 N. 6 TH . STREET													
City, State, Z	Lip Code:	C	ity, State, Zip	Code:											
	N, NJ 07522		rospect Park,	NJ 07508											
FERNAND	nger for Monitorin O VILLA		elephone No.: 973) 595-6955		License No.:										
Start Date (1 10/28/18		Schedul 12/15/1		npletion	Date (11):	N	ame of OSHA /M Enterprise		00641 ersey Inc						
Occupancy Sta	ntus During Abateme	ent (Chec	k only o	ne)			treet Address:								
() Abatement	osed/vacated During t Performed Outside	Entire I of Norm	Period of	Abateme	nt	339 N. 6 TH . STREET City, State, Zip Code:									
() Other – Do	000000000000000000000000000000000000000					PROSPECT PARK, NJ 07508									
	rk (Check all that app	ply):						() Full (Containment wit	h Nea	ative F	recen	re		
$(x) \ge 3 \text{ sf or}$ $(x) \ge 160 \text{ sf}$	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$			() Re (X) I	enovation Demolition	() Wrap & Cut () Glovebag Procedure (X) Non-Friable Procedure							10		
Lan	ation of		Locat	25.55	De	ecri	ption of				Abate		t		
	ntaining Material	Use	lormal d Sole	ly by	Asbestos Con	tainii	ng Material (ACM)		-	1)	pe	1		
(A <u>TO BE</u>	ACM) ABATED Facility		intena ustodi Staff?	al/	surfa	cing	stems insulat , VAT, or cellaneous)	ion,	Amount (Specify	Removal	Repair	Encapsulat	Enclosure		
	(13)	Yes	(12) No	N/A					SF or LF)	l'a	1 "	ılat	ле		
EXTERIOR			X		FLASHING				1,200 LF	X					
EXTERIOR			X		TRANSITE				20,000 SF	X			\vdash		
EXTERIOR			X		WINDOW CAU	LKI	NG		1,200 LF	X					
GROUND I			X	ION			190 LF	X							
Name of Reg GUILIANO I	istered Waste Hau ENVIRNMENTAI	ler: L			e).:	Cubic Yar of Waste:		Name of Regis IESI	stered	landfil	1:				
City, State: NEW CASTI	LE, DE		Dispo 12/15	sal Date /18	2195765	City, State: WAYNESBBURG, OH									
Completed B				Title: PRESI	DENT	Signature: Date: 10/26/18									
						/	1/1/		1						

State of N.J. Notification of Asbestos Abatement

D&S Proj. #: 18-246 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 / 0 8 / 1 8 richard thomas Agencies Notified Type Notification Street Address Initial | EPA Amended DEP City, State, Zip Code Amendment #: DOL L Emergency montclair, nj 07042 (including DOH Name of Contact Telephone Number justification) ☐ DCA Cancellation richard thomas **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) richard thomas Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) montclair Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 11/26/1818 12/10/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial е asbestos-containing e n Description of asbestos-containing Amount staff(12) n m material (acm) to be p C (Specify SF or material (ACM) C abated in facility (13) 0 a Yes LF) No N/A V р BASEMENT PIPE INSULATION 1751ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 vd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date PATERSON, NJ 07503 11/26/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT

11/08/2018



CM#3466

Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	ME 5		1.0	1.1		
11 / 8	,	18	3				mmunications	* 1						
Agencies Notified Ty	pe Notific	ration				et Address			MAN	14	2010			
	Initial	Jauon			90000		ntgomery Street		E LI NOV	A 71	2010		Tered	
☑ DOLWD □	Amende	d				State, Zip								
⊠ DOH	Amendn			-8	1 3		PA 15212	A STATE OF THE STA						
DCA (NJAC 5:23-8)	Emerger justificat		cludin	g		e of Contac			TTT I I		23			
1,000	Cancella					arlie Mes			Telephone Nun					
	Carroone								917 992 135	96				
Name of Facility Where Abat	omont is	Takia	a Dias	- /2\	FA	CILITY II	NFORMATION	T-						
Verizon Bridgeton Cer			y Place	e (3)				Type of Facility						
Street Address	iti ai Oii	ice						School (K-1)	2) 8 (Other than K-12	2)				
76-90 North Pearl Stre	et							Other (i.e., phomes, etc.)	rivate and comme	ercial b	uilding	s,		
City (5)		-14-1-0						Square Feet	# of Floors	В	ldg. Ag	ge		
Bridgeton								25,287	2		+-50			
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)				
Cumberland								Verizon						
Name of Monitoring Firm Hire	ed by Buil	ding (Owner	(8)	ASCN	l No.	Name of Abateme							
TTI Environmental			0				BRISTOL ENVIRONMENTAL, INC.							
Street Address						Street Address	reet Address							
1253 N. Church Street							1123 BEAVE	ER STREET						
City, State, Zip Code							City, State, Zip Co							
Moorestown, NJ 08057							BRISTOL, PA	19007						
Project Manager for Monitorin	ng Firm			li din cess	ephone		Telephone No.		License No.					
Kris Smith				100		3-8218	215-788-6040		00509					
Start Date (10)				(3)		ate (11) 18	Name of OSHA M							
					0 /			VIRONMENTA	L, INC					
Occupancy Status During Ab							Street Address							
☐ Facility Closed/Vacated D ☐ Abatement Performed Out						coribo	1123 BEAVER							
Time of Abatement:							City, State, Zip Co							
Scope of Work (Check all that				15			BRISTOL, PA	19007						
ocope of work (Check all tha	(apply)						⊠ Full Cont	ainment with Neg	native Pressure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re					losure	janve i ressure					
☐ ≥100 st 01 ≥200 li			☐ De	molit	on		☐ Glovebag	Procedure	n-Friable Procedu	ro				
			Is	Loca	tion			The control of the co	n-r habie i roceda	1	ateme	nt T	uno.	
Location of				Norm:			Description of	f						
Asbestos-Containing Mate		1)			ely by ance/	Asbe	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility	4		Cust		Staff?	(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	ova	¥:	ısqı	unso	
(13)				(12)	1		other miscellaned		/	_		ılate	9	
			Yes	No										
1 st Floor					\boxtimes	VAT/Ma	stic		10 SF					
										П	П	П	П	
										П	П	П	П	
Name of Registered Waste Ha	auler			1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill	1-			-	
SERVICE TRANSPORT	, INC	:.	ŀ	lauler I 2099	20 A 1	Waste	MINERVA I							
City, State	\$ 50 Publisher \$4.00 (geoff cent)						Disposal Date	City, State						
YARDLEY, PA							TBD	WAYNESB	URG, OH					
Completed By (Print or Type)		Title								Date				
Dillan DeCaro		Es	timat	or			Dillan	De Caro	1 m 1	1-8	7-1	8		



Chr #3466

Date of Notification (1)				-	Na	me of Ruildi	ng Owner/Operator	(2)					
	8 /	18	<u> </u>				ommunications	(2)	一、声而		4 5.4 (\$1.5)	n."	
Agencies Notified	Type Notific	cation			Str	eet Address			11 11 12 19				1 14
☐ EPA ☑ DOLWD					2	22 Forsga	ate Drive						ř
☑ DOH	Amenda Amenda				City	, State, Zip	Code	NO/	/ 1	4 2	2018		
□ DCA	☐ Emerge			-	J	amesburg	j, NJ 08831	NO		6	.010	į.	
(NJAC 5:23-8)	justificat		oluuli	9	Nar	ne of Conta	ct		Telephone Num	ber .	M.		
	☐ Cancella	ation			J	ohnny De	Los Santos		347-886-671				e e
							NFORMATION			54 S to	1 - 1	-	
Name of Facility Where A	batement is	Taking	Plac	e (3)				Type of Facility	(4)		-		
Verizon Jamesburg	Central O	ffice						☐ School (K-12	10 E				
Street Address								☐ Subchapter	8 (Other than K-12)			
222 Forsgate Drive								homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	E	Ildg. A	Age	-
Jamesburg								4,760	1		+-50		
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Middlesex									mmunications				
Name of Monitoring Firm				(8)	ASC	M No.	Name of Abatem					-	-
USA Environmental	Managem	ent In	ic.					VIRONMENTA					
Street Address							Street Address						
8346 Enterprise Ave	9						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Philadelphia, PA 19							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Te	elephon	e No.	Telephone No.		License No.				
Mark Jenkins					215-36	55-5810	215-788-6040)	00509				
Start Date (10)						Date (11)	Name of OSHA M	Monitor					
12 /3 / _						18	BRISTOL EN	VIRONMENTAI	L, INC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	d During Enti	ire Peri	iod of	Abat	tement		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:	Outside of N	ormal l	Facilit	у Но	urs - De	escribe	City, State, Zip Co	ode					
		PIV	/ <u>5.00</u>	PIVI-	2:00AI	VI	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						_						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				⊠ Full Cont ⊠ Mini-Enc □ Glovebag	tainment with Neg losure	ative Pressure				
_							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedur	е			
				1000	ation						atem	ent T	vpe
Location o Asbestos-Containing M		1		Norm	lally lely by	0-1	Description o			-			
TO BE ABAT	ED	"	Ma	inter	nance/	(i.e	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Cus	todia (12	Staff?	1	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-	Yes	No			other miscellane	ous)				ate	(0)
AC Equip Room Entra	nce					VAT/Ma	astic		18 SF		П	П	
Adjacent AC Equipme	nt Room				\boxtimes	VAT/Ma	astic		65 SF		H		
											$\frac{1}{\Box}$		
										In	П		
Name of Registered Waste	Hauler				and the same of	Waste	Cubic Yards of	Name of Regist	ered I andfill			ш	Ш
SERVICE TRANSPOR	RT GROUP	, INC.			Hauler 2099	ID No.	Waste 3	MINERVA L					
City, State							Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESBU	JRG, OH				
Completed By (Print or Typ	e)	Title					Signature		Date				
Dillan DeCaro		Est	timat	or			Dillan	1 Di Caro	1mc 11	1-	P-	18	