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Agencies Notified	Type Notification	on			t Address					E G	图	\V/	Ë	
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DEP	Amended			City,	State, Zip	Code				MOV	15	2019	<u>}</u>	
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Name of Facility Where house	Abatement is Tak	ing Place	€ (3)					Type of Facili	ity (4)					
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The state of the s								Subchar	oter 8 (C	Other than K	(-12)			
City (5)								Other (i. etc.)	e. privat	te & comme	ercial b	uilding	s, ho	mes,
Plainfield								Square Feet	#	of Floors		Bldg.	Age	-
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Union				County	y Code (7) E USE ONL)		Current Use (Prior if b	peing demo	lished)			
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- The moning in the	Timed by Building	Owner (8)	ASC	CM No.		Name	of Abatement C	Contract	or (9)				
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City, State, Zip Code								30x 483, 4 E	Gate	Drive				
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Project Manager for Moni	toring Firm			Teleph	one No.			one No.	7410	11:				-
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12/6/19		12/12	/19					or o'o' is t wionite	,					
Occupancy Status During							Street	Address						
Facility Closed/Vaca	ted During Entire	Period of	Abate	ment										
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	ттаг Арріу)													
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(13)			(12)			other m	iscellane	ous)	3	F or LF)	Removal	Repair	Encapsulate	Enclosure
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A. Scott Higgins		Presi	dent				,	1	_	Da		10		
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County (6) Bergen				County	Code (7)			Curr	ent Use (Pr	ior if be	eing de	molis	hed)			
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Name of Monitoring Firm	Hirea by Building	Owner (8	3)	ASC	M No.				atement Co			42.00.00				
Street Address									ironmenta	al Ser	vices,	LLC)			
							Street		ess 183, 4 E (Coto [م بند					
City, State, Zip Code									Zip Code	Jale L	Jive					
									d, NJ 074	418						
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	one N	lo.		Lice	nse N	0.	200		
Start Date (10)		Cabad	1-10				973-				703					
11/26/19		12/9/1		mpletion	Date (11)	1	Name	of OS	HA Monitor							
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Abatement Performe X Other – Describe: b	d Outside of Norm	nal Facilit	y Hour	S			City, St	tate, Z	ip Code					v 2 v v v v v v		
Scope of Work (Check All	That Apply)									-						
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TO BE ABA	red (ACM)	Ma	aintena	nce/			aining Ma systems				mount		77		E	т
In Facility (13)	1	Cus	todial ((12)	staff?		surfac	cing, VAT	Γ, or	20011,		Specify F or LF		Remova	Repair	cap	nclo
(13)			1 2			other n	niscellane	eous)					oval	air	Encapsulate	Enclosure
basses		Yes	No	N/A											e	
baseme	1[-		X		pipe	insulati	ion		7	5 LF		х			
N																
Name of Registered Waste	Hauler			JDEP W auler ID		Cubic of Wood			Name of F	Registe	ered Lar	ndfill				
Newark Carting			9 (10)	4509	140.	of Was	ie		Grand (Centra	al San	itary	Lar	ndfill		
City, State				100000000000000000000000000000000000000			al Date		City, State							
Newark, NJ						TBD			Pen Arg		Ą					
Completed by A. Scott Higgins		Title				Si	ignature		17	300		Date	е			
7. Ocott Higgins		Pres	ident						11			11/	12/	19		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/12/19 Titaniam Contracting Agencies Notified Type Notification Street Address 1331 Stuyvesant Avenue EPA Initial DFP Amended City, State, Zip Code × DOL Amendment # Union, NJ 07083 Emergency (including × DOH Name of Contact justification) Telephone Number DCA Cancellation Sherif Elgawly 201-468-7674 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) building School (K-12) Street Address Subchapter 8 (Other than K-12) 2003 Morris Avenue × Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet # of Floors Bldg. Age Union 2100 2 85 County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/23/19 12/18/19 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, Zip Code × Other - Describe: basement Scope of Work (Check All That Apply) LORAP & CUIT ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Enclosure In Facility Remova Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A groudn floor west side X duct insulation 120 SF X safe Х floor tile 100 SF basement X pipe fittings 2 X ground floor & bathroom X pipe fittings 3 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Newark Carting Hauler ID No. of Waste Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President

11/12/19

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

of Notification (1)

Name of Building Owner/Operator (2)
ACCURATE Builders & Developers

Date of Notification (1)			Name	of Bujildir	ng Owne	r/Operato	r (2)		Well	_ (`	77	UY		
11/4/19 & 11/12/19			Acc	urate Bu	uilders	& Devel	lopers							
Agencies Notified Type Notification	on			t Address								-		
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Emergence	y (includir	ng		ewood, I		'01		*						
DOH justification Cancellation	n)		1	of Contac					Teleph	one N	umbei			
Caricellati	JII			dy Tenc					732-5	73-5	296			
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA	HON	Tyne	of Facility (4	1					
home								5. 3.0						
Street Address							H.	School (K-12 Subchapter 8) (Other th	an K-	12)			
X.							×	Other (i.e. pri	vate & co	mmer	cial bu	ilding	s, hor	mes,
City (5) Plainfield								etc.) re Feet	# of Flo	ors	T	Bldg.	Age	
County (6)							1700)	2			82	3 -	
Union			County (STATE	Code (7)) VI		Curre	nt Use (Prior	if being d	emolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (2)		M No.		_	hom							
January State of Stat	owner (d	3)	ASC	IVI No.				ement Contr			_			
Street Address						Street		onmental	Service:	s, LL	C			
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City, State, Zip Code						City, St			re Dilve	65				
								NJ 0741	8					
Project Manager for Monitoring Firm			Telepho	one No.		Telephi			Lic	ense N	No.			
Start Date (10)	0-1-1					973-7			70	3				
11/22/19	12/12		mpletion	Date (11))	Name o	of OSH	A Monitor						
Occupancy Status During Abatement (Che						Street A	\ ddraa							
Facility Closed/Vacated During Entire	Period of	Abatar	ment			Street	-toures:	5						
Abatement Performed Outside of North	mal Facilit	V Hour	S			City, Sta	ate, Zin	Code						
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Scope of Work (Check All That Apply)	-	0.227											1-15-172	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	The state of the s	Renova				×	Full	Containment	with Neg	ative F	ressu	re		
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TO BE ABATED		iintenai todial S		(i.e.	thermal	aining Ma systems i	iterial (, insulati	ACM)	Amoun (Specif		77		En	т
In Facility (13)	Ous	(12)	olan :		surfac	cing, VAT,	, or		SF or LF		Remova	Repair	caps	nclo
** ***	Yes	No	N/A		other II	niscellane	ous)				oval	air	Encapsulate	Enclosure
basement	103	INO											0	
exterior			X			Ibows			20		х			
kitchen			X			of tar ec	dge		300 SF	-	Х			
basement stair			X			oor tile			160 SF	-	Х			
Name of Registered Waste Hauler		T N1	JDEP W	ante		v floor ti			10 SF					
Newark Carting			auler ID		Cubic \ of Was		1	Name of Reg						
		04	1509		TBD			Grand Cer	ntral Sa	nitary	Lan	dfill		
City, State Newark, NJ					Disposa TBD	al Date		City, State	D.				JE-134	
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A. Scott Higgins	Presi	dent			51	gnature	1	, ~		Dat		0		
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Date of Notification (1) 11/4/19 & 11/12/19	JALIL M		Name	of Buildin	g Owner	/Operato	r (2)				P	户	
Agencies Notified Type Notification	1			Address	ilueis c	x Devel	opers						
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DOH Emergency justification	(includi	ng		of Contact					<u> ASBES</u>			101.8	à
DCA Cancellation				dy Tendl	1			To he while a se	Telephone 732-573-			-	hall might in the second of
		10		CILITY INF		TION			132-313-	5290			
Name of Facility Where Abatement is Taki	ng Place	(3)			0.1111.11		Type of Facility	(4)					
home							School (K	3					
Street Address							Subchapte Subchapte Other (i.e. etc.)	er 8 (C	ther than he & comme	(-12) ercial b	uilding	s, hor	nes,
Plainfield							Square Feet 1800	#	of Floors		Bldg.	Age	
County (6)			County	Code (7)			Current Use (Pr			liched)	7.7		
Union Name of Monitoring Firm Hired by Building	Owner (8)		M No.	0		home			maneu)			
	Owner (ASC	IVI INO.		ABS	of Abatement Co Environment	ontract al Se	or (9) rvices, L	LC			
Street Address						Street	Address Box 483, 4 E (
City, State, Zip Code							tate, Zip Code	Jale	Dilve				
							wood, NJ 074	418					
Project Manager for Monitoring Firm			Telepho	one No.			one No.	110	License	No			
						100	764-2276		703	110.			
Start Date (10) 11/20/19	Schedu 12/10		mpletion	Date (11)			of OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only C	ne)			-	Stroot	Address						
Facility Closed/Vacated During Entire	Period of	Abatas	ment			Olleet /	Address						
Abatement Performed Outside of Norm Other – Describe: exterior & basement	al Facilit	y Hour	S			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)			_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				×	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
	10	s Locati	ion		1.12		Non-Exempted	1 () ai	ia Non-Fri	able Pr	1000	re emen	
Location of		Normal	ly		Dee	!						уре	·
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TO BE ABATED In Facility		todial S		(i.e.	thermal:	systems	insulation,	(Specify	R	70	Enc	Ē
(13)		(12)			other m	ing, VAT iscellane	, or	S	F or LF)	Remova	Repair	apsi	Enclosure
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Newark Carting			JDEP Wauler ID I		Cubic Y of Wast		Name of F	25					
		V 0.000	1509		TBD	1	Grand (Centr	al Sanita	ry La	ndfill		
City, State Newark, NJ					Disposa TBD	al Date	City, State		^				
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A. Scott Higgins	Presi	dent			Jole	, iature	An		1	ate 1/12/	19		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/12/19 Susan Jackson Agencies Notified Type Notification Street Address EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Far Hills, NJ 07931 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Alix Marsters FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) house School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Far Hills 1400 2 77 County (6) County Code (7) Current Use (Prior if being demolished) Somerset (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/21/19 11/29/19 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, Zip 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 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure Custodial Staff? (Specify Removal In Facility surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A pool pump house X transite board 30 SF × Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 11/12/19

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Name of Facility Where Abatement is	Taking Plac	e (3)	F	ACILITY II	FORMA	TION	Tur	o of Feelite /						
Street Address	200	018089						se of Facility (4 School (K-1)						
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Elizabeth							Squ	are Feet	# 0	of Floors		Bldg	Age	
County (6) Union			Count	y Code (7 E USE ONI)		Cur	rent Use (Prio	r if be	ing demo	lished)			
Name of Monitoring Firm Hired by Build	ing Owner	(8)	1	CM No.	-1)		hor	ne						
		(-)	1	SIVI INO.		AAA	of Ab	atement Cont	ractor	(9) NAIS				
Street Address						Street	Addre	ess						
City, State, Zip Code								DOVE CO	URT					
<u> </u>						LAKE	tate, 2 EWO	Zip Code OD, NJ 08	701					
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one N	lo.		License	No.	_		
Start Date (10)	Sched	uled Co	mnletion	Date (11		732-6				1200				
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Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of ormal Facili	f Abatei tv Hour	ment			and the second second		DOVE COL	JRT					
Other - Describe:						City, Sta LAKE		ip Code OD, NJ 087	701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Firm													
≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	Glo	I Containment ii-Enclosure vebag Proced i-Exempted (*	lure				2	
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Asbestos-Containing Material (ACM)	Us	ed Sole	ly by	Asbes	Des	cription o aining Ma	f torial	(ACAA)				Ту	ре	
TO BE ABATED In Facility	Cus	aintena stodial S	nce/ Staff?	(i.e.	thermal	systems ing, VAT,	nsula	tion,	(Sp	nount pecify	Re	ת	Enc	四
(13)		(12)			other m	ing, VA1, iscellane	or ous)		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
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EXTERIOR					RO	OFING			150	OSF	x			
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lame of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	arda								
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ity, State		104	509		6 Disposa	I Data								
EWARK, NJ					11/26/			City, State BETHLEHI	EM F	PA	-			
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Date of Notification (1) 11/11/19	11.以.则.严		Nam Erio	ne of Build C Gilso	ling Own	er/Operato	or (2)		N	07	15	2019)	
Agencies Notified Type Notification EPA				et Addres				A Consideration	TAGBE	5705	Çō	NTK()	J.
X DOL Amenda		lina	Spr	State, Zip ing Lake	e, NJ			to sur service	en menerales e	E 13-50	NOU	10		elik Darriera yan
DOH justificat	tion)	9		e of Conta Gilso	act				Telepi	hone N	umbe	r		
Name of Facility Where Abatement is T	aking Plac	e (3)	FA	ACILITY II	NFORMA	ATION	Typ	e of Facility ((4)					
Street Address City (5)							×	School (K-1 Subchapter Other (i.e. p	2) 8 (Other t	han K- ommer	12) cial bu	uilding	ıs, ho	mes,
Spring Lake							Squ	are Feet	# of Flo	oors	1	Bldg.	Age	
County (6) Monmouth			Count (STAT	y Code (7	(Y)		Curr	rent Use (Prid	or if being	demolis	shed)			
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	ASC	CM No.		Name	of Ab	atement Con	tractor (9)					
Street Address						Street	Addre	1071 (T.O.)		LS				
City, State, Zip Code						City, St	ate, Z	DOVE CC					2 1 2	
Project Manager for Monitoring Firm		7-1-2	Teleph	one No.		LAKE		OD, NJ 08		ense N	lo.			
Start Date (10) 11/21/19	Schedi	uled Co	ompletion	Date (11)	732-6		9078 HA Monitor	10.000	00				
Occupancy Status During Abatement (Ch	11/26	5/19				AAA I	_EA[PROFES	SSIONAL	_S				
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	a Dariad a	f Abata	ement rs			6 WH	ITE	DOVE CO	URT					
cope of Work (Check All That Apply)						LAKE	WO	OD, NJ 08	701			46-2-11	-51017100	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol				×	Glo	l Containmen i-Enclosure vebag Proce -Exempted (dure				•	
Location of		s Loca Norma	lly		Dec	scription o						Abate	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial (12)	ince/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription of aining Mar systems in cing, VAT, niscellaneo	terial nsulat or	(ACM) tion,	Amoun (Specifi SF or LF	y	Removal	Repair	Encapsulate	Enclosure
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me of Registered Waste Hauler												-		_
WARK CARTING		H	IJDEP Wilauler ID I 4509	aste No.	Cubic \ of Was		- 81	Name of Reg	gistered La	andfill				
y, State WARK, NJ		0.			12 Disposa 11/26/		-	City, State			-			_
mpleted by SEPH PERLSTEIN	Title OWN	ER				gnature		BETHLEH	EM PA	Date				
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In# 1(004)	3 图 6	A.L.	NOTIFIC/ (PURSU	ATION OF	OF NEW JERS ASBESTOS A IJAC 8:60-7 A	ABATEMEN	NT ()	orb	1-1	017	4
Date of Notification (1)	_			Name of	of Building Ov				EG		W IS II
	Notification	on			RYSLER DRIV	/E		115			Company of the control of the contro
□ EPA □ □ DEP □	Initial Amend	lad			ate, Zip Code			31 31	NOV	/ 15	2019
☑ DOH	Amend		t# 1	Name o	N HILLS, MI 4	8326		14 -			-013
DOL	Emerge Cancel		w/ justification		SA MICHAELS			240 54	one Nur 2-3152		THOLA
				FACILITY	INFORMATIO	ON		Commence	See Free Parallel Samuel		ray the transport of the first of the same
Name of Facility Where Abate FCA ENGLEWOOD CLIFFS	ment is T	aking	Place (3)		Type of Fa	cility (4)					
Street Address						School (
340 SYLVAN AVENUE						Subchar	ter 8 (Othe	r than K-	12)		
City (E)						bldgs., h	e., private 8 omes, etc.)	cmmer	ial		
City (5) County (ENGLEWOOD CLIFF BERGEN	6)		County Code	(7)	Square Fee	et	# Of Floo		Build	ing Age	
BENGEN	b .		1		Current Us	000 0 (Dries if t		1	_	40	+
N					VACANT	e (Frior ii i	eing aemo	iisnea)	1		
Name of Monitoring Firm Hire GZA	d by Bldg	. Owi	ner (8)	ASCM N	O Name of Ab Northstar C	oatement Contracting	ontractor (Group Inc	9)			
Street Address	-				Street Addr	226					
55 Lane Road					32 Williams						
City, State, Zip Code Fairfield NJ 07004					011						
Project Mngr. For Monitoring F	irm		Telephone Nu	mber	City, State, East Hanov	Zip Code					
Ben Sallemi			973 774 3311		Lastrianov	ei 145 0/55	0				
Sheduled Start Date (10)	Sched. 0		oletetion Date (1	/	Telephone I			License	Numbe	r	W
		-/	$/ - \frac{30}{}$	19	9737723660)				00860	
Occupancy Status During Abat Facility Closed/Vaca	tement (C	heck	Only 1)		Name of OS					00000	
Facility Closed/Vaca	itea Durin	g En	tire Period of		Northstar Co		roup Inc				
☐ Abatement Performe	ed Outside	e of N	Normal Facility		Street Address 32 Williams I						
Hours - Describe: Other - Describe:	0000 45	NA A	1011 501					50000			
		'IVI - I\	IION - FRI		City, State, 2 East Hanove						
Scope of Work (Check All That	Apply)	/			Last Hanove	1, 143 07936)		the course of th		
☐ Demolition	V		Renovation		- "	70 200					
≥3sf or≥3lf	Ľ		Renovation	H	Full Contain Mini - Enclos	ment with	Negative P	ressure			
≥160 sf or ≥260 lf					Glovebag Pr	rocedure					
				7	Non-Exempt	ted (*) and	Non-Friable	Proced	ure		
Location of	ls		I	Descrip	otion of			Abateme	nt Type		
Asbestos Containing	Locati		As	sbestos -	Containing			R	1 Type	E	İΕ
TO BE ABATED	Norma Used		1 "	Materia e therm	I (ACM) al systems		Amount	E	R	N	N
in Facility	Solel	у	insu	lation, su	rfacing, VAT,		(Specify SF or LF)	M O	E P	C	C L
(13)	by Mai tenand		ore	other mis	cellaneous)			v	A	P	0
	Custoo							A	1	S	S
	Staff (1	12)						L	R	L	U R
	YES NO	N/A								+	
BLDG 340 EXTERIOR SOFFIT		7	TRANSITE				300 SF	7			
							300 SF	7	-	1	
Name of Registered Waste Haul			NURSER W I							1 1	1 1
NEWARK CARTING	er		NJDEP Waste (Hauler ID No.		Name of Reg GRAND CEN	istered La	ndfill				
21.				of Waste	GIVAND CEN	TRAL SAN	TARY LAN	DEILL			
City, State NEWARK, NJ				Disposal	City. State						
<u> </u>][Date	PEN ARGILE,	, PA					
Completed by (Print or Type)			Title			Signature				Date	
aul Mast			VICE PRESIDEN	NT		1)	11	77.	1	Date	
SB-41					4	rui	H/	1/10	/		11/14/19

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CK 308	2 PAII	Ji.	(Pursuan	t to NJAC	0 8:60 a	nd 12:12	O)	13		C	E		\mathbb{V}	E.
Date of Notification (1)				Name o	of Building	g Owner	/Operato	r (2)	-		941.F84.F480	unideach Più	and a residual		
Agencies Notified	Type Notification			FALL	RLEI(311	DICK	1050	1U C	NVE	nie S	WI	5	2019	
☐ EPA	☐ Initial				1001033		લ ક				,,,				
DEP DOL	Amended.	ai.		City, St	ale, Zip C	ode	L E	OVB		1 1	SMES	TOS	CAN	CIHC.	t d
DOH	Amendment Emergency	# (including	g	TEA	WECK	- 1	57 1	0760		La compression in the control of the	e, ji kui Sa efu tara ayrupuran	LICE	NSI	G	u angeres.
DCA	justification) Cancellation				of Contac					Telepho					
Name of Facility Where	Abotement			FAC	ILITY INF	ORMA	ZYCA			973.	- 56	0-	121	20	
Name of Facility Where	CENTER CENTER	g Place ((3)			i		Type of F	acility. (4)					1	
Street Address	CENTER							Sch	ool (K-12)	(011 11					
285 MADIS	JUA MOE							Othe etc.)	er (i.e. pri	(Other that vate & con	nmerc	2) Ial bui	ldings	, home	es,
MADISON County (6)								Square F	eel	# of Floo	ors		Bldg.	\ge	
MOPRIS				County (STATE	Code (7) USE ONL	Y)		Current U	lse (Prior	if beirig de	emolis	ned)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN			Name	of Abatem	ent Conte	noles (0)					
EDI Street Address				0	095		VMC	Compa	ny, Inc	actor (9)					
SXI3XI KING	1 4.50							Address							
City, State, Zip Code	AUG							Piaget Av State, Zip C							
Project Manager for Mon	O EU, CI	8109					Clifto	on, NJ 07	011						
Toject Manager for Mon	itoring Firm		1	Telepho			Teleph	none No.		Lice	ense N	0.			
Start Date (10)	10	Schedul	led Co	XS6 -	-616.	4516		253-8828		007	704				
11/22/2019		. 1	- 1-		Date (11)	200	VMC	of OSHA N	Ionitor						
Occupancy Status During	Abatement (Chec	k Only O	ne)		***************************************			Address							
	aled During Entire F ed Outside of Norm			ment			011 0		-						
	2011-1	1 214					City, S	tate, Zip Co	ode						
Scope of Work (Check A	II That Apply)					_									
≥160 sf or ≥260 lf			Renova Demoli	ation . tion				Full Co	ntainmen closure	l wilh Nega	ative P	ressu	re		
							X	Gloveb	ag Proced	dure ') and Non					
19	* .		Locat					HOHELA	empled () and Non	-Friab	T Pro		e ment	
Location Asbestos-Containing	Material (ACM)	Use	Norma ed Sole	ely by	Ashaa	De	escription	of				_	Ту	ре	
TO BE ABA In Facili	YTED ' '	Ma Cus	intena todial	nce/ Staff?	(i.e.	therma	systems	laterial (AC insulation	M)	Amoun (Specifi		æ		E E	m
(13)	,		(12)			surfa other	acing, VA miscellan	T, or eous)		SF or LF	-)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								Val	=	ulate	ure
MECHANICAL	MOOS	X			AT	R				1755		X			
1															
Name of Registered Was	te Hauler														
Newrk Carting, Inc	1		1	IJDEP W lauler ID 5409		of Wa	Yards isle		me of Re	gistered L	andfill	4		!	
City, State Newark, NJ						Dispo	sal Date	Cit	y, State	- DA					
Completed by		Title					Signalure		orrisville	, PA	10-				
Voytek Roszkowski	<u> </u>	Presi	dent				1 2	John	000	l-mail	Dal	٠. ا	1.		

CPHOC COLLI



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 26013

14 (VII) 1000	() " ()			(Pursua	nt to NJAC 8	:60 and 12:1:	20)	Flow !	EC	E	n n	[] [[7
Date of Notification (1) 11/12/	/2019			Name	of Building C	wner/Operato	or (2) Mount		56	<u>E</u>	1 //	<u> </u>	n n
Agencies Notified	Type Notification	n		Street	Address				DATE OF THE PARTY	1 1	. 00	969	St. 25
× EPA	× Initial							4 13	NOV	1 5	20	13	Ž.
DEP × DOL	Amended	-1.11		City, S	State, Zip Coo								5
	Amendme Emergence	nt # y (includi	na			Allent	own, NJ 085	01 A	SBEST	OS C	ONT	()]	Či.
DOH DCA	justification	1)		Name	of Contact	1000 ja 1000 s		Tel	ephone 1	Vumbe	FIG		W. L. C. C.
	Cancellation	on			Art Mount				(4)	75.7	*		
Name of Facility Where	Abatement is Tak	ing Place	(3)	FA	CILITY INFO	RMATION	Tong of E . W						
Resident	tial		12.110.5				Type of Facili						
Street Address							School (I Subchap Other (i.e	K-12) ter 8 (Othe e. private 8	er than K	-12) rcial bu	uilding	s, hor	nes.
City (5) Allentown,	NJ 08501						etc.) Square Feet 4500		Floors 3		Bldg.	Age	
County (6) Monmouth				County (STATE	Code (7) USE ONLY)		Current Use (F	Prior if beir		ished)	15	50 +	/-
Name of Monitoring Firm MECS	Hired by Building	Owner (8)		M No.	Name	of Abatement C	ontractor	(9)				
Street Address							ens Environr	nental S	ervices	, Inc.			
PO Box 341							Address Box 322						
City, State, Zip Code Crosswicks, NJ	08515						tate, Zip Code town, NJ 085						
Project Manager for Moni	toring Firm			Telepho	one No.		one No.	1 00	License	No			
Bill Weisgarber Start Date (10)		0-11			98-4070	609 2	259-9688		00493	110.			
12/2/2019			12	mpletion /6/2019	Date (11)	Name MEC	of OSHA Monito S	or					
Occupancy Status During			(25)			Street	Address						
Facility Closed/Vaca	ted During Entire	Period of	Abater	ment		PO B	ox 341						
Abatement Performe X Other – Describe: 8	d Outside of Norr am - 4 pm	nal Facili	ty Hour	s			ate, Zip Code						_
Scope of Work (Check All	That Apply)					Ches	terfield, NJ 0	8515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4777		Renova Demoli			×××	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
	il.	1	s Locat	ion			Non-Exempte	ed (*) and	Non-Fria	ble Pro			
Location of	of		Normal	lly		December						emen vpe	t
Asbestos-Containing N TO BE ABAT In Facility (13)	ΓED	Ma	ed Sole aintena stodial S (12)	nce/	(i.e. the	Description of Containing Marmal systems rmal systems rurfacing, VAT ner miscellane	aterial (ACM) insulation, , or	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
Basemer	nt	Yes	No	N/A	т,							ate	œ.
Crawl spa		X		-		nal Pipe Ins) If	Х			
					rnem	nal Pipe Ins	sulation	30	lf	X			
Name of Registered Waste	Hauler		1	IDES									
tevens Environmenta				JDEP Wa auler ID I 18292	No. of	ubic Yards Waste 2		Registere Landfil		5			
City, State Illentown, NJ				100000 TO 1000		sposal Date 12/6/2019	City, Stat	e					
Completed by fahlon E. Stevens		Title				Signature	10	me, PA	Da	ite			
.a.non L. Olevens		Proje	ct Ma	nager					1 000	1/12/	2019)	

Inv# 10	Ylle											[P	rint F
K023093	AID	NOT	FICATIO	N OF A	New Jers SBESTOS AC 8:60 ar	ABATE	EMENT (0)					W/		i
Date of Notification (1) 11/13/2019			Name LAN	of Buildin	ng Owner/ Solutions	Operato S US In	r (2) C.	7 100	NO)V i	5 2	019	And the state of t	
Agencies Notified Type Notification EPA Initial	n			Address Kings	George	Post R	load	1			J L	019	11.	-/-
DEP X Amended Amendmer				tate, Zip				-		HOEN		HOL	Či.	
■ DOH)	3	E4535 - Common P. C.	of Contac						none N 306-4				
Name of Facility Where Abatement is Taki	ng Place ((3)	FAC	ILITY IN	IFORMAT	ION	Type of F	acility (4)						
LANXESS Solutions US Inc. Street Address							☐ Sch	nool (K-12) ochapter 8		baa K	401			
1020 King George Post Road City (5)		-					X Oth etc.	er (i.e. pri\)	/ate & co	ommer	12) cial bu	ldings	, hom	nes,
Fords							Square F	eet	# of Flo	oors		Bldg.	Age	
County (6) Middlesex				Code (7) USE ONL			Current U	Jse (Prior louse pir	if being	demolis	shed) sing (olant	& ta	nks
Name of Monitoring Firm Hired by Building Emilcott Associates, Inc.	Owner (8))	ASCI	M No.		Name Stryk	of Abatem er Demo	ent Contra	actor (9)					
Street Address - 190 Park Avenue						Street	Address Old Eagl		esolue C					
City, State, Zip Code Morristown, NJ 07960			7			City, S	tate, Zip C	ode						
Project Manager for Monitoring Firm David Tomsey			Telepho 973-53	ne No. 38-1110	0		one No. 581-7428	3	11 1233	cense i	Vo.			
Start Date (10) 2/18/2019	Schedule 12/31/2	ed Cor 2019	mpletion	Date (11)		of OSHA N er Demo		Enviro	nmen	tal Se	rvice	es I	I C
Occupancy Status During Abatement (Chec						Street	Address Old Eagle							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abaten Hours	nent	27	-	City, St	ate, Zip Cone, PA 19	ode	Road	, SIE	910			
Scope of Work (Check All That Apply)						vvayı	ie, FA 1:	9007						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit				× ×	Mini-En Gloveba	ntainment closure ag Proced empted (*)	ure				0	
Landen	1000	Locati							una rec	TTT TIGE	1	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntenar odial S (12)	ly by nce/	Asbes (i.e	stos Conta thermal: surfac	scription of aining Ma systems sing, VAT siscelland	aterial (AC insulation, , or	M)	Amou (Spec SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								/al	="	ilate	ure
#6 Fuel Line		X		I	Pipe Ins	ulation	(TSI)		197 L	F	X			
Door Gasket, caulk, counter		X			Oth	er Misc).		530 L	F	Х			
QA, M1D, E2, E1, Press Areas	1	X		F	Pipe Ins	ulation	(TSI)		2942 l	_F	X			
ZAA, Ester 2, PA Tank, E1 Name of Registered Waste Hauler		X	IDED			rfacing			2538 5		Х			
Horwith Trucks, Inc.		H	JDEP Wa auler ID 1 V-199 8	No.	Cubic Y of Wast 45		1	me of Reg Imberlar			andfil	1		
City, State Northampton, PA	2001				Disposa 11/22/2		1	, State	ura. P				**********	
Completed by Mark Klotzbach	Title Vice F	resid	lent		Sig	gnature			<u> </u>	Da	te /13/2	019		

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Date of Notification (1) 11/11/19				Nam	e of Build	ling Owne	er/Operato	r (2)			NOV	15	2019)	
Agencies Notified T	ype Notification	on			t Addres										r.
EPA D	Initial								and the state of t	، سیا ۸۶	BESTO	S 00	VIRC	11.8	<u>.</u>
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	Amendme Emergenc	y (includi	ing	4	tan, NJ										
DOH DCA	justification Cancellation	7)	J		of Conta					Te	elephone	Numbe	r		
Name of Facility Whore Abo						NFORMA	TION								
Name of Facility Where Aba	tement is Tak	ing Place	(3)					Тур	e of Facilit	y (4)					
Street Address									School (K	(-12)					
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City (5)									etc.) lare Feet			ar Grain be			1165,
Raritan								Squ	iale reel	# 0	f Floors		Bldg.	Age	
County (6) Somerset		V		Count	y Code (7). LY)		Cur	rent Use (P	rior if be	ing demo	lished)			
Name of Monitoring Firm Him	ed by Building	Owner (8)		CM No.	L1)		hor							
	, ig	ci (٥,	ASC	JIVI NO.		Name	of Ab	atement Co D PROF	ontractor	(9)				
Street Address							Street			L3310	IVALS				
City, State, Zip Code							11 200000000000000000000000000000000000		DOVE C	OURT					
Sity, State, Zip Code							City, St	ate, 2	Zip Code						
Project Manager for Monitorin	ng Firm			Talanh	one No.		The second secon		OD, NJ (08701	2				
				relepii	one ivo.		Telepho 732-6				License 1200	No.			
Start Date (10) 11/21/19		Schedu	led Co	mpletion	Date (11	1)			HA Monitor		1200				
Occupancy Status During Aba	toward (O)	11/26							D PROF		VALS				
							Street A						10.00		
Facility Closed/Vacated Abatement Performed O	utside of Nom	Period of nal Facili	Abate by Hou	ment 's					DOVE C	OURT					
Other - Describe:						_	LAKE	WO	ip Code OD, NJ 0	8701					
Scope of Work (Check All Tha	it Apply)								1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	Glo	II Containm ni-Enclosure ovebag Pro	e cedure					
		Is	s Locat	ion				No	n-Exempted	d (*) and	Non-Fria	ble Pro			
Location of		1	Norma	lly		De	scription o	f					- CONTRACTOR	ement pe	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Ma	ed Sole aintena	nce/	Asbe	stos Cont	aining Ma	terial	(ACM)	Am	nount			m	
In Facility		Cus	todial (12)	Staff?	(i.e	surfac	systems i	or	ition,		ecify or LF)	Ren	Re	nca	Enc
(13)						other n	niscellane	ous)		51	LI J	Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A								=		ate	Э.
LINOR						PIPE IN	NSULAT	ION		50)LF	x			
				-											
ame of Registered Waste Hau	ıler		N	JDEP W	aste	Cubic \	/arde	1	None	2					
EWARK CARTING			H	auler ID 1509		of Was			Name of F	kegistere	d Landfill				
ty, State				.000		Disposi	al Date	-							
EWARK, NJ						11/26/			City, State BETHLE		PA				
ompleted by OSEPH PERLSTEIN	18	Title				Sig	gnature				Da	te			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3483 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 / 12 Carolyn Gitterson MOV 15 2010 Agencies Notified Type Notification Street Address X EPA X Initial DOLWD. Amended BESTOS CONTROL A X DHSS City, State, Zip Code Amendment # LICENSING ☐ DCA ☐ Emergency (including Short Hills, NJ 07078 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Carolyn Gitterson FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Short Hills, NJ 07078 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) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-356-3511 Start Date (10) 01127 Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __25__ / __19 Envirovision Consultants, Inc 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 20-21 Wagaraw Road, Bldg .# 35E Time of Abatement: ____AM-___PM/ PM_ City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure >3 sf or >3 If > 160 sf or >260 If Full Containment with Negative Pressure Renovation | Mini-Enclosure Demolition Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate TO BE ABATED Remova Enclosure Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 360 LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic ewic Wenad Owner ASB-41 11/12/19

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

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CH# 4649

Date of Notification (1)	1	T	11		25/075/17/20		[+Mr-m-a-m	-	North-Market	11	111	1
	/ 19		Name of Buil	lding Owner	Operator (2)	In		G	F	1	11//
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Name of Facility Where Abatement is Taki	ng Place (3)		FACILITY	INFORMA	TION	1 1		-				
	g , 1400 (J)					Type of Facil	lity (4)					
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art Date (10) / /			· · · · · · · · · · · · · · · · · · ·		1 elephon	° Ng. 38 x	Son Lice	ense No	0.			
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Name of Facility Whose Abeles 1: T			F	CILITY INFO				1	32-444	1-3727			
Name of Facility Where Abatement is T	aking Place	(3)				Тур	e of Facility	(4)					
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Project Manager for Monitoring Firm			Telepho	one No.	Teleph 732-	none N	No.	30701	Licens	se No.	276-54		
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DSEPH PERLSTEIN	OWN	ER			Signature					Date 11/12/	19		

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Name of Facility Where Abatement is	s Taking Place	(3)	FA	CILITY IN	NFORMA	TION	T						
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Union			County	Code (7)		Current Use	(Prior if bein	ng demoli	shed)			
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Scope of Work (Check All That Apply)													
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City (5) Wayne							Sqi N/	uare Feet	# o N//	f Floors A	S	100000	ldg. A	ge	
County (6) Passaic			County (Code (7) USE ONLY)			rrent Use (Prio OUSE	r if be	ing der	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/ No.				batement Cont atement, Inc		(9)					
Street Address						Street 11 R		ress ngren Aven	ue						
City, State, Zip Code						D14 (1976) 13. C15		Zip Code NJ 07512				- 0	Ų.		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		Licen 0131	ise No),			
Start Date (10) 11/21/19	Schedule 11/22/1		npletion	Date (11)				SHA Monitor atement, Inc	 D.						
Occupancy Status During Abatement (Chec	k Only On	ne)				Street									
Facility Closed/Vacated During Entire I	Period of A	Abaten	nent .					ngren Aven	ue		- 50				
Abatement Performed Outside of Norm Other – Describe: Occupied	iai Facility	Hours						Zip Code NJ 07512							
Scope of Work (Check All That Apply)				V.V.											-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	printerprinter.	Renova Demolit				×	N G	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted	edure					2	
	Is	Locati	on					TOTAL EXCHIPTION	() () (0 11011	Habi		Abate	ment	
Location of		lormal d Sole				scription							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	nce/		thermal surface		s insu T, or		(5	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ate	ro
Basement		X				VAT			60	00 SF	ie –	Х			
Name of Registered Waste Hauler		1	IDED II	/a-4-	0.11	V									
Atlantic Carting		Н	JDEP W auler ID 3085		of Was			Name of R Grand C			ndfill				
City, State Wayne, NJ					Dispos	sal Date		City, State Pen Argy		4					
Completed by Ned Joksimovic	Title	ct Ma	nager		S	ignature	9 >	GII			Date	e 111/2	010		

Print Form

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Date of Notification (1)	/ 19	9			of Buildir	350	vner/Operator ((2)		NOV	5	201	9	L
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		1-11/1	1/19	200 Land 2000 Land	State, Zip									
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(NJAC 5:23-8)	ustification)			Name	of Contac	ct			Telephone	Numbe	r			
	Cancellation			Ge	naro Hol	guin	Î.		312-796	6-6593				
None of Facility (All)				FA	CILITY IN	NFO	RMATION							
W		50	(3)					Type of Facility						
	ing Station							School (K-12		14 45				
								☐ Subchapter 8	of (Other than	K-12)	al bu	ildina	S	
	e of Notification (1) 6 / 21 / 19 Incies Notified IPA IDLWD I							homes, etc.)	invate and co	TITICI CIC	n Du	iidii ig	٥,	
City (5)								Square Feet	# of Floor	s	Blo	lg. Ag	je	
Trenton								37807						į.
County (6)	e of Notification (1) 6 / 21 / 19 Incies Notified IPA IDLWD IDL					7)(STA	TE USE ONLY)	Current Use (Pri	ior if being de	emolishe	d)			
MERCER														
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	1		_	-		
WCD Group								VIRONMENTA						
Street Address						-	eet Address		_,					
23 Rt 31							123 BEAVE	RSTREET						
City, State, Zip Code							y, State, Zip Co						0.0001111	
Pennington, NJ 08534						1	RISTOL, PA							
Project Manager for Monitoring	Firm		Tele	ephone	No.	Tel	ephone No.		License N	lo.				
Scott McDonald			6	09-730	-0007	2	15-788-6040		00509					
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Nar	me of OSHA M	lonitor			-			
		J N	H	1LD		В	RISTOL EN	VIRONMENTAL	L, INC.					
						Stre	eet Address						_	
☐ Facility Closed/Vacated Dur	ring Entire Pe	riod of	Abate	ment		1	123 BEAVER	RSTREET						
Abatement Performed Outs Time of Abatement: 7:00AI	ide of Normal M-3:30PM/	Facility	y Hou M-	rs - Des AM	cribe		, State, Zip Co						7-0,6	\neg
			-			В	RISTOL, PA	19007					4	
	Former Mercer Generating Station eet Address 366 Lamberton Rd y (5) Frenton unty (6) MERCER me of Monitoring Firm Hired by Building Ov VCD Group eet Address 3 Rt 31 y, State, Zip Code Pennington, NJ 08534 giect Manager for Monitoring Firm foott McDonald rt Date (10) 7 / 8 / 19 Eupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Fill Time of Abatement: 7:00AM-3:30PM/ Experiment Performed Outside of Normal Fill Experiment Performed Outside Outside Outside Outside Outside O						☑ Full Cont	ainment with Neg	ative Pressu	re				
≥3 sf or ≥3 lf ≥160 of on > 260 lf		Re					Mini-Encl	osure						
△ ≥100 St 01 ≥260 II	ect Manager for Monitoring Firm cott McDonald t Date (10) 7							Procedure mpted (*) and Nor	n Eriabla Dra					
		Is	Loca	ion			M HOII-LACI	inpled () and 140i	II-F Hable FTO	Cedure				
Location of	cormer Mercer Generating Station eet Address 366 Lamberton Rd (5) renton inty (6) IERCER ne of Monitoring Firm Hired by Building Ov /CD Group eet Address 3 Rt 31 , State, Zip Code ennington, NJ 08534 ect Manager for Monitoring Firm cott McDonald t Date (10) 7						Description of	f			1	teme		
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	et Address 66 Lamberton Rd (5) enton ity (6) ERCER e of Monitoring Firm Hired by Building Ow CD Group it Address Rt 31 State, Zip Code nnington, NJ 08534 ct Manager for Monitoring Firm ott McDonald Date (10) 7						urfacing, VAT, ner miscellaned		SF or LF	=)	<u>a</u>	- 1	Encapsulate	ure
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See attached sheet														
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			100	JDEP V		5000000	ic Yards of	Name of Regist	tered Landfill		-			
SERVICE TRANSPORT (encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Pormer Mercer Generating Station me of Facility Where Abatement is Taking Pormer Mercer Generating Station me of Monitoring Firm Hired by Building Own (75) renton me of Monitoring Firm Hired by Building Own (7CD Group met Address 3 Rt 31			18706		Was	ste	G.R.O.W.S.	NORTH L	ANDFIL	L			
City, State	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Planter Mercer Generating Station enter Address 366 Lamberton Rd (5) Frenton Inty (6) BERCER The of Monitoring Firm Hired by Building Own (70 Group The Manager for Monitoring Firm Cott McDonald The Date (10) The Date (1						osal Date	City, State						
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			B.F.				Signature	1 1	. /	Date	1	1	•	
ASB-41	_ P	oject	wan	ager			Drian	- Scafer	2 / gl	11/	11	11	9	

ASB-41 MAY 11 B 5 19 0 81

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

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Date of Notification (1) 11/11/2019 Inv ((a)	24		Name Carol	of Building Iyn Barra	g Owner/ a Abaro	Op er ato ca	r (2)				VOV	15	21	719	
Agencies Notified Type Notification	Į.		Street	Address						ASBI	ESTO)S (ONT	ROL	&
⊠ EPA □ Initial □ Amended □ DOL □ Amendment	#			tate, Zip C							LIC	EN	SING		-
Emergency justification)		g		ford, NJ of Contact					ТТ	elephone	Num	hor			
DCA Cancellation			L	yn, NJ (1.	Cicpriorie	Num	Dei			
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)						
House Street Address								School (K-		***					
							×	Subchapte Other (i.e.	private	ther than e & comm	K-12) nercia	buile	dings	, home	es,
City (5) Cranford, NJ 07016							Squa N/A	etc.) are Feet	1000000	of Floors	5	57.67	ldg. A	Age	
County (6) Union				Code (7) USE ONL	n		Curre	ent Use (Pr	rior if b	eing dem	nolishe				
Name of Monitoring Firm Hired by Building (Owner (8)	ASCI	M No.				atement Co		or (9)					
Street Address						Street	Addre		7175573						
City, State, Zip Code			-			City, S	tate, Z	ip Code							
Project Manager for Monitoring Firm	V-1		Telepho	one No.		Teleph	one N			Licens	se No.				
Start Date (10)	Schedu	led Cor	mpletion	Date (11)		973-3		HA Monitor		0131	1				
11/22/19	11/23/	19				D&S	Abat	ement, Ir							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			Street 1		ss gren Ave	nue	20					
Abatement Performed Outside of Norm Other – Describe: Occupied	al Facilit	y Hours	S					ip Code IJ 07512							
Scope of Work (Check All That Apply)						10101	va, 14	0 07012	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
		Locati					140	rexemple	u () ai	IU INOIT-F	nable		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Ashes	Des tos Conta	scription		(ACM)		Amount	-		Ту	pe	
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e.	thermal surfac	systems sing, VAT niscellane	insula , or	tion,	(Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
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Basement		X			Pipe	Insulat	ion		8	30 LF		Х			
											-	-		-	-
Name of Registered Waste Hauler Atlantic Carting		H	JDEP W auler ID		Cubic \ of Was			Name of Grand (dfill				
City, State Wayne, NJ		26	6085		TBD	al Date		City, State	e						
Completed by	Title				TBD	gnature		Pen Arg	gyl, P.		D-/				
Ned Joksimovic		ct Ma	nager		SI	gridlule	7	7/			Date 11/1	1/2	019		



State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-7) RESUME 11/13/2019

Inv-15922

Check # 9747

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Date of Notification	(1)	Na	me of Build	ling Owne	r/Operator (2)			F	@ F	n i	T /7	F	project,
$\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{2}$	<u> </u>	5	Shopping	Center	Associates,	A Ne	w York General F	Partnership 5	G E	<u> </u>	\mathbb{W}	占	
Agencies Notified	Type Notification	Str	eet Address	S				III				100	
☐ EPA	☐ Initial		55 Parso	nage Ro	ad				MOV 15	21	110	-	
☐ DEP			y, State, Zij					1	7.		2.00		name of
X DOL	✗ Amendme	ent	Edison, N	4J 0883	7			ACD	**************************************	Cheery you	Girmon		CONTRACT.
X DOH		1 1 1 1 1 1	me of Conta	act				Telephone	Number	NG	TUL	. č.	
☐ DCA	Cancellati	on	James V	Stocks				317-263	-8191	Visite	Dish designar	TRO ATTA	nessental.
				FACIL	LITY INFORMA	ATION							
Name of facility wh	nere abatement is	taking plac	e (3)					Type of Facility (4)					
Menlo Park M	all, Macaroni (Grill							oter 8 (Other	tha	n K-1	2)	
Street Address								The state of the s	rivate/Comn			-/	
1521 US Rou	ite 1								omes, etc.	_	Bld	g. Ag	
		I Carrat	(6)			0	ty Code (7)	Square Feet #	of Floors		DIU	g. ng	C
City (5)		Count					e use only)	Current Use (Price	or if being de	mol	ished	i)	
Edison, NJ 0	8837	Midd	dlesex					commercial p		M. S. S. S. S.			
Name of Monitorin	g Firm Hired by Bl	ldg. Owner	(8)	T	ASCM No.		Name of Abatement	Contractor (9)				eratificación	
						_	B & G Restorati	ion, Inc.					
Street Address							Street Address	load					
V							105 Ryerson R	.uau				-	
City, State, Zip Cod	le					11	City, State, Zip Code Lincoln Park,	NJ 07035					
Project Manager fo	r Monitoring Firm		Pho	ne Numb	er	- -	Telephone Number		License Nu	mbe	r		
Project Manager 10	i Worldoning i iiiii			one manie			(973)696-686	9	0037	8			
Scheduled Start Da	ate (10)	Sched.	Completio	n Date (11)		Name of OSHA Mon		G				
11/13/2019	*		4/2019				B & G Restorat	ion, inc.				_	
Occupancy Status	During Abstement						105 Ryerson R	oad					
The Control of the Co	d/vacated during e			nent.			City, State, Zip Code						
Abatement p	erformed outside	of normal fa	acility hours	S-									
Describe: Other-Descri	ibe:					-11	Lincoln Park, N	IJ 07035					
Scope of Work (ch	heck all that apply))				□w	rap & cut						
Demolition		Renovation	n			F	ull Containment w/ne	gative pressure	Glovebag	pro	cedu	re	
X >3 sf or >3 lf	f 🗆 2	160 sf or 2	≥260 If			\square N	lini-enclosure	x	Non-friab	le pr	oced	ure	
Location of		Is location	normally u	sed solely	1				P e	- 1	R	E n	E
asbestos-co		by mainte staff(12)	nance/cust	odial			sbestos-containing	Amount (Specify SF	or n	1	р	C	n
material to b abated in fac	1773	Yes	No	N/A	material (ACM)		LF)	o v		a i	a	L
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Registered Waste	Hauler	INJDE	P Hauler I	D# C	ubic Yards of	Waste	Name of Registered	Landfill		= 1.			
B & G Restora			19563		3		Grand Central			-			
City, State Lincoln Park,	N.I			Disposal Di	Date 1/15/2019		City, State Pen Argyl, PA						,
Completed by (Pri		Title			Signature				Date		-		
Gordana Luna			ry/Treasu	ırer	•		Gordana Luna		11/12/2	01	9		

State of NJ Notification of Asbestos Abatement 2019-184 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: ON HOLD until further notice Check # N/A Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/12 12 1/11 19 1 Shopping Center Associates, A New York General Partnership Agencies Notified LICENSING EPA 55 Parsonage Road Initial DEP City, State, Zip Code Amendment DOL Edison, NJ 08837 X DOH Name of Contact Telephone Number Cancellation ☐ DCA James V Stocks 317-263-8191 **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Menlo Park Mall, Macaroni Grill Subchapter 8 (Other than K-12) M Other (Private/Commercial Street Address Bldgs./Homes, etc. 1521 US Route 1 Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Edison, NJ 08837 Middlesex commercial property Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. -08/23/2019 *ON HOLD* 12/31/2019 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: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) wrap & cut X Demolition Renovation Full Containment w/negative pressure Glovebag procedure Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf Is location normally used solely E Location of e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m staff(12) C (Specify SF or material to be material (ACM) 0 a LF) abated in facility (13) Yes No N/A p roof area rolled asphalt old & new 80 sf X

Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State ON HOLD Pen Argyl, PA Lincoln Park, NJ Signature Completed by (Print or Type) Ciordana Luna 08/22/2019 Gordana Luna Secretary/Treasurer

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Date of Notification (1) July Notification	Chillol		NOTIFI (P	CATION	of New OF ASB to NJAC	ESTOS	ABATE	MEN 1	г	fits.	#	P /	ĒĀ	1/1		F
EPA Amended		5705	5				Operator	(2)	*	III	144	0)1				The state of the s
DDP	Agencies Notified Type Notified	cation		Street A	Address			3 - 1773 -			N	OV	15	20	19	-
DOL Amendment Surgerville, NJ 08872 ASSESTOS CONTROL & Name of Contact Telephone Number Telephon		dad	ļ.	City St	ate 7in Co	de								Compression	salani johotunia	
DOH	X DOL Amen	dment #					2				ASBE	EST(SC	ONT	ROL	&
Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Superville, NJ 08872 Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12	∠ DOH justific	ation)								- Tel	ephone	Num	ber))) (O)		
Name of Facility (Where Abatement is Taking Place (3) Residential Property Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, other 1,890 2	DCA Cance	ellation					TION									
Street Address Sub-bapter 9 (Other than K-12) Sub-bapter 9 (O		Taking Place (3)	FAC	ILITY INFO	JRIVIA	IION	Тур	e of Facility	(4)			-			-
City (5) Sayreville, NJ 08872 County (6) Sayreville, NJ 08872 County (7) County (8) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Danvic Contracting LLC. Street Address Street Address Street Address City, State, Zip Code City, State City			KMUNIC													
City (5) Sayreville, NJ 08872 County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Elizabeth, NJ 07206 Project Manager for Monitoring Firm Telephone No. Telephone No. 11/06/2019 Scheduled Completion Date (11) 11/06/2019 Sc	Street Address							×						lings,	home	es,
Sayreville, NJ 08872	City (5)					2000		_		# o	f Floors		В	lda. A	ae	
Marie of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Danvic Contracting LLC.								1000		33000					90	
Danvic Contracting LLC.								Curr	rent Use (Pr	ior if bei	ng dem	olishe	ed)			
Z40 South 5th St.	Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASC	M No.						(9)					
Elizabeth, NJ 07206	Street Address															
Project Manager for Monitoring Firm	City, State, Zip Code)					16						
Start Date (10)	Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none 1	No.							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083				pletion	Date (11)						atories	. Inc).			
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083	Occupancy Status During Abatement	(Check Only O	ne)													
Scope of Work (Check All That Apply) Scope of Work (st						
Sas for ≥3 if ≥160 sf or ≥260 lf Renovation Demolition Registered Waste Hauler Danvic Contracting LLC Description Demolition Registered Waste Hauler Danvic Contracting LLC City, State Elizaberth, New Jersey Description Demolition Registered Waste Hauler Date Da	Abatement Performed Outside of Other – Describe: OCCUPIED	f Normal Facilit	y Hours													
Demolition Description of Abatement Type Description	Scope of Work (Check All That Apply)							_			0.00		020		- 10	
Secretary Secr	Signature Street Address Street Ad															
Location of Asbestos-Containing Material (ACM) Maintenance / Gustodial Staff? (12) Yes No N/A		1:	s Locatio	on			- Lon		on-Exemple	u () ain	4 14011-1	ilabit		Abate	ment	
Maintenance Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A		Lla	Normall	у										Ту	oe T	_
Basement Yes No N/A	TO BE ABATED	Mi Ma	aintenar stodial S	ice/		therma surfa	al systems acing, VA	s insu T, or	lation,	(8	Specify		Remo	Rep	Encaps	Enclo
Basement Yes No N/A	(13)			T		other	miscellar	neous)				oval	air	ulate	sure
Name of Registered Waste Hauler Danvic Contracting LLC City, State Elizaberth, New Jersey Name of Registered Landfill Fairless Landfill Disposal Date Title Signature Date	Basement	Yes	No	37.555.55		Pine	e Insula	tion		2	OIF		х			
Danvic Contracting LLC City, State Elizaberth, New Jersey Disposal Date TBD City, State Disposal Date TBD Completed by Title Disposal Date Date										_						-
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City, State City, State Elizaberth, New Jersey Completed by Title Disposal Date Title City, State Morrisville, PA Disposal Date Signature Disposal Date City, State Disposal Date Date	Name of Registered Waste Hauler		1,000,000						Name of	Registe	red Lan	ndfill				
Elizaberth, New Jersey Completed by Title Signature Date			100000		No.	1					Ifill					
	Elizaberth, New Jersey					TBD					A					
		A CONTRACTOR	er			1	Signature	4	2	-				019		

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CHIMA	to.	S)		to NJAC			: 				NO	, ,	LE	204	8
Date of Notification (1) 11/13/19 The ICO	21		Name o	f Building PRO	Owner/0	Operator	(2)		L	L	14 O.		1)	ZUI	J
Agencies Notified Type Notification EPA Initial			Street A 3525 I		nt Rd, f	NE- Bu	ilding	7, Suite 7	0	AS	BEST	OS	CO	VTR(DL &
EPA X Initial DEP Amended Amendment #		F		ate, Zip Co a, GA 30					Abirton	And the latest and th	Alleria de Rechierto	Life		1 11	
Emergency (in justification)		_	Name o	f Contact					Tel	ephone	Numb	er			
DCA Cancellation				th Clayl		ON			60	9-755-	-7926				
Name of Facility Where Abatement is Taking	Place (3	3)	TAG	LITTINE	ORWATI	ON	Туре	of Facility (4)						
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth			build	lings,	home	es,
City (5) Hamilton		1	186	010			Squa	re Feet	# 01	f Floors	Ø	В	ldg. A	ge	
County (6) Mercer				Code (7) USE ONLY)		Curre	ent Use (Prior le	if bei	ng dem	olished	i)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	I No.		1 00 min -		tement Cont		10 500					
Street Address						Street	Addre								
City, State, Zip Code				-		City, S	tate, Z	ip Code							
Project Manager for Monitoring Firm			Telepho	no No		Teleph		DD, NJ 08	701	1	- N-				
			127			732-6				Licens 1200					
	Schedule 11/28/1		npletion I	Date (11)				HA Monitor D PROFES	SSIO	NALS					
Occupancy Status During Abatement (Check	88	8				Street /		ss DOVE CO	IIDT					=W0250	
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem Hours	ent			City, St	tate, Z	ip Code OD, NJ 08							
Scope of Work (Check All That Apply)				4000		LAND	= ۷۷ Ο (JD, NJ 06	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted	dure	ā				2	
		Locati											Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (42)	Use Ma	d Solei intenar todial S (12)	ly by nce/		tos Cont thermal surfac	scription aining M systems cing, VA	laterial insula T, or		(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		otner n	niscellan	eous)					val	air	ulate	ure
INTERIOR					PIPE II	NSULA	TION	1	17	70LF	×				
					FLO	OR TIL	.ES		4	0SF	×				
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of R	egiste	red I an	dfill				
AAA LEAD PROFESSIONALS		H	auler iD 1509		of Was			MERCE							
City, State LAKEWOOD, NJ					Dispos 11/28	al Date /19		City, State TRENTO	N N	J					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			S	ignature					Date 11/1	3/1	9		

Ch 1197	1	OTIF	CATION	OF ASB	ESTOS	ABATE	MEN))					001		And the second of the second o
Date of Notification (1) 11/13/19	110000)		Building Water T			(2)			NO	V 15	201	3	1
	Notification		Street A	ddress Gilbert S	St. Bldg	g 4 Suit	te 42	202		ASBES L	TOS CO		OL 8	Ł
DEP DOL	nitial Amended Amendment #	_	1-12-15-15-15-15-15-15-15-15-15-15-15-15-15-	te, Zip Co Falls, N)1		la la	EHIBROYN BLOKE IN	100LOURS SUPRISH LLT	- rand recommons i	multi-rec-un filmi		J-SAN-BROGAME
	Emergency (including ustification)	t	Name of		77.5	1191			Tel	ephone N	Number			
DCA C	Cancellation		Timoth	y Chen	oweth				73	2-383-8	3655			
Name of Facility IA/A At			FACII	LITY INFO	ORMATI	ON								
Name of Facility Where Abatem	ent is Taking Place (3)					Personal .	e of Facility	\$ 50 					
Street Address							×	School (K-2 Subchapter Other (i.e. petc.)	r 8 (Oth			dings.	home	∋ S,
City (5) Fair Haven			()]	7/2	1		Squ	are Feet	# 0	f Floors	£	3ldg. A	\ge	
County (6)		Т	County C	Code (7)	-		Cur	rent Use (Pri	or if bei	ng demo	lished)			
Monmouth			(STATE L	JSE ONLY				me			98			
Name of Monitoring Firm Hired	by Building Owner (8)		ASCM	l No.				atement Cor AD PROFE						
Street Address						Street 6 WH		ess DOVE C	OURT	. /				
City, State, Zip Code								Zip Code OOD, NJ 0	8701					
Project Manager for Monitoring	Firm		Telephor	ne No.		Teleph 732-6		NT (100 No. 100 No. 1		License	No.			
Start Date (10) 11/24/19	Schedule 11/29/1		npletion [Date (11)		F 50 E 5 E 1		SHA Monitor AD PROFE		NALS				
Occupancy Status During Abate	ment (Check Only On	e)				Street .	Addr	ess			: :::::::::::::::::::::::::::::::::::::		50755	
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire Period of A	Abaten	nent .			City, S	tate,	Zip Code			*			
					_	LAKE	EWC	DOD, NJ 0	8701					
Scope of Work (Check All That	Apply)						7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emolit				×	M G	ull Containm lini-Enclosure lovebag Pro- lon-Exempte	e cedure	-			e	
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Location of Asbestos-Containing Materia	Llee	lormal d Sole		Ashas		scription		al (ACM)	^	mount		Τ		
TO BE ABATED In Facility (13)	Ma	intena odial 3 (12)	120000000000000000000000000000000000000		thermal surfa	systems cing, VA niscellan	s insu T, or	2	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
8,537	Yes	No	N/A		0.11011	, mo oonar i	.0000				/al	1	late	ле
INTERIOR					F	PIPING			4	10LF	x			
												-		
Name of Registered Waste Hau	ler	10.000	IJDEP W		The second second	Yards		Name of	Registe	ered Land	fill			
NEWARK CARTING			lauler ID 4509	NO.	of Wa			IESI			2200000000			
City, State NEWARK, NJ					Dispos 11/29	sal Date 9/19		City, Stat BETHL		1 РА				
Completed by JOSEPH PERLISTEIN	Title	IFR			8	Signature)		V		Date 11/13/	19		

Chilas	2 *		NOT F	ICATIO	tate of Ne OF ASE to NJAC	ESTOS	ABATE	MENT 0)	г	D)-	L U			2010	5	The second secon
Date of Notification (1) 11/13/19	111dol	7			of Building n Financ			r (2)	77.00		- NO	V	5	2019	ļ	- Sand
Agencies Notified EPA	Type Notification Initial			Street A	Address Hifton Av	ve, Sui	te 19			,	ASBES		COI)L &	
DEP X DOL	Amended Amendmen		[ate, Zip C vood, N		1				N. C.					11
DOH DCA	Emergency justification Cancellation	1			of Contact n Financ					100000	lephone 32-645					
Name of Facility Where A	Ahatement is Takir	na Place /	5/	FAC	ILITY INF	ORMAT	ION	Tues	F 1114.	(4)						
Street Address	Tourist To Full	19 1 1000 (0						x	School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Oth				dings,	hom	es,
City (5) Clifton				1)7E	14		Squa	are Feet	# (of Floors		В	ldg. A	ge	
County (6) Passaic					Code (7) USE ONLY)		Curr	ent Use (Pr	rior if be	ing dem	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	(ASCN	Л No.				atement Co D PROF							
Street Address				A			Street 6 Wh		oss DOVE C	OUR	T 3					
City, State, Zip Code									Zip Code OD, NJ (08701						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 732-	none N 668-9			Licens 1200),			
Start Date (10) 11/24/19		11/29/1	19	npletion	Date (11)		- The State of the		HA Monitor D PROFI		NALS					
Occupancy Status During Facility Closed/Vaca	ited During Entire	Period of A	Abaten	nent			Street 6 Wh		ss DOVE C	OURT						
Abatement Performe Other – Describe: _	ed Outside of Norr	nal Facility	Hours	3					Zip Code OD, NJ (08701						
Scope of Work (Check Al	l That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property and the same of the s	enova emolit				×	Mi Gle	III Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure	3					
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INTERIO	7 P	Yes	No	N/A		חוחר וו	NOU I	TION	\t		401 5				ite	Ф
INTERIO	JK					PIPE II	NSULA	ATIO	N .	- 4	40LF		X			
Name of Registered Wast NEWARK CARTING	te Hauler		Н	JDEP W lauler ID 4509		Cubic of Was			Name of	Registe	ered Lan	dfill				
City, State NEWARK, NJ						Dispos 11/29	sai Date 1/19		City, Sta BETHL		/I PA		14115-6			
Completed by JOSEPH PERLSTEII	N	Title OWN	ER			S	ignature					Date	13/1	9		