Inv 16091

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) DECEIVED
NOV 1 8 2019

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Date of Notification (1)	2-19			Nar	1 1	ng Owner/Operator	(2) E LEDAL	MED ASBEST	OS C	ON	TRO	L &
Agencies Notified	Type Notification	on		Stre	et Address			La constitue constituente production que la constituente par	part Property	CHAIR .	- CONTRACTOR OF	we in the
i) BPA	☑ Initial				70	O Hau	Itul b	AUE .				
	Amended	2000		City	, State, Zip	Code				-	-10-	
₩ DOL	Amendment Emergency		<u> </u>	1		HAN C	ITY 1	N. J 08	727	26		
Ø DOH	justification		i ing	Nan	ne of Conta			Telephone Numb	per			
□ DCA	☐ Cancellation	i			54	ME						
				1-		FORMATION						=
		. DI-	- (2)		ACILITY IN	PORMATION	Time of Facility	h. (4)				
Name of Facility Where A			ce (3)				Type of Facility					
	SIDENCE						School (K-	12) er 8 (Other than K-12	2)			
Street Address								private & commercia		dings		
City (5)	Ctan	(11	-4		195	2004	Square Feet	# of Floors	В	1dg. A		
County (6)	CCMVG			T Cor	nty Code (7) (STATE		Prior if being demolis	hed)			_
_ CAV				US	E ONLY)		- NAC	ANT				
Name of Monitoring Firm	Hired by Building	Owner		ASCN	No.	Name of Abatem						
(8)	Α					KLEMO	OINC	. 1				_
Street Address						Street Address	SPRIX	E AUE				
0: 0: 7: 0.1						City, State, Zip C		6 1106	_			=
City, State, Zip Code						MAPCE	SHAPE	W. T 08	505	Z		
			T Tol	ephone	No	Telephone No.	JAME	License No		_		=
Project Manager for Monit	onng rim		161	ерногк	140.	856-77	9-0472	License No. 3	7.1			_
Start Date (10)	Sche	eduted (Comple	etion Da	ate (11)	Name of OSHA N	Monitor ,					
11-72-19		7-			87 18		N/A					_
Occupancy Status During						Street Address						
Facility Closed/Vacated				ment		4	9	3				
Abatement Performed	Outside of Norma	al Facili	ty Hou	rs		City, State, Zip Co	ode					
Other - Describe:								: 				
Scope of Work (Check all	that apply)					Full Con	tainment with Ne	egative Pressure				
		□ Re	enovati	on		Mini-Enc		sgatte i lessaie				
123 St of 23 if			emolitic			Gloveba	g Procedure	F: 11 B				
В-		, , ,				Non-Exe	mpted (*) and N	on-Friable Procedur	_	h eta	mont	\neg
			Location						"	bater Typ		
. Location of		1	Solet			Description of			-			$\overline{}$
Asbestos-Containing Ma	terial (ACM)		ntenan			os Containing Mate		Amount (Specify	-		5	ш
TO BE ABATE	D		ustodia Staff?	Н	(i.e.,	thermal systems in surfacing, VAT,		SF or LF)	\en	Repair	Sap	nck
IN Facility (13)		'	(12)			other miscellaneou		(5) 52/5/4	Remova	pair	Encapsulate	Enclosure
(13)		-							=		ale	
		Yes	No	N/A		4.4.5		154.55	V	-	\dashv	-
SIDING			r.	X		RAWSITE		1500 SE	X	\vdash	\dashv	\dashv
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												_
Name of Registered Waste	Hauler			JDEP V		Cubic Yards	Name of Reg	istered Landfill				
	WC,		H	798	Ng.	of Waste	C.IM	C. M.U	. 4	4		_
	77		-11	170	-	Disposal Date	City, State					
City, State MAPLE SH	ADE N	IJ					Woo	DIBINE		٠		
Completed By	Title					Signature	AN	Date	12	. 1	9	
Michber Ku	AMA	SUP				Mill	V Ilu	-11-	16	7	1	

CK # 4939

Inv 16090

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

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Date of Notification (1)	2-19			JC	ng Owner/Operator	1 1 4 1	WASSES WA	PIN	100	L &	_
Agencies Notified	Type Notificatio	n		Street Address	PO BO	x · 198	The second secon	n instrument and u	PT/WWW.	Na Company	
D BPA D DEP	☑ Initial ☐ Amended		-	City, State, Zip	1.0	2 1-10			-		=
A DOL	Amendment		_		APE MA	Y Cow	T HOUSE				
⊠ DOH	Emergency (justification)			Name of Conta	ct		Telephone Numb	er	-		
□ DCA	Cancellation		_	J	OMN		609-781	1-5	581	0	_
				FACILITY IN	FORMATION						
Name of Facility Where	Abatement is Taki	ng Place	e (3)			Type of Facilit					
	ESINENC	<u>e</u>					r 8 (Other than K-12				
Street Address						homes, etc					
City (5)	WALON			()	8000	Square Feet	# of Floors		dg. A		
County (6)	TO PACON			County Code	7) (STATE	Current Use (F	Prior if being demolis	hed)			
(APE				USE ONLY)			ANIT				=
Name of Monitoring Firm	Hired by Building	Owner	A	SCM No.	Name of Abatem		9) N <i>C</i>				
	1.A		L=		Street Address	10 1	NC			_	_
Street Address					3695	. SPRL	XE AUE				_
City, State, Zip Code					City, State, Zip C		a. a. T	00	201	72	
					MAPL	E SHAV	JE, M.	<u>U</u>	0		_
Project Manager for Mon	itoring Firm		Telepi	hone No.	Telephone No.	9-0472	License No 3	71			
Start Date (10)	Sche	duled C	ompletic	on Date (11)	Name of OSHA N	Monitor					
11-77-19		C 100	7-	19					_		=
Occupancy Status During	Abatement (Che	ck only	one)		Street Address						
Facility Closed/Vacate Abatement Performed	d During Entire Pe	eriod of a	Abatem v Hours	ent	City, State, Zip Co	ode					
Dther - Describe:	Outside of Norma		, , , , = , =								
Scope of Work (Check al	I that apply)				☐ Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			novation	1	Mini-End	dosure					
≥160 sf or ≥260 ff		(X) Del	molition		X Non-Exe	g Procedure empted (*) and N	on-Friable Procedur				
			ocation					Α.	bate Typ	ment be	
Location of	r		xmally Solely t	ру	Description of			-	, ·		
Asbestos-Containing Ma	aterial (ACM)		tenance stodial	/ Asbes	tos Containing Mate thermal systems in	enal (ACM) isulation,	Amount (Specify	R	70	Encapsulate	Enclosure
TO BE ABATE IN Facility	D	S	taff?	(1.0	surfacing, VAT, other miscellaneo	or	SF or LF)	Rernoval	Repair	psu	losu
(13)	31		(12)		other miscerial rec	us)		/al	-	late	Гe
		Yes		N/A			1000 50	11			
SIDING	-)	X	RANISIT	<u>t</u>	1000 SE	X		-	_
											-
								-			
			1 11/5	TD Made	Cubic Yards	Name of Red	istered Landfill				
Name of Registered Wast	-			EP Waste Her ID No.	of Waste	C IL	(IM 1)	. 1	1		
KLEMCO	TNC		-117	904	Disposal Date	City State	1 01.0	<u> </u>			
City, State MAPLE	SHADE	M	. T			Woo	DRINE			_	
Completed By	Title	C	0		Signature	SON	Date	7	-19		
MICHAEL Y	-uu	SUF	'.		- Miss			_			

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CK+ 4939 Inv-16089	(d.				New Jersey SBESTOS ABATE IC 8:60 and 12:12		DE G NOV	E 1		<u>₩</u>	
Date of Notification (1)			Na		ARDEW		DE L'OGERAL	08.0	NO:	TRO	11 &
Agencies Notified Type Notificat	ion		Str	eet Addres	SS _		L	CEN	SINC	1	The Colonian
☐ \$PA ☐ Initial ☐ Amended			Cit	y, State, Zir		sman 1	IR.			-	
DOL Amendmer		dina		1997 - FE - E	CLERMON	IT N.	Z80 I	10			
DCA justification	٦)		Na	me of Cont	act		Telephone Num	ber		1. 1	
			<u> </u>							_	
Name of Facility Where Abatement is Tal	king Pl	ace (3)		ACILITY	FORMATION	Type of Facil	ity (4)				
RESIDEN	Œ					☐ School (K	-12)				
Street Address						Subchapt Other (i.e.	er 8 (Other than K-1 , private & commerc	2) ial bu	ilding	s,	
City (5)				-0	h = :	homes, e Square Feet			Bldg.		
OCEAN!	(1)	17		DX!	206	1500	_ _ Z		50	-	
CAPE WA	y		Co US	unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demoli ACANT	shed)			
Name of Monitoring Firm Hired by Building		er	ASC	M No.	Name of Abatem						-
(8) W/A					1		MC				
Street Address		*:::: F-1500			Street Address	5 50	RICE HIE				
City, State, Zip Code					City, State, Zip Co		RUE HIL				=
					- WAP	LE SHI		08	05	2	
Project Manager for Monitoring Firm		Te	lephone	e No.	Telephone No.	9-117	License No.	27	1		
Start Date (10) Sch	eduled	Compl	etion D	ate (11)	Name of OSHA M		2 21-				=
11-72-19	12-	2-				W/	A				_
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P					Street Address			e week			
Abatement Performed Outside of Normal					City, State, Zip Co	xde	-				=
Other - Describe:						10.					
Scope of Work (Check all that apply)					☐ Full Cont	ainment with N	egative Pressure	- 12			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enoval emolitic			☐ Mini-Encl	osure p Procedure	on-Friable Procedu	re			
	10000	Locatio			. · · · ·			7	bate		
Location of	Use	d Solei	y by		Description of	W 80.5:		-	Typ	e -	-
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	C	intenan			os Containing Mate thermal systems ins	sulation,	Amount (Specify	R	71	Enc	En
IN Facility (13)		Staff? (12)			surfacing, VAT, o other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure
voca*C	Yes	No	N/A			0.000		/al	-	late	JL6
Stant					TIDALISING		6350 60	1			H

Name of Registered Waste Hauler KLTMCO DWK	NUDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State	N.J	Disposal Date	City, State WOOD WINE NI. T.
Completed By MICHAEL CLOSE	SUPENISOR.	Signature	202 Date 12-19

ASB-41

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ch 1087			NOT	IFIC	CATIO	ON	OF ASI	BESTOS ABA C 8 60 and 5:	TEMENT 6)		FCF	1) \	X/	5	W
Date of Notification (1)					Na	me	of Building	g Owner/Operator	(2)	111)-			M	IC	7	1
	02 /	19					in Blom			IM		100	1000	V6		
Agencies Notified EPA	Type Notific		0-2-2-4		Str	reet	Address				NOV 1	8 2	01	}	-	
☑ DOLWD ☑ DHSS	☐ Amended Amendm				Cit	y, S	tate, Zip C	Code		-	ASBESTOS	CON	TPI	71 8	-	\dashv
□ DCA	☐ Emergen	icy (in	_]		10/19/14	hester PA	Calculation and a second			LICE				Lance of Dysologistics	
(NJAC 5:23-8)	justificati Cancella						of Contact Blom				Telephone No	umber				
						2000		FORMATION						-		
Name of Facility Where A	batement is 7	Taking	Place	(3)			Z. Z	ORMATION	Type of F	acility (4)					
Resident									☐ School	ol (K-12)						
Street Address									Other		Other than K- ate and comr		l bu	ilding	ıs,	
City (5)									Square F		# of Floors		Blo	ig. A	ge	
Ocean County NJ									1,500		1			1935		
County (6)					C	oun	ty Code (7))(STATE USE ONLY)	1		if being dem	olishe	d)			
Ocean County Name of Monitoring Firm	Hirad by Ruile	dina C	hunor	(0)	ASC	* N A N	Na	Name of Abotem	Resid							
Traine of Monitoring 1 init	i ineu by built	unig C	wilei	(0)	ASC	ا ۱۷۱ر	NO.	Name of Abatem Graham-Tec			Service II					
Street Address			-					Street Address	II LIIVII OI	micinal	Service, Li	LC.	-		-	
								958 Jackson	Rd							
City, State, Zip Code								City, State, Zip C							1200-0-00	
Project Manager for Monit	oring Firm			TTO	elepho	no N	lo.	Mays Landin	g, NJ 08:	330	1: 1	-4600				
1 Toject Manager for Monii	ornig i iiiii			16	epilo	ne r	NO.	Telephone No. 609-561-1901	i i		License No. 01158					
Start Date (10)	8	Sched	uled C	omp	letion	Dat	e (11)	Name of OSHA N			01156					
10 /11 /	0.0000.000						19	Graham-Tecl		nmental	Services, L	LC.				
Occupancy Status During	Abatement (0	Check	only o	one)				Street Address					TI SE			
☐ Facility Closed/Vacate								958 Jackson	Rd							
Abatement Performed Time of Abatement: 7/			FacilityPM-				cribe	City, State, Zip Co	ode							
_					Auvi	\ 		Mays Landin	g, NJ 083	330						
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re □ De	nova moli				☐ Mini-End ☐ Gloveba	losure g Procedu	re	tive Pressure					
			10.77		ation								Aba	ateme	ent Ty	ype
Location of Asbestos-Containing N		ı,			nally olely by	y	Aches	Description of stos Containing Ma		A)	Amount	-				
TO BE ABA	red '	"			nance/			, thermal systems	insulation,		(Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	/		Ousi	(12				surfacing, VAT other miscellane	, or ous)		SF or LF)		/ <u>a</u>		sula	ure
			Yes	No	o N	/A									te	
Exterior]	Asbesto	s Transite Shir	igles		900SqFt		X			
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						1							7		$\overline{\Box}$	П
Name of Registered Waste	e Hauler			ī	NJDE	PW	Vaste	Cubic Yards of	Name o	f Registe	red Landfill					
Graham-Tech Enviro	onmental S	ervic	е		Haule	r ID 3450		Waste 30	Pion	eern Cr	ossing					
City, State					- 000	7751	00	Disposal Date	City, Sta	ate						
Completed By (Print or Ty	oe)	Title	-2.117	_			1	Signature		1		Date	_		,	-
Vernice Graham		10000	eside	nt				VOUM	40	U		TO	,	2-	19	1

Proj. #: 19-248 Date of Notification (1) 1 1 1 1 1 3 1 1 9 Agencies Notified Type Notific EPA Initial Amended Amendment: DOL Emergency (including justification) DCA Cancellation	#: y n)	Coldwork Street Ad 209 Ce City, State westfi	Building Owell Banker dressentral Averence, Zip Code eld, nj. 07	rication of A	C 8:6	os Abatement D and 12 (20)		Inci.		ONT	119	
			FAC	CILITY INFORM	OITAN	N						
Residential Street Address City (5)		Inty (6)		() /	7() Q D unty Code (7)		School (K Subchapte Other (Priv Bldgs./Hon eet # of	er 8 (Other	ercial	(-12) ldg. A	ge
					1	ate use only)	Current U		if heing der	_	ed)	
mountainside		ion					Resident	ial	ii being dei	11011311	cuj	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)				
N/A						KLOMAX, LLC	2					
Street Address						Street Address						
City, State, Zip Code						309 W. End Ave					Distance.	PER COLUMN
City, State, Zip Gode						City, State, Zip Code						
Project Manager for Monitoring Firm				I STANCE OF THE		Hopatcong, NJ	07843					
Froject Manager for Monitoring Firm	n		Phone Numb	per		Telephone Number 833-455-6629			ense Num	ber		
						Name of OSHA Mon	14	0.	2007			
Start Date (10)	Sched	I. Comple	tion Date (1	1)		KLOMAX, LLC						
11/25/2019	11/2	9/2019				Street Address				_		
Occupancy Status During Abateme	nt (Check o	only one)				309 W. End Ave	4					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe:NORMAL I					_	77	270.42					
Scope of Work (check all that appl						Hopatcong, NJ (
≥3 sf or >3 lf	Renovation Demolition	n					Full Containm Mini-enclosur Glovebag pro Non-Exempte	e cedure	11		edure	
Location of		n normally enance/cu	/ used solely stodial	1					R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	otodiai			sbestos-containing	Amoi	unt cify SF or	l m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (ACIVI)		LF)	City SF O	0	a	a	C
									e	r	р	
Basement		LX		Pipe Insula	tion		20 lF					
			4	<u> </u>								
			-									
Registered Waste Hauler	L	DU-	10# 10	ubio Varda arti	N/a = 1	IN						
KLOMAX, LLC		EP Hauler 8241	The same	ubic Yards of V yds	vaste	Name of Registered TULLYTOWN,		DECO	VEDV			
City, State	== ==		Disposal D			City, State	RESUUKU	KECU	VEKY	OP-116-2	-	
Hopatcong, NJ 07843			TBD			TULLYTOWN,	PA					
Completed by (Print or Type)	Title		1.	Signature	V2	1		Da	ite			_
Paige Boylan	Owner			m	\nearrow				1/13/19			
ASR.A1	Do not use	e this form	for asbesto	s licensure ex	emnter	1 activities					_	

Proj. #: 19-249 Date of Notification (1) 1 1 / 1 3 / 1 9 Agencies Notified Type Notification EPA Initial Amended		lame of Bu Marvin S treet Addre	(Puls	sation/of A	AC 8:6	J os Abatement 0 and 12:120)		NOV			019	E I
Amendment #: DOL Emergency (including justification) DCA Cancellation		North pla Marvins	ainfield ntact Sims				Telephon	e Number				_
Name of facility where abatement is Residential Street Address City (5) North plainfield Name of Monitoring Firm Hired by to N/A Street Address City, State, Zip Code	Cour	ty (6)		ASCM No.	Cool (Sta	Inty Code (7) ate use only) Name of Abatement KLOMAX, LLO Street Address 309 W. End Ave City, State, Zip Code	Subching Subching Square Feet 1,200 SF Current Use (Programme Residential et Contractor (9)	I (K - 12) apter 8 (Ot Private/Co Homes, etc # of Floors 02	mmer	cial Blo 70	dg. Ag	e
Project Manager for Monitoring Firm Start Date (10) 11/26/2019 Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	Sched 11/30 it (Check or entire period of normal f	. Completio /2019 nly one) od of abater	ment.			Hopatcong, NJ Telephone Number 833-455-6629 Name of OSHA Mor KLOMAX, LLO Street Address 309 W. End Av City, State, Zip Code Hopatcong, NJ	nitor C	License N 02007	Numbe	er		
Scope of Work (check all that apply	Renovation Demolition Is location			Descrip	otion of a	asbestos-containing	Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*) Amount (Specify S LF)	re and Non-fr	iable R e m o		edure E n c a	E n c L
Basement		X		Pipe Insul			160 lF					
Registered Waste Hauler KLOMAX, LLC City, State Hopatcong, NJ 07843 Completed by (Print or Type) Paige Boylan		P Hauler II 8241		Signature	f Waste		RESOURCE RE	Date				

Ch71095		NOTIF (P	ICATION	ate of Ne I OF ASB to NJAC	ESTO:	BABATE	MENT	CK	77	.9 5	<u></u>	E	П	7\ []	F I
Date of Notification (1) 11/14/19	8			f Building el Toba				C 10			6	15	<u>U</u>	W	
Agencies Notified Type Notification			Street A			iivato i	OITIC		-	<u> </u>		0 820			-
⊠ EPA ⊠ Initial											NOV	1	8 2	2019	The state of the s
DEP Amended Amendment	4			ate, Zip Co Harbor		20.47					regu _e rease	unit es			
Emergency (-		f Contact	NJ U	0247			Tok	ASB ephone N				TRO	L &
□ DOH justification) □ DCA □ Cancellation			Mike	Contact					Tele	sprione i			* 340	er spermen	network and
N			FACI	LITY INFO	ORMA	TION			-	-					
Name of Facility Where Abatement is Taking Michael Tobasso Private Home	Place (3)					_	of Facility (4					
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Othe			build	linge	homo	
City (E)								etc.)			er Giai			200	:5,
City (5) Stone Harbor NJ 08247							Squa 1000	re Feet 0+	# of	Floors			ldg. A 0+	ge	
County (6) Cape May				Codo (7) USE ONLY			1	ent Use (Prid	or if bein	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8))	ASCN			Name		itement Cor	tractor	(9)					
							naco I				25				
Street Address			•				Addres	33							
City, State, Zip Code								ip Code				-			
						100000000000000000000000000000000000000		in NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.			none N			License		9 HHD 7.			i i
Start Date (10)	Schedul	ed Cor	nnletion	Date (11)			753-9	HA Monitor		00727	/				
11/25/19	12/6/1		присцент	Date (11)		Sam		IA WOITE							
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:					27472294	City, S	state, Z	ip Code		·					-
Scope of Work (Check All That Apply)						1	-								_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				_ _ _	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					Э	
	14	Locat											Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/		tos Co therma surf	escription ntaining N al systems acing, VA miscellar	Material s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											O	0.0000
Exterior Siding			X		Exte	erior Sid	ding		180	00 SF		X			
		0									-				_
	-		-								+			-	
Name of Registered Waste Hauler		I	JDEP W	/aste	Cubi	c Yards		Name of	Registe	red Land	dfill				
United Roll Off		F	lauler ID 2459		of W			G.R.O.							
City, State Elm NJ					Disp	osal Date 3/19		City, State Morrisv		1906	7				
Completed by	Title					Signature	50				Date				
Anthony T Perna	Pres	ident					9	The same of the sa	-		11/	14/1	9		

			Ls	ate of New	Jersey		1		CKH I	200	1 -		
In 11mm	ı	NOTIF	ICATIO	OF ASBE	STOS A	BATEN	MENT		F	<u></u>	E	п п	[] [
Date of Notification (1)		,		(E)					IME	b	6	1 /	
11/13 . '2019				of Building O te Propert		perator	(2)		IIK				
Agencies Notified Type Notification	1		Street A	Dec Commission Commission	-,		-			NOV	18	20	10
EPA Initial										1101	10	LU	10
DEP Amended		Ī		ate, Zip Cod	de				1.00		etions) rep	Notifices (these	TO COMPANY
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DOH justification)			of Contact					Telephone N		-	THE STATE STATE	-
DCA Cancellation	1		Louis	II ITV INFO	DMATIO	N. I							
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAC	ILITY INFO	RMAIIO	IN	Type of	Facility (4)			_		
Private Property								hool (K-12)					
Street Address		===					Su	bchapter 8	(Other than K-				
							○th etc		vate & commer	cial bui	ldings	, hom	es,
City (5)			11)-	7117)		Square	Feet	# of Floors		3ldg. A	Age	
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County (6) Essex County				Code (7) USE ONLY)			Current	Use (Prior	if being demoli	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC			Namo	of Abatas	nent Contra	actor (0)				
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Street Address		15-31-3					Address						
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City, State, Zip Code				<u> </u>	1.0		ate, Zip (
N/A								n NJ 070	47				
Project Manager for Monitoring Firm N/A			Telepho	ne No.			one No.	5	License	No.			
Start Date (10)	Schodule	ad Car	nnlotion	Date (11)			52-968 of OSHA		01384				
11/23/2019	11/28/2		ripietion	Date (11)	1000				boratories				
Occupancy Status During Abatement (Chec	ck Only On	ne)					Address					777	
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Abatement Performed Outside of Norr	nal Facility	Hours	3			City, St	ate, Zip (Code					
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Scope of Work (Check All That Apply)	_												
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(13)		(12)			surfacir other mis				SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Newark Carting Inc		10-0327	4509	.,	UI VVASIE		13	SES Beth	nlehem Rd I	_andfi	I		
City, State					Disposal	Date		ity, State	n 20 0000 0000-000				
Po Box 5670							12	335 App	lebutter Rd	Bethle	ehem	PA	
Completed by	Title				Sign	nature	1	A	Amon	ate	_		
Salo Zumba	Princi	ipal			1		10/10	Syun		1/13/2	2019		

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Date of Notification (1) 11/11/2019			of Building Ownersty	er/Operato	r (2)		(b)		<u> \V/</u>	Įį.
Agencies Notified Type Notification	n		Address				NOV	18	2019	
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DOH justification DCA Cancellation			of Contact a Donahue			*Telephone N	lumber	Pine Profession	t in suit Minimum manus	distant to
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	CILITY INFORMA	ATION	Type of Facility	(4)		A-1001-0		
Private Property Street Address					School (K. Subchapte		-12) rcial bu	ildings	, homes,	1
City (5) Winfield NJ					etc.) Square Feet 6000	# of Floors		Bldg. /	\ge	
County (6) Union County			Code (7)		Current Use (P	rior if being demoli	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC N/A	M No.		of Abatement Co I Solutions Se					
Street Address N/A				14000000	Address 5 51st Street	P1				
City, State, Zip Code N/A					State, Zip Code h Bergen NJ (7047				
Project Manager for Monitoring Firm N/A		Telepho	one No.	Telepi	none No. 552-9685	License 01384	No.	-		
Start Date (10) 11/22/2019	Scheduled 11/25/20		Date (11)	Name	of OSHA Monito	r				
Coccupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:00 AM to 4:00 PM	Period of Aba		0	Street 2333 City, S	Address B Route 22 We State, Zip Code on NJ 07803		=			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovation nolition		O I II O	Full Containn Mini-Enclosu Glovebag Pro				re	
Location of	Non	cation mally		Description				Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	solely by enance/ al Staff? 2)	Asbestos Co (i.e. therm	ontaining N	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
First floor conference room	Yes N	lo N/A	duct incut	otion um		1005	-		te '	_
. Not not controlled foul!		^	auct insul	auon Wra	ap and cut	40SF	X			
ame of Registered Waste Hauler		NJDEP V	Vaste Cub	ic Yards	Nome -	Desister II - 15				_
ewark Carting Inc		Hauler ID 04509		/aste	4	Registered Landfillethlehem Rd L		Ш		

Disposal Date

Title Principal

City, State Po Box 5670

Completed by Galo Zumba

Bethlehem PA

11/11/2019

City, State 2335 Appl

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Date of Notification (1)	-				ding Owner/Opers	1 . 1	DOL-	Taga	ANT	ารถ	CINTRO
11 / 13 /	19	-		New Jers	ey Division of F	roperty Mana	gement and	Constru	14	CENS	SI G
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Ø DOH Amendmer		_		ty, State, Zi	P Code NJ 08625-0038	I IV	ng n el		3	-	+
(NLIAC 5:23-8) justification	Ú.	ding		me of Cont		1.7	1	Pin			1
☐ Cancellatio	n			Scorgette				33-2127	1.7		
Name of Eaching Witness About	populari i			ACILITY	INFORMATION		003-0	43-212/			
Name of Facility Where Abatement is Ta Hagedorn Paychistric Hospital	king Pi	460 (3	}			Type of Pac	ility (4)			-	
Street Address	-		_			School (Ame A /Cathan e sine	nn 4-14.			
200 Sanatorium Road				220-07 F 17 F		Other (i.e. homes,	Otivale and	commerci	el buil	dings,	1
Glen Gardner			(100000000)			Square Fee	ann's			. Age	
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Humterdon			000	mirk Adde	(7)(STATE USE ONL)		(Prior if being	demolishe	d)	_	
Name of Monitoring Firm Kirod by Building	Own	er (6)	ASC	M No.	Name of Abate	ment Confractor	sychiatric H	ospital			
Environmental Connection, Inc. Street Address		-			Shade Envi	ronmental, L	LC				
120 North Warren Street		•			Street Address						-
City/ State, Zip Code		-			523 Cutlor / Cdy, State, Zip						
Trenton, NJ 08608						e, NJ 08052					
Project Manager for Monitoring Firm Roland C. Jones			lephon		Telephone No.		Licanse	No.			_
	dulad			Z-4200 ate (11)	856-755-009		00842				1
11 / 14 / 19	11	1 1		19	Name of OSHA EMSL Analy					-	
Occupancy Status During Abetement (Che	er ast	Pert	-		Streat Address	10027 11901			_		
E Facility Closed/Vacated During Entire P Absternant Parlament Outside of Normal	I Foell	He Lims	B.	cerina	200 Route 1:						
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Scope of Work (Check all that apply)		_			Cinnemineo	n, NJ 08077					
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Asbestos-Containing Material (ACM) TO BE ABATED	M	ed Sal	ince/	Asbes	Pascription of the Containing Ma	terial /A CLA	Amount		-	1	
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Crawlspace under Building 13		X		Pipe Ins	ulation		9 LF	157	-	_	_
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City, State			auler 10 15939	No.	Waste 1	Fairlesa L					}
Freehold, NJ					11/15/2019	City, State					-
ompleted By (Print or Type) This					Signature	Morrisville	, PA				
Christina Fay VI	ce Pn	Mide	nt of C	porations	Olyante	and I		Date		10	
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Ch00744		NOTI (FICATIO	nt to NUAC-8	y Jersey STOS ABA 3:60 and 12 b# 19-1213	TEMENT	Г	N -	01 4		119		
Date of Notification (4) 11/07/2019	101		Name The	of Building (Owner/Opera	tor (2) e Com	pany of An	1 [7]	0V 1	8 2(нэ	launo	
Agencies Notified Type Notification	1		Street	Address					STOS			Š.	
EPA X Initial Amended				Washingto tate, Zip Coo			L		LICEN	SING	THE PERSONS NO.	(Secondaria	
DOL Amendmen				ark, NJ 07									
Emergency justification DCA Cancellation)	g		of Contact				Telephor					
X DCA Cancellation	n		Bill B		DMATION			973-80	2-2175				
Name of Facility Where Abatement is Takin Wash Building	ng Place	(3)	FAC	ILITY INFO	RIVIATION	Туре	of Facility (4	3					
Street Address 213 Washington Street 11th, 12th	, 13 & 1	4th F	loor			×	School (K-12 Subchapter of Other (i.e. pretc.)	(Other tha	n K-12) mercial l	ouilding	gs, hon	nes,	
City (5) Newark							are Feet ,000	# of Floor	rs	Bldg. A			
County (6) Essex				Code (7) USE ONLY)		Curre	ent Use (Prio nmercial	r if being de	molished)			
Name of Monitoring Firm Hired by Building Tiger Environmental Inc	Owner (8)	ASCI	M No.	Nam PAI	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A I						viror	
Street Address 256A Jefferson Court				Stree	Street Address 11-02 Queens Plaza South								
City, State, Zip Code Lakewood, NJ 08701				City,	State, Z	ip Code nd City, NY							
Project Manager for Monitoring Firm Kelly Walton			Telepho	one No. 48-9458	Teler	phone N 3-349-0	0.		nse No.				
Start Date (10) 11/25/2019	Schedul 01/25/	ed Cor 2020		Date (11)	Name	e of OSI	HA Monitor Kowalczyk						
Occupancy Status During Abatement (Chec					Stree								
Facility Closed/Vacated During Entire I	Period of	Abaten	nent		133	Beach	98th Stre	et					
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hours	S			State, Z kaway	ip Code Park, NY	11694					
Scope of Work (Check All That Apply)								331 - 332 - 33					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Ashestor	Description		(4.014)		-	Τ'	уре		
TO BE ABATED In Facility (13)		intenar odial S (12)		(i.e. th	s Containing I ermal system surfacing, VA other miscella	ns insula AT, or	tion,	Amount (Specify SF or LF)	Zellova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						/4	<u> </u>	ilate	лге	
11th Floor		Χ		FI	oor Tile &	Mastic		20,000 S	F X	+	T		
12th Floor		Χ		Fle	oor Tile & I	Mastic		20,000 S	F X				
13th Floor	Χ		FI	oor Tile & I	Mastic		20,000 S	F X					
14th Floor		Χ			oor Tile & I	Mastic		20,000 S	F X				
				No. o	Cubic Yards of Waste O Yards		Name of Re Minerva E				-		
City, State Shirley, NY 11967					Disposal Date 1/27/2019		City, State Waynesb	urg, OH 4	14688				
Completed by Ann A. Ali	e Admi	n	Signature				Date 11/07	/2019)				

Ch 6058		NOTIF	ICATIO	tate of New . N OF ASBES to NJAC 8	TOS ABA	TEME 120)	NT	D	CHECK(# 60 # E	58		E	i I	
Date of Notification (1) 11-14-19 Agencies Notified Type Notification	4		Mr. Jo	of Building Ov ohn Lannin Address		ator (2)		N	N(8	201	9		
EPA Initial Amended Amendment	#		City, St	ate, Zip Code				hal hai	ASBE	STOS	S CC	NTF	IOL	8	
□ Emergency (including	3	Name of	of Contact ohn Lannin				Tei	lephone	LICE	NS	NG		on also	
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INFOR	MATION	Ty	pe of Facility School (K- Subchapte	12)	er than I	K-12)			- 36 0		
City (5) Ridgefield, NJ 07657						So		private	& comm	ercial		ings, dg. A		es,	
County (6) Bergen				Code (7) USE ONLY)			urrent Use (Pri esidential	or if bei	ing demo	olished	1)				
Name of Monitoring Firm Hired by Building O Altomonte Environmental Services	Owner (8)	ASCI	M No.		me of Abatement Contractor (9) Innacle Environmental Corp.									
Street Address 2200 Paterson Plank Rd # 7				0.303535	Street Address 200 Broad Street									1	
City, State, Zip Code North Bergen, NJ 07047						e, Zip Code dt, NJ 0707	2								
Carmelo Altomonte	Project Manager for Monitoring Firm Carmelo Altomonte						e No. 9-6565		Licens 00756						
Start Date (10) 11-23-19	12-31-	19	npletion	Date (11)	Ev	en-Ai	SHA Monitor r Inc.								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abatem	nent		10-		dress ackson Ave	nue					34		
Other – Describe:	arr aomi						ong Island City, NY 11101								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Renova Demolit				×	Intact Remova Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	ent with							
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solel iintenar todial S (12)	rice/ staff?	(i.e. the	Description of s Containing Material (ACM ermal systems insulation, surfacing, VAT, or ther miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Basement	Yes	No	N/A X	F	Pipe Insu	lation			6LF	-		-	œ		-
Data		^		ipe ilisu	nation			OLF		\$					
Name of Registered Waste Hauler		N	JDEP W	/aste	ubic Yards		Name of F	Panieto	red Lana	1611					-
ATC, Inc. / JBT (50071)	auler ID	No. of	f Waste BD		Minerva										
City, State Shirley, NY / Bronx, NY			isposal Da BD	te	City, State Waynes		⁄0H 44	1688	=0.5						
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Date of Machigation (1) 11/13/19			Name	OF Building Owners	CAN	1220		Total Control of the local Con		- Contraction	LIGE	14311	19 CE &	
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City, State, Zip Code		the party of	-	,	City, 8	Mesiand Ave						-		
Project Michager for Monitoring Firm		T	Telepho	ine No.	Teleph	nd Park, NJ	07432	License N	0.					
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(15)	Yes	(1g) No	N/A	ourier Other n	oting, YAT nigopijang	, or 1846)	eF (er LIF)		Reguer	appropries	Acidonas		
BASEMENT			X	-	7746		18	OSF	×	****			p.t	
Name of Registered Visite Hauter				. ,	2000				\vdash	-		PPRessure		
Newark Certing Inc.		H	DEP W wist ID £08	aste Gubie No. of Whe	Yeros			d Lendilli Senitery	l mar	491)				
City, Cine Newark, NJ 07105				Dispos	al Date	City, ela	10		4811	41149		-		
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Date of Notification (1) 10/09/2019				of Building ark Publi			(2)	182	019	Ph	CT 2	5 6	2019	A STATE OF THE PARTY OF THE PAR	
Agencies Notified Type Notification			100000000000000000000000000000000000000	Address Vlohamn	nad <u>Ali</u>			OS CONT om 209		ASBE	STOS	CON	TRO	L &	
X DEP Amended Amendment				state, Zip C ark NJ 0					Lateran	-	LICE	NSIN	G		
□ Emergency (□ justification) □ Cancellation	inciuaing			of Contact amin Ola)			1	elephone N 73-733-7		r			
Name of Facility and the same of the same			FAC	CILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taking Newark Vocational School Street Address) Place (3)						e of Facility School (K	-12)	ANOTO E CONCESSOR					-
301 West Kinney Street							X	Other (i.e. etc.)	er 8 (Oth private	her than K- & commer	-12) rcial bu	uildings	s, hom	ies,	
City (5) Newark NJ 07103			- 35	- 40	4.7		500	iare Feet 000	3	of Floors		Bldg. 120	Age		
County (6) Essex			(STATE	Code (7)	n	Current Use (Prior if being demolished) Learning institution									
Name of Monitoring Firm Hired by Building C Whitman)wner (8))	001	M No. 10		Name of Abatement Contractor (9) Turningpoint Contracting Corporation									
Street Address 7 Pleasant Hill Road						Cra	inbury Ro	ad							
City, State, Zip Code Cranbury NJ 08512							Zip Code 07083							1	
Project Manager for Monitoring Firm Kevin Lovely			732-3	one No. 90 - 5858		Telephone No. 973-372-2177				License 01238	No.				
11/04/2019	06/04/2	2020	mpletion 12/1	Date (11) 5 19	3	Name of OSHA Monitor Metro Analytical Laboratories								1	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of A	Abaten	ment			Street Address 255 West 36th Street, Suite 101									
Abatement Performed Outside of Normal Other – Describe:	al Facility	Houn	s		_			Zip Code c, NY 100	18						
Scope of Work (Check All That Apply)															1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova lemolit		æ		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re.				
Location of	N	Locati	ly		Des	cription		C 22 H		940 F \$1 F 20		Abat	ement /pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma	ateria insul , or	ation,	(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure	
See Attached	Yes	No	N/A										ate	œ ·	
See additions	Q	~ 1	lan	- L	See	Attach	ed	1 0	See A	Attached		-			
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Name of Registered Waste Hauler		NI	JDEP W	facto	Cubic \	/neds		I Maria a	D'						
Tri-State Transfer Associates		H	auler ID W1896	No.	of Was					red Landfil erprises /		ciates	s Inc.		
City, State			Disposi	al Date	>	City, Stat		OH 4468	38						
Completed by Emeka Okeke	Title Presid	lent			Sig	gnature	G	45	Eg	Da	ate 0/09/2	2019			

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

Print Form

Turningpoiunt Contracting	Newark Vocationa Sch
Tarringpolaric contracting	ivewark vocationa Scil

Tarringpolarit contracting	Newark vocationa Sch		MAN 4 0 2010
Location	<u>Material</u>	Approximate Amount	NOV 18 2019 ASBESTOS CONTROL&
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Acoustical Ceiling Plaster	atomorphopsess	LICENSING
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Wall Ceramic Tile and Mortar	3,000 SF	
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Acoustical Ceiling and Wall Plaster	8000 SF	
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Pipe Insulation including Elbows and Joints	5000 LF	
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Wall Ceramic Tile and Mortar	3000 SF	
Gym	Acoustical Plaster	10,035 SF	
1st floor corridor	Acoustical Plaster	8,000 SF	1
1st floor corridor	Wall Ceramic Tile and Mortar	6,000 SF	
1st floor corridor	Pipe Insulation including Elbows and Joints	5,000 LF	
Rooms un-24-28	Acoustical Plaster	2,500 SF	*
Storeroom un-23	Duct Insulation	3,200 SF	*
Rooms un-24-28	Floor tile and mastic	2,500 SF	
Auditorium	Floor tile and mastic	5,500 SF	
Auditorium	Suspended ceiling	3,500 SF	
Music room and storage room	Acoustical plaster	3,500 SF	*
Music room and storage room	Transite wall panel	2,000 SF	*
Facilities storeroom un-45	Pipe Insulation including Elbows and Joints	50 LF	*
Un-48 and 49	Pipe Insulation including Elbows and Joints	250 LF	*

* Additional quantities

v			ECEIVEN
Cafeteria and kitchen	Acoustical Plaster	4,500 SF	NOV 1 8 2019
Cafeteria and kitchen	Pipe Insulation including Elbows and Joints	1,500 LF	ASBESTOS CONTROL & LICENSING
Cafeteria	Blue floor tile and mastic	2,000 SF	
Teacher's Lounge/cafeteria	Acoustical Plaster	810 SF	*
Concession Stand	Red floor tile and mastic	336 SF	×
Concession Stand	Acustical plaster	90 SF	*

* Additional quantities

12 3 LPS 14		NOT	IFIC/	State of	l lew dersey SBESTOS AB	ATEME	NT)		240	214	+	
Date of Notification (1) INV	159	78)	Nan	8:60-Z and 12 ne of Building ERVIEW MED	Owner	/Operator	(2)	E	-		\mathbb{V}
	1		7			ICAL C	ENTER	113				
Agencies Notified Type Noti					et Address	ASSESSION .			800		81 785	1000000
	tication			1 RI	VERVIEW PLA	AZA		144	MO	V 1	8 2	019
	al Notifica			City	State, Zip Co	de		-1			2445 0.245	
	ended No	tificatio	n	REC	BANK, NEW	JERSE	Y 07701	-	workers unstances	othiopthiopsissing	1000 man	
	cellation								ASBES"	ros (CONT	ROL
X DOH On I					ne of Contact			Telephone N	umber!	ICEN	SING	
DCA X EME	RGENC	YNOT		The state of the s	CMATTSON			732-450-268	9	Others Stockers	es inshesitarium	Minima
				FACILITY II	VFORMATION				-			
Name of Facility Where Abatement	is Taking	Place	e (3)				e of Facility	y (4)				
RIVERVIEW MEDICAL CENTER							School (K					
							Subchapte	er 8 (Other tha	n K-12)			
						X	Other (ie.	private & com	mcl. bld	as., ho	mes.	etc.)
Street Address						So	uare Feet	# of Floor			g. Age	
1 RIVERVIEW PLAZA-BASEMENT							250,000	6			65	
	nty (6)			Cour	ty Code (7)	Curr	ent Use (Pr	ior if being de	molished	d) Pha	ırm. La	ab.
	HTUOM				E USE ONLY)		SPITAL					
Name of Monitoring Firm Hired by I	Building	Owner	(8)	•	ASCM No.	Nan	ne of Abate	ment Contrac	tor (9)		1-25	
ENVIRONMENTAL TACTICS					17			MENTAL COP		TON		
Street Address					-	Stre	et Address					
64 BROAD STREET						313	SPOOK RO	OCK ROAD				
City, State, Zip Code							State, Zip					
MATAWAN	I, NEW JI					SUF	FERN, NEV	V YORK 1090	1			
Project Manager for Monitoring Firm		Tele	phon	e Number		Tele	phone Num	ber L	icense	Numb	er	
THOMAS GEIGER		732	-290-2	2236		845-	369-7500	1	101			
Expected State Date (10)	Sc	hed. C	ompl	etion Date	(11)		ne of OSHA			-		
11 / 13/ 19			1/	20				RONMENTAL				
Month Day Year		/lonth		Day	Year							
Occupancy Status During Abatement	(Check or	nly one)	A salah di kacamatan		Stree	et Address					
Facility Closed/Vacated Du	iring Entir	e Perio	od of A	Abatement		1376	ROUTE 9					
Abatement Performed Outs	side of No	rmal F	acility	Hours - De	scribe:							
X Other - Describe: MON	IDAY -FR	IDAY	/AM-3	3:00PM		City,	State, Zip (
Scope of Work (Check all that apply)							WAPPING	GERS FALLS,	NEW Y	ORK	12590	
	X Re	novatio	n.		Unticals Mini En	with Ne	egative Pres	sure				
>3SF OR LF	V ne	iovalic	и		Mini-End		al					
X >160 SF OR 260 LF					Gloveba X Non-Fria	blo Dro	edure					
Location of		s Loca	tion	Ι -					<u> </u>			decision .
Asbestos-containing		rmally		"	Description of A ontaining Mate	spesto	S-	A		baten	nent T	
Material (ACM)		solely		1				Amount	REMO	REPAIR	Z	ENCLC
TO BE ABATED		int/Cus		l in	(ie. Thermal s			(Specify		PA	S S	l P
in Facility (13)		Staff (1000	sulation, surfac			SF or LF)	OVAL	E	Pg	000
mir domity (10)			N/A	- '	or other miscell	aneous	⁵⁾		12		ENCAPSUL	SUR
DAGENENIT	100	1140							_	+	1	120
BASEMENT			X	VAT & MA	STIC			400 SF	X			
									_	+	1	1
		+	-						_	-		_
			_						-	+	-	
		-	1									
Name of Registered Waste Hauler	NJE	DEP W	aste	Cubic Yard	s of Waste	Nam	e of Registe	red Landfill				
NEWARK CARTING		ıler ID			120	GRA	ND CENTR	AL SANITARY	LAND	FILL		
		913										
City, State				Disposal D		City,	State					
NEWARK, NJ 07105	797111				09/30/2019	PLAI	NFIELD TO	WNSHIP, PA		1	1	
	Title	20.05	000	DATIONS	Signature/	V		D	ate //	11-	1/10	2
BENJAMIN SANCHEZ	DIRECT	JH OF	OPE	RATIONS	1/1	1	1		11	110	4/7	1

HUTHIN	VILE) N9	JIFIC	CATIC Pursua	N OF AS	BESTOS ABA	TEMENT	MEG	E [E				
Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operator	(2)					11			
	_ /	19				heast Real Estat		NOV	18	201	9	The state of the s			
	Notificatio	n		Stre	et Address		-	had last				Janes			
□ EPA 🛛 In	itial			15	0 N. Bart	lett Street	-		anomore.	and the same of th	The Part of the Part of				
The state of the s	mended			_	State, Zip			ASBESTO	SCC	MTR	OL 8	4			
	mendment	-	_		edford, O		L		ENSI	NG		Code Epiedoni			
	mergency (ng	-				1+1							
	stification) ancellation			2010040000	e of Conta			Telephone Nun							
	- Incenation				mes Wei			732-675-14	41						
Name of Facility Where Abatem	ent is Taki	na Plac	e (3)	FA	ACILITY II	NFORMATION	T= 75	7.00							
DCH Auto Group	on to Taki	ng i ia	JC (U)				Type of Facility								
Street Address							School (K-1	2) 8 (Other than K-12	21						
440 Franklin Turnpike							☑ Other (i.e., p	private and comme	2) ercial t	ouildin	gs,				
City (5)							homes, etc.								
Mahwah, NJ							Square Feet	# of Floors	E	3ldg. A	\ge				
County (6)			-	Cou	inhi Cada C	7\/CTATE LIGE ON!! \A	108,000	1		59					
Bergen				Cot	inty Code (7)(STATE USE ONLY)	Vacant	rior if being demoli	shed)						
Name of Monitoring Firm Hired b	n, Duildinn	0	(0)	1000		1									
			(8)	ASCN		Name of Abatement Contractor (9)									
Environmental Health Inv	estigatio	ns		297	37	SAI Environr	nental Service	s LLC							
Street Address						Street Address									
655 West Shore Trail						277 Fairfield	Road, Suite 10	02							
City, State, Zip Code						City, State, Zip Co	ode								
Sparta, NJ 07871						Fairfield, NJ	07004								
Project Manager for Monitoring F	irm		- nemero	ephone		Telephone No.		License No.							
Jean Paul Von Doehren					9-5649	(973) 852-344									
Start Date (10)					ate (11)	Name of OSHA M	lonitor								
11 /16 /19				7_/	19	SAI Environn	nental Service	s LLc							
Occupancy Status During Abaten						Street Address									
Facility Closed/Vacated During	g Entire Pe	eriod of	Abate	ement		277 Fairfield	Road, Suite 10	12							
Abatement Performed Outside	of Norma	I Facili	ty Hou	rs - Des	scribe	City, State, Zip Co				_					
Time of Abatement:All		M/	PM		_AM	Fairfield, NJ (
Scope of Work (Check all that ap	ply)					_									
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Containment with Negative Pressure ☑ Mini-Enclosure									
☐ ≥160 sf or ≥260 lf			emoliti				Procedure								
				0.0	,	☐ Non-Exer	mpted (*) and No	n-Friable Procedur	re						
Location of			Loca Norma						Al	atem	ent T	ype			
Asbestos-Containing Material	(ACM)		d Sol		Ashar	Description of stos Containing Mat	estal (ACNA)		70	70	т	m			
TO BE ABATED		1 5-30/03	intena		(i.e.	, thermal systems in	nsulation	Amount (Specify	Removal	Repair	nca	Enclosure			
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	psu	Insc			
(13)		Yes	No	N/A	1	other miscellaneo	ous)	25 1343-250 1 5	-		Encapsulate	e			
3 Interior Duct Work Penetra	tions		П		Transita	Pieces on Wall			-	-	_	-			
					Transite	rieces on wall		9 SF			Ц	Ш			
												П			
Name of Registered Waste Hauler			1000	JDEP V		Cubic Yards of	Name of Regist	tered Landfill	1			_			
Service Transport Group, I	nc		55659	auler ID SW21	100000000000000000000000000000000000000	Waste 1	Minerva La	ndfill							
City, State			-			Disposal Date	City, State					-			
Yardley, PA				11/17/19	Waynesbur	gh, OH									
Completed By (Print or Type)				Signature	11	/ Dat	0 7			_					
Completed By (Print or Type) Mary Petrovski Title President						Mari	111	× Dal	7//	11	1,1	7			
ASB-41						4/4/14	WW !	11	110	1//	19	£.			

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Date of Notification (1)	8		Name of	f Building Owner/	Operator	(2)	J NUV 18	-201	3	humano	+	
11/14/2019	1		South	Orange / Map	lewood	School Distr	ri¢t	C	k#00	671	3	
Agencies Notified Type Notification			Street A	ddress			ASBESTOS CO	NTR	OL &	-	7	
☐ EPA 🔀 Initial			525 A	cademy Stree	t	la transpiración (m. 1900)	LICENSI	VG	Orleans and a string state.	envision phos		
DEP Amended				ite, Zip Code			29					
X DOL Amendment Emergency (-	Maple	wood, NJ 070	40							
X DOH justification)				f Contact			Telephone Nun					
DCA Cancellation				Romain			973-378-96	51				
Name of Facility Where Abatement is Taking	a Place /2	1	FACI	LITY INFORMAT	ION	Time of Facility	tv (4)					
South Orange / Maplewood BOE A			Buildi	na		Type of Facility	865					
Street Address			· Danai	9		School (K-	-12) er 8 (Other than K-12	ĭ				
525 Academy Street							private & commercia		dings,	home	es,	
City (5)						etc.)	# of Election	16	Dida A	ac		
Maplewood						Square Feet 20,000+	# of Floors	100	Bldg. A BO+	ige		
County (6)			County (Code (7)								
Essex				USE ONLY)	Current Use (Prior if being demolished) Administration Building							
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	4 No	Name	Administration Building ame of Abatement Contractor (9)						
AHERA Consultants, Inc	J. 11101 (0)		71001		1	azmat Diagnoostic LLC						
Street Address			1		1	et Address						
P.O. BOX 385					16 Glenwild Ave							
City, State, Zip Code					City, State, Zip Code							
Oceanville, NJ 08231					17.5	mingdale, NJ	07403					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No.	License No.					
Eric Clarkson			609-65	52-1833	973-	928-3395	01181					
Start Date (10)	Schedule	ed Con	npletion l	Date (11)	Name	of OSHA Monito	r				_	
11/27/2019	12/01/2	2019			Hazr	nat Diagnosti	c LLC					
Occupancy Status During Abatement (Chec	k Only On	e)			Street	Address						
Facility Closed/Vacated During Entire F	Period of A	baten	nent		16 G	lenwild Ave						
Abeterrant Deufer 10 111	ol Engility	Hours	3		City, S	tate, Zip Code						
Abatement Performed Outside of Norm	iai racility											
Other – Describe: Start after 3:00pm	iai racility					mingdale, NJ	07403					
	iai radiity						07403	-	1000 Station	11100		
Other – Describe: Start after 3:00pm	× R	enova	ition			Full Contains Mini-Enclosu Glovebag Pro	nent with Negative P			e		
Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	⊠ R	emolit	tion		Bloo	Full Contains Mini-Enclosu Glovebag Pro	nent with Negative P re ocedure		cedur	e ement		
Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X R	Locati	tion ion on ly	Πε	Bloo	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	nent with Negative P re ocedure		cedur			
Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is N	Locati lormal d Sole	on ly ly by	Asbestos Con	Bloo	Full Contains Mini-Enclosu Glovebag Pre Non-Exempte of laterial (ACM)	nent with Negative P re ocedure ed (*) and Non-Friabl	e Pro	cedur	ement pe		
Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply)	Is Noted	Locati	on ly ly by	Asbestos Con (i.e. therma	Bloo	Full Contains Mini-Enclosu Glovebag Pre Non-Exempte of laterial (ACM) is insulation,	nent with Negative P re ocedure ed (*) and Non-Friabl Amount (Specify	e Pro	Abate Ty	ement pe		
Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is Noted	Locati lormal d Sole	on ly ly by	Asbestos Con (i.e. therma surfa	Bloo	Full Containm Mini-Enclosu Glovebag Pro Non-Exempte of Interial (ACM) is insulation, T, or	nent with Negative P re ocedure ed (*) and Non-Friabl	e Pro	Abate Ty	ement pe		
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Other – Describe: Start after 3:00pm Scope of Work (Check All That Apply)	Is no Usee Mai Cust	Locati lormal d Sole intenai odial S (12)	on ly ly by nce/ Staff?	Asbestos Con (i.e. therma surfa other	Bloo scription taining M systems cing, VA	Full Contains Mini-Enclosu Glovebag Pro Non-Exempte of laterial (ACM) s insulation, T, or	nent with Negative P re ocedure ed (*) and Non-Friabl Amount (Specify	e Pro	Abate Ty	ement pe		

Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Registered Landfill						
Hazmat Diagnostic LLC		Hauler ID No. 0035440	of Waste TBD	W.M. Gran	d Central Landfill				
City, State			Disposal Date	City, State					
Bloomingdale, NJ			TBD	Pen Argyl,	PA				
Completed by Title			Signature	1	Date				
Deni Naumovski President			11/2	11/14/2019					

President

11/14/2019

Deni Naumovski

Inv 16	100		NOTIF	ICATIO	N OF ASI	BESTOS	ABATE	MENT 0)			CKT	£ 17	26	4			
Date of Notification (1)				Name	of Building	Owner/	Operato	r (2)	1	F	FIE	F		F	To		
11/14/2019	_				hanie Sı	mith	*					اط	1 17	느	7		
Agencies Notified	Type Notification			Street /	Address					Im							
	X Initial										NOV	18	201	9			
DEP × DOL	Amended Amendment	#			ate, Zip C												
	Emergency	(including	,		ark, NJ					-	LACDEOT	00.00	ALTE	101.8			
DOH DCA	justification) Cancellation				of Contact					Te	ephone Nu	mber	ING	.020			
	Caricellation			Steph		001117	1011			<u>.</u>			de		Landerschaft		
Name of Facility Where Al	batement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)							
Private home		-						.,,,,		\$100 E							
Street Address								×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) ial buil	dings	hom	es,		
City (5)								Saus	etc.) are Feet	1#0	f Floors		lda /				
Newark								Oque	iic i eet	# 0	FIOOIS	-	Bldg. A	.ge			
County (6)				County	Code (7)			Current Use (Prior if being demolished)									
Essex					USE ONLY)		. Content Ose (Prior if being demolished)									
Name of Monitoring Firm I	lired by Building (Owner (8)						e of Abatement Contractor (9) moval Safety LLC								
Street Address				Street					-								
				20.00.52					Crosby Ave								
City, State, Zip Code						City, S	, State, Zip Code										
				P				aterson, NJ 07502									
Project Manager for Monito	oring Firm			Telepho	ne No.		20,000,000,000	ephone No. License No.									
Start Date (10)								73-400-8711 01332									
11/26/2019		12/03/		10					HA Monitor								
Occupancy Status During	Ahatement (Chec							ie as									
Process		(3)					Street	Addre	SS								
Facility Closed/Vacate Abatement Performed Other – Describe: 8:	Outside of Norm	al Facility	Abatem / Hours	City, State, Zip Code						-			e umos				
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× F	Renova Demolit	tion ion			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e.			
		Is	Locati	on									Transport of	ment			
Location o			Vormal			Des	scription	of					Ту	ре			
Asbestos-Containing M TO BE ABAT	aterial (ACM)		d Sole intenar		Asbes	tos Cont	aining M	faterial	(ACM)		mount			т	_		
In Facility		Cus	todial S	Staff?	(i.e.	thermal surface	systems cing, VA	s insula T. or	ation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure		
(13)			(12)			other n	niscellan	eous)		٥,	0, 2, ,	SVOL	Repair	lusc	nso		
		Yes	No	N/A								1 =		ate	Гe		
Basemer		х		Pipe	insula	tion		15	00 LF	х		х					
												-	-				
Name of Registered Waste	Hauler		N.	JDEP W	aste	Cubic '	Yards		Name of	Registe	red Landfill						
Removal Safety LLC			14 15030	auler ID 037007		of Was			Fairles	8	ou Lanuilli						
City, State					Disposal Date				te City, State								
Paterson, NJ Completed by		Title				TBD			Morrisv	ville, P	A						
Lasko Veskov	ident			Si	ignature	2,1	10/1	bil	Da	te 1 /1 4 /′	2010						

						68												
						8 SV						E	C		<u> </u>	rint	Fo	
CV	(801		NC	OTIFIC (Pu	Sta CATION irsuant to	of New OF ASSE O NJAC	Jersey STOS A :60 and	BATE 12:120				N	VOI	18	201	9	Total votes contact members	
Date of N 11/15/2	Notification (1) = 2019	Inv/ld	299		Name of Kieth B	Building (Byrd	Owner/O	perator	(2)			ASBE	ESTO			ROL	&	
Agencies	Notified	Type Notification			Street Ad	dress					L		en l'origination	-	THE SHARE	ncunzaethi	10.000	
EPA DEF DOL		Initial Amended Amendment	#			e, Zip Coo on,NJ,0									,			
DOI:	100	Emergency (justification) Cancellation		100	Name of Kieth B						Tele	ephone I	Numbe	г				
Name of	Facility Where A	Abatement is Taking	g Place (3)		FACIL	ITY INFO	RMATI	NC	Тур	e of Facility (4)							
	House									School (K-1	2)							
Street Ac	ddress									Subchapter Other (i.e. p etc.)	8 (Othe rivate 8	comme	(-12) ercial b	uildin	ıgs, h	omes	,	
City (5) Paters	on								Squ N//	uare Feet A	# of N/A)		
County (County C (STATE U	ode (7) SE ONLY)		_	Pri	ivate Hous	е		olished)				
Name of N/A	Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				batement Cor BATEMENT		(9)						
Street Ad	ddress							Street 89 F		ress NKLIN STF	REET	EET						
City, Stat	te, Zip Code		.,							Zip Code SON,NJ,07	524	or (9) C T License No. 01274						
Project N	lanager for Mor	itoring Firm			Telephon	e No.		Telep 973		No. -5144		License No.						
Start Dat 11/25/			Scheduled 11/26/2		npletion [Date (11)				SHA Monitor BATEMENT	LLC						À	
Occupan	ncy Status Durin	g Abatement (Chec	k Only One	e)			1886-1-15 PM	Street		ress NKLIN STF	REET		111					
Fac Aba Oth	cility Closed/Vac	ated During Entire I ned Outside of Norm OCCUPIE	Period of Al nal Facility	baten Hours	nent			City, S	State,	Zip Code SON,NJ,07							Ce (Tare ta	
l-mark	f Work (Check A							171		3011,110,07						-	-	
2 ≥3 :	sf or ≥3 If 60 sf or ≥260 If			enova				2		Full Containm Vini-Enclosur Glovebag Pro	e cedure							
			Non-Exempted (*) and Non-Friable Procedure Abaten Typ															
Asbe	Location estos-Containing <u>TO BE AB</u> In Faci (13)	t Sole ntena odial S (12)	ely by nce/ Staff?		tos Con thermal surfa		Mater ns ins AT, or	r	(5	Amount (Specify SF or LF) Removal								
	BASEMI	ENT	Yes	No	N/A		Pine	Insula	tion		6	60 LF X						
	J. 1021111														1			
														1	1			
Name of	f Registered Wa	ste Hauler		1 1	NJDEP W			Yards		Name of								
EHW A	BATEMENT	LLC			lauler ID 037095		of Wa	SIE		TRI ST	TATE	TRANS	SFER					

Project Manager

Disposal Date TBD City, State BRONX, NY Signature

Date 11/15/2019

Completed by Victor Espiritu

City, State Paterson,NJ

INVICEO98

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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		NOV		0	2019		

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Date of Notification (1)					Name	e of Buildin	g Owner/Operator ((2)	L NOV	18	201	3	lancer
	15 /	19			EL	MRE1, LL	_C / Jo	b #1911-2518	Chk. #2170				
	Type Notific	ation	57/2		Stree	t Address			ASBESTO	S CO	NTR	OL 8	×.
					51	7 Clemen	ts Bridge Road		LIC	ENSI	VG.	all-elgaliteteens	Len Innange
⊠ DOLWD	Amende					State, Zip (ř				
☑ DHSS □ DCA	Amendm	_					NJ 08007						
(NJAC 5:23-8)	☐ Emerger justificati		ciuain	9		e of Contac		10-20-20-00	Telephone Numl	ner	- 1	_	_
	☐ Cancella	2.0			3331332	ward Mc0			267-679-505				
					1 000		FORMATION		207-070-000	_		-	
Name of Facility Where Ab	patement is	Taking	Place	(3)	FA	CILITIN	IFORMATION	Type of Facility	/4)				
ELMRE1 LLC		. uning	1 1000	. (0)				School (K-1)	(3 f)				
Street Address								☐ Subchapter	8 (Other than K-12))			
517 Clements Bridge	Road							Other (i.e., p	rivate and commer	cial bu	ilding	s,	
City (5)	711000							homes, etc.		T DI	-l - A		
Barrington								Square Feet	# of Floors		dg. Aq	je	
County (6)					Cou	nty Codo /7)(STATE USE ONLY)	+/- 1,600	3		60+		
Camden					Cou	ity Code (/	MOTATE USE UNLT)	Vacant	rior if being demolis	nea)			
Name of Monitoring Firm F	lired by Ruil	dina O	wner	(8)	ASCM	No	Name of Abateme	THE CONTRACTOR OF THE CONTRACT					
Horizon Environmen		ung O	WITET	(6)	AGGIVI	INO.							
Street Address	-						Street Address	d Mold Service	es, corp.				
PO Box 316							1835 Underw	road Divid					
City, State, Zip Code						1/4/							
Thorofare NJ 08086							City, State, Zip Co						
Project Manager for Monito	ring Firm			Tale	phone	No	Delran, NJ 08 Telephone No.	5075	I the same No.				
Dave Flanigan	,g				56-848		609-702-0400	i	License No. 00862				
Start Date (10)	15	Schedu	ıled C			ite (11)	Name of OSHA M		00002				
_ 11 / 25 /	1000000					19	EMSL Analyt						
Occupancy Status During A					_		Street Address	ioai, iiio.					
☐ Facility Closed/Vacated					ment		200 U.S. Rou	to 120 North					
☐ Abatement Performed C						scribe	City, State, Zip Co						
Time of Abatement:							Cinnaminson						
Scope of Work (Check all the	hat annly)						Cililaliiiisoii	i, NJ 00077					
	ilat apply)						☐ Full Cont	ainment with Neg	aative Pressure				
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf			⊠ Re				Mini-Enc	losure	Wrap +C	+(1			
		1	☐ De	molitic	on		☐ Glovebag	g Procedure	n-Friable Procedur	٥.			
			ls	Loca	ion			p.tou () una re	Triable Freedai	T	ateme	ent T	vne
Location of				lorma			Description o	f		75.0			
Asbestos-Containing Ma TO BE ABAT)		d Sole intena		Asbes	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	<u> </u>			odial	Staff?	(1.6.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	¥	psu	nso
(13)		-	20	(12)	1	-	other miscellane			-		late	e.
			Yes	No	N/A								
Basement					\boxtimes	Ductwo	rk with Asbesto	s Paper	10 LF				
										П		П	
										+=		-	
		_								┸	Ш	Ш	Ш
			Ц										
1.						Naste D No.	Cubic Yards of	Name of Regis	A STATE OF THE PARTY OF THE PAR				
Waste Management						3 NO.	Waste 5	Grand Cer	itral				
City, State							Disposal Date	City, State					
Lafayette, NJ							11/25/19	Penn Argy	le, PA				
Completed By (Print or Type	e)	Title					Signature	~ ~ /	Dat	e	1	_	
Kaysi Gruner		Off	fice A	ssis	tant		WWM	/ /////	γ	1115	11	4	
00							10011	/ / /	1 1	1 1	1 1		

Inv-16096	NOTIFICATION OF	NEW JERSEY ASBESTOS ABATEMEN AC 8 60-7 AND 12:120	NT (Me	OL #	017					
Date of Notification (1)	Name o	FBuilding Dwner / Ope	erator (2) LS CORPOR	RATION	FCFI	WEF					
		Address		111))=	<u> </u>						
Agencies Notified Type of Notification	1 HEAL	TH PLAZA									
☐ EPA ☑ Initial		ate, Zip Code			MOV 10 1	0040					
☐ Amended ☐ DOH Amendmer		IANOVER, NJ 07936			NOV 18 2	2019					
		of Contact		Telephor	ne Number	1					
□ □ □ Emergency □ □ Cancellatio		N NEKOUI		962 770 6	97000000000000						
Galicenatio		INFORMATION		002-110	8399ESTOS CON LICENSIN						
	TAGILITI	IN ONWATION		L	E3 O E1 1 O 7 1 4						
Name of Facility Where Abatement is Takin NOVARTIS	g Place (3)	Type of Facility (4)	V. 40)								
Street Address		School (I	ter 8 (Other	than K 11	2)						
1 HEALTH PLAZA			e., private &			1					
			omes, etc.)	011111101010							
City (5) County (6)	County Code (7)	Square Feet	# Of Floor	s	Building Age						
EAST HANOVER MORRIS		N/A	N/	/A		1					
		Current Use (Prior i	f being dem	olished)	Ī	1					
		N/A	200								
Name of Monitoring Firm Hired by Bldg. Ov HILLMANN ENVIRONMENTAL	vner (8) ASCM I	NO Name of Abatement	Contractor	(9)							
		NORTHSTAR CONT	NORTHSTAR CONTRACTING GROUP, INC								
Street Address		Street Address	Street Address								
1600 Route 22 East											
City, State, Zip Code		32 Williams Parkway									
Union, NJ 07038-1597	Transaction N. J.	City, State, Zip Code	City, State, Zip Code								
Project Mngr. For Monitoring Firm MIKE NEHLSEN	Telephone Number 908-688-7800	East Hanayar NI 07	026			- 1					
	pletetion Date (11)	East Hanover, NJ 07	930	License I	Mumbar						
12 / 06 / 19 12	09 / 19	relephone Number	" 	License	Number	- 1					
/ /	//	973-884-8682									
Occupancy Status During Abatement (Chec	k Only 1)	Name of OSHA Mon	itor								
☐ Facility Closed/Vacated During E		NORTHSTAR CONT	RACTING G	ROUP, IN	IC						
Abatement		Street Address		NG GROUP, INC							
Abatement Performed Outside or	Normal Facility			W (24)							
Hours - Describe:		32 Williams Parkway									
Other - Describe: Friday 8:00F	M-Sunday, Midnight	City, State, Zip Code									
Scope of Work (Check All That Apply)		East Hanover, NJ 079	936								
Scope of Work (Check All That Apply)											
☐ Demolition ☑	Renovation	Full Containment wi	ith Negative	Pressure	3	- 1					
	✓	Mini - Enclosure	rrogativo	1 1000010							
≥160 sf or ≥260 lf	✓	Glovebag Procedure	е			- 1					
		Non-Exempted (*) ar	nd Non-Fria	ble Proce	dure	- 1					
Location of Is		ption of		Abateme		-					
Asbestos Containing Location Material (ACM) Normally		Containing al (ACM)	Amount	R	R N	E					
TO BE ABATED Used		ial systems	(Specify	M	E C	N C					
in Facility Solely		urfacing, VAT,	SF or LF)	0	P A	Ľ					
(13) by Main-		scellaneous)	0. 0. 2. /	v	A P	0					
tenance/		85%		Α	I S	s					
Custodia				L	R U	U					
<u>Staff (12)</u>					L	R					
YES NO N			losi s								
EXTERIOR BELOW GRADE	PIPE		25LF	7		1					
						 					
		25	-			 					
Name of Registered Waste Hauler	NJDEP Waste Cubic	Name of Registered	Landfill								
NEWARK CARTING	Hauler ID No. Yards	GROWS	Lanunn			- 1					
NORTHSTAR CONTRACTING GROUP, INC.	4509 of Wast					1					
City, State	Disposa	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,									
NEWARK, NJ	Date	MORRISVILLE, PA	0			- 1					
	£550 100 200		3								
EAST HANOVER, NJ			1	and the other parties of the same							
Completed by (Print or Type)	Title	Signature	1		Date						
	Title PROJECT MANAGER	Signature		+	Date	11/15/19					

Toullon	5 State of N	Torre Torrein	600 (200 / ° con 62 hamilian		Chal	大州 当	729	77				
4/1/1604) State of I	(Pursuant to N.J.A.	fication of Ashestos Aba	atemen	te C		V E	5				
GAC Project # 060-19	and the state of the same						-	711 11				
Date of Notification (1)			Name of Building Owner/Ope	rator [2]				11111				
	er 12, 2019	ELIKER WHENCH	RUTGERS, THE STAT	EUNI	ERSYDY	of 81,120	119	114				
Agencies Notified	Notificatio	n Type	Street Address					1				
□ EPA		Notification	ENVIRONMENTAL HE									
DCA	10.00	nded Notification #3 –	27 ROAD 1, BLDG 408	6,LIVII	VESTON	CARAPU	BOL &	L				
X DOL		completion dates	City, State, Zip Code	Internation	Li	JENSING		- Consensus				
DEP- No Longer REQUIRE		gency (including	PISCATAWAY, NJ 088	54								
M DOH	jusiiii	cation)	Name of Contact		Telephone	Number						
20011	□Cance	lled	MICHAEL F. SMITH, E	NV.	848-445	-2550						
			HEALTH & SAFETY									
Name of Facility Where Abatemen	nt is Taking Place (3)	FACILITY I	NFORMATION									
ADMINISTRATIVE SERV	ICES BIDG#	3751	Type of Facility (4)									
	1000, 0000	3131	School (K-12)									
Street Address			Subchapter 8 (other than K-1									
BUSCH CAMPUS			Other (i.e. private & commer	rcial buildi	ngs, homes,	etc.)						
City (5) Co			Sq. Feet: N/A # of F	-100rs: 3	Bldg. Ag	e: 60+ y	ears					
	ounty (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being der	nolichod	. ACADE	al C						
LIOUATAWAT	IMIDDLESEY	(Otale Ose Only)	Carrent osc (prior it being der	nonsneu).	. ACADE	IIIC						
No. of the control of												
Name of Monitoring Firm Hired by ATC	Bldg. Owner (8)	ASCM No.	Name of Contractor (9)									
AIG		00098	ODEENINGOD ADATEM	ENIE OC								
Street Address			Street Address									
3 TERRI LANE			Street Address									
			511 MAIN STREET									
City, State, Zip Code			City State, ZipCode									
	016		BUTLER, NJ 07405									
Project Manager for Monitoring Fir	m Telephone I	Number	Telephone Number		License Nu	mher						
BRIAN R. KEARNEY	609-386	-8800		1	LICONOC IVU	IIDCI						
Scheduled Start Date (10)	0.1		973-492-0477		00840							
11/22/19		Completion Date (11)	Name of OSHA Monitor									
Occupancy Status During Abate	12/16/20					- PRIORES - CONTRACTOR						
Facility Closed/Vacated During	ment (Check only of	<u>ne)</u>	Street Address									
Facility Occupied Entire Perio	g Entire Period of A	patement	20-21 WARGARAW ROA	AD, BLD	G# 35E							
Abatement Performed Outside	of Normal Carille		City, State, Zip Code									
Describe:	or Normal Facility	nours -	FAIRLAWN, NJ 07410									
X Other- Describe: Schedule:	5PM – 5AM Daily	124 HOURS &	1									
WEEKENDS AS NEEDED)	o. m oran bany	(2411001100:		Int Use (prior if being demolished): ACADEMIC Of Contractor (9) ENWCOD ABATEMENT CONSULTANTS, INC. Address MAIN STREET ate, ZipCode LER, NJ 07405 One Number 192-0477 Of OSHA Monitor ROVISION, INC. Address WARGARAW ROAD, BLDG# 35E ate, Zip Code								
,												
Scope of Work (Check all that appl	y)											
			□Full 6	Containm	ent with Ne	gative Pres	SUITE					
		K Renovation	☐ Mini	-Enclosur	e	5	0010					
⊠ ≥ 160 sf or ≥ 260 l	f	□ Demolition			ocedure / W	ran & Cut						
			X Nor		ed (*) and f		Proced	dure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normall	y Used Description of As	sbestos Containing Material	Amount		ement Type						
Material (ACM) III Facility (13)	Solely by Maint./Cu Staff? (12)	stodial (ACM) (i.e. therr VAT, or other mis	mal systems insulation, surfacing,	(Specify		wa Danais f						
		NA VAT, OF OTHER TIME	miscell.) or LF) Remove Repair Encap E									
107 Corridor	X	3/07										
Various locations 1st Floor		VAT		500 S				V				
various locations i i loci	X	VAT		4400 S	FX							
Name of Dear West 11-1												
Name of Reg. Waste Hauler See Hauler Below #1 & 2		e Hauler ID #	Cubic Yards of Waste: 15 C		Vame of Re							
	See Below			1	G.R.O.W.	6. North L	.andfil	.1				
Hauler #1) Greenwood Abatement	Consultants, Inc	Butler, NJ 07405	Disp	osal Date		City, State	9					
NJDEP # 12561					El Kallington	100 New	Ford M					
Hauler #2) Newark Carting, Inc., I NJ DEP # 4509	vewark, NJ 04509		12/	16/2019		Rd. Morri	sville, l	Pa				
DEL F 7000			19067 215-736-1700									
Completed by (Print or Type)	Title	15 - The 170 - Va. 120	1 Circuit									
RAYMOND C. PEDALINO		ROJECT										
	MANAGER		Raymond C. Pedalino November 12, 2019									
	1		September 1970									

Chatk # 3297

	St	ate of N			cation of Asbestos		temer	PA E	C	E	WI	EID			
GAC Project # 060-19	on the entire	ET-SECURIO	(Purs	uant to N.J.A.C	. 8:60-7 and 12:120-7)	85		小一							
Date of Notification (1) November				18	Name of Building Owner RUTGERS, THE S	/Oper	ator (2) E UNIV	VERS	HOR	=1 _N 8	2019				
Agencies Notified EPA DCA	and the latest design	Notification Initial I Amen new work	Votifica ded No	tification #2 –	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code							ig)			
X DOL X DEP-No Longer REQUIRED X DOH	Section 1	quantity, dates Emerg	start, ar gency (including	PISCATAWAY, NJ Name of Contact MICHAEL F. SMITH	0885 H, EN	54	Telep	hone N -445-2	umber	-1112				
		Justific Cance	cation) lled		HEALTH & SAFET	Y									
Name of Facility Where Abatement	is Takin	g Place (3)		FACILITY INF	Type of Facility (4)										
ADMINISTRATIVE SERVI	CES,	BLDG#	3751		School (K-12) Subchapter 8 (other that	n K-12	2)								
Street Address BUSCH CAMPUS					Other (i.e. private & co	mmer	cial build		mes, et		ears/				
CONTRACTOR DELETED TO CONTRACTOR OF CONTRACT	nty (6) IIDDL	ESEX		Code (7) Use Only)	Current Use (prior if bein	g dem	olished): AC	ADEMIC	;					
Name of Monitoring Firm Hired by B	ldg. Ow	rner (8)	ASCM 0009		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.										
Street Address 3 TERRI LANE					Street Address 511 MAIN STREET										
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405										
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone I 609-386			<u>Telephone Number</u> 973-492-0477			Licens 0084	se Numb	<u>er</u>					
Scheduled Start Date (10) 11/12/19	No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of	12/9/201	9	on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	 С.		0004	FU						
Occupancy Status During Abatem Facility Closed/Vacated During Facility Occupied Entire Period	Entire I	Period of A		t	Street Address 20-21 WARGARAW	ROA	D, BL	DG# 3	5E						
□ Abatement Performed Outside Describe: ☑ Other- Describe: Schedule: 5 WEEKENDS AS NEEDED)	of Norn	nal Facility		OURS &	City, State, Zip Code FAIRLAWN, NJ 074	10									
Scope of Work (Check all that apply	1														
□≥ 3 sf or >3 lf ☑≥ 160 sf or ≥ 260 lf	L		1.5	X Renovation ☐Demolition	0	Mini Glov	-Enclosi e bag F	ure Procedu	ith Nega ire / Wra and No	ap & Cu	t	odura			
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Normal by Maint./Cu 12) NO			estos Containing Material al systems insulation, surfac		Amoun (Specif or LF)	it	Abater	ment Tyr	oe .	Enclose			
107 Corridor		X		VAT			500	SF	X	T		T			
Various locations 1st Floor	VAT	4400 SF 🗵													
Name of Day Wests Haules	ID #		200	physical survey			1								
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		<u> </u>	Cubic Yards of Waste:	15 (;γ		of Regis			iill .			
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			Butler, I	NJ 07405		The state of the s	osal Dat 9/2019	TINGSON,		Rd. Moi 19067	w Ford rrisville				
Completed by (Print or Type) RAYMOND C. PEDALINO	100000000000000000000000000000000000000	e ENIOR PI ANAGER		т	Signature Raymond O. Pe	Edatin	16	215-736-1700 Date November 1, 2019							

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

NOV 18 2019 Date of Notification (1) Name of Building Owner/Operator (2) October 25, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Street Address

ASBESTOS CONT
ENVIRONMENTAL HEALTH & SAFETY DEPTAG Initial Notification EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☑Amended Certification # 1 DCA Emergency (including City, State, Zip Code x DOL justification) PISCATAWAY, NJ 08854 XDEP Name of Contact Telephone Number ☐ Cancelled x DOH Michael Smith ENV HEALTH & 848.445.2550 SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Administrative Services, Bldg # 3751 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Busch Campus Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 60 Plus years City (5) County (6) County Code (7) (State Use Only) MIDDLESEX Current Use (prior if being demolished): Academic Piscataway Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode Butler, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 1, 2019 November 4, 2019 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21, Bldg E Wagaraw Road Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: 5pm - 5am (24 hrs & Weekends as Fairlawn, NJ Needed Source of Work (Check all that apply) Full Containment with Negative Pressure **X** Renovation \geq 3 sf or \geq 3 if Mini-Enclosure X> 160 sf or > 260 Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES 107 Corridor X VAT 500 sf X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler Cubic Yards of Waste: See Hauler Below #1 & 2 **GROWS North Landfill** See Below 15 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill November 4. NJ DEP # 12561 Road, Morrisville, PA 2019 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 19067 215-736-1700 Completed by (Print or Type) Signature

Raymond C. Pedalino

October 25, 2019

GAC # 2017-060-19

Raymond C. Pedalino

SENIOR PROJECT

MANAGER

		State of N	lew Jo	ersey - Notif	ication of Asbestos	Abatem	ent	E G	C I	7.77	FF				
GAC Project # 060-19			(Pur	suant to N.J.A.	<u>C</u> . 8:60-7 and 12:120-7)			E C		\mathbb{M}					
Date of Notification (1)	and the second				Name of Building Owner	/Operator (ni-				-#				
	er 15, 2				RUTGERS, THE S	TATE UN	IVER:	SINOU	F 1 8	2019					
Agencies Notified		Notification Notifi		ation	Street Address		I				1				
☐ EPA	indexender in results	50,000		ation tification #	ENVIRONMENTAL	HEALTH	18. SA	FETY	DEPT	(REH	(<u>S</u>)				
DDCA	*0;			(including	27 ROAD 1, BLDG City, State, Zip Code	4086, 11	/INGS	HONE	AMPU	SHOL	- čt				
DOL DED No. 1 DEGUI	-		cation		PISCATAWAY, NJ	08854		AND THE RESIDENCE OF THE PARTY.	em et en registration de la constitución de la cons	- TWO THE REPORT OF	NOT THE SERVICE				
DEP- No Longer REQUI	IKED	□ Cance	lled	533	Name of Contact			phone N							
					MICHAEL F. SMITH		848	3-445-2	550						
				FACILITY IN	HEALTH & SAFET	Y									
Name of Facility Where Abate ADMINISTRATIVE SE	ment is Ta	aking Place (3)	2754		Type of Facility (4)										
ADMINISTRATIVE SE	RVICE	S, BLUG#	3/51		School (K-12)	17.40									
Street Address					Subchapter 8 (other that Other (i.e. private & co	in K-12)	ldingo h		a \						
BUSCH CAMPUS					Sq. Feet: N/A #	of Floors:	3 Bld	la. Aae:	60+ v	ears					
City (5)	County (6			y Code (7)	Current Use (prior if being demolished): ACADEMIC										
PISCATAWAY	WIDL	DLESEX	(State	Use Only)	Salaria God (prior it being demonstred): ACADEMIC										
Name of Monitoring Firm Hired	hy Bida	Owner (9)	ASCM	INIc	Name of Contractor (0)										
ATC	by blug.	Owner (6)	0009		Name of Contractor (9)										
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC.										
3 TERRI LANE					Street Address					Add to the second					
					511 MAIN STREET										
City, State, Zip Code	00040				City State, ZipCode			-							
BURLINGTON, NJ Project Manager for Monitoring	08016	Telephone I	lumb or		BUTLER, NJ 07405										
BRIAN R. KEARNEY	(1.11111	609-386			Telephone Number		Licen	ise Numb	<u>er</u>						
Scheduled Start Date (10)					973-492-0477		008	40							
10/25/19	0	10/28/20		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	•									
Occupancy Status During Ab	atement (Check only o	ne)		Street Address										
□Facility Closed/Vacated Du	uring Entir	re Period of A	bateme	nt	20-21 WARGARAW	ROAD, BI	DG#:	35E							
☐ Facility Occupied Entire P☐ Abatement Performed Out	eriod of A	batement			City, State, Zip Code										
Describe:	side of Ivo	mai Facility	HOUIS -		FAIRLAWN, NJ 0741	10									
Other- Describe: Schedu	le: 5PM -	- 5AM Daily	(24 H	OURS &											
WEEKENDS AS NEEDEL	D)														
Scope of Work (Check all that a	apply)														
			1	Renovation		Full Contain		rith Nega	tive Pres	sure					
≥ 160 sf or > 26	60 If			Demolition		Mini-Enclo		/ 18/	- 0 0 4						
_						Glove bag Non-Exen				Proce	dure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	•	cation Normall y by Maint./Cu		Description of Ast	pestos Containing Material al systems insulation, surfacion	Amou	nt		nent Type		uu. u				
(10 m) 11 20 my (10)	Staff	? (12)		VAT, or other mis		ng, (Spec	ify SF	Remove	Repair I	Encap [Enclose				
407.0	YES	2	NA												
107 Corridor		N N		VAT		500	SF	X							
Name of Reg. Waste Hauler		NJDEP Was	e Haule	r ID #	21111	45.00/	I Name	(D. :		150					
See Hauler Below #1 & 2	2	See Below	110 11	Cubic Yards of Waste:	15 CY			tered Lan		11					
Hauler #1) Greenwood Abatem	nent Consi	ultants, Inc	Butler, I	NJ 07405		Disposal Da	te	T	City, State	9					
NJDEP # 12561 Hauler #2) Newark Carting, In	a Namer	. NI 04500							100 New	Ford M	2000				
NJ DEP # 4509	Ver LACAMIE	110 U43U7			6	10/28/20	19		Rd. Morri 19067	sville,	ra				
Completed by (D.L.)						William St. Act and	1935.0		215-736-	700					
Completed by (Print or Type) RAYMOND C. PEDALII	10.00 (10	<u>ille</u> SENIOR PF	OJEC	-9°	Signature (3)	3	Date	and the second	0040	-					
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Inv 160)9G	rate of N	ew Je	rsey H otifi	cation of Ashestos Al	oateme	nt S	kek	#	324	96			
GAC Project # 060-19		e.		Promote 1		111	7) [3	W	EIR			
Date of Notification (1)		The same of the sa		, 4	Name of Building Owner/Or	perator (2)		3 6 6	<u> </u>	V 1	=			
	ber 12,	2019			RUTGERS, THE STA			SITY OF	NJ		1111			
Agencies Notified	Manager Columb	Notification	т Туре		Ot t A 1.1		111			1040	-1111			
	-	Initial	Votifica	ation	ENVIRONMENTAL H	EAI TH	als A	EET D	- B- C	WY L	SIL			
X EPA	4	X Amer	ded No	tification # 1-	27 ROAD 1, BLDG 40						1			
X DCA	4			mpletion dates	City, State, Zip Code	700, 410	The same of the sa	THE PERSON NAMED OF THE PE	DOST-CONTRACTOR	-				
X DOL	7				PISCATAWAY, NJ 08	0054	AS	BESTOS	CON	TROL	&			
DEP- No Longer REQUII	RED			(including		0004	and the same of the same of		NSING	3	1-10A			
⊠ DOH			cation)		Name of Contact		The Control of the Co	phone Nur	2007.0400					
		□ Cance	lled		MICHAEL F. SMITH,	ENV.	848	-445-25	50					
					HEALTH & SAFETY									
Name of Equilib. Where Abeter		i - Di (0)		FACILITY IN	FORMATION						AND			
Name of Facility Where Abater					Type of Facility (4)									
ADMINISTRATIVE SE	KVICES	, BLUG#	3/51		School (K-12)									
Street Address					Subchapter 8 (other than h									
BUSCH CAMPUS					Other (i.e. private & comm	nercial build	dings, h	omes, etc.)					
BUSCH CAMPUS						Floors:				ears				
City (5)	County (6)		County	/ Code (7)										
PISCATAWAY	The state of the s	LESEX		Use Only)	Current Use (prior if being d	emolished): AC	ADEMIC						
Name of Maria Control					1									
Name of Monitoring Firm Hired	by Bldg. C	wner (8)	ASCM	Part and the second	Name of Contractor (9)				SHOUSE					
ATC			0009	98	GREENWOOD ARATEMENT CONSULTANTS INC									
Street Address			l		GREENWOOD ABATEMENT CONSULTANTS, INC.									
3 TERRI LANE					Street Address									
3 IERRI LANE					E44 MAIN STREET									
					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
	08016				BUTLER, NJ 07405									
Project Manager for Monitoring	Firm	Telephone			Telephone Number		Licens	se Number	r					
BRIAN R. KEARNEY		609-386	-8800		1.00		77.70.70.70.70.70							
O'N I V VOI VOI VIOLEN			Parties.		973-492-0477		0084	10						
Scheduled Start Date (10) 12/6/19				on Date (11)	Name of OSHA Monitor					- 1,000				
Name of the Control o	1	1/20/202			ENVIROVISION, INC.									
Occupancy Status During Aba	atement (C	Check only o	ne)		Street Address									
☐Facility Closed/Vacated Du	iring Entire	e Period of A	batemer	nt	20-21 WARGARAW RO	DAD, BL	DG#3	35E						
X Facility Occupied Entire P	eriod of Al	batement						MO-SORMAT						
☐Abatement Performed Outs	side of Nor	mal Facility	Hours -		City, State, Zip Code									
Describe:					FAIRLAWN, NJ 07410									
Other- Describe: Schedul	le: 8AM -	8AM Daily	/ (24 H)	OURS &										
WEEKENDS AS NEEDED	0)		(
	1													
Scope of Work (Check all that a	(vlgg						7							
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⊠ ≥ 160 sf or ≥ 26	SO If			Demolition										
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	YES	NO	NA	,	,	0. 1.								
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o i looi vallous Eocations		lei			POUND (ASSOCIATED	378	0 SF	X						
				WITH WALL	BOARD)									
Name of Reg. Waste Hauler		NJDEP Was	te Haulei	r ID#	Cubic Yards of Waste: 80	CY	Name	of Registe	red Lar	ndfill				
See Hauler Below #1 & 2		See Below	7		Cubic Tarus of Waste.			O.W.S. N			11			
Hoular #1) Cusanward Absta-		144- Y	D II N	1 X 0 7 4 0 7				Mark Care Care Care	A) (=) (C) (E) (C) (C)	A7 (A C A) (A) (A C A) (A)				
Hauler #1) Greenwood Abatem NJDEP # 12561	ient Consu	itants, Inc	Butler, I	NJ 07405	Di	sposal Dat	e		ity, State					
Hauler #2) Newark Carting, In	c. Namari	N.I 0.4500				are a constant	Maria Carlo	100	00 New					
NJ DEP # 4509		, 110 07302			《 1	20/2020			d. Morr 9067	isville,	s" CI			
					The state of	(Gagesteelpa, co	Witness State	1 1 1 1 1	15-736-1	1700				
Completed by (Print or Type)	I Tr	tie			Signature		Det-							
RAYMOND C. PEDALII	1			Date	amala au	10 00	40							
	DESCRIPTION OF STREET	ENIOR PI IANAGER			Raymond C. Pedai	line	NOVE	ember 1	14, 40	19				
	1 191	MINNER	<u> </u>			200	E.				2			

		Sta	te of N	ew Jei	rsey - Notifi	cation of Asbestos	Aba	telnei	t E	C		VE	M		
GAC Project # 060-19				(rurs	uant to IV.J.A.C	. 8:60-7 and 12:120-7)		113	11						
Date of Notification (1)	in the same of	location in				Name of Duilding Owner	10	-111	<u>.</u>	1101/	4.0.00	746	111 //		
Octob	er 8, 2					Name of Building Owner RUTGERS, THE S	TAT	E UNIT	ERS	NUY o	182(FNJ	119	10		
Agencies Notified	ALC: UNITED BY		Votification		and the same of th	Street Address									
X EPA			X Initial			ENVIRONMENTAL	. HEA	ALTH 8	s as	ESTO!	96BTH	(REI	<u>s</u>)		
XIDCA		100			ification#	27 ROAD 1, BLDG	4080	3, LIVII	NGST	ONG	AMPU	S	a a communication of		
E DOL		E			including	City, State, Zip Code					I SOUTH HERE				
	IDED			cation)		PISCATAWAY, NJ	088	54	14						
DEP- No Longer REQU	IKED	E	I Cance	lled		Name of Contact		areas -	CONTRACTOR OF THE PARTY OF THE	hone N					
LAI DOH						MICHAEL F. SMITI	H, EN	IV.	848-	-445-2	550				
1					Fa	HEALTH & SAFET	Y								
					FACILITY IN										
Name of Facility Where Abate						Type of Facility (4)							75.5		
ADMINISTRATIVE SE	RVIC	ES, E	3LDG#	3751		School (K-12)									
Charat Addison						Subchapter 8 (other the									
Street Address BUSCH CAMPUS						Other (i.e. private & co	ommer	cial build	ings, ho	omes, et	c.)				
BUSCH CAMPUS						Sg. Feet: N/A	# of F	loors: 3	Bldc	g. Age:	60+ y	ears			
City (5)	County	(6)		County	Code (7)										
PISCATAWAY	MID	DLE	ESEX	(State I	Use Only)	Current Use (prior if beir	ng den	nolished)	: AC	ADEMIC	;				
Name of Monitoring Firm Hire	d by Blde	n Own	ner (8)	ASCM	No	Name of Contractor (9)	-								
ATC	d by bide	J. OWI	161 (0)	0009		Transfer of Contractor (5)									
				0000	.0	GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address						Street Address			01100			-			
3 TERRI LANE															
						511 MAIN STREET									
City, State, Zip Code						City State, ZipCode			-			-			
BURLINGTON, NJ	08016	3				BUTLER, NJ 07405									
Project Manager for Monitorin	g Firm	II	elephone	Number		Telephone Number			Licens	se Numb	er				
BRIAN R. KEARNEY		- (609-386	-8800											
				5000mms.		973-492-0477			0084	10					
Scheduled Start Date (10)					on Date (11)	Name of OSHA Monitor							18		
11/12/19		COS.	2/23/20	part -	1	ENVIROVISION, IN	C.								
Occupancy Status During A						Street Address									
Facility Closed/Vacated D				batemen	it	20-21 WARGARAW	ROA	D, BL	DG#3	35E					
X Facility Occupied Entire						07. 07. 7. 0									
☐Abatement Performed Ou	itside of	Norma	al Facility	Hours -		City, State, Zip Code	40								
Describe:						FAIRLAWN, NJ 074	10								
X Other- Describe: Sched		M - 8	AM Dail	y (24 HC	OURS &										
WEEKENDS AS NEEDE	ED)														
Scope of Work (Check all that	apply)														
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□≥ 3 sf or >3 lf					Renovation			-Enclos							
$\times \geq 160 \text{ sf or } \geq 2$	260 If			I.	Demolition			e bag P			98				
							Nor	n-Exemp		and No	n-Friable	Proce	dure		
Location of Asbestos-Containi			ion Normal			bestos Containing Material		Amoun		Abate	ment Typ	<u>ie</u>			
Material (ACM) in Facility (13)		aff? (1	y Maint./Ci	ustodiai	VAT, or other mis	nal systems insulation, surfac	ing,	(Specif or LF)	y SF	Remov	e Repair	Encap	Enclose		
		ES	NO	NA	VAT, or other fina	ceii.)		Of LI')				-			
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3 Floor various Location	s		X			POUND (ASSOCIATE	ED	3780	SF	X					
WITH V						BOARD)									
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Name of Reg. Waste Hauler		N.	JDEP Was	ste Haule	r ID #	Cubic Yards of Waste:	80 (Y T	Name	of Regis	stered La	andfill	1		
See Hauler Below #1 &	2	100	ee Belov			Cable Falus of Waste.	JU (North		111		
		neula-	nte I	Datter 7	NT 07405		I Dia-	onel D-t	2000	-					
Hauler #1) Greenwood Abate NJDEP # 12561	ment C0	usuita	ints, 10c. –	butter, I	CUP/U D		DISC	osal Dat	<u>U</u>		City, Sta 100 Nev		MIII		
Hauler #2) Newark Carting,	Inc., New	vark. N	VJ 04509				401	301004	0		Rd. Mor				
NJ DEP # 4509		*					121	23/201	3		19067				
							100	191000			215-736	-1700			
Completed by (Print or Type)		Title				Signature	-		Date	CAN CAN CAN		-Cita			
RAYMOND C. PEDAL	.INO		NIOR P		T	Raymond C. To	Del.	120	Octo	ber 8	, 2019				
		MA	NAGER	2		Daymona O. De	MAIN	100	1						

Invilopa Ch37789

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

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Date of Notification (1)	40	40					g Owner/Operator (2)		L.	140			~ ~	
	13 /	19	_		Nic	k Sevast	akis		_			5-7	2	80	21
Agencies Notified ⊠ EPA	Type Notifica	ation			Street	Address					ASDES	TOS (SON	TRO G	L&
□ DOLWD	☐ Amended	i			City	tota 7ia (and a		10724120						
☑ DOH	Amendm	_			111111111111111111111111111111111111111	State, Zip (
DCA	☐ Emergen		cluding			of Contac			T-1-			Park Co.			
(NJAC 5:23-8)	justification Cancellat					or Contac k Sevast	Al control		Tele	ephon	e Numl	per			
	Cancellat	.1011			1				1 23						
N					FAG	CILITY IN	FORMATION								
Name of Facility Where Al Residence	batement is 1	aking	Place	(3)				Type of Facility ☐ School (K-12	(f) - 511						
Street Address					-			☐ Subchapter 8	B (Oth						
								Other (i.e., p		and o	ommer	cial bu	ilding	IS,	
City (5)				_				homes, etc.) Square Feet		of Floo	250	DI	da A	70	
Brielle								3000	100000	2	115		dg. Ag 1 00	ge	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr		_	domolio		100		_
Monmouth					Joodi	ity code (r	MOTATE GOE GIVET)	Residence	ioi ii b	ellig (Jerrons	neu)			
Name of Monitoring Firm I	Hired by Build	ding O	wner /	3)	ASCM	No	Name of Abateme								
Guardian Contractir		anig O	Wiles (,,	7100IVI	140.	The same of the sa	ntracting, Inc.							
Street Address	19, 1110.						Street Address	nuacung, mc.		-					
1889 Rte. 9, Unit 61							VIX. TRANSPORT VIX. AND ADDRESS OF THE PARTY	Unit 61							
City, State, Zip Code		-						1889 Route 9, Unit 61 ty, State, Zip Code							
Toms River, New Je	rsev 08755						Toms River, New Jersey 08755								
Project Manager for Monit		0.		Tel	ephone	No	Telephone No.	New Jersey 00		cense	No				
Nicholas Fernicola	oring r iiii				32-349		732-349-9932	,	101100-000	0062					
Start Date (10)	9	Schedi	iled Co		etion Da		Name of OSHA M	-		0002	•				
11 / 25 /					6 /	38 H20	E.M.S.L. Ana								
Occupancy Status During	Abatement (0	Check	only o	ne)	Street Address										
☐ Facility Closed/Vacated															
Abatement Performed	Outside of No	ormal	Facility	Hou	rs - Des	escribe City State Zin Code									
Time of Abatement:	AIVI	PIV		-PIVI		AIVI	Piscataway, I	New Jersey 08	854						
Scope of Work (Check all	that apply)							1 10 11 12 12 12 12 12 12 12 12 12 12 12 12	46 8						
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			⊠ Rer □ Der				☐ Mini-End ☐ Gloveba	tainment with Neg losure g Procedure mpted (*) and No				re			
			ls	Loca	tion							Ab	atem	ent T	vpe
Location		.		oma	ally ely by	50000000	Description of						1		1
Asbestos-Containing N TO BE ABAT		1)			ance/		stos Containing Ma ., thermal systems			Amou (Spec		Removal	Repair	Encapsulate	Enclosure
IN Facility			Custo		Staff?	(1.0	surfacing, VAT	, or		SF or		oval	=	nsd	Sur
(13)		ł	Yes	(12) No		-	other miscellane	ous)						ate	CD
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basement							nsulation			40 s	18.5				
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Name of Registered Waste	e Hauler				NJDEP V		Cubic Yards of	Name of Regis	stered	Land	fill			ГП	
Guardian Contractin					Hauler II	No.	Waste	T.R.R.F.	nei eu	Lanu	IIII.				
City, State	J				20223	3	6 Disposal Data	7.000,000,000,000							
Toms River, New Je	rsev						Disposal Date 11/26/19	City, State	Peni	nevly	ania				
Completed By (Print or Ty	Title						, any town,	Tullytown, Pennsylvania							
Nicholas Fernicola	po)	52000000	oject	Mar	ager		Signature		Date						
ACD 44		FI	oject	i bidi	ayer			11/13/19							

Inv 150	M			. 40												
42018	8	NOT	IFIC/ (Pu	ADITA	OF AS	ew Jersey BESTOS ABAT C 8:60 and 5:1	TEMENT	DEG	E			n n n				
Data of Notice of the Address of the			,	Li	L	الما لما لما			4 0	20	40	The state of the s				
Date of Notification (1)	40			100000000000000000000000000000000000000		g Owner/Operator ((2)	IT TI MOA	18	20	19	11				
/	13 / 19	-		D 8	A Demo	, LLC		1 5	,7	78	58					
Agencies Notified	Type Notification			Street	Address			ASBESTO	OS C	ONT	ROL	&				
⊠ EPA	Initial			215	6 Campl	ain Road		Lic	DENS	ING	NO SALES AND SAL	name were direct				
☑ DOLWD ☑ DOH	Amended Amendment #			City, S	State, Zip (Code		4	-							
□ DCA			1	Hill	sboroug	h, NJ 08844										
(NJAC 5:23-8)	justification)	.o.aa	,	Name	of Contac	t		Telephone Numb	er							
	☐ Cancellation			Ant	onio Din	nuzio		732-713-4496	5							
				FA	CILITY IN	FORMATION	2		-030							
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility	(4)								
Residence							School (K-12	7. 94								
Street Address							☐ Subchapter 8	(Other than K-12)								
							homes, etc.)	rivate and commerc	ial bu	ilding	s,					
City (5)							Square Feet	# of Floors	Blo	dg. A	ne er					
Bloomfield							2500 sf	2		30	, -					
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish				-				
Essex				100000000000000000000000000000000000000			Residence	,	/							
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				_					
Tiger Environmenta	ıl						ntracting, Inc.									
Street Address						Street Address	,									
256 A Jefferson Co	urt					1889 Route 9	. Unit 61									
City, State, Zip Code						City, State, Zip Code										
Lakewood, NJ 0870	1					Toms River, New Jersey 08755										
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No. License No.										
Kelly Walton			90	08-862	-4301	732-349-9932	1	00624								
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	Ionitor									
11 /13 /	19	11_ /	14	_ / _	19	E.M.S.L. Anal	lytical									
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address				-0425-01						
☐ Facility Closed/Vacate				ment		1056 Stelton										
☐ Abatement Performed	Outside of Normal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co	ode			-		_				
Time of Abatement:	PI	M/	_PM-		AM		New Jersey 08	854								
Scope of Work (Check all	that apply)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.00, 00.			_						
M > 2 of on > 2 if		П.					ainment with Neg	ative Pressure								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De	novati molitic			☐ Mini-Enc ☐ Glovebag										
						☐ Non-Exe	mpted (*) and No	n-Friable Procedure	•							
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Location (732)		lorma d Sole			Description o										
Asbestos-Containing N TO BE ABA			intena		Asbes	stos Containing Ma , thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo				
IN Facilit		Cust	odial	Staff?	(,,,,	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure				
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	CD				
hanner		-		-						1000020						
basement					asbesto	pestos pipe insulation 200 lf										
											П					
] [
Name of Registered Wast	e Hauler			JDEP V	Vaste 1	Cubic Yards of	Name of Region	tered Landfill		Ш		Ц				
			1.75	CONTRACTOR	120 757		- Tarrio or Trogis	ne of Registered Landfill								

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Waste

3

Disposal Date

11/14/19

Signature

T.R.R.F.

Tullytown, Pennsylvania

Date

13

City, State

Hauler ID No.

20223

Title

Project Manager

JENH110083

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

N &
CK 9026
NOV 8 2019
763 Telephone Number 201- 768-000
(4)) (Other than K-12) vate & commercial buildings.
of Floors Bidg. Age 2 1940
or if being demolished)
St
. 07601 License No. 00388
ental
,N.J. 07606
Negative Pressure
Non-Friable Procedure Abatement Type

3	A MARLILL							(6)	F2 []	11/17	11:0	1"		
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Inv# 16105

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

CK 9029

Date of Notification (1)	1.9		-	Name of	of Buildin	g Owner/Operator	(2) ETEKSE	WE G E		7	n n n			
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Project Manager for Monitoring Firm Tel						Hackensa	ack, N.J	. 07601						
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indicate to						201-329-7444 - 00388								
Start Date (10) Scheduled Completion 12/2/19 12/6/19				e (11)		Name of OSHA Monitor								
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Scope of Work (Check a	ill that apply)			/	**	D-Full (Containment will	Negative Pressure						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Tell Start Date (10) Scheduled Completing 12/2/9 12/6/1 Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility House Check all that apply) □ ≥ 3 sf or ≥ 3 lf □ ≥ 150 sf or ≥ 250 lf Location of Asbestos-Containing Material (ACM) Mail TO BE ABATED C.					ovation	O Mini-	Enclosure		2					
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rianic of Monttolling Pillin	ined by Building	Owner ((8)	ASC	CM No.		Name o	of Abatement C	ontractor (9)			72.7				
Street Address						zov LLC										
				Street Address 246 Gaston Ave.												
City, State, Zip Code				-				ate, Zip Code								
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Project Manager for Monito	Teleph	one No.		Telepho			ense No.									
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Other – Describe:							City, Sta Garfie	i								
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-41 - 72							201-	295-	1700		01074				
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500 2 00 (2000)							Gutte	enber	g, NJ 070	93						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100	none No 295-1			License 01074					
Start Date (10) 11/29/19		Schedule 11/29/1		npletion [Date (11)				HA Monitor above	020						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addres	ss							
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City, State GUTTENBERG, NJ	ĺ				1000	Disposa FBS	al Date		City, State WAYNE		IRG, O	Н				
Completed by		Title				Sig	gnature	1 100	77	1		Date				
Gina Betances		Office	e Mai	nager				WH	kirei.	0		11/	12/2	2019		

Inv# 15950

State of NJ

Proj. #: 19-243	HOO AS H	Noti	fication of As	sbest	os Abatement	per March March . 24 magnetic and a second	77 17 17 1	وست درور می دوم و این	
(V) () () () ()		Purs) ایال	suant to NJA	\C 8:6	30 and 12:120)	IN EG	EIVI		
Date of Notification (1)	I Name of	Building Ov	vner/Operator (2	(2)					And the second s
1 1 1/1 2 1/1 19	11		vilei/Operator (2	2)		iii NOV	/ 1 8 2019		1
Agencies Notified Type Notifica	tion Street Ad	Popadak dress						1	a ¹
☐ EPA ☐ Initial ☐ Amended						7.3502	(OR CENTRALI NGENARO	in	f.
Amendment #	City, Stat	e, Zip Code				1	Market Name	and the second	, , , t
DOL Emergency	Union	, NJ 07083	3						
DOH (including justification)	Name of 0	Contact				Teleph	one Number		
DCA Cancellation	Mark	Popadak							
		FAC	CILITY INFORM	MATIOI	N		-		
Name of facility where abatement is	s taking place (3)					Type of Facility			
Residential							ool (K - 12)		
Street Address							chapter 8 (Other er (Private/Comm		12)
						Bldg	s./Homes, etc.	erciai	
City (5)	County (6)			T Cou	inty Code (7)	Square Feet		1100000	lg. Age
					ite use only)	1,200 SF	02 Prior if being der	70	d)
Union, NJ 07083 Name of Monitoring Firm Hired by E	Union					Residential	i tioi ii beilig dei	HOHSHE	(د
N/A	siag. Owner (8)		ASCM No.		Name of Abateme	nt Contractor (9)			
Street Address					KLOMAX, LL	С			
					Street Address	12			
City, State, Zip Code					309 W. End Av City, State, Zip Cod				
<u> </u>	E-				Hopatcong, N.				
Project Manager for Monitoring Firm	F	hone Numb	er		Telephone Number		License Num	ber	
05-15-1 (10)					833-455-6629		02007		
Start Date (10)	Sched. Complet	ion Date (1	1)		Name of OSHA Mo KLOMAX, LL				
11/13/2019	11/19/2019				Street Address				
Occupancy Status During Abatement Facility closed/vacated during e					309 W. End Av	⁄e			
Abatement performed outside of	of normal facility hou	ement. Irs-		1 [City, State, Zip Cod	е			
Describe: NORMAL HC	OURS			-11	Honatoona NI	07942			
Scope of Work (check all that apply)				- 11	Hopatcong, NJ				
	Renovation					Full Containment of Mini-enclosure	w/negative press	ure	
≥160 sf or ≥260 lf [Demolition				×	Glovebag procedu			
	Is location normally	used solely				Non-Exempted (*)	and Non-friable		lure E _
asbestos-containing material (acm) to be	by maintenance/cus staff(12)	stodial	Description	n of as	bestos-containing	Amount	e	e	n E
abated in facility (13)	Yes No	N/A	material (A	(CM)		(Specify S	SF or m	1 2 1	c c
Basement		19/0					v e		p L
Garage	X		Pipe Insulati			95 LF			
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								井뷰	
egistered Waste Hauler KLOMAX, LLC	NJDEP Hauler I		bic Yards of Wa	aste	Name of Registered	I Landfill	니		1111
ity, State	0038241	Disposal Da	yds		TULLYTOWN,	RESOURCE RE	COVERY		
Hopatcong, NJ 07843		TBD	110		City, State TULLYTOWN	DA			
ompleted by (Print or Type)	itle		Signature	$=$ \perp	TOLLLIOWN	, 1 1/1			

Nov 12 2019 10:29AM HP Fak page 2 State of N.J. Notification of Asbestos Abatement Proj. 8: 19-243 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 111/11/21/11/9/ Mark Popadak Agencies Notified Type Notification Street Address ☐ EPA ⊠ Inftial Amended DEP City, State, Zip Code Amendment#: DOL. ☐ Emergency Union, NJ 07083 DOH DOH dincluding Name of Contact justification) Telephone Number T DCA Cancellation Mark Popadak FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 5 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homas, stc. Square Feet | # of Floors Bldg. Ana CHy (5) County (8) County Cods (7) 1,200 SF 02 70 (State use only) Current Use (Prior if being demolfshed) Union, NJ 07083 Union Residential Name of Monitoring Firm Hirad by Bidg. Owner (8) Name of Absternant Contractor (9) ASCH NO. KLOMAX, LLC Street Address Street Address 309 W. End Ava City, State, Zip Good Cty, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Talephone Number License Number 833-455-6629 02007 Start Date (10) Name of OSHA Monitor Sched, Completion Date (11) KLOMAX, LLC 11/13/2019 11/19/2019 Strae: Address Occupancy Status During Abatement (Check only one) 309 W. End Ava Facility closed/vacated during antire period of abatement. City, State, Zip Code Abatement performed cuteics of normal facility hours-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure X >3 sf or >3 if **Renovation** Winl-enclosure Glovebag procedure 180 at or ≥280 if Demolition Non-Exampted (*) and Non-frisble procedure a location normally used solely Location of E by maintenance/custodial as bastos-containing E 8 Description of esbestos-containing Amount n Maff(12) material (acm) to be m ñ D material (ACM) (Specify 8F or c abated in facility (13) ô . Na NA 8 D Basement Pipe Insulation 95 LF \boxtimes Garage Pipe Insulation 25 LF X Registered Wasta Heular NJDEP Heuler SISSEV TO BOTH DICH Name of Registered Landfill KLOMAX, LLC 0038241 2 yds TULLYTOWN, RESOURCE RECOVERY Olty, State Disposal Data City, State Hopatoong, NJ 07843 TRO TULLYTOWN, PA Completed by (Print or Type) Dela Paige Boylan Owner 11/12/19 Do not use this form for asbestos licensure exempted activities.

Print Form

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×	DOH DCA	Emergency justification) Cancellation	,			f Contact Propertie				N-yake-su	243370000	phone I					
Nie						LITY INF		TON						V I Po			
Na	me of Facility Where	Abatement is Takir	g Place (3	3)						f Facility (4)							
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Nai	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				ment Contr				_			
Stre	eet Address							Street	Address								
City	, State, Zip Code							City, S	tate, Zip								
Pro	ject Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	one No.	5/7		License	e No.				
	rt Date (10) /17/19	2	Schedule		npletion !	Date (11)		Name		Monitor		1200			-		
	cupancy Status During	Abatement (Chec	1000						Address	PROFES	SION	IALS					
×	Facility Closed/Vaca Abatement Performance Other – Describe:	ated During Entire I	Period of A	Abaten	nent			6 WH	ITE Detate, Zip	OVE CO							
Sco	ppe of Work (Check Al	II That Apply)						LAN		D, NJ 00	701						
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	, State WARK, NJ						Dispo: 11/21	sai Date 1/19		City, State BETHLE!	НЕМ	PA					
	npleted by SEPH PERLSTEI	N	Title OWN	ER			S	Signature				- 1	Date 11/1	4/1	9		

NOCK			NOTII (I	FICATION	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)		The state of the s	E C	E		W I	TILL!
Date of Notification (1) 10/28/2019				Name o	of Building	Owner/			perties		NO'	/ 1	8 2	019	a Allegan
Agencies Notified Type	Notification			Street A	Address				•		-				
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× DOL	Amendment Emergency (_}	Ony, Ou	ate, zip o	oue	Prince	ton, I	NJ 08540		ىيە ھەمەھ يېترىرىنىڭ داخىت	A San Care and San Andrews	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TP (Fil. 1964 N. 19	derected is a
DOH DCA	justification) Cancellation				of Contact					Tel	lephone Nu		262		
					ILITY INF		ION				(267) 5	00-10	002		
Name of Facility Where Abater Residential/O		Place (3)						of Facility (
Street Address 262 Washingto	n Rd							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K-1 & commerc	2) ial bui	ldings	home	es,
City (5) Princeton, NJ (08540							- CO	re Feet 000	# 0	f Floors 1	1	3ldg. <i>A</i> 70	\ge +/-	
County (6) Mercer					Code (7) USE ONLY)		Curre	ent Use (Prid	or if bei	ing demolis	hed)			
Name of Monitoring Firm Hired MECS	by Building C	Owner (8))	ASCN	/ No.				tement Cor			Inc.			
Street Address PO Box 341					-		Street PO E	Addre	7070						
City, State, Zip Code Crosswicks, NJ 085	15								ip Code NJ 0850	1					
Project Manager for Monitoring Bill Weisgarber	Firm			Telepho 609 29	ne No. 98-4070		Teleph 609 2				License N	lo.			
Start Date (10) 11/8/2019		Schedul		npletion 1 18/201	Date (11) 9		Name MEC		HA Monitor						
Occupancy Status During Abate		-	120	b)	Street PO B								
Facility Closed/Vacated D Abatement Performed Out Other – Describe: 8am	tside of Norma	eriod of a al Facility	Abater Hour	nents	The second second second		City, S	tate, Z	ip Code	E1E	·				
Scope of Work (Check All That	Apply)					_	Cites	terne	ld, NJ 08	010					
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W		50.0	Locat	222.0										ement pe	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Use Ma	ed Sole intena todial ((12)	ly by nce/		tos Cont thermal surfa	scription aining M systems cing, VA niscellan	aterial insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Exterior			X			Exte	rior Sid	ling		74	14 sf	Х			
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			72									-			
Name of Registered Waste Hau Stevens Environmental Se			1900	IJDEP W lauler ID 18292	No.	Cubic of Was			Name of F		red Landfill fill				
City, State Allentown, NJ				. 5202		Dispos	al Date /18/201	1,9	City, State Morrisvi		Α				
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager			ignature	1 1		occupation (in	Da	200000	/2019	9	

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

Date of Notification (1)			Nome	of D. 11-11				111.215	1750 A 14 B 1 27 BA		- 1.1 					
10/28/2019			Ivame	of Buildir			r (2) Properties									
Agencies Notified Type N	Notification		Street	Address		anara	Toperties		MO	V.	2. /	010				
X EPA X In	nitial		100000000000000000000000000000000000000			РО В	ox 218				55 8					
DEP A	mended		City, S	State, Zip	Code			1 7	0.20.007.	12) cial buildings, home Bldg. Age 70 shed)						
☑ DOL ☐ A	mendment # mergency (including					nceton	, NJ 08543	3.7	onto L	i US IGEN		tricil i	. (8			
<u> </u>	stification)	ł	Name	of Contac	ct			Teleph	(A) on his of the other	relation to the	Property Services	L/MATERIAL SERVICE	allered and d			
DCA C	ancellation				Galasso											
Name of Facility Where Abateme	nt is Taking Place (31	FA	CILITY IN	FORMAT	ION										
Residential/O	ffice	٥)					Type of Facility (4)	00000							
Street Address							School (K-1		y 25030							
262 Washington	n Rd						Subchapter Other (i.e. p	8 (Other to	han K-1	(2) Sial bu	ildina	s hon	nac			
City (5)							etc.)						165,			
Princeton, NJ 08	8540						Square Feet 1000	The state of the s								
County (6)			County	Code (7)				- if h - i -			70					
Mercer			(STATE	USE ONL	n		Current Use (Price	ir it being o	demolis	hed)						
Name of Monitoring Firm Hired by	Building Owner (8)		ASC	M No.		Name	of Abatement Con	tractor (9)								
MECS	41			Stevens Environme												
Street Address				Street Address									-			
PO Box 341						PO B	ox 322									
City, State, Zip Code Crosswicks, NJ 08515							tate, Zip Code									
Project Manager for Monitoring Fir						Allen	town, NJ 0850	1								
Bill Weisgarber	m		Telepho				one No.	Lic	ense N	lo.						
Start Date (10)	Cohodula	7.0-		98-4070	- 1		59-9688	00	493							
11/8/2019	Schedule	uled Completion Date (11) 11/13/2019 Name of OSHA Monito MECS														
Occupancy Status During Abateme	ent (Check Only On		10/20				732.5									
X Facility Closed/Vacated Durin							Address Ox 341									
Abatement Performed Outsid	e of Normal Facility	Hour	nent s		-		ate, Zip Code									
Other – Describe:							terfield, NJ 085	3515								
Scope of Work (Check All That App	ply)						11.0.00									
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	Yes	No	N/A							<u>a</u>		ate	Ге			
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		A Exterior Siding 744 sf X				Λ										
Name of Registered Waste Hauler											3 (20)					
Stevens Environmental Servi	200		JDEP Wauler ID		Cubic Ya		s Name of Registered Landfill									
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City, State				Disposal	Date	City, State						_				
ientown, NJ			11/1	3/2019		, PA										
Completed by Title			Signature Date													
Mahlon E. Stevens Project Manager					10)/28/	2019)								

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State of New Jersey

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Date of Notification (1)				٠,				and the second	MEG	FI	W	Ē
	01 /	1	9				ng Owner/Operator h of Saint Ann	(2)			- Lid	1
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Ø DOLWD	☐ Amend				-	State, Zip			Agencia describación de la			
⊠ DHSS	Amend			_	1 738	renton, N		di contra	ASSEST			
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(5.125 5)	☐ Cancel					onald Sch			Telephone Nur			
									609-882-64	91 X	106	
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Street Address			- 2-0-0					School (K-1	2) 8 (Other than K-1	2)		
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City (5)								homes, etc.)			
Trenton, NJ								Square Feet	# of Floors	E	Bldg. A	ge
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Mercer County					Cou	inty Code (7)(STATE USE ONLY)		rior if being demol	ished)		
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rearrie of Worldonling Filling	illed by bu	maing	Owner	(8)	ASCN	l No.	Name of Abateme					
Street Address								Environment	tal Service, LLO) .		
otroct Address							Street Address					
City, State, Zip Code							958 Jackson					
Oity, State, Zip Code							City, State, Zip Co					
Project Manager for Monito	ring Circo			1			Mays Landing	g, NJ 08330				
r roject wanager for world	ning Firm			Tel	ephone	No.	Telephone No.		License No.			
Start Date (10)		0-1-	1.1.1.	<u>L</u> .			609-561-1901		01158			
10 /10 /	10					ate (11)	Name of OSHA M		20			
					9 /	19	Graham-Tech	Environment	al Services, LL	C.		
Occupancy Status During					-		Street Address					
 ☐ Facility Closed/Vacated ☐ Abatement Performed C 	During En	tire Pe	Facilit	Abate	ment		958 Jackson I					
Time of Abatement: 7Al	M-11:30PI	M/	PM	y 110u -	AM	scribe	City, State, Zip Co					
Scope of Work (Check all to	hat analy)						Mays Landing	, NJ 08330				
	nat apply)						□ Full Contr	inment with Neg				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-Encl	osure	jative Pressure			
□≥160 sf or ≥260 lf			∐ De	moliti	on		⊠ Glovebag	Procedure				
		-	Is	Loca	tion		□ Non-Exen	ipted (") and No	n-Friable Procedu	re		
Location of			1	Norma	lly		Description of	6		Ab	1 1	nt Typ
Asbestos-Containing Ma TO BE ABATI	aterial (ACI	M)		d Sol	ely by	Asbes	stos Containing Mate	erial (ACM)	Amount	Re	Rej	En
IN Facility	EU		100000 00		Staff?	(i.e.	., thermal systems in surfacing, VAT,	sulation,	(Specify	Removal	Repair	Encapsula
(13)				(12)		1	other miscellaneo		SF or LF)	<u>a</u>		Encapsulate
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Basement (Boiler Rm)					\boxtimes	Asbesto	os Pipe Insulation	1	100LFt			
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I(D) : .				1773	JDEP V		Cubic Yards of	Name of Regist	ered Landfill			
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Graham-Tech Enviror		Servic	e	H	auler IE 00345		Waste	Pioneern C	rossing			
Graham-Tech Enviror		Servio	e	H			30 Disposal Date	Pioneern C	rossing			
City, State	nmental S			H			30 Disposal Date					
Graham-Tech Enviror	nmental S	Title					30		Da		1-/1	0

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

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NT	1000	C112 154

Date of Notification (1)	具原外型						AC 8:60 and 5:1		cetalo de Presenta	THAN TO THE OWNER.	ن اد المسال جو	e.	,
		19	9				ng Owner/Operator n R. Brodack	(2)) ECE	Ĭ.	W		-
Agencies Notified	Type Noti	fication			Stre	et Address		- 11				- 1	
☑ EPA ☑ DOLWD	☐ Initial							10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	NOV 1	8 2	กรก	į.	Townson of the Party of the Par
☑ DOLWD	☐ Amend				City	State, Zip	Code	313	EST RADA ,	0 /	019	- 1	
□ DCA	Amend			_	1 33	entor NJ		As Curry	i			1	
(NJAC 5:23-8)	justifica		nciuair	ig	-	ne of Conta			The second second property of the second sec		1-31-6	A A A	
•	☐ Cancel					r. Brodac		1906	Telephone Nun	nber			
							NFORMATION			-			
Name of Facility Where	e Abatement is	Takin	g Plac	e (3)		CILITI	NFORMATION	Type of Facilit	y (4)				
Resident								School (K-	12)				
Street Address								☐ Subchapte	r 8 (Other than K-1)	2)	5000		
								homes, etc	private and comme	ercial b	ouildir	gs,	
City (5)								Square Feet	# of Floors	10	Bldg. A	100	
Ventor NJ 08046								2,800	3	1	194		
County (6)					Cou	inty Code (7)(STATE USE ONLY)		Prior if being demoli	chod)			
Atlantic County								Resident	nor it being dernoil	sneu)			
Name of Monitoring Fin	m Hired by Bu	ilding (Owner	(8)	ASCN	1 No.	Name of Abateme		2)				
				ASSES					ntal Service, LLC				
Street Address							Street Address	LEMMONNE	ital Service, LLC				
							958 Jackson	Dd					
City, State, Zip Code							City, State, Zip Co						
Project Manager for Mo	nitoring Firm			Te	lephone	No	Mays Landing Telephone No.	g, NJ 08330					
					ophone	140.	609-561-1901		License No.				
Start Date (10)		Sched	uled C	omni	etion D	ate (11)	Name of OSHA M		01158				
10/10/	/ 19					19							
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☐ Abatement Performe	ed Outside of N	Jormal	Facility	ADAR Hou	ernent ire - Doc	coribo	958 Jackson						
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Date of Notification (*) Name of Building Owner(December 1) Name of Moving Owner(December 1) Name of N	TN# 16093							100					P	rint			
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Inv# 15951 PAID

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

CK# 0664

Date of Notification (1) 11/12/19	100000		uilding Owner/G	Operator	(2)	Distance Committee on the	1 [C	E		<u>y</u>	E.	a partition of	
Agencies Notified Type Notification	Street Address 50 Winfield Scott Plaza City, State, Zip Code													
DEP Amended Amendment #			, Zip Code th, NJ 07201			41.) E		240 A		. la	018	į		
Emergency (including justification) DCA Emergency (including justification) Cancellation	N	lame of C Bobby	-				Tele	phone N	umber CEN	in.	140	l &	6.000	
		FACILI	TY INFORMAT	ION	(T 6	Pm. (4)		127						
Name of Facility Where Abatement is Taking Place (3) Residential House Street Address				44	II So	Facility (4) hool (K-12) bchapter 8 her (i.e. pri) (Othe			uildin	gs, h	omes	i.	
City (5)					Square 2000	AND DESCRIPTION OF THE PARTY NAMED IN	# of	Floors	T	Bld 50	g. Ag	е	\neg	
Elizabeth County (6)		County Co			Current Use (Prior if being demolished)									
Union	1				Residential House Name of Abatement Contractor (9)									
Name of Monitoring Firm Hired by Building Owner (8) n/a		n/a	No.	Har	mony C	ontractin								
Street Address					t Address Palisad									
n/a				1										
City, State, Zip Code n/a				1.1	/, State, Zip Code arfield, NJ 07026									
Project Manager for Monitoring Firm		Telephone	e No.	18	Telephone No. License No.									
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Facility Closed/Vacated During Entire Period of Ab	atem	ent) Palisa									
Abatement Performed Outside of Normal Facility H Other - Describe: Scheduled for Demo	ours				State, Zip	Code J 07026								
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Name of Registered Waste Hauler Harmony Contracting INc	H	NJDEP W Hauler ID 033085		ic Yards Vaste D		Name of I	200		ndfill			L	V. C. 14440000	
4 and 5 and 10 a	H	Hauler ID	No. of V	Vaste D posal Da			S La	ndfill	ndfill					

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Date of Notification (1) 11/10/2019					of Building Ov	vner/Operato	or (2)			40V	8 20	119	100000	311			
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City (5)							Sq	uare Feet	# of	Floors		Bldg.	Age	-			
Dover, NJ 07801																	
County (6) Morris County					Code (7) USE ONLY)		Cu	rrent Use (Pr	ior if bei	ng demo	lished)						
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	mired by Building	Owner (8	5)	ASCI	M No.	Name MKI	of A	batement Co operty Mai	ntractor intenar	(9) ice LL(5						
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23 10								, Zip Code N NJ 0701	1								
Project Manager for Monit	oring Firm			Telepho	ne No.	Telepi 201-		No. 9-9008		License							
Start Date (10)		Schedu	led Co	npletion	Date (11)	Name	of O	SHA Monitor									
11/23/2019		12/01/															
Occupancy Status During	Abatement (Chec	k Only O	ne)			Street	Street Address										
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F d Outside of Norm	Period of al Facilit	Abater y Houn	nent s		City, S	State,	Zip Code			-						
Scope of Work (Check All	That Analy																
	i nat Apply)					_	-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli			×	Ņ	Full Containm Mini-Enclosure Blovebag Pro	e cedure								
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Name of Registered Waste MKD Property Mainter			9100	JDEP W auler ID		ubic Yards Waste		Name of I	370								
	ialice LLC		00	037991				Waste I	Vlanag	ement	- Fairle	ess L	.andi	fill			
City, State CLIFTON NJ 07011					Dis N/	sposal Date		City, State Morrisv		19067	7						
Completed by		Title				Signature			-1.1.		ate						
DARKO RALOSKI		PRO	JECT	MANA	GER	6	-	Z	*		11/10/2	2019		1			

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

TUN# 12881 1681	D		(Pursua	nt to NJAC 8:	60 and 12:1	20)	01	L+	- 110	C: 7			
Date of Notification (1) 11/11/2019				of Building Ovi in Yockel	wner/Operato	or (2)			***************************************		i ii	W	
Agencies Notified Type Notification EPA DEP Initial Amended	n			Address State, Zip Code					HOU	llo 1	<u>u</u>		2 Table 1 Tabl
DOL Amendme Emergence justification	y (including	g	Rarit	of Contact				Teleph	one Nur	mher		UI9	
DCA Cancellation	on			in Yockel				1 100011	0.10.1441	TIDO			, de
Name of Facility Where Abatement is Tak Residential Property	ing Place ((3)	FAC	CILITY INFOR	MATION	Type of I							
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Raritan County (6)						Square F 1,384	eet	# of Flo	ors	Bldg. Age 1938			
Somerset				Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.	Name Dan	ent Cont acting	tractor (9) LLC						
Street Address				Name of the second		Address South 5th	n St.						
City, State, Zip Code						tate, Zip C beth, NJ							
Project Manager for Monitoring Firm			Telepho			one No. 906-4123	8		ense No).			
Start Date (10) 11/20/2019	11/27/2	2019	mpletion	Date (11)		of OSHA M		aboratori	es, Ind	 C.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	hater	nent		2333	Address Route 2							
Other – Describe: OCCUPIED Scope of Work (Check All That Apply)	IIII FACIIILY	Hour	S			ate, Zip Co n, NJ 070							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	enova emolii			×							e	
Location of	N	Locati lormal	ly		Description						Abate	ment pe	
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Name of Registered Waste Hauler		l Nº	IDED W			,							
Danvic Contracting LLC		Ha	JDEP Wauler ID I 574	3330000	bic Yards Vaste	19	ne of Re rless L	gistered La andfill	andfill				
City, State Elizabeth, New Jersey					posal Date		, State rrisville	e. PA					
Completed by Jeymy Donneys			}	Date 11/11/2019									

#112070 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) / 13 / 2019 Tom Horn NOV Agencies Notified Type Notification Street Address ☑ EPA ☑ Initial 250 East 22nd St DOLWD ☐ Amended City, State, Zip Code M DOH Amendment # LICENSING ☐ Emergency (including Bayonne NJ 07002 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Tom Horn **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **IMTT** Exterior School (K-12) Street Address Subchapter 8 (Other than K-12) 250 East 22nd St Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bayonne 1,239 70 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Hudson 0901 Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Acme Professional Services Corp Street Address Street Address N/A 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 973-938-5266 02003 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 22 / 19 11 / 22 / 2020 Arsenije Adamov Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 550 Rifle Camp Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8:00 AM- 4:30 PM/ Woodland Park, NJ 07424 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If ☑ Renovation ☑ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Exterior process piping X ACM Tar wrapping paper 1101 F X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Acme Professional Services Corp Waste Fairless Landfill 5 cubic yards City, State Disposal Date City, State Woodland Park, NJ 11/27/19 Morrisville PA Completed By (Print or Type) Title Signature Date Arsenije Adamov President Arsenize Adamov 11/13/19 ASB-41

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Name of Facility Where A Private Home	batement is Taki	ng Place	(3)					Тур	e of Facility	(4)						100		
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County (6) Union				County Code (7) Current U						or if be	ing der	nolish	ed)					
Name of Monitoring Firm I	Hired by Building	Owner (8	3)	ASC	M No.		Name Delfa	of Al	ntracting L	ent Contractor (9) ting LLC.								
Street Address						ess	and Ct											
City, State, Zip Code							City, S	tate,	St Grand S									
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph	one i		1		ise No						
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11-13-19		11-15		mpietion	Date (11)				SHA Monitor ntracting L									
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Other – Describe:						-			, NJ 07201	1								
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DOH justification Cancellation		ıg	The state of the state of	of Contac y Liss /	Sau na			-	Telepho	ne Nur	nber					
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY INF	FORMAT	ION	Type of	Facility (4	1							
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Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name Delfa	of Abatem Contra	ent Contr cting LL	actor (9) C.							
Street Address			-)		Address East Gr	and St.								
City, State, Zip Code							tate, Zip C beth, NJ									
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	ione No. 216-9603		Lice 012	nse No).					
Start Date (10) 11-13-19	Schedu 11-16	led Co	mpletion	Date (11)		Name	of OSHA N	Monitor								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8:00am - 5:00pm	Period of	Abater	atement 1119 East Grai													
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ame of Registered Waste Hauler elfa Contracting LLC		H	Hauler ID No. of Waste						gistered La			_				
ity, State			35240		Disposa		Cit	y, State	Resourc	e Red	cove	ry Fa	cilit	У		
ompleted by aime Delgado	Title Proi.	Mana			11-19 Sig	9-19 gnature	Tu	llytown,	PA	Date	10.1					

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

Ch# 1044

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Date of Notification (1)		401		T	Nam	e of Buildi	ng Owner/Operator	(2)	TO E GET WE							
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F-9	e Notifica	tion			Stree	et Address			NO!	1 1	3 2	019				
	nitial Amended								10.	4	J 4	UIJ				
	Amendme				City,	State, Zip	Code			1994	100					
	Emergenc		ling		H	addonfie	ld , NJ		ASSESSOR CONTROL A							
(NJAC 5:23-8)	ustificatio	n)	J		Nam	e of Conta	ct		Telephone Nun				i mintes			
	Cancellation	on			De	waine O	sman									
N					FA	CILITY	NFORMATION									
Name of Facility Where Abate	ment is Ta	aking Pla	ace (3	3)				Type of Facility	(4)							
Resident								School (K-1	2)							
Street Address								☐ Subchapter ☐ Other (i.e., p homes, etc.)	8 (Other than K-12 private and comme	2) ercial b	ouildin	ıgs,				
City (5)								Square Feet	# of Floors	I	Bldg. A	Age	-			
Haddonfield								2570	2	1	193					
County (6)			, = , = , = ,		Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)		-				
Camden County								Resident	N							
Name of Monitoring Firm Hired					SCM	No.	Name of Abateme	ent Contractor (9))		24-116					
Environmental Manage	ment li	nternat	iona	1,			Graham-Tecl	n Environment	al Service, LLC							
Street Address							Street Address		•							
34 E. Germantown Pike	#204						958 Jackson	Rd								
City, State, Zip Code							City, State, Zip Co	ode								
East Norriton PA 19401							Mays Landin									
Project Manager for Monitoring	Firm		T	elep	hone	No.	Telephone No.	License No.								
Raymond J. Giordano				856	-229	-5369	609-561-1901		01158							
Start Date (10)		heduled					Name of OSHA M	onitor								
/					_ / .	19	Graham-Tech	Environment	al Services, LL	C.						
Occupancy Status During Abate							Street Address									
☐ Facility Closed/Vacated Dur	ing Entire	Period o	of Aba	ateme	ent		958 Jackson	Rd								
Abatement Performed Outsi Time of Abatement: 7AM-1	de of Norr	mal Faci	lity H	ours	- Des	cribe	City, State, Zip Co	de				-				
		PI	VI		AIVI		Mays Landing	g, NJ 08330								
Scope of Work (Check all that a	pply)															
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59 66th St.

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

Date of Notific Name of Building Owner/Operator (2) AT MORAN 11 Type Notification Agency Notified MOV 18 2019 D Initial D EPA DEP ☐ Amended City, State, Zip Code CHATHAM. NJ. 07928 Amendment# ☐ Emergency (including Telephone Number ET DOH justification) TORAN U DCA ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HORAN C School (K-12) Street Address Q Subchapter 8 (Other than K-12) Di Other (i.e. private & commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age 1950 2200. 2 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 25/19 11/26/19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours DOther-Describe: 8:00AM TO 5:00PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure A2≥3sfor≥3lf Renovation 2 Mini-Enclosure 1 ≥ 160 sf or ≥ 260 ff □ Demolition El Glovebag Procedure U 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 Maintenance/ Encapsulate TO BE ABATED Removal Repair Custodial (i.e., thermal systems insulation, (Specify ... IN Facility statacing, VAT, or SF or LF) Staff? -. (13) other miscellaneous) (12)BASENEENT SSLF THERMAL SYSTEM I USULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Best Removal Inc 17109 CUNBERLAND COUNTY LANDFILL Hackensack , N.J. 07601 11/26/1 17240 NEWBURGH Completed by J. MAIORANO Estimator * Do not use this form for asbestos licensure A

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) MAX TWSSINC 11/13 Type Notification Agency Notified MOV 1 8 2019 El Initial D EPA City, State, Zip Code ☐ Amended O DEP 07666 E DOL Amendment# TEANEGL . NJ. C Emergency (including Telephone Number 8745 Name of Contact DOH E instification) ☐ Cancellation MS. GOURLE D DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MAX FLUSS INC C School (K-12) Subchapter 8 (Other than K-12) Street Address La Other (i.e. private & commercial buildings. homes, etc.) Bldg. Age # of Floors Square Feet City (5) 1800. 1935 TEMNECK Current Use-(Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) 16=SIDENCE BERGEN Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/28 11/27/19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement D Abetement Performed Outside of Normal Facility Hours
Prother - Describe: 8:00 Au TO S:00 M City, State, Zip Code S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure D223sfor≥3lf Renovation -2 Mini-Enclosure ■ Demolition 2 Glovebag Procedure 2 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by -Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Remova TO BE ABATED (Specify Repair (i.e., thermal systems insulation, Custodial IN Facility surfacing, VAT, or SF or LF) Shaff? other miscellaneous) -. (13) (12)Nn NYA BASEMENT 100 LF THERMAL SISTEM INSULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Waste ID No. Best Removal Inc 17109 CUNBERLAND COUNTY LANDFILL City, State Disposal Date 11/29/ Hackensack , N.J. 07601 Completed by J. MAIORANO Estimator

* Do not use this form for asbestos licensure exempted activities

IN# 1590PAID

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

CHECK # 1783

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Date of Notification (1) 11/13/2019		Name TON	of Buildin 1 WRIGI	g Owner HT	Operate	or (2)		TE	C		W							
Agencies Notified	Type Notification	1		Street	Address				111	HEST Z	e was the specified	. Philippe (The C	rekes er til 1					
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City (5)								Square	tc.) e Feet	# of F	loors		Bldg. Age					
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Name of Monitoring Firm ACER ASSOC.	Hired by Building	Owner (8))	ASC	M No.		Name	of Abate	ement Contr	ractor (9))							
Street Address							ASS	SURED	ENVIRO	NMEN	ITAL S	ERVI	CES	INC	: .			
1012 INDUSTRIAL	DRIVE							t Address CLEM										
City, State, Zip Code WEST BERLIN NJ	00004						City, S	State, Zip	Code						-			
Project Manager for Moni				Telepho	no No				HILL NJ 0									
MATT DEPALMA	MATT DEPALMA							hone No. -304-46	No.									
Start Date (10) 11/14/2019		Schedule 11/15/	ed Cor 2019	npletion	Date (11)		Name EMS	of OSHA	Monitor									
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address					-					
Facility Closed/Vaca	ted During Entire f	Period of A	Abatem	nent			200	RT. 130	NORTH	I								
Abatement Performe Other – Describe:	ed Outside of Norm RESIDENTIAL	nal Facility	Hours	ķ.				State, Zip		000==								
Scope of Work (Check All							CIIV	INNAMINSON NJ 08077										
≥3 sf or ≥3 lf	т		Renova	tion			Г	٦										
≥160 sf or ≥260 lf		(manual)	emolit						Containmen Enclosure	t with Ne	egative I	Pressu	re					
		2000					-	Glove	ebag Proced	dure								
		Ι .		Y			[4	☐ Non-l	Exempted (*) and N	on-Friat	ole Pro	cedure Abate					
Location	of	C.3597	Locati Iormali			D							Ty	THE PERSON NAMED IN				
Asbestos-Containing I	Material (ACM)		d Solei intenar		Asbes		scription aining N	ı ot Naterial (A	ACM)	Amou	unt							
TO BE ABA In Facilit			odial S			thermal	systems	s insulation		(Spec	cify	Re	D D	Enca	Enc			
(13)	,		(12)			other m	cing, VA niscellar	neous)		SF or	LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A	72			Ď.				a	=	late	лге			
LIVING ROOM/I	HALLWAY			X		NF1 F	LOOR	TILE		234 \$	SF	Х						
HALLWA	4Y			X		NF1	MAST	ΓIC		10 S	3F	Х						
New 15																		
Name of Registered Waste ASSURED ENVIRON				JDEP W auler ID		Cubic `of Was	0.0000000000000000000000000000000000000		Name of Re	T								
	00	34895	5	8			MINERVA	A LANE	DFILL									
City, State MULLICA HILL NJ			Dispos	al Date		City, State WAYNES	BURG	, OH										
Completed by Title						Si	gnature		1-		Da	te						
RON SWANSON	ERAL	MANA	AGER		(Kuxel	Duch	W0011		/13/2	2019							