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ne of Facility Where Abatement is T	bine Glass	. (9)	FAC	CILITY INFO	RMATION	***************************************						
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ne of Manitoring Firm Hired by Buildi	na Columbia			156	~~~~	Ho	1 18			•		
3	in Owner (8)	ASC n/a	M No.	Nen	e of Ab	iment Ce	Atractor (9)				
et Address					Stra	at Addre	Contrac	ung				
							. de Ave.					
State, Zip Code							Code					
act Manager for Monttoring Firm			Yalask				J 07026					
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Date (10)	Schedi	uled Co	mpleilon	Data (11)			Mentor		255			
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spancy Status During Abatement (Ci					Stree	at Addre	}		·			
Facility Closed/Vacated During Entit Abatement Performed Outside of No	e Period of	Abatos	hearl				is Ave					
Other - Describe:	- HEI PAGI	na work	3			State. Z		_				
se of Work (Check All That Apply)					43	niera,	1 07026	<u> </u>				
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Date of Notification (1) 11/13/2018			Name Resid	of Buildin dence	g Owner/	Operato	r (2)			NOV	2 0	201	Q	
Agencies Notified Type Notification	ion		Street	Address				Ī.	1	140 4	20	201	3	1
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DOH justificati				of Contac Kresge	t				Te	lephone	Numbe	r		
				ILITY IN	ORMAT	ION								
Name of Facility Where Abatement is Ta Residence	king Place	(3)					Тур	e of Facility (4)					
Street Address								School (K-12						
							×	Subchapter 8 Other (i.e. pr etc.)	(Oth	er than I & comm	K-12) ercial b	uildin	gs, hor	nes,
City (5) Scotch Plains							Squ 2,02	are Feet	# 0	f Floors		Bldg 71	. Age	
County (6) Union				Code (7) USE ONL	y)	_	Curr	ent Use (Prior	if be	ing demo	olished)			
Name of Monitoring Firm Hired by Buildi A. Seine Lighthouse Solutions	ng Owner (8)	ASC	M No.				atement Contr		(9)	<u> </u>			
Street Address PO Box 354						Street 1256	Section Branch	ess erty Avenue						
City, State, Zip Code South Orange, NJ 07079						City, S	tate, 2	Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666	5	Teleph 844-4	one N	lo.		License 01316				
Start Date (10) 11/23/2018	Schedul 12/10/	ed Cor 2018		Date (11)		Name	of OS	HA Monitor Lighthouse	Soli		,			
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street		52	0010	100115				
Facility Closed/Vacated During Entir	e Period of	Abaten	nent			PO B								
Abatement Performed Outside of No Other – Describe:	rmal Facility	y Hours	3					ip Code ange, NJ 07	079					
Scope of Work (Check All That Apply)											-			
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Asbestos-Containing Material (ACM) TO BE ABATED		d Sole		Asbes	tos Conta	aining Ma	ateria	I (ACM)		mount		T	m	
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(13)		(12)			other m	iscellane	eous)			J. 2. /	nova	Kepair	sula	osur
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7.0														
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City, State East Orange, NJ					Disposa			City, State Penn Arg	vle.	PA				
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Date of Notification (1) 11/14/2018				Name o	of Building view To	Owne wnhor	r/Operator nes at E	r (2) Eaton	town					- 4	
Agencies Notified EPA	Type Notification	1			Address Ood Ave	Sout	h, Suite	600	i i		NOV	2 0	201	8	
DEP DOL	Amended Amendmen	t #	_		ate, Zip C NJ 088				1						1 2 1
DOH DCA	Emergency justification Cancellatio)			of Contact o Stank		Project N	Mana	ger		lephone 1 73-570-				1
11 2= 10 11				FAC	ILITY INF	ORMA	TION							<u> NILLENA</u>	
Name of Facility Where A	Abatement is Taki	ng Place (3)							of Facility (School (K-1	225					
Street Address	+								Subchapter Other (i.e. p	8 (Oth	er than k & comme	(-12) ercial b	uilding	js, hon	nes,
City (5) Eatontown NJ		E				-		Squa 8,00	re Feet 00	# o	f Floors		Bldg 191	. Age 8	
County (6) Monmouth	84				Code (7) USE ONL	? <u></u>		Curre	ent Use (Prid dence	or if be	ing demo	lished)		(Class	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name Che	of Aba ckma	atement Con rk Industr	tractor	(9)		(f)	77 - 75	
Street Address							Street 54 N	Addre /lorga							
City, State, Zip Code							City, S	state, Z	Tip Code J 07871						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph		0.		License 01334				
Start Date (10) 11/28/2018		Scheduled 12/28/20	Com	pletion	Date (11)				HA Monitor	ial					
Occupancy Status During	Abatement (Che	L ck Only One)					Street	Addre	SS	00.80					
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire and Outside of Norr	Period of Aba nal Facility H	atem ours	ent			City, S		ip Code						
Scope of Work (Check Al	I That Apply)						Spai	rta N.	J 07871						
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Location		Nor Used S	mall				escription							Гуре	
Asbestos-Containing TO BE ABA In Facilit	TED	Maint Custod	enan	ice/		therma	ntaining M al systems acing, VA	insula		(S	mount specify or LF)	Kemova	Kepair	Encapsulate	Encl
(13)			No	N/A		other	miscellan	eous)			,	loval	oair	sulate	Enclosure
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Name of Registered Wast Atlantic Carting	e Hauler		10000	JDEP W auler ID		Cubic of Wa	Yards		Name of R						
City, State						20			Waste N		gement				
Wayne NJ						Dispo	sal Date		City, State Tulleyto		A				
Completed by Corey Stankovic		Title CEO				-	Signature	(<	Farko	U		Date 11/14	/201	8	
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Date of Notifica 11/7/2018	tion (1)			Name of Gene	of Building evieve M	Owner/onette	Operato	r (2)	1.7						. 11
Agencies Notifie	Type Notification			Street A	Address	(+					NOV 2	20	18	1 -	71
EPA DEP DOL	Initial Amended Amendmen	t#			ate, Zip C ford NJ	ode									
Ŭ DOH DCA	Emergency justification) Cancellation		3		of Contact o Stank		roject N	Mana	ager		enhone Ni		- 1/2		
					ILITY INF										
Name of Facility	Where Abatement is Takir	ig Place ((3)			0		Тур	e of Facility						
Street Address		2		(9	0	11		×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K-1 & commerc	2) ial bui	dings	, hom	ies,
City (5) Cranford			*					Squ 130	are Feet 00	# 0	f Floors		3ldg. 1938		
County (6) Union					Code (7) USE ONLY	0		Curi	rent Use (Pr sidence	ior if bei	ng demolis	hed)			
Name of Monitor	ring Firm Hired by Building	Owner (8)	ASC	M No.		Name Che	of Ab	atement Co ark Indus	ntractor	(9)				
Street Address							Street 54 N		ess an Dr						
City, State, Zip C	Code						City, S	tate,	Zip Code						
Project Manager	for Monitoring Firm		4	Telepho	ne No.		Teleph		J 07871 No.		License N	lo.			
Start Date (10)		Schadul	od Co	malation	Date (11)				2645		01334				
11/8/2018		11/20/	2018	Impletion	Date (11)		Che	of OS ckma	SHA Monitor ark Indust	rial					
T-22-20 SS SSS	us During Abatement (Chec		00000				Street 54 N		ess an Dr			-			
Facility Clos Abatement Other – Des	sed/Vacated During Entire I Performed Outside of Norn scribe:	nal Facility	y Hour	ment 's			City, S	tate, 2	Zip Code J 07871						
Scope of Work (0	Check All That Apply)														
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Asbestos-Coi	Location of Intaining Material (ACM) BE ABATED In Facility (13)	Use Ma	ed Sole intena todial (12)	ely by ince/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria insul T, or	ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								3		ate	re
	pasement		X				or Tile			50	0 SF	X			
b	asement		X			Pipe	Insula	tion		90) LF	X			
	attic		X			ver	micula	te		500	Cu. FT	Х			
Name of Register Atlantic Cartin			10000	JDEP W lauler ID		Cubic of Was					red Landfill gement				
City, State Wayne NJ						Dispos	al Date		City, Stat		A				
Completed by Corey Stankov	vic	Title CEO				Si	ignature	<i>(≤</i>	Farko		Da	te /7/20)18		

State of New Jersey

CY 930 PAI	T	NOTI	FICATIO Pursuan	N OF ASBEST at to NJAC 8:60	OS ABATE and 12:12	EMENT (0)		8	****** TI	***	
Date of Notification (1) 11/14/2018			Name Lake	of Building Own	ner/Operato omes at E	r (2) Eatontown			* (/4.19******		
Agencies Notified Type Notification EPA Initial	1			Address lood Ave So	uth, Suite	600		NOV 2	0 20	18	- <u> </u>
DEP Amended Amendmen Emergency			City, St Iselin	tate, Zip Code n NJ 08830			1 /		1		r)
DOH justification Cancellatio)	g		of Contact o Stankovic	Project I	Manager		ne Numbe 70-2645	r		-
Name of Facility Where Abatement is Taki Guest House	ng Place	(3)	FAC	ILITY INFORM	IATION	Type of Facility	(4)				
Street Address City (5)						Other (i.e. etc.)	-12) er 8 (Other tha private & con	an K-12) nmercial bi	uildings	s, hom	nes,
Eatontown NJ						Square Feet 3000	# of Floo 2	ors	Bldg. 1968		
County (6) Monmouth			County (STATE	Code (7) USE ONLY)		Current Use (Presidence	rior if being de	emolished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.	Name Che	of Abatement Co ckmark Indus	ontractor (9) trial				
Street Address						Address Norgan Dr					
City, State, Zip Code						State, Zip Code rta NJ 07871		7			
Project Manager for Monitoring Firm		ujų!	Telepho	ne No.	Teleph 973-	none No. 570-2645		ense No.			
Start Date (10) 11/28/2018	Schedu 12/28	led Cor /2018	mpletion	Date (11)	Name Che	of OSHA Monitor ckmark Indust	r				
Occupancy Status During Abatement (Chec					Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abaten y Hours	nent s		City, S	lorgan Dr tate, Zip Code rta NJ 07871					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if					Г						
≥160 sf or ≥260 lf		Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			·e	
Location of	100	s Locati Normal							Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar stodial S (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining Mal systems rfacing, VA miscellan	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF	, R	Repair	Encapsulate	Enclosure
Outside Building	No X	N/A	Tra	ansite Sid	lina	2,500 S	F x		te	(D	
						5	2,000 0	A A			
Name of Registered Waste Hauler		19,535	JDEP W auler ID		oic Yards Vaste	Name of	Registered La	andfill			
City, State							Manageme	ent		E.	
Wayne NJ							e own PA				
Completed by Corey Stankovic	Title CEO)			Signature	Starker	· N	Date 11/14/	/2018		

State of NJ Notification of Asbestos Abatement

2018-231 (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9350 Date of Notification (1) Name of Building Owner/Operator (2) 1111/1151/1181 Shevla Jannah Agencies Notified Type Notification Street Address ☐ EPA NOV 20 2018 X Initial DEP City, State, Zip Code DOL Amendment Bloomfield, NJ 07003 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Sheyla Jannah **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Sheyla Jannah Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Bloomfield, NJ 07003 Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/28/2018 11/29/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition |X | Renovation ☐ Full Containment w/negative pressure Mini-enclosure ≥160 sf or ≥260 if Non-friable procedure Is location normally used solely Ε Location of Ε by maintenance/custodial е e asbestos-containing n Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) 0 a abated in facility (13) а Yes N/A No p pipe insulation 170 LF basement X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 11/29/2018 Pen Argyle, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 11/15/2018

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-

2018-232 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9351 Date of Notification (1) Name of Building Owner/Operator (2) 3 1 1 1 1 1 5 1 1 1 8 1 Michele Bethoney Agencies Notified Type Notification Street Address ☐ EPA Initial 2018 DEP City, State, Zip Code DOL Amendment Oradell, NJ 07639 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Michele Bethoney **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Michele Bethoney Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Oradell, NJ Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/29/2018 12/01/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure X Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Ε Location of Ε by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) C a a abated in facility (13) LF) Yes No N/A 1 p pipe insulation 75 LF X basement NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill Disposal Date City, State 11/30/2018 Lincoln Park, NJ Pen Argyle, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 11/15/2018

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2018-233 Check # 9352 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 1 5 1 1 1 8 1 Blanche Garcia & Shaun Killman Agencies Notified Type Notification Street Address X EPA NOV 20 2018 X Initial DEP City, State, Zip Code Amendment DOL Little Falls, NJ 07424 Name of Contact DOH Telephone Number Cancellation ☐ DCA Blanche Garcia & Shaun Killman FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Blanche Garcia & Shaun Killman Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet | # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Little Falls, NJ 07424 Passaic Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Rverson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/03/2018 12/08/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure $\square > 3 \text{ sf or } > 3 \text{ lf}$ X ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) 0 a abated in facility (13) Yes No N/A V p VAT (no mastic) 1,500 sf X basement joint compound 2,500 sf basement X NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 20 Grand Central Landfill Disposal Date City, State 12/10/2018 Lincoln Park, NJ Pen Argyle, PA Signature Completed by (Print or Type) Title Gordana Luna Gordana Luna Secretary/Treasurer 11/15/2018

Date of Notification (1) 11/06/2018				Name	of Build	ing Owner	r/Operato	r (2)	1 3 2	NOV	2	1 7	018	
Agencies Notified	Type Notification	on.		DIV	sion of	Propert	y Mana	gement and	Const	ruction (D	PMC	C)		
)		200	t Address							-		
EPA X DEP	Initial					tate Stre	et			f			201	
X DOL	Amended Amendme				State, Zip			- Chille He room on the						
□			ng	-		J 08625								
	justificatio	n)		100000000000000000000000000000000000000	of Conta		Service de		T	elephone N	umbe	er		
<u> </u>	Cancellati	on			am By					(609)433-				
Name of Facility Where	Abstement is Tal	ina Dia	(0)	FA	CILITY	NFORMA	TION						1000	
Abandoned Flood	House	ang Place	(3)					Type of Facili	ty (4)					
	110036							School (I	K-12)					
								Subchap	ter 8 (O	ther than K-	12)			
								Other (i.e	e. private	& commerce	cial b	uilding	s, ho	mes
					100000			etc.) Square Feet		of Floors				
								Varies					Age	
County (6)				County	/ Code (7	7)				/aries		30+		
Cumberland				(STATE	USE ON	Ĺη		Current Use (I	Prior if b	eing demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		M No.			Housing D	eemed	Unsafe				
Health & Safety Se	rvices	,	0)	ASC	IVI IVO.		Name	of Abatement C	Contracto	or (9)				
Street Address	JOCA Justification Justification DCA Justification DCA Justification Justification DCA Justification DCA Justification DCA Justification DCA						Site	Enterprises,	Inc.					
PO Box 365	J DOH DCA Justification Justificat							Address						
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							City, S	tate, Zip Code					_	_
							Egg	Harbor Towr	nship, I	NJ 08234				
	toring Firm				one No.		Teleph	one No.		License N	lo.			
ames Proctor				(856)	452-13	11		567-1250		01172	10.			
Start Date (10)		Schedu	iled Co	mpletion	Date (11	1)		of OSHA Monito	nr.	01172				
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Occupancy Status During	Abatement (Che	ck Only C	ne)			-		Address	O VICE	3, 1110.				
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Abatement Performe	d Utilside of Nor	nal Facilit	ty Hour	nent S										
Other - Describe: v	acant	220/12/20/20/2						ate, Zip Code						
Scope of Work (Check All	That Apply)						Deriii	n, NJ 08009		100				
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		Is	s Locat	ion					T	d Hon-i Habi	T			
			Norma			-		-					emen pe	I
Asbestos-Containing N	laterial (ACM)		ed Sole		Asbe	stos Conta	cription o	terial (ACM)				T	ļ -	Т
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te Enterprises Inc.			H	auler ID	No.	of Wast		Name of	Register	red Landfill				
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City, State Egg Harbor Township	o, NJ					Disposi			y, State Osenhay	n NI	1 09252				
Name of Registered Waste Site Enterprises Inc.	e Hauler		Ha	DEP Wauler ID	No.	Cubic Yof Was			me of Reg	gistere	d Landfill				
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Houses Deeme	d Unsafe			X	Но	uses D	eemed	Unsafe	20	0 yd	per res	X			-
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Asbestos-Containing M TO BE ABA' In Facility (13)	TED `	Used Main Custo	tenar	ice/	Asbes (i.e.	tos Conta thermal surfac	aining Ma systems i sing, VAT, niscellane	terial (AC nsulation, or	M)	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
Location	of	No	ocation rmall	у		Des	scription o							emen /pe	t
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***************************************		nova moliti					Mini-En Gloveba	ntainment closure ag Proced empted (*	ure				e	
Other - Describe: Va	acant	al Facility F	Hours	i 				te, Zip Co , NJ 080							
Facility Closed/Vacat Abatement Performe	ted During Entire F	Period of Al	atem	nent				ox 365							
11/20/2018 Occupancy Status During	Abatement (Chan	11/25/2	018				Health	n & Safe	ety Serv	ices,	Inc.				
Start Date (10)	T	Scheduled	d Con		452-131 Date (11)	58	100000000000000000000000000000000000000	67-1250 f OSHA N			01172				
Project Manager for Monit	toring Firm	- Aller		Telepho			Telepho	ne No.			License N	lo.	-		
Berlin, NJ 08009							1 1977/15 50-7-0	ate, Zip Ci larbor T	ode ownship	o. N. I	08234				-
PO Box 365 City, State, Zip Code							6626	Delilah							
Health & Safety Ser Street Address	vices							nterpris	ses, Inc.		- 17/2 				
Name of Monitoring Firm		Owner (8)		ASCI	M No.		Name o		ent Contra				V/C /		
County (6) Cumberland				County (STATE	Code (7) USE ONLY	0		Current U	lse (Prior g Deem	if bein	g demolis	hed)			
Downe Township								Square F Varies	cet	# of Var	Floors ies		Bldg. 30+	Age	
City (5)								etc.)							nes,
Street Address 177 Bayview Road								Sub	chapter 8	(Othe	r than K-1	2)			
Abandoned Flood F	louse	9 1 1000 (3)							acility (4)						
Name of Facility Where A	Abatement is Takin	o Place (3)		FAC	ILITY INF	ORMAT	ION	T (5	- 101 741		,				
DOH DCA	justification) Cancellation	L			of Contact im Byste						phone Nu 9)433-2				
DOL	Amendment Emergency	(including	-	Trent	on, NJ (08625					80 X				
EPA DEP	Initial Amended		-		est Stat		et				1				
Agencies Notified	Type Notification			Street	Address						1				
Date of Notification (1) 11/16/2018	AID			Name of Divisi	of Building ion of Pi	Owner/operty	Operator Manage	(2) ement a	ind Con	struc	tion (DE	MC	2 0	2018	3
	44		(F		t to NJAC										

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Date of Notification (1) 11/16/2018					of Building					4.1					
Agencies Notified	Type Notification	2				горепу	Manag	jeme	nt and C	onstru	ction (D)	MC)	10	2018	}
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EPA DEP	Initial Amended				ate, Zip C				-						
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□ DOH	Emergency justification		Ì	Name o	of Contact					Tel	ephone Nu	mber			
DCA	Cancellatio			Willia	m Byste	er				0.53360	09)433-2				
Name of Facility Where	Ahatement is Taki	na Place (2)		FAC	ILITY INF	ORMAT	ION								
Abandoned Flood	House	rig Place (3)						Туре	of Facility	/ (4)					
Street Address			-					H	School (K	-12)	er than K-1	٥,			
179 Bayview Road	t							H	Other (i.e	. private	& commerc	د) ial bu	ilding	s, hon	nes,
City (5)								Sans	etc.) are Feet	# 0	f Floors		Dida	A = 0	
Downe Township								Var			ries		Bldg. 30+	Age	
County (6)					Code (7)			Curre	ent Use (P	rior if bei	ng demolis	ned)			
Cumberland				(STATE	USE ONLY	n	S. Carrier		using De						
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASC	M No.				atement Co		(9)				
Health & Safety Se	ervices						-		rprises,	Inc.					
PO Box 365							Street		ss lah Road	4				Action 1	
City, State, Zip Code								5.11	ip Code	u 					
Berlin, NJ 08009									or Town	ship. N	.1 08234				
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.		Teleph			Jp,	License N	0.			
James Proctor				(856)4	152-131	1	609-	567-1	1250		01172				
Start Date (10) 11/20/2018		Scheduled		mpletion	Date (11)		111111111111111111111111111111111111111		HA Monito	3.0					
Occupancy Status Durin	a Abstament (Ch	11/24/2							Safety S	ervices	, Inc.				
			200				Street / PO B								
Abatement Perform	cated During Entire ned Outside of Nor	Period of Atmal Facility I	aten	nent s					ip Code						
Other – Describe:	vacant								08009						
Scope of Work (Check A	All That Apply)						501111	1, 110							
23 sf or ≥3 lf		Re	nova	ition				Ful	I Containn	nent with	Negative P	racci	ıro		
2160 sf or ≥260 lf		De	molit	tion			H	Mir	ni-Enclosu	re	regative	10331	116		
	No.							No	vebag Pron-Exempte	ocedure ed (*) and	l Non-Friab	le Pro	cedu	re	
		Is L	ocati	ion								Ī		emen	t
Location	n of	No Used	rmal			Des	scription	of						уре	
Asbestos-Containing TO BE AB	n Material (ACM) ATED	Main	tena	nce/	Asbes	tos Cont	aining Ma systems	aterial	(ACM)	1.7	mount	_		m	_
In Faci	lity	Custo	dial 8 (12)	Staff?	(1.0.	surfac	cing, VAT	, or	idon,		pecify or LF)	Remova	Repair	ncap	incl
(13)				T		other m	niscellane	eous)			85	oval	pair	Encapsulate	Enclosure
		Yes	No	N/A										te	10
Houses Deem	ed Unsafe			X	Но	uses D	eemed	Uns	afe	200 yo	per res	X			
			21100000											T-	
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Name of Registered Was	ste Hauler			JDEP W		Cubic '	Yards		Name of	Register	ed Landfill				
Site Enterprises Inc.				auler ID		of Was			CCIA	riogicio	oo canami				
City, State			100	035220		20 cy			62 67						
Egg Harbor Townsh	ip, NJ					11/20	al Date		City, Sta		J 08352				
Completed by		Title	-				ignature		0 /	nayıı, I	Dat				
Eric Keys		ОМ					7		ricke	81691		556	2018		
							-	ME		- And					

10000								-,							
Date of Notification (1) 11/15/18				Name SC H	of Building oldings,	Owner/ Inc.	Operator	(2)	12	N	0V 2	2 0	2018		
Agencies Notified X EPA	Type Notification	ű			Address Brandyw	ine Blv	d.				17.			. 24	
	Amended Amendmen		_		tate, Zip C own, PA		0-4000		7.6			-			
DOH DCA	Emergency justification) Cancellation				of Contact Haydt	i				elepho					
Name of Facility Manage A		51 (6)		FAC	ILITY INF	ORMAT	ION								
Name of Facility Where A Former Chemical W									l (K-12)						
Street Address 100 Lister Avenue								Subch Other etc.)	apter 8 (C (i.e. privat	ther the	an K-1. nmerci	2) ial bui	ldings	, hom	es,
City (5) Newark								Square Fee	et #	of Flo	ors		Bldg. A	Age	
County (6) Essex					Code (7) USE ONL	0		Current Use Prior Che	e (Prior if te emical W	eing d	emolisi TSDF	ned)	<u>, </u>		
Name of Monitoring Firm I Accredited Environm	Hired by Building nental Technol	Owner (8) ogies	- !	ASCI	M No.			of Abatemen ervices, LI	t Contract				3) 		
Street Address 28 Pennell Road		5555		4			Street	Address B National							
City, State, Zip Code Lima, PA 19063							City, St	tate, Zip Cod	le						
Project Manager for Monite Eric Sutherland	oring Firm			Telepho	one No. 91-0114		Teleph	one No. 872-8884		100 90	ense N	0.			
Start Date (10) July 30, 2018		Scheduled March 8		npletion				of OSHA Mo	nitor	01	101				
Occupancy Status During	Abatement (Chec	5		10				Address							
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I	Period of Ab	aten	nent			200 F	Route 130							
		iai i aciiity i	iours			_	100000	ate, Zip Cod aminson, N						/ Line()	
Scope of Work (Check All × ≥3 sf or ≥3 lf	That Apply)	□ Re	nova	ition				Full Conta	ainment w	th Nea	ativo D	rocci	Iro		
× ≥160 sf or ≥260 lf			molit				×	Mini-Enclo Glovebag	osure Procedure	е					
		ls l	ocati	on			<u></u>	Non-Exen	npted (*) a	na Nor	1-Friab	le Pro		e ement	
Location o			rmal	ly			scription o					-	Ту	/pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Main Custo	tenar	nce/		thermal surfac	systems cing, VAT			Amour (Specif SF or L	y	Removal	Repair	Encapsulate	Enclosure
(19)		Yes	No	N/A		other in	niscellane	eous)				val	air	ulate	sure
See attach	ied														
Name of Registered Waste	Hauler		7.100.00	JDEP W auler ID		Cubic of Was			e of Regis				11-		
Waste Management						150	55.55		DWS No	rth/Fa	airless	s Hill	S		
City, State Newark, NJ						Dispos TBD	al Date	City, Mort	State risville, F	PA					
Completed by Jack Bally		Title Sr. Pro	ioot	Mana	705	-	ignature	. 0	1 1		Dat				
odon Daily		Sr. Pro	Ject	wanag	yer	1	10.0	11 /30	Ully-	all	111	/15/1	8		

Removal/Repair/Enc apsulate/Enclose REM Units Sf st Sf Sf Sf sf Amount 10400 1200 1130 2700 4500 350 150 260 210 145 3900 225 300 100 1 50 30 CWM Facility, 100 Lister, Newark Tank covering on foam insulation Lab Hood liner (transite) Flashing (silver painted) fitting insulatiion unused linoleum Roofing shingles unused gaskets window caulk roof flashing roof (3 layer) roof (2 layer) tile & mastic tile & mastic Description flashing floor tile flashing lab tops mastic mastic roof roof solely by Maintenance/Custodial Is location normally Staff? na na

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REM REM

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pipe insulation & pipe insulation debris

wall mastic

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N Tank Farm (Tank 600,601,602,& 604)

O Lab Area

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K Office Area

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Tank Containment Basin Floor

R&S Outdoor Reactor Tank Area

Projected Total

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Fee

by NESHAP Regulated

> F Truck unloading area Maintenance Shop

Work Area

Drum Storage

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Permit Fee Summary

* facility notification fee of \$200.00 for all work areas below NESHAPS.

Fee previosuly Paid Net Due Now

800,00

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		. (NOT	IFICATI	State of N ON OF AS	BESTOS	ABATE	MENT			-]			
Date of Notification (1)				(Pursua	nt to NJA	C 8:60 at	nd 12:12	0}			P 10	2 1		7 7
11-8-18					of Buildin Propertie		Operator	(2)			9 4	3 5	Ü	
Agencies Notified	Type Notification	in			Address					11		/	3	+
EPA DEP	× Initial			1	Box 266					N	DV 3	10	201	8
× DOL	Amended Amendme Emergence				State, Zip C							117/	V 37 ·	7
DOH	justification	n)	iy	10000000000000000000000000000000000000	of Contac				Te	elephone N	umber		4	1-12
DCA	Cancellation	on		1238	Fallows					09-320-			11	
Name of Facility Where A	batement is Tak	ing Place	(3)	FA	CILITY IN	FORMAT	ION	Type of Fac	ility (4)					_
Street Address								☐ School	(K-12)					
6 Carlton Avenue								Subch:	apter 8 (Oti i.e. private	ner than K- & commer	-12) rcial bui	ildings	s, hom	ies.
City (5) Haddon Township								etc.) Square Fee		of Floors		Bldg.		
County (6)				County	Code (7)			Current	(D.)				en de la company	
Camden				(STATE	USE ONLY	n —	_	Current Use Single Fa	mily Hon	ne	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name o	of Abatement Construc	Contractor	(9)				
Street Address								Address	tion Carp			000000		
it. State 7: 0							282 (Creek Road	ď					
City, State, Zip Code								ate, Zip Code awr, NJ 08						
roject Manager for Monit	oring Firm			Talepho	one No.		Telepho		0031	License	No			
tart Date (10)		0-6-1	10				856-9	31-3366		01339	.,,,,			
ASAP		11-20-	-18	mpletion	Date (11)			f OSHA Mon	itor					
ccupancy Status During							Street A	0.00111110110110011			-			_
Facility Closed/Vacat Abatement Performed	ed During Entire	Period of	Abaten	nent		- 8		reek Road						
_ Other - Describe:	THE RESERVE							ite, Zip Code awr, NJ 08						
cope of Work (Check All	That Apply)											-		74 - 140
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Contai Mini-Encios Glovebag I Non-Exem	sure Procedure				2	
		Is	Locati	on				Troil-Exem	Jieu () and	NOH-FII3	DIE Pro		ement	
Location of Asbestos-Containing M	f steriol (ACM)		Normal d Sole		_	Des	cription o	f			_	Ту	pe	
TO BE ABAT	nce/ Staff?	Asbest (i.e.	tos Conta thermal s	ining Ma systems i	terial (ACM)		mount pecify	,		En	E			
In Facility (13)	(12)	JUD II :		surfaci	ng, VAT,	or		or LF)	Remova	Repair	caps	Enclosure		
***************************************		Yes	No	N/A				343)			val	air	Encapsulate	anne
Exterior				х		Trans	ite Sidi	ng	80	00 sf	X			
ame of Registered Waste	Hauter		15	l l									-	
cco Construction Co			H	JDEP W		Cubic Y of Wast	е		of Register		-			
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ellmawr, NJ						TBI			ay, NJ	/ , .				
Completed by Title Andrew Ricco President						Sig	hature	Me	111	Da	ite			
	ew Ricco President							11401	AMI	141	1-8-18	3		

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UNICORN CONTRECTING PAGE 83/85

Date of Notlingston (1)	PAID		(P	State of New FICATION OF ASBE Ursuant to NJAC 8:1	STOS ABATEMEN SD and 12:1201		9	0 L		Section Control	
11/13/2018 Agencie: Nepfied Type Notifica			IBN Co	Milding Owner/Operator (5)		CHE!	40		-	-
D EPA Z Infi	lei		49 Her	mon Street				1	1	+	
E DOL AM	ended endmant #		City. State.	2:9 Code C, NJ 07105			NAME OF		77 1 17 L	-17	1
DOH Just	ergency (including ification) calation	- 1	Nome of Co Catey Po	ontact		Telephone N 201-538				_	
Name of Packing Where Asstement				FACILITY INFORM	MATION	201-336	-0212				
New Jersey City University	10.112 1124 151				Type of Facility					_	_
251 West Side Avenue						l (222) El Yer A (Other thi	9a K-12)				
City (3)					D Other	(1 : private & Cor	nmercial buildings	, home	M. atc.	1	
Jersey City, NJ 0790S County (6)	Giran Company		-		12,000	1 of Figure 2	Bidg. Aga				-
Hudson Name of Monttoring Firm Hired by 8th	Iting Owner (S)		(a)	ATE USE ONLY]	Vehicle Ma	beire demolished It terrance Bide	1	-		-	-
				ASCH No.	Mama of Abatem	: Contractor (8)					
trest Address		-	- Control Control		Unicom Con	scting Corp.					
ity. State, Zip Code					32 Willow W						
rajece Manager to Monkoring Firm					City, State. Do Co			-	-	_	_
A TOWN THE PROPERTY OF THE PRO			Tele	phone Na.	Talephono No.	c, NJ 07424	Liganas No.	-			The same
lart Date (10)		Seh	edulad Cor	npiston Data (1,1)	973-533-917		01331				
1/15/2018 curancy Status During Abatement (thank and a	02	/15/201	S (11)	Name of DSH4 Me	insultants, inc.		-	-		
Facility Closed/Vacated	During Entire Declar	-FAlansa		Park of	Brade Wiebers		-	-			
Applament Perhormed D	utside of Normal Fac	illey Hou	1991 15		20-21 Wagari	/ Rcl., Bldg. 35.	8				
Other - Describe:					Fair Lown, NJ	74:0				3124	il.
21 51 01 23 If 2160 51 01 2260 If			Rena	evation				-		_	
. = 100 % 07 2220 #		K	Dem	olition	Mini-Enc	nment with Neg	stive Pressure				
					A Gloveba	3rocadura					
Location of		No-m		T	Mon-Exe	oted (") and Nor	-Friable Procedur	0			
Anthropy-Containing Materi	el (ACM)	Used So	ety by	Raham	Detcripten of				Abalen 743		t
in Facility		Mainten Euxfödisi		(1.0,	tes Cantaining Materia Thormal systems Incu :	ACN')	Amount (Species		IT		
(12)		(12) es No	of the local division in which the local division in the local division in which the local division in the local d	4	aurisons, VAT, se Other miscelleneous		S or LF	100	1 1		65
See attached		es No	N/A	-		Name of Street, Street		Bernaval	Repair		Enclasure
		1				Sand P Co.		T	II		_
	CALL AND DESCRIPTION OF THE PARTY OF THE PAR	_	-			~	1	+	-	4	
of Registered Waste Heuler	Planets Worth Language	NIDEP	Weste Has	rier ID No.	Cubic Yards of wasts			1		+	(Same
orn Contracting Corp.		0035	844		40+		Name of Regustered	Landfill		-du	MICHAE
dland Park, New Jersey					Disposal Date		Fairless Hiffs La	ndfill	and the same	-	in the same
ko Nikolov	Strip	-			TBD Signature		Morrisville, PA				
	Pros	idens				2	d	Dots		-	and the

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

NOV 2 0 2018

Location of Use		Locat			1.5.	Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai		ely by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(ACM) Amount tion, (Specify SF or LF)		Repair	Encapsulate	Enclosure	
	Yes	No	N/A					10		
Thoughout entire building	X			Parapet Wall flashing	1440 SF	Х				
Throughout entire building	X			Pitch Pockets	24 SF	Х				
Throughout entire building	X			Caulking	80 LF	х				
Throughout entire building	X			Transite Pipes	172 SF	Х				
Throughout entire building	X			Transite Panels	18 SF	Х				
Throughout entire building	X			Duct Vibration damper	30 SF	Х				
Throughout entire building	X			Door Caulking	15 LF	Х				
Throughout entire building	X			Door Insulation	105 LF	Х				
Throughout entire building	X			Fittings	49 ea	Х				
Throughout entire building	X			TSI Pipe Insulation	204 LF	Х				
Throughout entire building	X			Exterior Window Caulking & Glazing	43 each / 860 SF	Х				



THOMAS AHERN

ASB-41 JUN 95 G4667

Project Executive

State of New Jersey PATTO NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 4959/17 CHECK # 29395 Date of Notification (1) Name of Building Owner / Operator (2) 2018 11/13/18 NJIT Agencies Notified Type Notification Street Address X **EPA** 323 DR. MARTIN LUTHER KING BLVD. DEP Initial Notification City, State & Zip Code M DOL Amended Notification NEWARK, NJ 07102 DOH Cancellation Name of Contact Telephone Number DCA MR. TODD K. MILLER 973-595-5509 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJIT - FACULTY MEMORIAL HALL School (K-12) Street Address Subchapter 8 (Other than K-12) 111 SUMMIT STREET AKA 120-142 BLEEKER STREET Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 92.516 5 52 **NEWARK** Current Use (Prior if being demolished) **ESSEX** UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL 00120 ETS CONTRACTING, INC. Street Address Street Address 280 HUYLER STREET 160 CLAY STREET City, State & Zip Code City, State & Zip Code SOUTH HACKENSACK, NJ 07606 **BROOKLYN, NY 11222** Project Manager for Monitoring Firm Telephone Number Telephone Number License Number ALEX PALLETS 201-310-9665 718-706-6300 00511 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 11/25/2019 TESTOR TECH. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 10 59 JACKSON AVENUE Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: MONDAY - FRIDAY 3:00 PM - 11:30 PM LONG ISLAND CITY, NY 11101 Other - Describe: Scope of Work (Check all that apply) Demolition □ Renovation Full Containment M Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES, WRAP & CUT X Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of Is Location Normally Description of Amount Abatement Type Used Solely by Asbestos-Containing Material (ACM) Asbestos-Containing (Specify (Specify: Removal, Maintenance or TO BE ABATED in Facility Material (ACM) (i.e., thermal systems Square Feet or Repair, Encapsulation Custodial Staff? (12) (13)insulation, surfacing, VAT Linear Feet) or Enclosure) or other miscellaneous) 4TH FLOOR PIPE INSULATION (WRAP & CUT) NO 213 LF TENT WINDOW GLAZING EXTERIOR NON-96 SF FRIABLE PROCEDURES Name of Registered Waste Hauler #1 NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill #1 JIMMY BYRNE T/A JIMMY BYRNE CUMBERLAND COUNTY 19551 120 TRUCKING LANDFILL City, State Disposal Date City, State 1199 RANDALL AVENUE, BRONX, NY 10474 620 NEWVILLE ROAD TBD NEWBURG, PA 17240 Completed By (Print or Type) Signatüre Date

7143/18

CV 073

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Date of Notification (1) 11-12-2018			of Building		*	18 80	10 1 51 11			7 1	12.					
Agencies Notified	Type Notification			Belleville Industrial Center ,Inc c/0 LRM,LLC Street Address 669 River Drive, Suite 201												
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× EPA × DEP × DOL	Initial Amended				ate, Zip C	10			· ·							
X DOL	Amendmen Emergency		_	Elmw	ood Par	k NJ 0	7407		.*	36				,		
DOH DCA	justification)				of Contact					Tele	phone	Numbe	r .		0	
☐ DCA	Cancellation	1			Pizzaro	5)				97	3-475-	7050				
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)						
Commercial Buildir		,														
Street Address	2020							П	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
681 Main Street, B	uiding 38								Other (i.e. p etc.)	rivate 8	comme	ercial b	uildi	ngs, h	ome	s,
City (5)	i							Squa	re Feet	eet # of Floors			Blo	dg. Ag	е	
Belleville NJ 07109								N/A N/A N/A					Α			
County (6) Essex					Code (7) USE ONLY)			ent Use (Prid			lished)	E.			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No. Name of					nmercial E							
Standard Environm		ASCI	VI INO.		1		ntracting I		(9)							
Street Address						Street						. 1				
2108 Fulton Street,	Suite 2A						POE	30X 7	734							
City, State, Zip Code	.						City, S	tate, Z	ip Code				-		1,000	
Brooklyn NY 11233							Woo	dland	Park NJ	07424	ļ					
Project Manager for Mon Kayode Adefisoye	itoring Firm			Telepho			Teleph				License					
Start Date (10)		Schedule	d Cor	Tarter live and	41-7376		973-692-6298 01266									
11-13-2018		01-17-2			Date (11)			ame of OSHA Monitor Amax Contacting LLC								
Occupancy Status During	Abatement (Chec	k Only One	=)	71110				eet Address								
Facility Closed/Vaca	ated During Entire	Period of A	baten	nent			POE	30X 7	734							
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hours	3			The second secon		ip Code							
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Scope of Work (Check Al	I I nat Apply)						-	,								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- December -	enova emolit				H	Full Containment with Negative Pressure Mini-Enclosure								
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Location	of	1 17	ocati ormal	17.00									^	Туре		
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Name of Registered Wast		JDEP W auler ID		Cubic			Name of R	Register	ed Land	fill				\dashv		
Amax Lontracting LLC						of Was			Fairless	Hills						
City, State					0036184 30 cy Disposal Date											
Woodland Park NJ 07424					01-25-2019											
Completed by		Title		Signafure 🙏									\neg			
Tome Maslarkov Project M									11-12-2018							

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

NOV 20 2018

Date of Notification (1 Name of Building Owner/Operator (2) 11/13/18 RFC Excavating & Landscape Construction Agencies Notified Type Notification Street Address EPA Initial 87 Ethel Avenue DEP Amended City, State, Zip Code X DOL Amendment # Hawthorne, NJ Emergency (including Name of Contact Telephone Number X DOH justification) Barbara lellimo 973-304-0500 DCA Cancelation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & Commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Haledon, NJ 1183 2 80+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Home Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Way City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/27/18 11/30/18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: ___7AM START Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation X Full Containment with Negative Pressure X ≥160 sf or ≥260 lf X Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation. (Specity Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) Yes No N/A 2nd Level Roof X Built up Roof 500 SF X Living Room and 2nd Fl Bedroom X 900 SF Decorative Wall and Ceiling Plaster Х Garage Χ Transite Panels 1,500 SF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Regustered Landfill Unicorn Contracting Corp. 0035844 5+ Fairless Hills Landfill City, State Disposal Date City, State Woodland Park, New Jersey TBD Morrisville, PA Signature Completed by Title Date Zhivko Nikolov President 11/13/18

Ch#1084

PAID

Date of Notification (1) 11/14/2	2018			Name of Building Owner/Operator (2) Susan Walker								400	
Agencies Notified	Type Notificat	tion		Street Address NOV 2 0 2016							10		
EPA DEP	Initial Amended				6			<u> </u>					
DOL	Amendme		_	000000000000000000000000000000000000000	State, Zip	Code FL 33914		1				A	
⊠ DOH	Emergency justificato	y (includir n)	ng		ne of Cor			I Telephone Nun	nber	- 1			
☐ DCA	Cancellatio	n			g Walker								
				FA	CILITY IN	FORMATION							
Name of Facility Where A Former Retail Store	Abatement is Ta	aking Plac	e (3)				Type of Facility (4) School (K-12)						
Street Address 2290 Route 50							Subchapter 8 (Other than K-12) Other (i.e., private 8 commercial buildings,						
City (s)							homes, etc.) Square Feet # of Floors			Bldg. Age			
Tuckahoe County (6)				T .			1500 SF	_ 1		0 yr	S		
Cape May				USE	Inty Code E ONLY)	(7) (STATE	Retail	Prior if being demol	ished)				
Name of Monitoring Firm (8)	*					ASCM No. Name of Abatement Contractor (9) AEi2, LLC							
Street Address						Street Address 361 E. Flemin	o Dika						
City, State, Zip Code						City, State, Zip	~				-	-	
						Hammonton,							
Project Manager for M	onitoring Firm		Tele	ephone	No.	Telephone No. 609-481-212	2	License No. 00689					
Start Date (10)	Sc	heduled C	omple	tion Da	ate (11)	Name of OSHA N							
11/23/18		/29/18				AEi2, LLC							
Occupancy Status During Facility Closed/Vacate				tement		Street Address 361 E. Flemi	na Dike						
Abatement Performed						City, State, Zip C	ode					-	
Other - Describe:						Hammonton,	NJ 08037						
Scope of Work (Check all	that apply)					- Commission		Negative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	novat molitic	on n		P	g Procedure						
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(13)			(12)			other miscellaneo	us)		v a	a	s u	s u	
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AFi2 LLC					No.	of Waste	TBD	otorou Eurium					
City, State				21376 .5 1BD							-		
Hammonton, NJ						TBD /	Egg Harbo	r Twp., XI					
Completed By	100	itle		1.27		Signature /	111000	Date	_			=	
Wm. Minnick Program Mgr						- W /1	MM	11/14/1	8				

	For	

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Date of Notification (1)		Name o	of Building (Owner/O	perator	(2)			NOV	20	2018	2	Left.	
11/14/18		David	d Alu (Priv	vate H	ome]		ð.	i				į.		
Agencies Notified Type Notification		Street A	Address					1 10 10	1.152		4	. 5.6		
☑ EPA ☑ Initial								***			1			
DEP Amended			ate, Zip Co					-11-11-11						
Emergency (inclu	dina		h Haven	NJ 080	800									
DOH justification)			of Contact					Tel	ephone l	Number				
DCA Cancellation		David												
Name of Facility Where Abatement is Taking Plan	ce (3)	FAC	ILITY INFO	RMATIC	ON	Type	of Facility (4	4)						
David Alu (Private Home]	V-7						, ,							
Street Address						П	School (K-1: Subchapter	8 (Oth	er than K	(-12)				
							Other (i.e. p etc.)	rivate a	& comme	ercial bu	ilding	s, hon	nes,	
City (5)							re Feet	# 0	f Floors	Т	Bldg	Age		
Beach Haven NJ 08008						100	0 +	2			50+	870		
County (6)			Code (7)			Curre	ent Use (Pric	or if bei	ng demo	lished)				
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Name of Monitoring Firm Hired by Building Owne N/A	r (8)	ASC	M No.			of Aba	itement Con	tractor	(9)					
Street Address					Street		7.71							
01.01.0						Box 3								
City, State, Zip Code					55 (S. 1) (A. 10 (S. 1))		ip Code							
Project Manager for Monitoring Firm		T-1				Part - Control	in NJ 080	91						
Toject Manager for Monitoring Firm		Telepho	ne No.		Teleph				License					
Start Date (10) Sche	eduled Con	nnletion	Date (11)		10001100110	753-9			00727					
	30/18	ipicaon	Date (11)		Sam	me of OSHA Monitor								
Occupancy Status During Abatement (Check Onli	y One)						et Address							
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Abatement Performed Outside of Normal Fa Other – Describe:	cility Hours	City, State, Zip Code												
Scope of Work (Check All That Apply)						-								
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Name of Registered Waste Hauler	I N	JDEP W	/aste	Cubic Y	ards		Name of F	Registe	red I and	Ifill				
United Containers	Н	auler ID 2459		of Wast			G.R.O.V		ou Land					
City, State			Disposa	I Date		City, State	-							
Elm NJ				11/30/			Morrisvi		1960					
Completed by Tit				Sig	pature	2				Date				
Anthony T Perna P	resident		11/14/18											

PAGE. 2/ . 3 20126203 1 Nov.13.2018 08:34 AM A. Mac Contracting CHECK !!! NOTIFICATION OF ASSESTED ASSAURANT. NOV 2 0 2018 (Purpused to NJAO 8:80 and 12:126) nnav Numb of Building Owner/Operator (2) KAREN TOWERS n mod 11/13/19 Type Hallsonian City, State, Zip Code Seption! EPA Ambended Tolograms Number SHEP FREE HOLD Amendment # DOL Emmonty (related Name of Contect (notice like s KOREN TOWERS Cancellation DCA Type of Pec \$(4) Hama of Pastay Where Abeletiers in Taking Pass (4) School K-12) Subon star \$ (Other Stein K-12) Other a polyable & commercial buildings, horses, RESIDENCE Street Address E OF Place's Hedge Age +50 2 CH (B) Current Us (Frier If being Sentalished) FREEHOLD County Code (7) (STATE LIES ONLY) RI YOUNDE County (8) Name of Abstance Contractor (6) MODELLOW HER Hered by Building Comer (8) ASCH No. A MAC Contri ting inc. Street Address Street Ackiness 186 Vreeland M9 City, Blate, Zio Ct a Midland Park, & 07432 City, State, Zip Code Telephone No. Telephone No. Protect Manager for Monitoring Plans 00156 201-262-6841 Name of OleHAN THIS duled Completon Date (11) Omega Envir nmental Services Inc. Start Date (10) 000upency Status During Abeterment (Check Crey Crey) 1/16/16 Street Address 200 Huyber S set Facility Closed/Vaccinet During Entire Period of Absternant Absternant Performed Cutable of Hermal Facility Hours City, State, Zig C to Hackenseck, 4J 07608 Other - Describe: Scope of Work (Chaos All That Acabr) PubliCir Selement with Negative Pressure structure Renovation Demolition 23 af or 23 W Glovet g Procedure sected (*) and Non-Friedle Precedure Non-E Abelement te Locetion Description of the Gordalate Mate Nameday Just Bolely by Melydenanias Leasten of Containing Material (ACM) TO RE ASIATED physics Conducted Machine (Lo. Borrad applicate Machine surfacing, VAT, or other mappings would MAKESET FEET Machin action (Mark?) (12) (13) Yee NIA 2155 VAT Proubous Basemen Free of Roolstered Landill Cubio Yarda N.DEP Wash Name of Pagistered Visite Hauter Hauter ID No. of Weste rend Central Sentiary Landfill Newark Carting Inc. 04509 podel Dela City, State on Argyl, PA 06702 11/3/18 on Newsk, NJ 07106 Date Completed by Vice President Joseph Vocaturo " On not use this form for sebestes illustrative exampled activities.

State of New Jersey NC

OTIFICATION OF ASBESTOS ABATEMENT		
Pursuant to N.J.A.C. 8:60 and 12:120)	CHECK #	

						5105 ABATER		CHECK	#			
r Falls P	ATD (P					60 and 12:120)						
Date of Notification (1)		Na	me c	of Build	ding Ov	vner / Operator c/o D.V. Bias	(2)	OF	777	a r		
11/2/18				Addres		CIO D.V. DIAS	1 1 1	a la la l	. U. s	1	111	
Agencies Notified Type Notific	cation	25000000			n Ave			,			111	
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			FAC	ILITY	INFO	RMATION	(4)	1 1 1 1 1 1 1 1 1 1	Page	4		
Name of Facility Where Abatem	nent is Taking Pl	lace (3)				Type of Facility School (K-	(4) 12)					
actory							r 8 (Other tha	n K-12)				
Street Address						Other (i.e.	private & com	mercial buildi	ngs, hon	nes, e	etc.)	
71 Locust Avenue						Square Feet	# of Floo	rs	Bldg. Ag	e		
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City (5)	County (6)	0.000	ity C	oue (1	,	Current Use (P						
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Name of Monitoring Firm Hired	by Bullaing Owi	iei (o)		1,001	VI 140.	Enterprise N	etwork Reso	olutions Co	ntractin	g, L	LC	//
Atlas Environmental						Street Address						
Street Address PO Box 11645						874 Piney Ho		PO Box 70				
City, State & Zip Code						City, State & Z						
Philadelphia, PA 19116						Winslow, NJ		Liconea	Number	13	-	
Project Manager for Monitoring	Firm	Teleph			er	Telephone Nur 609-567-0600		Licerise	012			
Jason Dua		267-78				Name of OSH						
Scheduled Start Date (10)	Scheduled Co	mpletion 5/31/	Date	e (11)		EMSL Analy						
11/14/18												
Occupancy Status During Abat	ement (Check o	nly one)		temer	nt	Street Address						
Occupancy Status During Abat	d During Entire F	only one) Period of	f Aba	itemer	nt 3pm	Street Address 200 Route 13 City, State & Z	30 North ip Code					
Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed	d During Entire F	only one) Period of	f Aba	temer am to	nt 3pm	Street Address 200 Route 13	30 North ip Code					
Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe:	d During Entire F Outside of Norm	only one) Period of	f Aba	itemer	nt 3pm	Street Address 200 Route 13 City, State & Z	30 North ip Code					
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Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that	d During Entire F Outside of Norm ng Abatement	only one) Period of nal Hour	f Abars – 7	7am to	n n	Street Address 200 Route 13 City, State & Z Cinnaminso	ip Code n NJ 08077 Full Con Mini-End Glove B	closure ag Procedure	s Ion-Friab	le Pr	oce	dur
Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf	d During Entire F Outside of Norm ng Abatement	only one) Period of nal Hour	Ren Dem	ovatio	n n	Street Address 200 Route 13 City, State & Z Cinnaminso	ip Code n NJ 08077 Full Con X Mini-End Glove B Non-Exe	closure ag Procedure empted and N Amount	s Ion-Friab		oce	dur
Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf Location of	d During Entire R Outside of Norm ng Abatement apply)	Period of nal Hour	Ren Dem	ovatio	n n	Street Address 200 Route 13 City, State & Z Cinnaminso Lee attached Description Asbestos-Conta	BO North ip Code n NJ 08077 Full Con X Mini-End Glove B Non-Exe of aining	ag Procedure empted and N Amount (Specify	lon-Friab	le Pr	roce	dure t Ty
Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf Location of Asbestos-Contain	d During Entire in Outside of Norming Abatement apply)	Is L Norm	Ren Dem	ovationolition	n n	Street Address 200 Route 13 City, State & Z Cinnaminso Lee attached Description Asbestos-Conta Material (AC)	Full Con X Mini-End Glove B Non-Exe of eining	closure ag Procedure empted and N Amount	es Ion-Friab	le Proater	roce	dure t Ty
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Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEI	d During Entire R Outside of Norm ng Abatement apply) ning)	Is L Norm So Maint Custo	Ren Dem	ovation on Used by ce or Staff?	n S	Street Address 200 Route 13 City, State & Z Cinnaminso Description Asbestos-Conta Material (AC (i.e., thermal sy nsulation, surfacior other miscella	Full Con X Mini-End Glove B Non-Exe of aining M) stems ng, VAT ineous)	closure ag Procedure empted and N Amount (Specify SF or LF	lon-Friab	le Proater	roce	dure t Ty
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Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEI in Facility (13) Old factory Old factory – offices Old factory – 1st & 2nd flood Old factory – roof Old factory – roof New factory – high roof Name of Registered Waste Harmann processed.	d During Entire R Outside of Norm ng Abatement apply) ning D	Period of hal Hour X Is L Norm So Maint Custo	Ren Dem Ocatically L College by No NJ Ha	ovation on Used by Ce or Staff? N/A X X X DDEP	Pipe i Vinyl Wind Shing Roofi Roofi Waste	Street Address 200 Route 13 City, State & Z Cinnaminso Description Asbestos-Conta Material (AC (i.e., thermal sy substitution, surfacion other miscella insulation – ho floor – homogow caulking – gues/flashing – ing material – Cubic Yards of Waste 30	Full Con X Mini-Enc Glove B Non-Exe of aining M) stems ng, VAT neous) mog 01 102 homog 09 homog 11 homog 12 homog 13 Name of Reg	ag Procedure ag Procedure empted and N Amount (Specify SF or LF 80 sf 800 sf 2400 lf 1200 sf 12500 sf 33000 sf istered Landf	X X X X X X IIII	le Propater	roce	dure t Ty
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Occupancy Status During Abat X Facility Closed/Vacated Abatement Performed Describe: Facility Occupied Durin Scope of Work (Check all that x ≥3 sf or ≥3 lf x ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEI in Facility (13) Old factory Old factory – offices Old factory – 1st & 2nd floor Old factory – roof Old factory – roof New factory – high roof Name of Registered Waste Habel Bull Waste & Recycling, I City, State	d During Entire R Outside of Norm ng Abatement apply) ning D	Period of hal Hour X Is L Norm So Maint Custo	Ren Dem Ocatically L College by No NJ Ha	ovation on Jsed by ce or Staff? N/A X X X JDEP Vauler II	Pipe i Vinyl Wind Shing Roofi Roofi Waste	Street Address 200 Route 13 City, State & Z Cinnaminso Description Asbestos-Conta Material (AC (i.e., thermal sy substitution, surfacion other miscella insulation – ho floor – homogow caulking – gues/flashing – ing material – Cubic Yards of Waste 30	Full Con X Mini-Enc Glove B Non-Exe of aining M) stems ng, VAT neous) mog 01 102 homog 09 homog 11 homog 12 homog 13 Name of Reg	ag Procedure ag Procedure empted and N Amount (Specify SF or LF 80 sf 800 sf 2400 lf 1200 sf 12500 sf 33000 sf istered Landf	X X X X X X IIII	le Propater	roce	dure t Ty
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PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of But	iding Owner/Operato	r (2)	NOV 21)	2010		Same	# 1		
11-10-18	Street Address									
Agencies Notified Type Notification	Street Addre	661 POM	ONA AL	E		- 1	à			
□ BPA X Initial □ Amended	City, State, 2		Old I					-		
Amendment #	City, State, 2	HADDON F	IFUD M.	T 0803	3			_		
Emergency (including	Name of Co			Telephone Number			1			
DOH justification justification		TOM						_		
		INFORMATION								
Taking Place (3)	FACILITY		Type of Facility	(4)						
Name of Facility Where Abatement is Taking Place (3)			School (K-1	2)						
Street Address			Subchapter	8 (Other than K-12) private & commercia	l buildi	inas.				
Street Address			homes, etc.)						
City (5)			Square Feet	# of Floors		lg. Ag				
AVALON			1000	rior if being demolish	-	0	_	=		
County (6)	USE ONLY	le (7) (STATE		AUT	ieu)					
CAPE MAY			nent Contractor (9					=		
Name of Monitoring Firm Hired by Building Owner	ASCM No.	KLEM	7,555 7172							
(8) N/A		Street Address	TO FICE					_		
Street Address			S SPRUC	E AVE				_		
		City State, Zip C	Code	20 10 12 12 13			_			
City, State, Zip Code		MAPL	E SHADE	E N. J C	080	2	2	_		
Project Manager for Monitoring Firm Tel	ephone No.	Telephone No.	_	License No.	י ר					
Project Manager for Monttoning 1 mm			9-0472	013	11			_		
Start Date (10) Scheduled Comple	etion Date (11)	Name of OSHA								
	-18		NIA					_		
Occupancy Status During Abatement (Check only one)		Street Address								
Facility Closed/Vacated During Entire Period of Abate	ement							_		
Abatement Performed Outside of Normal Facility Hou	ırs	City, State, Zip C	Code	1						
Other - Describe:								_		
Scope of Work (Check all that apply)			ntainment with Ne	egative Pressure						
☐ ≥3 sf or ≥3 lf . ☐ Renoval			closure ag Procedure							
23 \$f or ≥3	on	Non-Ex	cempted (*) and No	on-Friable Procedur	e			_		
Is Locati	on				A	baten Typ				
Normalit 1		Description o	of		-					
Location of Used Sole Maintenac	nce/ Ast	estos Containing Ma	terial (ACM)	Amount	-		En	Ē		
Asbestos-Containing Material (ACM) TO BE ABATED Ashestos-Containing Material (ACM) TO BE ABATED Staff2	term to the second	.e., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Rem	Repair	caps	nclos		
IN Facility (12)		other miscellane	ous)		Removal	alr	Encapsulate	Enclosure		
(13)	N/A						œ.			
Yes No	10.0	T10: 101	TE	1750 SE	X					
SIDING	X	TRANSI	10	1/10/1-	1	-				
					-	-	-			
					\vdash	-	-	_		
								_		
	UDEP Waste	Cubic Yards	Name of Reg	istered Landfill	. ^					
	tauler 10 No.	of Waste	C. M	. C. M.U	H			_		
KLEMCO INC	1/107	Disposal Date ·	City, State							
City, State			_wo	ODBINE				_		
MAPLE SHADE N.J		Signature	0.07/	Date	10	-19	2			
MiCHAEL KLOWM SUP.		_ Mu	W /C				_			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					NUV 4	1) 6	UIO.	- 3	4-11
Date of Notification (1)		Name of	Building Owner/Operator	or (2)	C .		12		
Agencies Notified Type Notification		Street Ac				- /	e ,,		-
□ æA ☑ Initial		l	651 SEAS	HOIRE F	20		ij.,,	2417	
☐ DEP ☐ Amended ☑ DOL Amendment #		City, State	e, Zip Code			<u> </u>		-	
Emergency (in			CAPE MI	44 W.	1 08204				
		Name of	Contact		Telephone Nur	nber		3.1	
☐ DCA ☐ Cancellation		l	TASON						
Name of Facility Where Abatement is Taking	Diago (2)	FACILI	TY INFORMATION	T =	2. 70				
RESIDENCE	Place (3)		•	Type of Facil	-23 3/40				
Street Address				School (K	-12) er 8 (Other than K-1	12)			
				Other (i.e.	, private & commerce	ial bu	ilding	s,	
City (5)				homes, et Square Feet	# of Floors	T	Bldg.	Ane	
CAPE WAY	1			1500	7	- 1	57		
County (6)			ode (7) (STATE		Prior if being demol	- -			_
CAPE WAY		USE ONL	.Y)	1	ACAWT				
Name of Monitoring Firm Hired by Building O	wner	ASCM No.	Name of Abatem		(9)			-	
(8) N/A				LEMCO	INC				
Street Address			Street Address		10 . 4	_			
					RUCE HIL				
City, State, Zip Code			City, State, Zip C		11.00	- ^		. 7	
				PLE SH	ADE W.]	0	50)	(_
Project Manager for Monitoring Firm	l ele	phone No.	Telephone No.	9-0472	License No.	ול			
Start Date (10) Schedu	led Comple	tion Date (11							_
11-2048	-30	-18		NIA	t				
Occupancy Status During Abatement (Check	only one)		Street Address						
Facility Closed/Vacated During Entire Period									
Abatement Performed Outside of Normal F	acility Hour	s	City, State, Zip C	ode	10.				
Other - Describe:			·						_
Scope of Work (Check all that apply)			☐ Full Con	tainment with Ne	egative Pressure	102			
]≥3 sf or ≥3 lf	Renovation		☐ Mini-End	losure	ogative i ressure				
₹≥160 sf or ≥260 lf	Demolition	1	Gloveba	g Procedure	on-Friable Procedu				
	Is Location	1 1	XINOTEXO	mpled () and is	orriable Flocedo	τ	Abate	ment	
	Normally		₩ \$ \$250,0 (\$20050 0.000			'	Ty		
	Jsed Solely Maintenanc		Description of bestos Containing Mate	rial (ACM)	America	-	Г		
TO BE ABATED	Custodial		i.e., thermal systems in		Amount (Specify	70	-	Enc	Щ
IN Facility	Staff?	,	surfacing, VAT,	or	SF or LF)	em	Repair	ap	Clo
(13)	(12)		other miscellaneou	(a.		Removal	air	Encapsulate	Enclosure
Y	es No	N/A						0	
SIDING	$\neg \neg$	X	TRANSITE		1750 SE	X	П		
)	1 1	/				1	\vdash		
JIVING		1				1		-	
SIVING									
SIVING		=						-	-
	·	DEP Waste	Cubic Yards	Name of Regi	stered andfill				
ame of Registered Waste Hauler		DEP Waste	Cubic Yards of Waste	Name of Regi	THE PROPERTY OF THE PARTY OF TH			1	
ame of Registered Waste Hauler KLEMCO JMC			of Waste	_ C N	stered Landfill			<u> </u>	_
ame of Registered Waste Hauler KLEMCO JMC ty, State		rier ID No.		City, State	ICMUA				_
ame of Registered Waste Hauler KLEMCO JMC TY, State MAPLE SHAWE W. J.		rier ID No.	Disposal Date	City, State	SBINCE A		<u> </u>		
ame of Registered Waste Hauler KLEMCO JMC Ty, State MAPLE SHAWE W. J Impleted By Title		rier ID No.	of Waste	City, State	ICMUA	10.	<u> </u>		

Chek# 13335

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18							I	N 185	75 70			
Date of Notification (1) November 16			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ									
Agencies Notified EPA DCA	Noti IXI	ification Initial N Amendo	lotificati ed Notif	ion ication # ncluding	Street Address ENVIRONMENTAL H 74 STREET 1603, BL City, State, Zip Code	IEALTH &	SAFETY	DEPT. (REHS)	Charles and the Charles and th			
X DOL				loldding	PISCATAWAY, NJ 0	8854		A 1	1000			
☑ DEP- No Longer REQUIRED		justific		1	Name of Contact	I	Telephone N	<u>lumber</u>	2.3			
X DOH	LIC	Cancell	ea		MICHAEL F. SMITH,		848-445-2					
IM DON				1	HEALTH & SAFETY							
				FACILITY INFO								
	-1: D	1 (2)		FACILITY INFO	Type of Facility (4)							
Name of Facility Where Abatement is T		lace (3)			School (K-12)							
MARVIN APTS, BLDG# 380	1				Subchapter 8 (other than	K-12)						
Ot and Address							age homes e	atc.)				
Street Address					Other (i.e. private & commercial buildings, homes, etc.)							
BUSCH CAMPUS					Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years							
City (5) County	(6)		County (Current Use (prior if being	demolished).	ACADEMI	IC.	- 1			
	DLES	EX	(State U	se Only)	Current Use (prior ii being	demonstred).	ACADLIMI	· ·				
MEN SHORESTI		30000000										
in the second by Dide	Ourner	. /0\	ASCM N	lo	Name of Contractor (9)							
Name of Monitoring Firm Hired by Bldg	. Owner	(0)	00098									
ATC			00030	'	GREENWOOD ABAT	EMENT CO	DNSULTAI	NTS, INC.				
Street Address					Street Address							
3 TERRI LANE												
3 TERRI LANE					511 MAIN STREET							
					City State, ZipCode							
City, State, Zip Code					BUTLER, NJ 07405							
BURLINGTON, NJ 08016		lankana N	lumbar		Telephone Number		License Nun	nber	\neg			
Project Manager for Monitoring Firm	-	ephone N			Telephone Namour							
BRIAN R. KEARNEY	01	09-386	-0000		973-492-0477		00840					
Scheduled Start Date (10)	Scl	heduled (Completio	n Date (11)	Name of OSHA Monitor							
11/26/18		/28/20		Tr Date (T.)	ENVIROVISION, INC							
Occupancy Status During Abatemer					Street Address							
□ Facility Closed/Vacated During Er	etiro Do	riod of A	hatamani	+	20-21 WARGARAW ROAD, BLDG# 35E							
Facility Closed/Vacated During Et	Mere	L Casiliba	Llaura		ZU-ZI WANGANAW NOAD, DEDG# 30E							
□ Abatement Performed Outside of	Normai	racility	nouis -		City, State, Zip Code							
Describe: Other- Describe: Schedule: 12F	DB// 4	UDM D	nily (2/	HOURS &	FAIRLAWN, NJ 0741	0			1			
	101 — 1	OT IVI DO	ally (24	noono a								
WEEKENDS AS NEEDED)												
Scope of Work (Check all that apply)												
Scope of Work (Check all that apply)						Full Containr	ment with Ne	gative Pressure				
FFI 2 (- 2)			1	Renovation		Mini-Enclos		A CONTRACTOR OF THE PROPERTY O	- 1			
⊠ ≥ 3 sf or >3 lf				Demolition		Glove bag I	Procedure / \	Wrap & Cut	- 1			
≥ 160 sf or ≥ 260 lf				La Demontion				Non-Friable Procedur	re			
	1 6-	on Norma	llu Haad	Description of Asi	bestos Containing Material	Amoun		tement Type				
Eddation of Addation Delinaring		Maint./C		(ACM) (i.e. therm	nal systems insulation, surfaci		fv SF					
	taff? (12		astodiai	VAT, or other mis		or LF)	Rem	nove Repair Encap En	iciose			
	YES	NO	NA									
		TEXT.	T	VAT		100	SF X					
Apt# 20		X		VAI		100	<u>. – </u>					
								11 160				
Name of Reg. Waste Hauler	N.	JDEP Wa	ste Haule	er ID#	Cubic Yards of Waste:	5 CY	Name of Re	egistered Landfill				
See Hauler Below #1 & 2 See Below					G.R.O.W.S. North Landfill							
See Hader Selon W. 1-1-1				N.I 07405		Disposal Da	te	City. State	1142			
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405								100 New Ford Mil				
NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509						11/28/20	18	Rd. Morrisville, P 19067	d			
NJ DEP # 4509								215-736-1700				
130 D.M. 11 1172						T						
Completed by (Print or Type)	Title			NO.0000.00	Signature Date							
RAYMOND C. PEDALINO	SE	NIOR F	PROJE	CT	Raymond C. Se	Raymond C. Pedalino November 16, 2018						
	MA	NAGE	R		1			75-02				

Check# 13334

PAID

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18			(1 413	dant to Itto.A.C	2. 0.00-7 and 12.120-7)			je j) E		F.25		
Date of Notification (1) November	or 16	2018			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ								
Agencies Notified	1 10,	Notification	n Type		Street Address	TATEU	VIVERS	SITY O	r NJ		111		
□ EPA		I Initial	Notifica	ation (2 Work	ENVIRONMENTAL	HEALT	4 & SA	FETM	DEPT.	(REH	ຮ)		
DCA		Areas 8			74 STREET 1603, I	BLDG 41	16, LIV	INGST	ON CA	MPU	S		
X DOL				tification # (including	City, State, Zip Code PISCATAWAY, NJ	08854					- 200		
DEP- No Longer REQUIRED)		cation)		Name of Contact	00004	Tele	ohone N	umber	11.1			
X DOH		□ Cance			MICHAEL F. SMITH	H, ENV.		-445-2					
				FACILITY INI	HEALTH & SAFET	Υ							
Name of Facility Where Abatemen	nt is Taki	ing Place (3)		PACILITY	Type of Facility (4)								
JOHNSON APTS, BLDG	# 3737	7			☐ School (K-12) ☐Subchapter 8 (other than K-12)								
Street Address	Street Address							**************************************	70.0 k 7				
BUSCH CAMPUS	BUSCH CAMPUS						ildings, h	omes, et	c.) 60+ v	are			
	unty (6)		Code (7)						2013				
NEW BRUNSWICK	MIDDL	LESEX	Use Only)	Current Use (prior if bein	g demolish	ed): AC	ADEMIC	;					
Name of Monitoring Firm Hired by ATC	Bldg. O	wner (8)	No.	Name of Contractor (9)									
1000			0009	70	GREENWOOD ABA	TEMENT	CONSU	JLTAN	TS, INC) .			
Street Address 3 TERRI LANE					Street Address								
3 TERRI LANE					511 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
	016				BUTLER, NJ 07405								
Project Manager for Monitoring Fire BRIAN R. KEARNEY	<u>m</u>	Telephone 609-386			Telephone Number		Licen	se Numb	er				
			**************************************		973-492-0477		0084	10					
Scheduled Start Date (10) 11/26/18		12/3/201		on Date (11)	Name of OSHA Monitor	_							
Occupancy Status During Abater	ment (C				ENVIROVISION, INC Street Address	٠.							
☐Facility Closed/Vacated During	g Entire	Period of A	batemer	it	20-21 WARGARAW	ROAD, B	LDG# 3	35E					
☐Abatement Performed Outside Describe:	e of Non	mal Facility	Hours -		City, State, Zip Code	32 							
Other- Describe: Schedule:	12PM -	- 11PM D:	ailv (24	HOURS &	FAIRLAWN, NJ 074	10							
WEEKENDS AS NEEDED)	1.001) (~ .	oono a									
Scope of Work (Check all that appl	v)												
						Full Conta	nment w	ith Nega	tive Pres	sure			
□≥ 3 sf or >3 if			[X Renovation		Mini-Encl	sure						
\ge 160 sf or \ge 260	11			Demolition		Glove ba					.		
Location of Asbestos-Containing		ation Normal			estos Containing Material	Non-Exer		-	nent Type		lure		
Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cu	ustodial	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfaci		cify SF	-	e Repair	7.0	Enclose		
	YES	NO	NA	VAT, or other misc	Jeii.)	or LF)		7.19 8011		1101000		
Apt# 871, 873 (2 Work Areas)		X		VAT		16	00 SF	X					
N (2) - W W -													
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		r ID#	Cubic Yards of Waste:	20 CY			tered Lar				
				11.07405		Di15	100000000000000000000000000000000000000		010000000000000000000000000000000000000	OFFICE OFFICER	11		
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561						Disposal D	ate		City, Stat 100 New		1111		
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509						12/3/20	18	1.0	Rd. Morr 19067	isville,	Pa		
								100	215-736-	1700			
Completed by (Print or Type) Title					Signature		Date						
RAYMOND C. PEDALING	- N. S.	ENIOR PI ANAGER		71	Raymond C. Pedalina November 16, 2018								
	IAI	ANAGER											

page

(132) PA	NOTIF	อเมลเม	ant to N	ASMESTOS JAC 8:60 an ding Owner/C		—	· ·	Check# 1321	J V − 2	. () - <u>1</u> 2	2018	
of Notification (1) 05/18		RJN	A Realty	Cronb				UNBURA 1321		1		
ncies Notified Type Notification		515		nd Avenue		_		-7	1	/		-
EPA Initial Amended Amendment #_		Ne		New York 1	10024	_	· .	Telephone Number				-
DOH Emergency (Interpretation) DCA Cancellation	gnibuk	Ha	ne of Car rry Uveg	ļi		_		917-915-5326				
DCA			FACILITY	/INFORMA	Type of Faci	101	4)					
me of Facility Where Abatement is Tekin M Realty LLC	g Place (3)				□ School	12	i)	an K-12)	- 30,0000	e etc.'	`	
eet Address 1 Bergan Avenue				70.00	⊠ Other (, , p	rivate & co	mmercial building	Bldg.			+
y (5) rssy City, New Jersey 07306					Square Fee 40,000			3	60÷			4
Cary City, New Jersey Cross		Co	unty Coo	ie (7)	Current Use	Pr	ke it being Residen	demolished) tial Units				
udaon Negitaring Flyn Hired by Building	Owner (8)		ASCM N		Name of Ab	i en	nent Contre tion	actor (9)				
Riail Associates, Inc					Street Addr 608 McBri	i B	(vie					
00 Grand Ave	- 10 f				City, State, Woodland	2 0 5	Code rk, New Jo	ersey				
nglewood, NJ 07631		70	elaphone 01-569	No 6078	Telephone 973-225-5	N 7.)	License No 01104),			
Inthony Valentine	Scheduled	Come			Name of O	E IA	Monitor	oratories, LLC				
ten Date (10) 1/15/2018	09/17/20	18			Street Add	ri3 55					1	_
Occupancy Status During Abstement (Ch Facility Closed/Vacated During Ent Abstement Performed Outside of N	an Darlad of A	baten	nent		2333 Rot City, State Union,	73 2	Code			_		_
Other - Describe: Occupied		_										
Scope of Work (Check All That Apply) ⊠ ≥3 af or ≥3 if □ ≥180 af or ≥260 if		enoval emotili				Tel tel	I-Endosure		ontaing	eni&7	îent	
D 2180 \$1 01 6200 11				-		NI I	-Emmpted	(°) and Non-Fria	Charle 100	Abatet		
		Locat					1			Тур	18	_
Location of Asbestos-Containing Material (ACM) TO BE ARATED In Facility (13)	Lize Me	d Sold intend todial (12)	siy by nce/ Steff?	(i.e. th	Description of S Containing Mat Sernal systems in Surfacing, VAT, other miscelland	97i. (1811 ! DI	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapeulale	Dionamic
(15)	Yas	No	N/A		l-ai-m			30 LF	X			1
Basement	X			Steam Pi	pe Insulation			-	1			
		-	-			-					-	1
	-	+	+				Tilone	of Registered Land	16il	_	_	1
Name of Registered Waste Hauler		1	NJDEP Hauler		Gubic Yards of Waste			5 Landfill	0.6367			
Lillah Corporation			18724		Disposal Date	_	- CHU E					
City, State Woodland Park, New Jersey	[*/4]-				11/17/1818 Signature	7	11/	a de la companya de l	Date 11/1	5/201	8	
Completed by Adriana Olejarova	Title	eresic	ient		1/200	1/5	mho					_

FAID	NOT	IFICA (Pursi	TION OF	ASBESTO NJAC 8:60	OS A	BATEM 12:120)	ENT	CL	(+	- 193	33		*******	e galantee and p
Date of Notification (1)		Nar	me of Bu	ilding Own	er/Op	erator ((2)	1 1*2	\ P	112	3	W	== '	1"
11/15/18				E. Green			10-0		/=	me that the	3 U			
Agencies Notified Type Notification		Stre	eet Addr	ess					1					1 111
		62	25 3rd	St				(A) PETER	A CONTRACTOR	NOV 3	0 0 2	210	ALL S	1
EPA Initial Amended Amendment #		City	y, State,	Zip Code							in the	0 160	1	
DEP Amended Amendment #		N	ewark,	NJ 0710	7				Ĺ				1	
Emergency (include	ding		me of C		1000			1	Telep	hone Num			. Ši	
DOH justification) Cancellation								1			NORIC	t ••••• a *	nn v=	
LI DCA Canonaton			FACILIT	Y INFORM	IATIO	ON								
Name of Facility Where Abatement is Taking Pla	ce (3)						Туре	of Facility (4)						
Warehouse Scheduled for Demo								School (K-12))	57775	157			
Street Address							Skepatiek .	Subchapter 8 Other (i.e. pri	(Othe	than K-12	2) al buildir	nae h	omes	
609 3rd St							×	other (i.e. pri	vate &	commercia	ai bulluli	195, 11	omes	'
							Squa	are Feet	# of	Floors	100000	g. Ag	е	
City (5) Newark							10,	000	2		50	+		
		Co	ounty Co	de (7)	_		Cum	ent Use (Prior	if bein	g demolish	ned)			
County (6)				E ONLY) _			Wa	rehouse						
Essex Name of Monitoring Firm Hired by Building Owner	or (8)		ASCM N	No.		Name	of Aba	atement Conti	ractor	(9)	72.0 Yes			
D 20	si (0)		n/a			Harr	mony	Contractin	g Inc					
n/a						Street	-							
Street Address n/a						360	Palis	sade Ave						
						City, S	State,	Zip Code			VO			
City, State, Zip Code						Gar	field,	NJ 07026						
Project Manager for Monitoring Firm	-11-15-1	Te	elephone	e No.		Telep	hone l	No.		License N	lo.			
n/a		r	n/a			973	460.6	6026		01255				
	neduled	Comp	oletion D	ate (11)	-	Name	of OS	SHA Monitor						
Clari Date (10)	2/05/18					Har	mony	y Contractir	ng Inc					
Occupancy Status During Abatement (Check O	nly One)				Stree	t Addr	ess	31 - V					
			ent			360	Pali	sade Ave						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	acility h	lours				City,	State,	Zip Code						
Other - Describe: Scheduled for Demo	-				-	Ga	rfield	, NJ 07026			1000			
Scope of Work (Check All That Apply)							11.00							
	□ Re	novati	ion					ull Containme		n Negative	Pressu	e		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		molitic						Mini-Enclosure Blovebag Proc						
							X	Non-Exempted	i (*) an	d Non-Fria	ble Pro	cedur	е	
												Abate	ement	
		ocation ormally	200		D	escriptio	on of					1)	ре	
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbesto				rial (ACM)		Amount	_		四	m
TO BE ABATED		ntenan	S00000000	(i.e. th	nerma	al system	ms ins	ulation,		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
In Facility	Ousi	(12)			other	acing, V miscell	aneou	is)	J	1 01 21 /	JOVE	pair	sula	Sur
(13)		-			00.0.			7.5			<u>n</u>		ate	œ.
	Yes	No	N/A								-	-	-	-
Roof			x			Flashi				50 SF	Κ.	-	-	-
Basement			x		Pip	e Insu	latio	n	5	00 LF	X	-	-	-
Name of Registered Waste Hauler		0.00	JDEP W	SERVICE CONTRACTOR	7.00	ic Yards	S	Name of	Regis	tered Land	ifill			
Harmony Contracting INc			lauler ID		of W	/aste D		GROV	VS La	andfill				
			35000			osal Da	ate	City, Sta		E1/27				
City, State Garfield, NJ					TB			Morris	ville,	PA				
Completed by	Title					Signat	ture				Date			
E. Cirovic		etary	,			8,0	broi	vi_			11/15	/18		

Date of Notification (1	22 25 22,22,22,22,						11.	1 1			11			
Date of Notification (1 11/16/18)			Name o Elizabe	of Building Owne eth Board of E	r/Operator (2) ducation	Total and the second of the se	NOV 2	Cħeç	M 83	15			
Agencies Notified	Type Notification			Street A 500 No	ddress orth Boulevard	Street	3			H				
□ EPA □ DEP □ DOL	☐ Initial ☑ Amended Amendment #	3			ate, Zip Code eth, New Jerse	y 07208			1,010					
☑ DOH	☐ Emergency (in justification)		-		f Contact			Telephone Nun 908-436-5000	nber					
☑ DCA	□ Cancellation			100	ILITY INFORMA									
Name of Facility Whe	re Abatement is Takin n Career & Tech Ac	g Place (3) ademy #	87	FAC	ILITTINFORMA		acility (4)							
Street Address 625 Summer Street	t					□ Scho	hapter 8 (Other	r than K-12) commercial buildir	igs, ho	mes,	etc.)			
City (5) Elizabeth, New Jer	rsey 07028	-				Square F 30,000	eet	# of Floors		ldg. A 0+	ge			
County (6) Union					Code (7) USE ONLY)	Current U	lse (Prior if bein High S							
Name of Monitoring F Detail Associates, I	irm Hired by Building nc	Owner (8)		ASC	M No.	Name of A	Abatement Contrporation	tractor (9)						
Street Address 300 Grand Ave						Street Add 606 McB								
City, State, Zip Code Englewood, NJ 076	331					City, State Woodlan	City, State, Zip Code Woodland Park, New Jersey							
Project Manager for N Anthony Valentine	Nonitoring Firm			Telepho 201-56	ne No 9-6078	Telephone 973-225-		License N 01104	0.					
Start Date (10) 11/16/2018		Scheduler 09/19/20		pletion	Date (11)		SHA Monitor onmental Lab	oratories, LLC						
500 SAS SAS 1050 1000	ring Abatement (Chec			ont		Street Add	lress ute 22 West							
	ormed Outside of Norr	nal Facility	Hours	3	<u>.</u>	City, State Union,	, Zip Code NJ 07083							
Scope of Work (Check	k All That Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			×	Mini-Enclosure Glovebag Proc	nt with Negative P edure / Limited Co (*) and Non-Friab	ontaini	ment&				
	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ls l	ocati	on				()		Abate	ement	t		
75(2000)	tion of		ormal I Sole			Description of				13	pe			
TO BE A	ing Material (ACM) ABATED acility 3)	Mair Custo	ntenar odial S (12)	ice/ staff?	(i.e. therm	ontaining Mate lal systems ins facing, VAT, o r miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A		1								
2nd Floor Slop Sink	C Room		X		Pipe Insulati	on		20 LF	X					
Name of Registered V	Vaste Hauler		50	JDEP W		ic Yards	Name of F	Registered Landfill						
Lilich Corporation			1 2 2 2 2	18724	3									
City, State Woodland Park, Ne	w Jersey					oosal Date 9/1818	City, State Morrisville	e, PA						
Completed by Adriana Olejarova Title President						Signature (7 (9)	Da 1		2018				

Date of Notification (1) 08/30/2018	Ē	Name of Building Owner/Operator (2) Elizabeth Board of Education							参0%	26				
Agencies Notified Type Notification			Street Ad		iord Ct	root	<u> </u>		17	-016				
☐ EPA ☐ Initial ☐ Amended ☐ DOL Amendment #_	2		City, Sta	th Boulev te, Zip Coo th, New J	ie		¥ .	- /		***				
☐ Emergency (inclusion) ☐ DOH justification) ☐ Cancellation			lame of Bary Sc	Contact chmitt		Telephone Number 908-436-5000								
Name of Facility Where Abatement is Taking	Diane (3)		FACI	LITY INFO	RMATIC	ON Type of Fac	Hilty (A)							
The Thomas Edison Career & Tech Acad	demy #8	7				⊠ School								
Street Address 625 Summer Street						☐ Subcha	pter 8 (Othe .e. private &	r than K-12) commercial build	ings, ho	mes,	etc.)			
City (5) Elizabeth, New Jersey 07028						Square Fee 30,000	t	# of Floors 2		dg. A)+	ge			
County (6) Union				Code (7) ISE ONLY)		Current Use		ng demolished) School						
Name of Monitoring Firm Hired by Building Ox Detail Associates, Inc		ASCN	No.	Fire Print Africa and advers	Name of Aba Lilich Corpo	stement Con oration	tractor (9)							
Street Address 300 Grand Ave						Street Addre								
City, State, Zip Code Englewood, NJ 07631	72				City, State, Zip Code Woodland Park, New Jersey									
Project Manager for Monitoring Firm Anthony Valentine		elephor 201-569			Telephone N 973-225-84		License ! 01104	Vo.						
Start Date (10) 09/01/2018 ON HOLD	Scheduled 19/04/201	Com 8	pletion i	Date (11)		Name of OS Iris Enviror	HA Monitor Imental Lat	poratories, LLC				9.		
Occupancy Status During Abatement (Check	Only One)					Street Addre				120 Messes				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of Ab al Facility h	atem lours	ent			City, State, 3 Union, N	Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if⇒160 sf or ≥260 if		novati				X M X G	ini-Enclosure lovebag Pro	ent with Negative cedure / Limited (d (*) and Non-Fria	Containi	nent8	Tent			
2	in l	ocatio				L 198	on-Exemple	() and reon-rine	JIC (IC	Abate	ement	t		
Location of	No	rmali	У			scription of			-	Ту	pe	Ι		
Asbestos-Containing Material (ACM) TO BE ABATED ' ', in Facility ' (12)	Used Main Custo	enar	ice/	Asbest (i.e.	thermal surfa	taining Materi systems insu cing, VAT, or niscellaneous	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							Ŀ	6			
2nd Floor Slop Sink Room		Χ		Pipe Ins	ulatio	า		20 LF	X					
								- duranti - www.						
	-	1 40	1050:		0.11	V	1 2/2	Danisharad Lands	1		<u> </u>			
Name of Registered Waste Hauler		H	JDEP W auler ID 18724		of Wa	Yards ste		Registered Landf	115					
Lilich Corporation City, State			10124			sal Date	City, Stat	s Landfill ate						
Woodland Park, New Jersey					09/04/	2018	Morrisvi	le, PA						
Completed by Adriana Olejarova	Title Pres	ident		nia mila maries limb	S	ighature /	446		08/30	0/20	18			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

C.K250	LQ TA	A.R.		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT			(52)		nr.	Fire Fire Fire Fire Fire Fire Fire Fire	
Date of Notification (1) 11/13/2018				Name (of Building	g Owner/0	Operator	(2)			MOV	0	0 6	1010		
Agencies Notified	Type Notification				Address				- 1		NOV	4	1 6	2018	fi	1
	_		1	Olicci	rudi ess					i.					*	10.00
EPA N DEP			1	City St	ate, Zip C	ode	-			- /:-	The same		5 49		See S	
× DEP × DOL	Amendment				oeth NJ				# N	5	·			***	. 4	
	Emergency	(including]		of Contact					TTO	lephone	Muma	205	530 (3.4)	2.5	29.16
DOH DCA	justification) Cancellation				ara Hasr					(lephone	Num	bei			
		10			ILITY INF		ON	_				-		-		
Name of Facility Where A Residence	Abatement is Takin	g Place ((3)	17.0		Oramizari	OIL	Ту	pe of Facility							
Street Address								×	School (K-2 Subchapter Other (i.e.)	8 (Oth	ner than & comm	K-12) ercial	build	dinas.	nome	es.
City (5)									etc.)							
Elizabeth		55							luare Feet 815	3	f Floors		1.00	ldg. Ag 8	ge	
County (6) Union					Code (7) USE ONLY	0		Cı	irrent Use (Pri	or if be	ing dem	olishe	d)			
Name of Monitoring Firm A. Seine Lighthouse		Owner (8)	ASCI	M No.		Name Brink	of A	ank Servic	ntractor es	(9)					
Street Address PO Box 354							Street 1256		ress perty Avenu	ie						
City, State, Zip Code South Orange, NJ 0	7079								, Zip Code NJ 07205							
Project Manager for Moni Sarah Calandra	toring Firm	2		Telepho			Teleph	one	No.		Licens					
					49-2666				2-7465		01316	6				
Start Date (10) 11/23/2018		12/10/	2018	npletion	Date (11)				SHA Monitor Lighthous	e Soli	utions					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Add	ress							
▼ Facility Closed/Vaca	ted During Entire F	Period of	Abatem	nent			PO B	Box	354							
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours						, Zip Code Frange, NJ (07079)					
Scope of Work (Check Al	That Apply)								3-,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure						
		le	Locati	on					TOTT EXOMPTED	4 () (1)	u Holl-l	Table		Abate		
Location	of	1 2	Normali	ly		Dos	cription	of						Тур	е	
Asbestos-Containing I	Material (ACM)		ed Sole		Asbes				rial (ACM)	Д	mount				т	
TO BE ABA		0.000	todial S		(i.e.	thermal	systems ing, VA				Specify		Rei	R	Encapsulate	Enclosure
(13)	·y		(12)				niscellan			51	or LF)		Remova	Repair	psu	losu
		Yes	No	N/A					16)				al		late	ıre
Baseme	ent	-	Х			pip	e wrap	р		13	30 LF	2	ζ.			
7												T				
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic '			Name of I	Registe	ered Lan	dfill				\dashv
Newark Carting			0.000	auler ID 1509	No.	of Was	te		Waste I	37.3			ndfil	I		
City, State East Orange, NJ						Dispos	al Date		City, State Penn A		PA					
Completed by Alison Lamers	4	Title Offic	e Man	ager		Si	gnature	W	nuN			Date		018		

MM		NOTIFI (P	CATIO ursuan	N OF A	New Jersey SBESTOS Al AC 8:60 and	12.120)	1			c.# 2573		1	111	1
te of Notification (1) -12-18	V-		Sum	mit We	ing Owner/Opest Celgene	erator (2 e, LLC	2)		NOV	/ 20 2	2018			-
encies Notified	Type Notification		Street 556	Addres Morris	s Avenue		Y D	1		-1.		15.5	N.	-
EPA DEP	Initial Amended Amendment #_		City, State, Zip Code Summit, NJ 07901							ne Number		- (-	-
DOL	Emergency (incligation)	uding		of Con					(732)	615 7374				-
DCA	Cancellation				INFORMATI	ON	Type of Fa	cility (4)						7
treet Address	e Abatement is Taking P	Place (3)					Scho	ol (K-12)	Other thate & co	nan K-12) ommercial b			nes,	
556 Morris Avenu	е						Square Fe 75,6000	eet BSF	# of Flo	oors	Bldg. 1954			
Summit, NJ			Cour	nty Cod	e (7)		Current U	se (Prior	if being	demolished	1)			
County (6) Union			(STA	TE USE	ONLY)	Name	Comme of Abatem	ent Contra	actor (9))				1
Name of Monitoring F	irm Hired by Building O	wner (8)	A	SCM No	J.	Pinr	nacle Env	ironmer	ntal Co	orp.				\dashv
Street Address						200	Broad St							_
41 Spring Street City, State, Zip Code						City,	State, Zip C Istadt, N.	ode J 07072						
New Providence Project Manager for	, New Jersey 0/9/2	+	Tele	ephone 8 988	No.	Tele	phone No. 1-939-656	35	1.00	License No 00756				
Eric Gratson		Scheduled				Nam	ne of OSHA en-Air Inc	Monitor						
Start Date (10) 11-26-18		06-30-19)			Stre	et Address		7					
	Ouring Abatement (Check Vacated During Entire F	Period of Ab	atemer	nt		198	-59 Jacks		nue					
Facility Closed Abatement Per Other – Descri	formed Outside of North	nal Facility H	lours			Lo	ng Island	City, N	Y 1110	01				
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26	eck All That Apply)	⊠ Re	enovatio emolitio	on n			Mini-	-Enclosure	e	Negative P	ole Proc	edure	<u>:</u>	
											1	Apate	ment pe	
Asbestos-Cont TO E	ocation of aining Material (ACM) BE ABATED In Facility (13)	N Used Mai	Location ormally d Solely ntenand odial St (12)	by ce/	(i.e. the	rmal sys	otion of ng Material tems insula , VAT, or cellaneous)	(ACM) tion,	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X	Toilet	and S	ink Caulk	ring		8SF	х			-
	asement			×			ue Dollop			64SF	х	-	-	+
	asement			X			Mastic			460SF	х	-	+	+
	asement			х			or Tile & N	Mastic	1	744SF stered Land	fill			
Name of Register	red Waste Hauler		N	IJDEP \		Cubic Ya				terprises				
ATC, Inc. / JB	T (50071) / PCC (1	07588)		4310		TBD Disposa	I Date	City S	tate		C00			
City, State Shirley, NY / E	Bronx, NY	Title				ГBD	nature	Wayr	nesbur	rg, OH 44	Date 11-12	-18		
Richard Dora	n	Pro	ject M	anage	er	-1		-78-X	1 ×	/				42

Title Of Project: 556 Morris Avenue, Summit, NJ 07901 Additional Materials / Floors Pg. 2

Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM)	Amount (Specify Square Feet	Abatement Type (Specify: Removal, Repair
TO BE ABATED in Facility (13)	Subtrail Falls (1-)	(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	or Linear Feet)	Encapsulation of Enclosure)
	N/A	ACM Pipe Insulation	300LF	Removal
Basement	N/A	Toilet & Sink Caulking	8SF	Removal
st Floor	N/A	Mirror Glue Dollops	64SF	Removal
st Floor	N/A	Ceiling & Upper Wall Glue Dollops	1,900SF	Removal
st Floor	N/A	Lobby Door & Window Caulk	120SF	Removal
st Floor	N/A N/A	Floor Tile & Mastic	20,195SF	Removal
st Floor		All Stairs Floor Tile	744SF	Removal
st Floor	N/A	Radiator Insulation	220SF	Removal
st Floor	N/A	Pipe Insulation	650LF	Removal
I st Floor	N/A		8SF	Removal
2 nd Floor	N/A	Toilet & Sink Caulking	64SF	
end Floor	N/A	Mirror Glue Dollops Ceiling & Upper Wall Glue Dollops	6,220SF	
2 nd Floor	N/A		22,000SF	
2 nd Floor	N/A	Floor Tile Mastic	744SF	
2 nd Floor	N/A	All Stairs Floor Tile	650LF	
2 nd Floor	N/A	Pipe Insulation	220SF	
2 nd Floor	N/A	Radiator Insulation	8SF	
3 rd Floor	N/A	Toilet & Sink Caulking	64SF	
3 rd Floor	N/A	Mirror Glue Dollops	11,800SF	Name and Address of the Owner, when the Owner, which the Owner, whic
3 rd Floor	N/A	Ceiling & Upper Wall Glue Dollops	22,300SF	
3 rd Floor	N/A	Tar/Glue Under Carpet	744SF	
3 rd Floor	N/A	All Stairs Floor Tile	650LF	
3rd Floor	N/A	Pipe Insulation	220SF	
3rd Floor	N/A	Radiator Insulation	2,530SF	
Attic	N/A	Ceiling & Upper Wall Glue Dollops	880SF	
Attic	N/A	South West Office Floor Tile & Mastic	45	THE RESERVE THE PARTY OF THE PA
Attic	N/A	Door Caulk HVAC Room	1205	
Attic	N/A	Fire Doors	2,900SI	
Attic	N/A	North West Office Floor Tile & Mastic	744SI	
Attic	N/A	All Stairs Floor Tile	108	
Attic	N/A	Caulk on HVAC Unit	The same of the sa	
Attic	N/A	Pipe Insulation	250L	
Attic	N/A	Electrical Panel	408	
Attic	N/A	Electrical Wiring	150L	
Attic	N/A	Electrical Panel Black Transite	551	Kemovai

CK 53	as Pair	State of New Jers OTIFICATION OF ASBESTO (Pursuant to NJAC 8:60 a	A Commence of the Commence of			
Date of Notification (1)	121				NOV 20	2018
Agencies Nofified	y	Name of Building Owner/		2 2	MOA	2010
	Type Notification	Street Address	h University	i .		
DEP DOL	₽ Initial) ,		T F		10 10 1
. ☐ DEP ☐ DOL	☐ Amended	Cin 8 2 20 1	mullica Hy	1-Rd		[M.1
1	Amendment #	The Court of the Court		(;		
□ DOH	☐ Emergency (including justification)	Name of Contact	NJ 08028			
□ DCA	☐ Cancellation		0.	Telen	hone Number	
Name of Facility Whom At		1 1B-41		17	P	-610
Name of Facility Where Aba	Itement is Taking Place (3)	FACILITY INFORMAT		- 6	CY 68	1063
Street Address	411		Type of Facility			
\sim /	tre terre		School (K-	-12)		
City (5)	11:0 14:11 Rd	4 %	Other (i.e.	8 (Other than	n K-12)	j
/descho	C.		Square Feet		nmercial building	s, homes, etc.)
County (6)	0		Square reet	# of Floo	ors Bld	lg. Age
6/04Ce 9		County Code (7) STATE USE ONLY	Current Use (Prior	1 2 2 2 2		
Name of Monitoring Firm Hire	d by Building Owner (9)		-	ii being dem	iolished)	
	S SWIE (8)	ASCM No.	ame of Abatement Control	actor (Q)	-2	
Street Address			/ / / / / / / / / / / / / / / / / /	1 1	$! \lambda 1!$	110
		Si	reet Address	dement	<u>_L.C. 6117 \ 1.171</u>	27: / (C)
City, State, Zip Code		/	212 BUDING	I Pin	1	
Desir-11		Ci	y, State, Zip Code .	7 ~ 1	14/100	
Project Manager for Monitoring	Firm Tel	ephone No. Tel	12/11/10	MIT	Cite)(-
Start Date (10)		Tel	ephone No.	Licens	se No.	
Jan Dele (10) // /25/	Scheduled Completi	on Date (11)	C9-346-C91	6/ 6	1070	
Occupancy Status During As		Nan	ne of OSHA Monitor			
Occupancy Status During Abateme	ent (Check Only One) / /	15-				
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ng Entire Period of Abatement	Sues	t Address			
Other – Describe:	of Normal Facility Hours	Cire	State, Zip Code			1
Scope of Work (Check All That Ap	nly)		State, Zip Code			
☐ ≥3 sfor >3 if						1
.☑ ≥160 sf or ≥260 lf	Renovation	r	7 500		133	
	Demolition	. [Full Containment with Mini-Enclosure	in Negative Pr	ราบขอ	
			Glovebag Procedura			
	Is Location	1	Non-Exempled (*) an	d Non-Friable	е Ргоседиге	1
Location of Asbestos-Containing Material (A		D	1		Abatemo	ent
TO BE ABATED In Facility	Maintenancel	Asbestos Containing Ma			Type	
(13)	Custodial Staff?	(i.e. thermal systems insula VAT, or	bon, surfacing (Amount Specify		: _
		other miscellanes	ous) SI	For LF)	Repair Removal	
0.	Yes No N/A				Repair Removal	Enclosure
1/20 Senent		D/ / · · ·			1 / 6	1 1
		Food Hile in	19th 20	00 5=	1	11
				2		+
		•	1			<u> </u>
e of Registered Waste Hauler						
, l	NJDEP Was	te Cubic Yards				i
WINE LLC	Hauler ID No	of Waste	Name of Registered	Landfill		
State	20847		IM of	E		1
- Ulkico	/\) (Disposal Date	City, State	17-		
letted by	Title	Signature 1	1 siller face	in 1/2	_	
100 CHILL 1 1411.	K Resident.	Signature	11:	Date	/ .	
(R-06-08)			TIT	1 11	115/18	1
<u> </u>		* Do no	t use this form for not	/	1 /10	
			t use this form for asbesto	s licensure ex	tempted activities	S.

CK5325 PA	State of New Jer. NOTIFICATION OF ASBEST (Pursuant to NJAC 8:60 a		HHEGELVE
Date of Notification (1)	Name of Building Owner/		
Agencies Notified Type Notification	1 12/	Para and an analysis	NOV 2 0 2018
. Abe confication	Street Address	University	1109 2 0 2010
グ EPA グ Initial ロ Amended	201 m	allien Hill Ro	
Amendment	City, State, Zip Code	T	
DOH justification)	Name of Cont	N) 08028	90 Village 10
La Cancellation	1311		Telephone Number
Name of Facility Where Abatement is Taking Pl	FACILITY INFORMAT	TON	604 685 1063
Street Address		Type of Facility (4)	
7-1 - 11	10	School (K-12)	
City (5) Col Mallier /	all Rd.	Other (i.e. priva	Other than K-12) te & commercial buildings, homes, etc.)
County (6)			# of Floors Bldg Age
(2/ovsin)	County Code (7)	Currenti	
Name of Monitoring Firm Hired by Building Own	(STATE USE ONLI)	Current Use (Prior if b	eing demolished)
	1.00.01 1.0.	Name of Abatement Contractor	(9)
Street Address		This lies White	CONTRACTOR OF THE PROPERTY OF
City, State, Zip Code	1 3	reet Address / 212 Di Pli Val	A Mary Miles 1 1 Cl
	Q	icy, State, Zip Code	on Mile
Project Manager for Monitoring Firm	17:	the later of 11	I Esto)5
Start Date (10)	10	reprione No.	License No.
Schi	eduled Completion Date (11) Na	me of OSHA Monitor	EVA70
Occupancy Status During Abatement (Check Only On	12/74/18	Me of OSPIA Monitor	
Facility Closed Nigger 1 D : -	Stre	et Address	
Abatement Performed Outside of Normal Facility Other – Describe:	' Hours		
Scope of Work (Check All That Apply)	City,	State, Zip Code	
☐ ≥3 sf or >3 IF			
.☑ ≥160 sf or ≥260 if	Renovation Demolition	□ Full Containment	
		☐ Full Containment with Ne ☐ Mini-Enclosure ☐ Glovebag Procedure	gative Pressure
	, ,	Glovebag Procedure Non-Exempted (*) and No	In-Friehle Denne
Lecation of Asbestos-Containing Material (ACM) U	Is Location Normally	1	Abatement
TO BE ABATED I A	ised Solely by Vaintenance/ Istodial Stage Asbestos Containing Management (i.e. thermal systems in the stage of the sta		Type
(13)	(12) VAT or	ation, surfacing (Spec	ify =
Yes	other miscellane	ous) SF or I	Enclosure Encepsulate Repair Removal
bise ment	No NIA	1	
2.17 [17.0	Floor Het	masarc 1800	C IS
		1 100	2/ /
lame of Registered Waste Hauler			
4111 12-110	NJDEP Waste Cubic Yards Hauler ID No. of Waste	Name of Registered Land	
ity, State	ZoS47 of Waste	1212 / / /)
i)claires MI	Disposal Date	City, State	
impleted by Title	<i>1.5.</i> D	Juliotaria n	0
- Jeph 1 Hill. I KR	Signature Signature	11:	Date /
3-1: (R-06-03)		797	11/15/18

TO A TITLE

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	FALL		(Pursuan	t to NJA	8:60 an	d 12:120	D)		()	14	192	Ц		
Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)		Ch	<u> </u>	112	1		
11/15/18				East	Newark	Town	Center	LLC		- 172	(FB)	100 TO 10	P	I.	1 7-
Agencies Notified	Type Notification				Address				- ;;	1			******		
□ EPA	X Initial			900 F	assaic	Ave			11,7					Ī	
DEP	Amended			City, St	ate, Zip C	ode					MOV	20	חוח	1	1 11
X DOL	Amendment			News	ark, Nev	v Jerse	У		1		NOV	2.0 2	2018		
X DOH	Emergency justification)			Name o	of Contact	t				Tel	lephone N	lumber	-		
DCA	Cancellation									1/-					
Name of Facility 187				FAC	ILITY INF	ORMAT	ION					34-5-5-1	,	1.14	
Name of Facility Where A Building # 18	Abatement is Takin	g Place (3)					Туре	of Facility	(4)					
Street Address									School (K-	12)		4			
900 Passaic Ave									Subchapter	8 (Oth	er than K-	-12)			
								×	Other (i.e. petc.)	private (& comme	rcial bui	ldings	, hom	nes,
City (5) East Newark									re Feet	# 0	f Floors		Bldg.	Age	
								25,		3			50+		
County (6) Essex					Code (7)	n			ent Use (Pri			ished)			-
Name of Monitoring Firm	Lived by Duilding	2 (0)				/			mmercial			3			
n/a	mired by Building (Jwner (8)		ASCN	M No.		I		atement Cor		100				
Street Address				n/a			-		Contract	ing Ind					
n/a							Street		77						1.00
	ity, State, Zip Code n/a							1 300000000	ade Ave						
n/a	n/a						1000		ip Code						
Project Manager for Mon	Project Manager for Monitoring Firm						Teleph		NJ 07026						
n/a							9734				License 01255				
Start Date (10)		Schedule	ed Cor	n/a	Date (11)				HA Monitor		01255				
11/24/18		01/31/			(/		200		Contracti	na Inc					
Occupancy Status During	Abatement (Chec	Only Or	ie)				Street /			119 1110		-			
Facility Closed/Vaca	ited During Entire P	eriod of A	Abater	ement 360 Palisade Ave											
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hour	rs City, State, Zip Code											
						_	Garfi	eld, l	NJ 07026						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova					Ful	I Containme	ent with	Negative	Pressu	re		
≥160 sf or ≥260 lf		X D	emoli	tion			H	Mir	ni-Enclosure	2	•				
							×		vebag Proc n-Exempted		d Non-Fria	able Pro	cedur	е	
		Is	Locat	ion			19150-11						Abat		t
Location	of	l N	lormal	ly		Des	scription	of						ре	
Asbestos-Containing TO BE ABA			d Sole		Asbes	tos Conta	aining Ma	aterial	(ACM)	Ar	mount			Ш	
In Facilit		Cust	odial S	Staff?	(i.e.	thermal	systems cing, VAT		ition,		pecify or LF)	Rer	20	Encapsulate	Enclosure
(13)			(12)				niscellane			O.	O. L.)	Remova	Repair	nsd	losu
		Yes	No	N/A								<u>a</u>		ate	re
0-4 51			х			Flo	oor Tile			37	'0 SF	+-			
0-4 51			х				oor Tile	_			40 SF	Κ.	-	-	
4th Floor x							oor Tile	-			0 SF	Χ .			
										-71	01	×			
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic `	Yards		Name of F	Register	red I andfi	H			
Rovic Transport					No.	of Was			ISEI La	1000	Je waruli				
City, State	TBD														
Riverdale, NJ	Disposal Date TBD				City, State		Α.								
Completed by		Title					anatura		Bethleh	em, P					
E Circuia		Signature						Date							

Secretary

E. Cirovic

11/15/18

C.K35737 PAID'

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	NOV	20	2018		1.	
11 /13	/18	8			sco-NJ	0polato,	(4)		35	7	3	7	
	Votification			Stre	et Address			* 4.0 Tab. (1.0		164	-141		
	ial			43	New Bri	unswick Avenue,	Unit 3		1111				
☑ DOLWD ☐ Am	ended			-	State, Zip		Offics	0.000,000,000,000	-9.911		11/4		
	endment #		-35	100									
DCA Em	ergency (in	ncludin	g			NJ 08861							
	ification)				e of Conta	ct		Telephone Nun	nber				
Car	ncellation			Je				732-713-82	73				
Name of Facility Where Abateme	nt is Takin	a Place	2 (2)	FA	CILITY	NFORMATION							
Newark Airport-Deicer tan		y Flace	= (3)				Type of Facility	` '					
	K						School (K-12						
Street Address							Other (i.e. n	3 (Other than K-1) rivate and comme	?)	uildin			
350 Earhart Drive							homes, etc.)	iivate and comme	TCIAI D	ullulli	ys,		
City (5)							Square Feet	# of Floors	В	ldg. A	Age		
Newark							N/A	N/A		N/A	-5		
County (6)				Cou	ntv Code ((7)(STATE USE ONLY)		or if being demoli	ahad\	IVA	4		
Essex				-	, ((·/(o////2 002 0/42/)	Deicer Tank		sneu)				
Name of Monitoring Firm Hired by	Ruilding (Dwner	(8)	ASCN	l No	None of Alest	The state of the s						
Guardian Contracting, Inc.		JWIIEI	(0)	ASCIV	I NO.	Name of Abateme	17. 57						
Street Address						Guardian Co	ntracting, Inc.						
(1750) NAS 240 (1750) 2007 2007 2007 2007 2007 2007 2007 20						Street Address							
1889 Rte. 9, Unit 61						1889 Route 9	, Unit 61						
City, State, Zip Code						City, State, Zip Co	ode						
Toms River, NJ 08755					The state of the s	New Jersey 08	755						
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.					
Nicholas Fernicola					9-9932	732-349-9932		A LANGUAGE CONTRACTOR					
Start Date (10)	Sched	luled C			ate (11)			00624					
11 / _27 / _18					18	Name of OSHA M E.M.S.L. Anal							
Occupancy Status During Abatem													
□ Facility Closed/Vacated During	Entire De	riad of	ліе) ^ b = t =		Street Address								
☐ Abatement Performed Outside	of Normal	Escilit	Abate	ment		1056 Stelton							
Time of Abatement:AM	- PN	ласпіц Л/	PM	rs - De: -	ΔM	City, State, Zip Co	de						
Scope of Work (Check all that app					ZAIVI	Piscataway, N	lew Jersey 088	354					
Goope of Work (Check all that app	ly)					□ Eull Cont	nings and with Man				0.00		
≥3 sf or ≥3 if		⊠ Re	novat	ion		☐ Mini-Encl	ainment with Neg	ative Pressure					
≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Glovebag	Procedure						
						Non-Exer	npted (*) and Nor	-Friable Procedu	re				
			Loca						Ab	atem	ent T	vpe	
Location of	A (CA A)		lorma	ely by		Description of						1	
Asbestos-Containing Material (TO BE ABATED	ACIVI)			ince/	Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	nc	Enclosure	
IN Facility				Staff?	(I.e	e., thermal systems in surfacing, VAT,	nsulation,	(Specify	NO.	ar.	aps	losu	
(13)			(12)			other miscellaned		SF or LF)	<u>m</u>		Encapsulate	īe	
		Yes	No	N/A							œ		
exterior \square					insulati	on from deicer to	ank	400 sf					
										П	П		
Name of Registered Waste Hauler			N	JDEP 1	Vaste	Cubic Yards of	Name of Regist	ered I andfill	1-				
Guardian Contracting, Inc.					No.	Waste	T.R.R.F.						
City, State					3	5							
				Disposal Date	City, State								
Toms River, New Jersey				12/01/18	Tullytown, I	Pennsylvania							
Completed By (Print or Type) Title						Signature		A Da	te /	-			
Nicholas Fernicola Project Mana							011.		1	3/	18		
ASB-41					V	1. th	el 1	11	3/	1 0			

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(11	579	18 .	a manage

100010										NO	11 0	2 20	10	4.5	
Date of Notification (1) 11 /	14 /	18			17,00000	of Buildin ntano Pro		ner/Operator (: ies	2)	7	V /	7 ZU 3 T	118 7 S		
Agencies Notified EPA	Type Notifica	ation				t Address	_			7 7			, ,	i.	
⊠ DOLWD	☐ Amended	4				Box 155						in the	Y 3	1,000	
☑ DOH	Amendm				1	State, Zip (
DCA	☐ Emergen		luding	į.		nalapan,	<u> </u>	7726							
(NJAC 5:23-8)	justification	on)	0 2 8		Name	of Contac	t			Telephone Nur	mber				
	☐ Cancellat	tion			Но	ward Kle	in			732-618-05	511				
					FA	CILITY IN	NFOR	MATION							
Name of Facility Where A		Taking	Place	(3)					Type of Facility						
Residence-chicken	coop						ع ريدس		School (K-12	t) 3 (Other than K-1	2)				
Street Address									Other (i.e., pi	rivate and comm	ercial b	uilding	js,		
City (5)									Square Feet	# of Floors	В	ldg. A	ae		
Manalapan									600 sf	1		80	3		
County (6)	13 - 11 - 12 - 12 - 12				Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	ior if being demo	lished)			-	
Monmouth									chicken cod	p					
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
N/A							G	uardian Co	ntracting, Inc.						
Street Address							Stre	et Address							
							18	889 Route 9	, Unit 61						
City, State, Zip Code				City	, State, Zip Co	ode									
				To	oms River, I	New Jersey 08	755								
Project Manager for Moni	toring Firm			Tele	ephone	No.	Tele	phone No.		License No.					
							73	32-349-9932		00624					
Start Date (10)						ite (11)	Nan	ne of OSHA M	lonitor						
11 /26 /					<u> </u>	18	E.	.M.S.L. Anal	lytical						
Occupancy Status During							Stre	et Address							
☐ Facility Closed/Vacate							10	056 Stelton							
Abatement Performed Time of Abatement:							City	, State, Zip Co	ode						
Scope of Work (Check all			-		11/2	Aivi	Pi	iscataway, N	New Jersey 08	854					
Scope of Work (Check all	тпат арріу)							☐ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf ≥400 ef ==> 200 lf			Re					☐ Mini-Encl	losure						
≥160 sf or ≥260 lf		1	□ Del □ Del	moliti	on			☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proced	ure				
			ls	Loca	tion				The control of the co	ii i iidolo i iooca		batem	ent T	vne	
Location				lorma				Description o	f			Τ_		T	
Asbestos-Containing I		1)			ely by ance/			Containing Ma		Amount	Rem	Repair	nca	ncl	
TO BE ABA					Staff?	(I.e	e., ther si	rmal systems i urfacing, VAT,	insulation,	(Specify SF or LF)	Removal	¥	psu	Enclosure	
(13)	Š	1		(12)	1	-		er miscellane		0. 0. 2.)	-		Encapsulate	Гe	
			Yes	No	N/A										
exterior \square						asbesto	os sid	ding		600 sf	\boxtimes				
											П	П	П	П	
			П	П											
Name of Registered Was	te Hauler			_	JDEP Y	Waste	Cub	ic Yards of	Name of Regis	tered Landfill					
	Guardian Contracting, Inc.					D No.	Was		T.R.R.F.						
City, State					20223)	3 Disp	osal Date	City, State						
Toms River, New Jersey							2000	1/28/18	-225-250 - 25-820. 200-02-02-03	Pennsylvania					
Completed By (Print or Type) Title							+	Signature		// 10	Date	-			
Nicholas Fernicola Title Project Manager									1.		11/1	4/	18		
ACD 44								The state of the s	1 74-2		1 1 6	4 / 1			

Print Form

1./.	旦 左	里里里		:	State of I	New Jers	ev						-		
REQ. FOR 1	WAIVER	OF 1	Noti	FICATIO	AL OF AC	PECTO		MEN (0)	I As Pe	rfn	anki	Ne	40	r_1	1/1
NOV. 15, 2018				Mame	of Buildir	ng Owner VI2, LL(Operato	r (2)	1-	ortana i Aus	7 (2)		7 - 6	.	
Agencies Notified EPA	Type Notification				Address	TON D	RIVE				. 9	ici lei	i 1		
X DEP X DOL	Initial Amended Amendmen	t #			State, Zip	Code Y, NJ 07	2866				MOV	2.0	20	10	
DOH DCA	Emergency justification) Cancellation		9	Name	of Contac	91		Tell-	11/2		NOV hone Nu		20	10	
	Caricellation					E05111			ď	1000	-220-02	204	- 1 1-4-1 - 1 1-4-1	ELS.2	aul.
Name of Facility Where Al FORMER FLORIST	batement is Takir AND HOUSE	g Place	(3)	FAC	JILIIY IN	FORMAT	ION	Тур	e of Facility (4				, v.	101 -11	
Street Address 879 CLIFTON AVEN	IUE			-				×	School (K-12 Subchapter Other (i.e. pr	Other	than K-1	2) ial bui	ldings	, hom	es,
City (5) CLIFTON						ē		Squa	etc.) are Feet) SF	# of F		1	Bldg. /	Age	
County (6) PASSAIC				County (STATE	Code (7)) .y)			ent Use (Prio		demolis		1010		
Name of Monitoring Firm F	lired by Building	Owner (8)	ASC	M No.		Name	of Aba	atement Cont	ractor (9))			¥	
Street Address	200			1			Street	Addre		-	Abatem	ient (Jorp	., Inc	
City, State, Zip Code						City, S	tate, Z	pson Stree Zip Code							
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph	one N			J 0776 icense N				
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)	732.2 Name		3373 HA Monitor	0	0040				
NOV. 17, 2018		NOV.		018											
Occupancy Status During A							Street /	Addre	ss						
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	eriod of all Facility	Abater Hour	nent s			City, St	ate, Z	ip Code					-	_
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Remolit				×	Mir	ll Containmen ni-Enclosure ovebag Proce n-Exempted (dure					
		Is	Locati	ion					- Lacinpied) and iv	OII-I Habi			ment	
Location of		1	lormal	ly		Des	cription (of					Ту		
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	d Sole intena odial 3 (12)	nce/	Asbes (i.e	stos Conta thermal surfac	aining Ma	aterial insula , or	(ACM)	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
BASEMEN	Т	Yes	No	N/A X			VAT			100	0.5			ate	e,
				X			VAI			120 \$	5F	Х			\dashv
Name of Registered Waste I Finishing Touch Asbes	Hauler tos Abatemen	t Corp.,	1 H	JDEP W auler ID 2050		Cubic Yof Was			Name of Re						
City, State WEST LONG BRANCH	H, NJ 07764			_000		Disposa 11/20/			City, State MORRIS	VILLE	ΡΔ				
Completed by JOSEPH P. MILLER		Title PRES	SIDE	NT			gnature	1/1	OHIK	*1,	Date	e /15/1	8		-
ASB-41 (R-06-08)							Do not	use th	nis form for as	bestos li				ctiviti	es.
						1/									

PAID

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

CML#3469

Date of Notification (1)					I NI	(D. 'L.)'	0 10		NOW (1)	10	(
11 /	14 /	18					g Owner/Operator	(2)	HALE C	(2000 - 100	() ()	n.	Tig	
Agencies Notified	Type Notific	ation			Stron	t Address			111159			1.	, Let	
□ EPA	☐ Initial	ation			0.000	1 Hamilto	m A						į	
⊠ DOLWD	☐ Amende	d							NO\	12	0 7	010		
□ DHSS	Amendm	ent#			1,000,000	State, Zip (IVO	4	0 2	010	1	
☐ DCA			uding			enton NJ			12 1				- 1	
(NJAC 5:23-8)	justificat				200	of Contac	t		Telephone Numb				7994	
	☐ Cancella	tion			Rit	a Gelli			609-599-5000)	413	1	1124 12	
Name of Equility Where A	hatamant in	T-1:1 F	DI	0)	FA	CILITY IN	IFORMATION							
Name of Facility Where A		i aking i	riace (3)				Type of Facility (50.50					
St Francis Medical	Center							Subshapter 9) 5 (Other than K-12)					
Street Address 601 Hamilton Ave									ivate and commerc		ilding	ıs,		
City (5)								Square Feet	# of Floors	DI	dg. A	70		
Trenton								70,000	3		60+	ge		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Mercer								Hospital						
Name of Monitoring Firm	Hired by Buil	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Environmental Con	nection						BRISTOL EN	VIRONMENTAL	_, INC.					
Street Address							Street Address						-	
120 N Warren Street	t						1123 BEAVER STREET							
City, State, Zip Code					City, State, Zip Co									
Trenton, NJ 08010							BRISTOL, PA							
Project Manager for Monit	toring Firm		T	Tele	phone	No.	Telephone No.		License No.					
Rollie Jones						-4200	215-788-6040		00509					
Start Date (10)	15	Schedule	ed Cor				Name of OSHA M		00000				115-5	
11 /14 /						18	Annual and a second sec	VIRONMENTAL	., INC.					
Occupancy Status During	Abatement (Check o	nly on	e)			Street Address					-		
☐ Facility Closed/Vacated	d During Enti	re Perio	d of Al	oater	nent		1123 BEAVE							
Abatement Performed	Outside of No	ormal Fa	acility I	Hour	s - Des	scribe	City, State, Zip Co	ode		-				
Time of Abatement:	AM- <u>4:0</u>	0PM/ <u>11</u>	:30PN	Λ	AN	Л	BRISTOL, PA							
Scope of Work (Check all	that apply)													
		X	Rend	vatio	าก		☐ Full Cont	ainment with Neg	ative Pressure					
☐ ≥160 sf or ≥260 lf			Dem				☑ Glovebag							
							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedure)				
				ocati						Aba	ateme	ent T	уре	
Location of Asbestos-Containing N		n	Used	rmal Sole		A a b a .	Description o		V_00000000000	ZD	Z.	Ш	Ш	
TO BE ABAT			Main			(i.e.	stos Containing Ma , thermal systems i	insulation.	Amount (Specify	Remova	Repair	ncar	nclo	
IN Facility	y		Custo	dial 8 (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure	
(13)				No	N/A		other miscellane	ous)				ate	0	
BioMed Workshop			200			Dine Inc	latie w		215	57				
BioMed Workshop						Pipe Ins			6 LF					
										Ш	Ш	Ц	Ш	
			_ -											
		L			Ш									
Name of Registered Waste				0.557	JDEP V		Cubic Yards of	Name of Regist						
BRISTOL ENVIRONM	MENTAL, IN	IC.			auler II 18706	7/1-10 E-00	Waste 1 Cu Yd	FAIRLESS	LANDFILL					
City, State							Disposal Date	City, State						
BRISTOL, PA 19007							11/15/18	FAIRLESS I	HILLS, PA 1904	7				
Completed By (Print or Type) Title							Signature		Date	2	-			
Gino Pizzigoni		Esti	mato	r			Dino	Common	i/9n 11	-10	4-1	8		

ATTN TOM VORHEES & CHRIS TREVORS

State of New Jersey

WERGEN CY CHO (Pursuant to NJAC 8:60 and 12:120)

NOV 20 2018

-									1				
	Date of Notification (1)	13-18				Jo	ling Owner/Operato	11	IN EXCAU	271	NC	,	-41
	Agencies Notified PA	Type Notifica	tion		S	Street Addres	PO BO	x - 199		10 2 5			
	79 DOL	Amended Amendme	nt#		-	ity, State, Zip	Code		0				
	⊠ рон	☐ Emergenc justification	y (inclu	ding		lame of Conta	CAPE MY	ty cou	RT HOUSE Telephone Nur				
	□ DCA	Cancellation	n		_		ONN		609-78		38	10	
	Name of Factor And					FACILITY IN	FORMATION	_					
	Name of Facility Where A	ESINEN		ace (3)			Type of Faci			(1-100)		
	Street Address						*	Subchapt	er 8 (Other than K-1 , private & commerc	12) cial bu	iilding	js,	
	City (5)	JAN C	1T4					Square Feet	# of Floors		Bldg.		
F	County (6)		1 1			County Code (7) (STATE	Current Use	Prior if being demol	ished			_
H	Name of Monitoring Firm I	WAY	o Owne	er		CM No.	Name of Abatem		CANIT				_
	(0)	, A					KLEW	100 I	NC				
	Street Address						Street Address	. SPR	CE AUF				
	City, State, Zip Code						City, State, Zip C	ode ESHAL	DE W.J	\cap	80	52	
F	Project Manager for Monit	oring Firm		Te	lepho	ne No.	Telephone No.		License No_		,,,,		
- 5	Start Date (10)	Sch	eduled	Comp 25	etion —	Date (11)	Name of OSHA N			- 1			_
	Occupancy Status During						Street Address						
	Facility Closed/Vacated Abatement Performed C						City, State, Zip Co	xde					
E	Other - Describe:								(a)				
S	cope of Work (Check all t	hat apply)					☐ Full Cont	ainment with N	egative Pressure				
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf			enova emolitic				Procedure	on-Friable Procedur	re			
				Locati						7	Abate	ment	
12	Location of Asbestos-Containing Mate	arial (ACM)		d Sole		Ashesio	Description of s Containing Mate	rial (ACM)	Amount	-	1		
	TO BE ABATED IN Facility		C	ustodia Staff?			hermal systems in: surfacing, VAT, o	sulation,	(Specify SF or LF)	Rei	Re	Encapsulate	Enc
	(13)			(12)]	other miscellaneou		Sr OI LF)	Remova	Repair	psula	Enclosure
Yes No										_		le	Ф
SIDING						1	RANISIT	E	2250 SF	X			
_			-									\dashv	\dashv
=			-									\dashv	\neg
Na	me of Registered Waste H	lauler					Cubic Yards	Name of Regi					\neg
	KLENCO	INC			10ler II		of Waste	_ C. W	. C. M. U	C P	\		_
Cit	y, State MADLE	HADE	1]			Disposal Date	City, State	OBINE				
	mpleted By	Title	C	0			Signature	001	Date	7.	-18		
Yu	LICHAEL PLE	um _	Sur	,			May		=	7	10		

11. 7. 77	t E	ELEY.	Pur	suant to	NJAC 8:0 B# 18-1	60 and 12 : 559			tim.				1	7.1
Date of Notification (1) 11/15/2018						wner/Oper lor Ingis			N	IOV 2	20	18		12
Agencies Notified Typ	e Notification		S	treet Add	Iress			1	1					
× EPA	Initial								1-1-0-1	1.1	75 (5)			
DEP	Amended		C	ity, State	, Zip Code	e River, NJ	07/158		# 100 mm m m m m m m m m m m m m m m m m			9.5		
X DOL	Amendment # Emergency (in					aver, No	07430		Tolonk	none Num	her		_	_
X DOH	justification)		1000	lame of Colonia					Liciebi	ione mani				
× DCA	Cancellation				N. O. S.	RMATION			1					
Name of Facility Where Abate	ement is Taking	Place (3)		I AOILI	111110	· · · · · · · · · · · · · · · · · · ·	Тур	e of Facility (4)						
Oterat Address							\dashv H	School (K-12 Subchapter 8	Other t	than K-12	1			
Street Address							×	Other (i.e. pr	ivate & c	commercia	l buildi	ngs, h	omes	5,
0:1 (5)							Sar	etc.) Jare Feet	# of F	loors	Blo	lg. Ag	е	
City (5) Upper Saddle River							2,4	60	3		64	770 = 10.		
County (6)				County County County County	ode (7) SE ONLY)			rrent Use (Prio esidential	r if being	demolish	ed)			
Berger Name of Monitoring Firm Hire	ed by Building C	Wner (8)		ASCM	No.	l N		batement Cont	ractor (9))				
Name of Monitoring Firm Hire	ed by building C	Wilei (0)		AGOM	110.			vironmental						
Street Address							Street Add	ress ueens Plaza	a South	1		- 755, 5		
City, State, Zip Code								, Zip Code and City, N	Y 1110)1				
Project Manager for Monitori	ing Eirm		- 1	Telephon	e No.		elephone	2500		License N	0.			
Project Manager for Monitori	ng r iini			. о.ор		7	718-349	-0900		00853				
Start Date (10) 11/26/2018	Schedule 2/26/20	119					SHA Monitor h Kowalczyl	k						
Occupancy Status During Al	batement (Checi	k Only One	e)				Street Add							
Facility Closed/Vacated	d During Entire F	Period of A	baten	nent				ach 98th Str	eet					
Facility Closed/Vacated Abatement Performed Other – Describe:	Outside of Norm	nal Facility	Hours					, Zip Code /ay Park, N	Y 1169	4				
Scope of Work (Check All T	hat Apply)					N. C.								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		2.0	enova				H	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
							×	Non-Exempted	d (*) and	Non-Friat		cedur Abate		
		Is	Locat	ion									pe	į.
Location of	•		lorma d Sole			Desc	cription of	rial (ACM)	Λn	nount			m	
Asbestos-Containing Ma TO BE ABATI		Ma	intena	nce/		thermal sy		erial (ACM) sulation,	(Sp	pecify	Re	D	nca	1 2
In Facility		Cust	todial ((12)	Staff?	10000		ng, VAT, o scellaneo		SF	or LF)	Remova	Repair	Encapsulate	Elicioadio
(13)				1		Other III.	300 nan 100	45)			<u>a</u>	-	ate	q
		Yes	No	N/A		EL T:	I- 0 Ma	otio	-	300	X			+
3rd Floor			X			Floor Ti	ie & ivia	SUC			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			+
						Tair		ng.	Dogists	rod Loads				
Name of Registered Waste	Hauler			NJDEP V Hauler ID		Cubic Y of Wast		11: 1		red Landfi				
ATC				24310		20 Yar	rds	Minerv		i hi i se s				
City, State Shirley, NY 11967						Disposa 11/28/		City, Sta Wayne		OH 44	688			
	Commence of the second	Title				Sig	gnature	//N\		1.0	ate			
Completed by		Title					-	/ / /// \			1/15/			

1100	(Pursuant to	NJAC 8:60 and 12:120	"	. 前為 塩 !	5	j.	
Date of Notification (1)		Building Owner/Operator	Agnes C	huech			
Nov 16, 201 Agencies Notified Type Notification	Street Add	dress	0	N	OV 2	0 20	18
T EPA OK Initial	A City State	e, Zip Code	tee Stre	et		n 4-1	\dashv
DEP Amended ±	1 A	Hartic Hi	shlands	NJ 077	116		
DOH Emergency (inchi	Name of	Contact	3	732 - 291 - 0		0.611	5
□ DCA □ Cancellation		E MILEY ITY INFORMATION			1614	. 41 11	
Name of Facility Where Abatement is Taking Pl	(Convent	House)	Type of Facility (4	•	7 -	•	
Street Address Street Address			☐ Subchapter	8 (Other than K-12) wate & commercial	huilding	is homes	
	Street		etc.) Square Feet	# of Floors		. Age	
City (5) Atlantic Highland	s NJ	07716	1	3	8	0+-	
County (6)	County C	Code (7) ISE ONLY)	Conve	r if being demolished			
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM	No. Name	of Abatement Con	tractor (9)		-	\dashv
EPC Technolog	ies	NA	EPC Tee	hoolog	ies	In	6
Street Address Box 33	7	Sue	O. Box	337	3	•	
City, State, Zip Code	RO TN	533 CHY	State, Zip Code	71A 4A	09	53	3
Project Manager for Month ris of Firm	· Telepho		phone No.	. License No	2	OLI	
Steve Schenken	cheduled Completion	1000	758~336 e of OSHA Monitor	SU	ال	17	
Start Date (10) C+ 22, 2018		2018	EPC Tec	hnologies	In		
Occupancy Status During Abatement (Check C			P.O. Box	.337		Section 2	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of Abatement Facility Hours	City,	State, Zip Code				
Other - Describe:			kw Egypt	M C	185	<u>33</u>	-
Scope of Work (Check All That Apply) 22 ≥3 sf or ≥3 lf	.□. Renovation	•		ent with Negative P	ressure		
≥160 sf or ≥260 lf	Demolition	4 4	☐ Mini-Enclosure ☐ Glovebag Pro	cedure	o Droso	dues	
		/	Non-Exempte	d (*) and Non-Friabl	4	batemegi	
Location of	Is Location Normally	Description			\vdash	Type	\Box
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely by Maintenance/ Custodial Staff?	Asbestos Containing (i.e. thermal system	ms insulation,	Amount (Specify	Ren	Enca	Encl
In Facility (13)	(12)	surfacing, \other miscell		SF or LF)	Removal	Encapsulate Repair	Enclosure
	Yes No N/A					0	
Basement, 1st + 2nd Floors	X	Flour Tiles	9" 29" .	3500 SF	X		
exterior walls "	*	· Siding Shi	ingles	6000 SF	X		\vdash
Name of Registered Waste Hauler	NJDEP V			Registered Landfill			
EPC Technologies	Hauler II	00		teManage	nent	of !	AS
	VJ.	Disposal Da Various	- 1.04	nisville 1	PA		
City, State New Egypt Completed by Steve Schen Kee	Title	Signat		. Da	rte	10	
Steve Schenker	President	3	less back	wa	11-16	2-18	

10-22-18



CD 1 (1) 10 11 11						<u> </u>		-		
Date of Notification (1)	2018	Name of	Building Owner/C	- 4	Agr	as Ob	iR	- h		17
Agencies Notified Type Notification		Street A	ddress	01	- '\3 '	0:	uci	<u></u>		
☐ EPA . ★ Initial		27	103) Ce	nte	s Jts	SS	-+	2	010
DEP Amended Amendment:		City, Sta	te, Zip Code	1:6	11.	10101	A A	17	177	71/
☐ Emergency (includina	Name of	Contact	VIIC	41	9 Manas	L V	17 (011	16
□ DOH justification) □ DCA □ Cancellation		<	e Kile	-₩		732-29		- 0.	27	2 4
Name of Coulify Mileson Abstracts in Table		FACI	LITY INFORMATI	THE RESERVE AND ADDRESS OF THE PARTY OF THE						- 2 47
Name of Facility Where Abatement is Taking St Agnes Church	Convent	L 11			of Facility		•			
Street Address	Convent	r n	مىرو		School (K- Subchapte	-12) er 8 (Other than K-12	2)			
44 South S	Street				Other (i.e. etc.)	private & commercia	al buil	ldings,	home	es,
City (5)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				re Feet	.# of Floors	E	Bldg. A	\ge	
Atlantic Hig	hlands	N	5 0771		200	3		8	01	-
County (6) Mon mouth		County (Code (7) USE ONLY)	Curre	ent Use (P	rior if being demolish	1777			
Name of Monitoring Firm Hired by Building (1	ASCN		Name of Aba	on Ve	nt Hou	se			
EPC Technolo	Ries	ACCIV	NA	FP		choolee	ie	<u> </u>	Ir	
Street Address				Street Addre	SS		100	W (100	
RO. DOX 3.	31			P.O.	Box	337				
City, State, Zip Code	TW	20	533	City, State, Z	- Committee	714 sai	Λ	04	2.3	2
Project Manager for Moeif Iri g Firm	710	Telephor	ne No.	Telephone N	Egy	License N	0	0	JU	3
Steve Schenker	_		758-3365	609 758	400 0		5.3	39	4	
Start Date (10)	Scheduled Com	pletion i	Date (11)	Name of OS	HA Monito	· ·			-	
Oct 33, 9018		10,	2018	EP	C Tec	hnologies	I	nc		
Occupancy Status During Abatement (Chec		-		Street Addre		337				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abatema al Facility Hours	ent		City, State, Z		- W		30	7	77
Other - Describe:				New 1		NJ C	785	53	3	
Scope of Work (Check All That Apply)					018				_	
23 sf or ≥3 lf 2 ≥160 sf or ≥260 lf	☐ Renovat					nent with Negative P	ressu	ire		
2 2160 St Of 2260 IT	Demolition Demolition	on	•	□ Glo	ni-Enclosus ovebag Pro	ocedure				
	T		·	No	n-Exempte	ed (*) and Non-Friab	le Pro		emen	_
Location of	ls Location Normally		De					-	pe	
Asbestos-Containing Material (ACM)	Used Soleh Maintenan	y by	Asbestos Cont			Amount			m	
TO BE ABATED In Facility	Custodial St			systems insula ing, VAT, or	ation,	(Specify SF or LF)	Ren	Re	ncar	Encl
(13)	(12)			niscellaneous)		J,	Removal	Repair	Encapsulate	Ënclosure
	Yes No	,N/A	(2)		16		-		ate	Φ.
Basement, 1+20 Floor	入		Floor	Tiles		3500 SF	X			
exterior Walls		×	Siding !	Shinsle	٠ د	6000 SF	K		•	
TOTAL MANY		-	J. W.	200		0000	1			
Name of Registered Waste Hauler	1.0000	IDEP W		Yards ·	Name of	Registered Landfill				
FA 1		uler ID	The state of the s	te 44	Was	te Manager		4	c . I	Ail
EPC Technologies City, State	9	1700		al Date	City, Sta	te	100	. 01	- 1	4.
	NJ.	TV.		us Dates			A			
Completed by	Title			ignature	CI	Da		1.,	1.	
Steve Schenker	Preside	int		Dleep)	DCK.	ohn 11)/	41	18	

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

UN 11+	A BARRO	(Pu	airon c suant to	NJAC 8:60	0 and 12:12	5)				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)) N		3 5
Date of Notification (1)		N	lame of B	uilding Own	ner/Operato	(2)							1
11/16/18		transform.	WIL	LIAM E	PEBE	cca	Buck	NGI	jan.	7.0	20	10	-
Agencies Notified Type Notification		S	treet Ado	iress ·	,				MOA	20	20	10	1
/		Appl Jerffedin											-
DEP Amended		10	-	, Zip Code					1		19 7		i
DOL Amendment Emergency (industra	- 1	Pa	RE R	IDGE, L	72.	07656	2	ohone Numi	-	14		
DOHiustification)		10	tame of C		Δ	El		1 100	Dans Leme	FG1			
DOH justification) □ DCA □ Cancellation		1	Wi	LLIAM	BUCK	NAH	aul	1					_
	(T)		FACIL	ity infor	MATION	i Two	e of Facility (4)					
Name of Facility Where Abatement is Takin	g Made (a)		-	Ø.			School (K-12		54				
RESIDENCE								a comme	r than K-12)		_		
Street Address							Other (i.e. pr	ivate 8	commercia	buildi	ngs, i	nome	1
						-	etc.) are Feet		Floors		lg. Ag		
City (5)						5		and the same of th	2	4	436	_	
PARK RIDGE			County C	ndo (7)		Cur	ISO rent Use (Prio	if beir	a demolish	0			
County (6)				SEONLY).		1	RESID			8. Th			
BELGEN	0		I ASCM		Mon	e of Al	reternant Con			· ·			000
Name of Monitoring Firm Hired by Building	Owner (8)		ASCIN	140.			Contracting		4-3				
			1			et Add				-	-		
Street Address					1		eland Ave						
					ā.		Zip Code						-
City, State, Zip Code							Park, NJ 0	7432					
C. Bl., W. Jan Firm		- 1	Telephon	e No	1	phone			License N).			
Project Manager for Monitoring Firm		INCHP-40	a Garajas sess		B) 1000000000000000000000000000000000000		-5841		00156				
Start Date (10)	Schedule	d Con	onletion F)ate (11)	I Nan	ne of O	SHA Monitor						
12/63/18	Fillsom in normal statistics and	18/	large contract and a second	,,,,	On	nega	Environme	ntal S	ervices in	C.			
Occupancy Status During Abatement (Che	ck Only On	6) (0)	/6			et Add		- 17					
					28	O Huy	ier Street						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Penod of P mai Facility	Hours	161 EL		City	State	Zip Code						-
Other - Describe:					– He	cken	sack, NJ 07	7606					
Scope of Work (Check All That Apply)												// = to = 1	
23 sf or ≥3 ff	T/ 5	lenova	effort.			Ø,	Full Containme	eni wili	n Negative P	ressur	8		
≥160 sf or ≥260 if	ADMINISTRA	emoli					Viini-Enclosure	€					
							Glovebag Prod Von-Exemples		ri Ninn-Friah	le Pro	rerkur	A	
	erope .	-	. 1			Special A	desir months	2 () (20)	PR F GODS C CENTO	A.	Abete		
Parameter Section 1	8	Locati Iomnal			-		Separate and the separa			-	Ty	pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashesia	Descripti s Containing		rial (ACM)	ß	mount	settlippine		m	
TO BE ABATED		intena odial S			hermal syste	ms ins	ulation,		Specify	Ne	23	Encapsulate	Enclosure
In Facility (13)		(12)			surfacing, other miscel	VAI, O Tananu	r i	21	For LF)	Removal	Repair	nsd	Day
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ATTK	Comment		1	VE	RHICU	LITE	Accessed in	96	60 SF	1		CONTRACTOR	
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Name of David - 1100 - 11		1.	1		A-41-32-3			Derivi		i		1	_
Name of Registered Waste Hauler			IJDEP W lauler ID	20120	Cubic Yards of Waste	S			ered Landfill				
Newark Carting Inc.		,	4509		/0		Grand	Centr	al Sanitar	y Lan	onli		
City, State				\rightarrow	Disposal Da	ite	City, Stat						
Newark, NJ 07105					12/03/18	on	Pen An	gyl, P	A 08702				
Completed by	Title				/ Signat	ure			Da	te			

Vice President

PATTO State of New Jersey

Completed by Joseph Vocaturo

PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CML#3470

Date of Notification (1)		- Charles	_	Tai	2000									V (1	_		1	
	1/16/18					of E		g Ov	wner / Operat	tor (2))			(A)	,re=-,	11. 1	.	
Agencies Notified Type	pe Notific	ation					ress			-		11		- 13-	12	12		
☐ EPA				7	We	st S	event	th S	Street			j:						ì
DEP DEP							& Zip							1101/	0 1		040	
□ DOL □	=	nded					ti, OF		202					NOV	7.	1 2	UIS	
□ DOH □ DCA □		rgency cellation		of the Rock			ontact	t						Tele				
						Venr							7.5	(513	57	9-7	241	- 11
Name of Facility Where	Abotom	ent in Tallian F	21-	(0)	FA	CILI	TY IN	FOI	RMATION			35	1.44				1)	
Macy's Store	Abatem	ent is Taking F	riace	(3)					Type of Faci									
Street Address										1000000) (Other th	on V	12)					
400 Quakerbridge R	oad								Other (i.	e pri	vate & co	mmer	1 <i>2)</i> cial huild	linge h	ome	20 0	to)	
									Square Feet		# of Fl		olai balla	Bldg.			(6.)	-
City (5)		County (6)	C	our	ity C	Code	(7)					0010		Diag.	igo			
Lawrenceville		Mercer							Current Use	(Prior	if being	demol	ished)			_		-
									Retail		•		/					
Name of Monitoring Firm	n Hired b	y Building Ow	ner (8	3)		AS	CM No	0.	Name of Aba	ateme	nt Contra	ctor (9	9)					
Pennoni Associates Street Address	, Inc.								Bristol Env		mental,	Inc.						
515 Grove St.							4		Street Addre									
City, State & Zip Code			-						1123 Beave City, State &									
Haddon Heights, NJ	08035	W							Bristol, PA									
Project Manager for Mor	nitoring F	irm				Num	ber		Telephone N				License	Numb	er			
Jeremy Humble	0) T					505			(215)788-60				00509					
Scheduled Start Date (1 11/27/18	0)	Scheduled Co				e (11)		Name of OSI									
Occupancy Status Durin	ng Abater	ment (Check o	11/2	20/1	0			_	Bristol Env		mental I	nc.						
Facility Closed/\	/acated [During Entire F	Period	of	Aba	teme	ent		Street Addres 1123 Beave		oot							
Abatement Perfo	ormed O	utside of Norm	al H	ours	-				City, State &								-	
Describe: 10:0									Bristol, PA									
Facility Occupied																		
Scope of Work (Check a	all that ap	ply)									- " -							
≥3 sf or ≥3 If				F	en.	ovatio	nn .			\vdash			ent with	Negati	ve F	ress	sure	
≥160 sf ≥260 lf			H			olitio				H	Mini-En Glove F		e ocedures	2				
			_							\boxtimes			d and No		ble I	oroc	edui	e.
Locatio				Loc					Description	n of			Amount			eme		
Asbestos-C Material		9		mal. Sole		sed		Α	sbestos-Con Material (A	tainin	g		Specify		\top	Т		•
TO BE A						e or		(i.	e., thermal s		ıs	S	F or LF)		D.	71	Enc	En
in Fac				todia	al St	taff?		insu	lation, surfac	cing, \	/AT				Remova	Repair	aps	Enclosure
(13)		Yes	(1: N		N/A		or	other miscella	aneou	ıs)				2	Ē.	Encapsulate	ure
2 nd Floor Spa Room			163	N	200	INA		_	D I						2 5	_	(0)	
2 nd Floor Spa Room			H			H		C	ove Base N		С	1	40 SF			4	\sqcup	닠
- Troti opa itooiii			H	H	+	ዙ			Mirror Mas	SUC			8 SF		취투		4	밁
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Name of Registered Was	ste Haule	r						10000000	bic Yards	Nam	e of Regi	stered	Landfill	1 -	4 _			-
Bristol Environmenta	l Inc			1			No.		Naste	-								
City, State	ii iiio.					1870	סו		1 Cu Yd		less Lar	ndfill						
Bristol, PA									posal Date 11/28/18		State less Hill	e DA						
Completed By (Print or T	ype)				Γitle	-entre		-	nature	all	1000 11111	3, FA	8	Det				_
Gino Pizzigoni	550 S			1.5		ject		1	n /) .		- 11	no	Dat		,	10	
				r	Vlar	nage	r	1	MOL	Mr.	ngon	1/	1/1	111	-1	6-1	10	

APPROVED BY; State of New Jersey TOM VOURHEES, PAINOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) CHUH 3471

100 000	_									uma u i i i	et at a sec		
Date of Notification (1)	16 /	18	_				Owner/Operator (ship Board of E	2) ducation					
Agencies Notified EPA	Type Notifica	ition	New Name		The section of the se	Address Ewingvi	lle Road	The second secon	NOV 20	20	18		
⊠ DOLWD	☐ Amended			1		tate, Zip C			101 20		10		2 5
☐ DHSS	Amendme ⊠ Emergend		 ıding		Ewi	ng, NJ 0	8638		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
(NJAC 5:23-8)	justificatio					of Contact on Shaw			Telephone Number 609-538-9800				
					EAC	NI VTI II	FORMATION						
Name of Facility Where	Abatement is T	aking P	lace	(3)	IAC	ZILIT IN	PORMATION	Type of Facility (4)			1100-12	
Fisher Middle Scho	ool				40			School (K-12					
Street Address									(Other than K-12)	نجا امنا	ممالمان	_	
1325 Lower Ferry I	Road							homes, etc.)	ivate and commerc	iai bu	liaing	S,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Ewing								30,000	4		60+		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Mercer								Academic					
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8	3) /	SCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Cor	nnection						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
120 N Warren Stree	et						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Mor	nitoring Firm			Tele	ohone I	No.	Telephone No.		License No.				
Rollie Jones				60	9-392	-4200	215-788-6040	ĺ	00509				
Start Date (10)	S	chedule	ed Co	mplet	ion Dat	te (11)	Name of OSHA N	lonitor					
11 /17 /	18	11	_ /	_17	_ / _	18	BRISTOL EN	VIRONMENTAI	_, INC.				
Occupancy Status Durin	g Abatement (0	Check o	nly o	ne)			Street Address						
☐ Facility Closed/Vacat	(20) () - '보이다 = ' () () () () ()		- A		nent		1123 BEAVE	R STREET					
Abatement Performe Time of Abatement:						cribe	City, State, Zip Co			241.2			
		7					BRISTOL, PA	19007					
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ili that apply)	-		novatio molitio			☐ Mini-End ☐ Gloveba	g Procedure	native Pressure	e			
			3.5	Locati						Ab	atem	ent T	уре
Location Asbestos-Containing		0	Use	lormal d Sole	ly by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE AB	ATED			ntena			., thermal systems	insulation,	(Specify	Remova	air	aps	losi
IN Faci (13)	lity		Cust	(12)	olan :		surfacing, VAT other miscellane		SF or LF)	a		ula	ire.
(13)		,	Yes	No	N/A	1	Other miscellane	ous)				te	
Gym Office			X			Pipe Ins	sulation		9 LF				
Gym Office			<u> </u>			Pipe Ins	sulation		15 LF				
		Г	ה ה										
Name of Registered Wa	ste Hauler			IN	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Bristol Environme				Н	auler II 18706		Waste 1 CYDS	Fairless La					
City, State							Disposal Date	City, State					
Bristol, PA							11/19/18	Fairless Hi	Ils, PA				
Completed By (Print or 7	Гуре)	Title					Signature	0 .	Dat			242	
Gino Pizzigoni		Est	imat	or			Sino	Pingoni	19x 11	-1	6 -	18	

CK015947	PA	NOT	IFICATION	ON OF A	New Jers SBESTO AC 8:60 a	SABATI	EMENT 20)				5 n.	F-	
Date of Notification (1) 11-15-18			Name PSE		ng Owner	r/Operato	or (2)		NOV	2.0	201)	
Agencies Notified Type Notification	1		Street	Address				1	1404	20	2016)	
EPA Initial			4000) Hadle	y Rd.		9			- 100			è
Amended	V-12-1			State, Zip					***********		V	1	
X Emergency		na	Sout	h Plaint	field, NJ	l			* 1 + + + + + + + + + + + + + + + + + +				- 4
DOH justification)	'9		of Conta					elephone N		٢		
DCA Cancellatio	n			e Pente				7	32-540-4	838			
Name of Facility Where Abatement is Takin	ng Place	(3)	FA	CILITY IN	FORMA'	TION	Type of Facility	(4)					
PSEG New Milford Substation	3	(0)					Type of Facilit						
Street Address							School (F	<-12) ter 8 (Ot	her than K-	12)			
132 Henley Ave							Other (i.e	e. private	& commer	cial bu	uilding	s, hon	nes,
City (5)							etc.) Square Feet	1 #	of Floors		Bldg.	۸۵۵	
New Milford							N/A		/A		N/A	Age	
County (6)			County	Code (7)		Current Use (F	Prior if be	eina demoli	shed)			
Bergen			(STATE	USE ON			Substation			,			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)		M No.		Name	of Abatement C	ontracto	or (9)				
			N/A			WRS	S Environmer	ntal Se	rvices, In	C.			
Street Address N/A						100000000000000000000000000000000000000	Address						
City, State, Zip Code							ld Dock Rd						
N/A							tate, Zip Code	00					
Project Manager for Monitoring Firm			Telepho	ana Na			nank, NY 119	80					
N/A			releptic	one No.			one No. 924-8111		License 01136	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)		of OSHA Monito	ır	01130				
11-16-18	12-22				,		Environmen		vices. Ind	2.			
Occupancy Status During Abatement (Chec	k Only O	ne)		3	-		Address		,				
Facility Closed/Vacated During Entire F	eriod of	Abater	ment			17 0	d Dock Rd						
Abatement Performed Outside of Norm Other – Describe: Normal Hours	al Facilit	y Hour	S			City, St	tate, Zip Code						
						Yaph	ank, NY 119	80					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova					Full Containn	nent with	Negative	Pressi	ıre		
= 1.00 01 01 =2.00 II		Demoli	tion				Mini-Enclosu Glovebag Pro						
	_					×	Non-Exempte	ed (*) an	d Non-Frial	ole Pro	ocedur	е	
		Locat										ement	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	scription	of			-	T	ре	
TO BE ABATED	Ma	intena	nce/	Asbes (i.e	tos Conta thermal	aining Ma systems	aterial (ACM) insulation,	1990	mount Specify	77		四	m
In Facility (13)	Cus	todial 8 (12)	stair?		surfac	ing, VAT	, or		or LF)	Remova	Repair	caps	nclo
(.0)			T		otner m	niscellane	eous)			oval	air	Encapsulate	Enclosure
0 1 111 222	Yes	No	N/A									e	
Control House 230 kv			X		Du	ct Bank	<	50	00 LF	X			
									- Lineau ser				
												-	-
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic Y	/arde	Namo of	Dogista	red Landfill				
Environmental Transport Group INC		H	auler ID I	No.	of Wast								
		N.	JD0006	92061	25				irless Lar	Idtill			
City, State Gold Mine Road, Flanders NJ 07836					Disposa TBD	al Date	City, Stat				100.000		
Completed by	Title					=	1000 N	ew Foi	rd Mill Ro		rrisvi	le, P	Α
Raymond Tutiven	Super	visor			11	gnature	1. Tit	11	_ Dar	te -15-1	18		

State of New Jersey

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

D&S Proj. #: 18-247 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/1 4 1/11 18 trisha zelkovicz Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency SO. ORANGE, NJ 07079 (including M DOH Name of Contact Telephone Number justification) ☐ DCA trisha zelkovicz Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) trisha zelkovicz Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) SO. ORANGE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 11/21/1818 11/30/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Ε Е by maintenance/custodial е asbestos-containing n Description of asbestos-containing Amount staff(12) n m p material (acm) to be С (Specify SF or material (ACM) 0 abated in facility (13) a а Yes No N/A ٧ p BASEMENT duct INSULATION 20 SQ FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd City, State Disposal Date City, State PATERSON, NJ 07503 11/23/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC PRESIDENT** 11/14/2018

State of NJ

D&S Proj. #: 18-254		PA				tos Abatement 60 and 12:120							
Date of Notification (1)		Name of	Building Ow	vner/Operator (2	2)		-	NO	V 20	20	18_	1	
1 1 /1 6 /1 8		ieffrev	lindberg										
Agencies Notified Type Notific	cation	Street Ad								-	_	7	
_ F												555	
DEP Amended	# .	City State	e, Zip Code										
DOL Emergend			* *										
DOH (including	11	Name of C	RANGE, 1	NJ 07079									
justification	n)	Name of C	ontact					Telepho	ne Numi	per			
☐ DCA ☐ Cancellati	on	jeffrey	lindberg										_
			FAC	CILITY INFORM	/ATIC	DN						***************************************	
Name of facility where abatemen	t is taking p	lace (3)					T	Type of Facility					
jeffrey lindberg									ol (K - 1				
Street Address							-	200 CO	apter 8	GORDON TO		Salaran and Salaran	
									(Private/ /Homes,		nercia	I	
									# of Flo		TE	Bldg. A	\ae
City (5)	Cou	inty (6)			Co	ounty Code (7)	=	,	01110	0.0		-5	3-
						ate use only)		Current Use (P	rior if be	ina de	molisi	ned)	
SO. ORANGE		sex				5,45,9		2				,	
Name of Monitoring Firm Hired by	Bldg. Owr	ier (8)		ASCM No.		Name of Abater	nent	Contractor (9)					
						D & S REST	OR	ATION, INC.					
Street Address						Street Address							
						20 Californi	a A	ve.					
City, State, Zip Code						City, State, Zip C	ode						
						Paterson, N	J 07	503					
Project Manager for Monitoring Firm	n	F	hone Numb	per	_	Telephone Numb			Licens	e Num	ber		
						973-345-8	020			01169)		
Start Date (10)	Sche	d. Complet	tion Date (1	1)	-	Name of OSHA	Moni	tor					
11/20/1818	12/1	4/10				D & S Resto	oratio	on, Inc.					
Occupancy Status During Abateme	12/1					Street Address							
Facility closed/vacated during			ement			20 California		enue					
Abatement performed outside	of normal	facility hou	urs-			City, State, Zip C	ode						
Describe: NORMAL F					_	D							
Scope of Work (check all that appl					-	Paterson, N.	075	503					
V >2 of oc > 2 15							_	ull Containment w	/negative	e press	sure		
	Renovation	n						Mini-enclosure					
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asbestos-containing material (acm) to be	staff(12)	enance/cus	stodiai	Descriptio	n of a	sbestos-containin	g	Amount		e m	e	n	E n
abated in facility (13)	Yes	N-	T	material (A	ACM)		5	(Specify SI	F or	0	a	c a	C
	163	No	N/A							v e	i	р	L
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City, State	135	00		yds.			N, R	RESOURCE RE	COVE	RY			
PATERSON, NJ 07503			Disposal Da 11/21/18			City, State							
Completed by (Print or Type)	Title		11/21/10	Signature	_	TULLYTOW	/N, I	PA					
BOGDAN JOLDZIC	PRESID	ENT		Jighalule					Date	20			9,7183
			for asbesto	s licensure exe	mpted	d activities.	_		11/16/	2018			

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Date of Notification (1) 11/13/2018				of Buildin dence	g Owner	Operato	r (2)		* 1	NOV	2 () 7	018	Water State of	
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DCA justificati			Jack	Kresge						lephone	Num	ber			
Name of Facility Where Abatement is Ta	aking Place ((3)	FAC	ILITY INI	FORMAT	ION	Ту	pe of Facility	(4)			100			
Street Address						-	×	School (Konstant) Subchapte Other (i.e.,	er 8 (Oth	ner than I & comm	K-12) ercial	buil	dings	, hom	ies,
City (5) Scotch Plains			-11720.78473					uare Feet 023	# 0	f Floors			Bldg. /	Age	
County (6) Union				Code (7) USE ONL			Cui	rrent Use (Pr	rior if be	ing demo	olishe	d)			
Name of Monitoring Firm Hired by Buildi A. Seine Lighthouse Solutions	ng Owner (8))	ASC	M No.		Name	of Al	batement Co ank Servio	ontractor	(9)					
Street Address PO Box 354			1			Street	Addı								
City, State, Zip Code South Orange, NJ 07079						City, S	state,	Zip Code NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra			Telepho	one No. 49-2666	 S	Teleph	none			License 01316					
Start Date (10) 11/23/2018	Schedul 12/10/2		npletion	Date (11)		Name	of O	SHA Monitor Lighthous							
Occupancy Status During Abatement (CI	72	- 89			7	Street	Addr	ess		200113					
Facility Closed/Vacated During Enti Abatement Performed Outside of No Other – Describe:	re Period of A ormal Facility	Abaten / Hours	nent S				tate,	Zip Code						- 102	-
Scope of Work (Check All That Apply)		-32-4				Sout	n Or	range, NJ	07079)					
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	ateria insu T, or		(S	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
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Name of Registered Waste Hauler		I NI	JDEP W	laste	Cubic	Varda		l No.	D' '		1511				
Newark Carting		Н	auler ID 1509		of Was			Name of Waste				dfil	I		
City, State East Orange, NJ					Dispos	al Date		City, Stat		PA					
Completed by Alison Lamers	Title Office	Man	ager		Si	gnature	1	MAK	·		Date 11/1	3/2	018		
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State of New Jersey

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Date of Notification (1) 11/14/2018			Name of Lake	f Building /iew Tov	Owner/ vnhom	Operator nes at E	r (2) Eatont	own .		- 1. J	11.4	4.	- 1,	
Agencies Notified Type Noti			Street A	ddress ood Ave	South	n, Suite	600			NOV 2	20	2018	-	
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➤ DOH justif	rgency (including ication) cellation	Ī		f Contact Stanko	vic, P	roject N	Manag	ger	Telep	hone Nur -570-26				
			FAC	LITY INF	ORMAT	ION			10-10-10-10-10-10-10-10-10-10-10-10-10-1	57.50				
Name of Facility Where Abatement in Full House	s Taking Place (3)			7. 11			parameter 1	of Facility (
Street Address	>						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			dings	home	es,
City (5) Eatontown NJ	3				8			re Feet	# of F	loors		3ldg. <i>F</i> 1918		
County (6) Monmouth				Code (7) USE ONLY)		Curre	ent Use (Prid dence	or if being	demolish	ned)		ı şığ	M.
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCN	/I No.		Name Che	of Aba ckma	atement Con rk Industr	itractor (9 rial)				
Street Address			7		*		Addre Vorga							
City, State, Zip Code								ip Code J 07871						
Project Manager for Monitoring Firm			Telepho	ne No.			hone N -570-2		1 3	icense N 01334	0.			
Start Date (10) 11/28/2018	Scheduled 12/28/20	Con	npletion	Date (11)				HA Monitor rk Industr	ial					
Occupancy Status During Abatemen			7			7.00	Addre: /lorga							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:					_	City, S	State, Z	ip Code J 07871						
Scope of Work (Check All That Apply	y)			2										
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	ls L	ocati	on					ZXOIIIpto	· () and i	voii i iido	10 1 10	Abate	3,000,000	t
Location of	Hood	rmal Sole				scription			14.150			Ty	ре	-
Asbestos-Containing Material (Ad <u>TO BE ABATED</u> In Facility (13)	Main: Custoo	enar	nce/	Asbes (i.e.	therma surfa	itaining M I systema acing, VA miscellar	s insula T, or	ation,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
see attached		X									X			
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Name of Registered Waste Hauler		L	IDED !	loots	0	Vari								
Atlantic Carting		1 16501	JDEP W auler ID		of Wa	: Yards iste		Name of F Waste						
City, State Wayne NJ					Dispo	sal Date		City, State Tulleyto	e own PA					
Completed by Corey Stankovic	Title CEO					Signature	(£	Farka	· M	Da 1		2018	w. W	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/7/2018 Genevieve Monette Agencies Notified Type Notification Street Address EPA Initial DEP Amended City, State, Zip Code × DOL Cranford NJ Amendment # Emergency (including Name of Contact Talenhone Number DOH justification) Marko Stankovic, Project Manager DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cranford 1300 2 1938 County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Checkmark Industrial Street Address Street Address 54 Morgan Dr City, State, Zip Code City, State, Zip Code Sparta NJ 07871 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-570-2645 01334 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/8/2018 11/20/2018 Checkmark Industrial Occupancy Status During Abatement (Check Only One) Street Address 54 Morgan Dr Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Sparta NJ 07871 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure XX ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X Floor Tiles 500 SF basement X Pipe Insulation 90 LF X attic X vermiculate 500 Cu. FT X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20 Atlantic Carting Waste Management

Disposal Date

Signature

Title

CEO

City, State

Wayne NJ

Completed by

Corey Stankovic

11/7/2018

City, State

Tulleytown PA

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Date of Notification (1) 11/14/2018			Name Lake	of Building view To	g Owner/ wnhom	Operator les at E	(2) atontown			. 77.111			
Agencies Notified Type Notification EPA Initial	ו			Address lood Ave	e South	n, Suite	600		NOV	20	20	8	1
DEP Amended Amendmer			City, St Iselin	tate, Zip C NJ 088	Code 330	d et e ve			7 27.5.				
DOH justification Cancellatio)	3		of Contact o Stank		roject N	Manager		lephone Nu 73-570-2		10 747	10.4	
			FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taki Guest House	ng Place (3)	EG.				Type of Facility						
Street Address				10-1-1-1-1			School (K Subchapt Other (i.e. etc.)	er 8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	nes,
City (5) Eatontown NJ							Square Feet 3000	# 0	f Floors		Bldg 1968		
County (6) Monmouth			County (STATE	Code (7) USE ONL	y)		Current Use (Presidence	rior if be	ing demolis	hed)	0		10111
Name of Monitoring Firm Hired by Building	Owner (8))	ASCI	M No.		Name Chec	of Abatement Co ckmark Indus	ontractor trial	(9)				
Street Address							Address lorgan Dr						
City, State, Zip Code							tate, Zip Code ta NJ 07871						
Project Manager for Monitoring Firm	August Man	953	Telepho	ne No.		Teleph	one No. 570-2645		License N 01334	lo.			
Start Date (10) 11/28/2018	Schedule 12/28/	ed Cor 2018	mpletion	Date (11)		Name o	of OSHA Monito		0.00.				
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street A	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Amal Facility	Abaten / Hours	nent s			City, St	organ Dr ate, Zip Code ta NJ 07871						
Scope of Work (Check All That Apply)						Spai	la INJ U/0/ I						
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Location of Asbestos-Containing Material (ACM)		Normal d Sole		0-1		scription					Ty	ре	
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Outoido Buildina	Yes	No	N/A									te	Ф
Outside Building		X			Trans	site Sidi	ing	2,5	00 SF	Х			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Vord-	1 31						
Atlantic Carting		0.000	auler ID		of Was		DARWAY AND 100		red Landfill gement				
City, State Wayne NJ					Dispos	al Date	City, Star Tulleyt		A				
Completed by Corey Stankovic	Title CEO				Si	ignature (Starke	···	Da 11	te /14/2	2018		

State of NJ Notification of Asbestos Abatement Pursuant to NIAC 8:60-7 and 12:120-

2018-231 (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9350 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 5 1 1 8 1 Sheyla Jannah Type Notification Agencies Notified Street Address ☐ EPA NOV 2 0 2018 Initial DEP City, State, Zip Code DOL Amendment Bloomfield, NJ 07003 X DOH Telephone Number Name of Contact Cancellation ☐ DCA Sheyla Jannah FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Sheyla Jannah Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Bloomfield, NJ 07003 Essex Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 11/28/2018 11/29/2018 Street Address 105 Rverson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition |X | Renovation ☐ Full Containment w/negative pressure ★ Glovebag procedure >3 sf or >3 If ✗ Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of E e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes N/A No p 170 LF pipe insulation X basement Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 11/29/2018 Pen Argyle, PA Signature Completed by (Print or Type) Gordana Luna 11/15/2018 Gordana Luna Secretary/Treasurer

State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-

2018-233 (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9352 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 1 5 1 1 1 8 1 Blanche Garcia & Shaun Killman Type Notification Agencies Notified Street Address X EPA NOV 20 2018 X Initial ☐ DEP City, State, Zip Code Amendment X DOL Little Falls, NJ 07424 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Blanche Garcia & Shaun Killman **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Blanche Garcia & Shaun Killman Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Little Falls, NJ 07424 Passaic Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/03/2018 12/08/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure $\square > 3 \text{ sf or } > 3 \text{ lf}$ >160 sf or >260 lf Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 a abated in facility (13) Yes No N/A V D VAT (no mastic) 1,500 sf X basement joint compound 2,500 sf X basement NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler Name of Registered Landfill B & G Restoration, Inc. 20 Grand Central Landfill Disposal Date City, State 12/10/2018 Lincoln Park, NJ Pen Argyle, PA Signature Completed by (Print or Type) Title Gordana Luna Gordana Luna Secretary/Treasurer 11/15/2018

Date of Notification (1)				Nam	e of Buildi	ing Owner	/Operato	r (2)		NOV	13.7	1 7	110	
11/06/2018				Div	rision of	Propert	y Mana	gement and	Constru	uction (D)	PMC	2))18	
Agencies Notified	Type Notification	n	¥.2	Stree	et Address	5			-	1-				-
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DEP DOL	Amended				State, Zip				6-5 85. Miller		-			
	Amendme Emergence	nt #_ y (includir	na		nton, N									
DOH DCA	justification	1)			e of Conta				Te	lephone N	umbe	r		
L DCA	Cancellation	on		_	liam Bys					609)433-2				
Name of Facility Where	Abatement is Tak	ing Place	/3)	FA	ACILITY IN	NFORMAT	TION							-
Abandoned Flood	House	ing i lace	(3)					Type of Facilit	ty (4)					
Street Address			-					School (F	<-12)					
124 Bayview Road	4							Subchap Other (i.e.	ter 8 (Oth	ner than K-1	12)			
City (5)	-							Other (i.e etc.)	. private	& commerc	cial b	uilding	s, ho	mes,
Downe Township								Square Feet	# 0	f Floors		Bldg.	Age	
County (6)				10				Varies		aries		30+		
Cumberland				Coun	ty Code (7 E USE ONI)		Current Use (F	Prior if be	ing demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (2)			/-		Housing De	eemed	Unsafe				
Health & Safety Se	ervices	Owner (a)	AS	CM No.		Name	of Abatement C	ontractor	(9)				
Street Address							-	Enterprises,	Inc.					
PO Box 365								Address		-CALL DETERMEDIA				
City, State, Zip Code								Delilah Roa	ıd					
Berlin, NJ 08009								tate, Zip Code						
Project Manager for Mor	nitoring Firm		-	Telent	none No.		Egg	Harbor Town	iship, N					
James Proctor	er personale symb all proste stere en eur)452-13	11		one No. 567-1250		License N	lo.			
Start Date (10)		Schedu	led Co		n Date (11		1	of OSHA Monito		01172				
				piotio	n Date (11	,		th & Safety S						
Occupancy Status During	g Abatement (Che	ck Only O	ne)					Address	el vices	, Inc.	-3100			
☐ Facility Closed/Vaca	ated During Entire	Period of	Λ hata	mont				lox 365						
Abatement Perform	ed Utilside of Norr	nal Facilit	y Hour	'S				ate, Zip Code						
								n, NJ 08009						
Scope of Work (Check A	I That Apply)							1, 140 00000						
≥3 sf or ≥3 lf			Renova	ation				Full Cantain						
≥160 sf or ≥260 If		\times	Demoli	tion				Full Containn Mini-Enclosur	nent with	Negative P	ressu	ire		
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		1-	1		T			Non-Exempte	ed (*) and	Non-Friabl	e Pro			
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Houses Deeme	d Unsate			X	Но	uses De	eemed	Unsafe	200 vo	per reg	Х			
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Name of Registered Wast	e Hauler		N	JDEP V	Vacto	10.11								
Site Enterprises Inc.			100	auler ID		Cubic Y of Wast		Name of	Registere	ed Landfill				
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City, State	. NI			5,=1,5		Disposa	I Date	City, State	e		-			
Egg Harbor Township	D, IVJ							(1) (2.3 G		J 08352				
Completed by		Title				Sje	nature	0/	, . ,	Date				
Eric Keys		OM				14	die	Kens	-	3300000		2018		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/16/2018 Division of Property Management and Construction (DPMC) Agencies Notified Type Notification Street Address 33 West State Street **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # Trenton, NJ 08625 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation William Byster (609)433-2001 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Street Address Subchapter 8 (Other than K-12) 177 Bayview Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Downe Township Varies Varies 30+ County (6) County Code (7) Current Use (Prior if being demolished) Cumberland (STATE USE ONLY) Housing Deemed Unsafe Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Site Enterprises, Inc. Street Address Street Address PO Box 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Egg Harbor Township, NJ 08234 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor (856)452-1311 609-567-1250 01172 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/20/2018 11/25/2018 Health & Safety Services, Inc. Occupancy Status During Abatement (Check Only One) Street Address PO Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: vacant Berlin, NJ 08009 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

				Т		Non-Exempt	ed (*) and Non-Friab	le Pro	cedu	re	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal Normal ed Sole intenar todial S (12)	ly ly by nce/	Asbe (i.	Description of estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal		eme Encapsulate	_ g
	Yes	No	N/A		other miscellaneo	usj		oval	air	sulate	closure
Houses Deemed Unsafe			X	Н	ouses Deemed L	Jnsafe	200 yd per res	X			-
Name of Registered Waste Hauler			IDED II								
Site Enterprises Inc.		Н	JDEP W auler ID 03522(No.	Cubic Yards of Waste 20 cy	Name o	f Registered Landfill				
City, State					Disposal Date	City, Sta	nte		-50-56		

Title

OM

11/20/2018

Signature

Completed by

Eric Keys

Egg Harbor Township, NJ

Date

11/16/2018

Rosenhayn, NJ 08352

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Date of Notification (1)	J	2 22 EL		Name	of Building	2 ()4400	r/Operator	- (2)		100					***	
11/16/2018				Divis	ion of P	ropert	v Manad	r (2) deme	ent and C	Onetru	ction (D)	Mac	0 0	2010	,	
Agencies Notified Type	Notification	1		Street	Address		,	901110	- and c	20113010	CHOIL (PAG	IVIC,	U	2016	5	
П ЕРА П	Initial			33 W	est Stat	e Stre	et				i.					
DEP	Amended			City, St	tate, Zip C	ode								v .	1 44	
	Amendmen Emergency		-	Trent	on, NJ (08625					44					
DOH	justification)			of Contact					Te	lephone Nu	mber				
DCA	Cancellatio	n			m Byste					(6	09)433-2	001				
Name of Facility Where Abatem	nent is Takir	na Place /	21	FAC	ILITY INF	ORMA	TION	-								
Abandoned Flood House	9	ig i lace (c	,					Тур	e of Facility							
Street Address			-					H	School (K	(-12)	er than K-1	21				
179 Bayview Road								H	Other (i.e	. private	& commerc	د) al bu	ilding	s, hom	nes.	
City (5)			-1	-				Sau	etc.) are Feet		f Floors		300			
Downe Township								Var		1,110,000,000	ries		Bldg. 30+	Age		
County (6)				County	Code (7)			Curr	ent Use (P	A CARLO	ng demolisi	1.0		-		
Cumberland				(STATE	USE ONL	n			using De			iouj				
Name of Monitoring Firm Hired	by Building	Owner (8)	-	ASCI	M No.		Name		atement C							
Health & Safety Services	3								rprises,							
Street Address PO Box 365							Street									
City, State, Zip Code						ilah Roa	d 									
Berlin, NJ 08009						State, Zip Code Harbor Township, NJ 08234										
Project Manager for Monitoring	Telepho	ne No		Teleph	-	-	snip, N		_							
James Proctor									1250		License N 01172	0.				
Start Date (10)		Schedule	d Co					e of OSHA Monitor								
11/20/2018		11/24/2	2018		,		- Allegianside	alth & Safety Services, Inc.								
Occupancy Status During Abate	ment (Chec	k Only On	e)				Street									
Facility Closed/Vacated Du	ring Entire	Period of A	bater	ment PO Box					65							
Abatement Performed Outs Other – Describe: vacant	side of Norn	nal Facility	Hour	S			1.00		ip Code							
Scope of Work (Check All That A	Analu)			Berlin, NJ 08009												
	чрыу)								7							
≥3 sf or ≥3 if ≥160 sf or ≥260 if				ration Lition					Full Containment with Negative Pressure Mini-Enclosure							
			00	F					Glovebag Procedure							
									Non-Exempted (*) and Non-Friable Procedure					'e		
		1000	Locat orma											emen	t	
Location of Asbestos-Containing Materia	al (ACM)	Used	Sole	ly by	Achae	tos Cor	escription ntaining M	of otorio	LACM		A			Туре		
TO BE ABATED		Mai Custo	ntena odial S		(i.e.	therma	al systems	insula	ation,		nount pecify	Z	_	Enc	m	
In Facility (13)			(12)	ziuii.			acing, VAT miscellane				or LF)	Remova	Repair	aps	nclos	
	Yes	No	N/A		011101	mocenan	cous				oval	air.	Encapsulate	Enclosure		
Houses Deemed Uns	nofo	163	140				_							Ф		
riodses Deemed Ons	Sale			X	Но	uses l	Deemed	Uns	afe	200 yo	200 yd per res					
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Name of Registered Waste Haule	0.00	JDEP W		100000000000000000000000000000000000000	Yards	ds Name of Registered L				d Landfill						
Site Enterprises Inc.			1000	auler ID	Contract of Contra	of Wa			CCIA	3						
City, State				035220		20 cy										
Egg Harbor Township, NJ						1.0	sal Date 0/2018		City, Sta		1100250					
Completed by		Title					Signature		C	nayn, N	IJ 08352					
Eric Keys		ОМ				,	A C	۱ _F	ricke	21400	Dat	ā	2010			
	-					WETIC 17 BUSS 11/16/2018					<u></u>					

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Date of Notification (1)			Name	of Building	Owner/	Operate	r (2)	0.21							
11/15/18			SC H	oldings,	Inc.	Operato	1 (2)		12	NOV	2 0	.0.	8		
	Notification nitial			Address Brandyw	ine Blv	d.		4		240 (2.2)					
DEP X A	Amended Amendment #_ 2			ate, Zip C own, PA		0-4000)		100					70.1	
<u>™</u> DOH _ ji	Emergency (including ustification) Cancellation	- 1		of Contact		6				lephone N 0-657-4					
Name of Equilibrity Magaza Abata a			FAC	ILITY INF	ORMAT	ION					.002				
Name of Facility Where Abatem Former Chemical Waste	Management Site						-	of Facility (School (K-1							
Street Address 100 Lister Avenue							×	Subchapter Other (i.e. petc.)	8 (Oth	er than K & comme	-12) rcial bu	ıildinç	js, hon	nes,	
City (5) Newark								re Feet	# 0	f Floors		Bldg 60+	. Age		
County (6) Essex		(County	Code (7) USE ONLY	0		Curre	nt Use (Pri	or if be	ing demol	ished)				
Name of Monitoring Firm Hired baccredited Environmental			ASCI	M No.			of Aba	tement Cor			71 010				
Street Address 28 Pennell Road	3-1		<u></u>			Street	Addres								
City, State, Zip Code								p Code	ad						
Lima, PA 19063 Project Manager for Monitoring F	irm	17	Felepho	no No			2000	19341							
Eric Sutherland	6	610-89	91-0114			none No 872-8			License 01161	No.					
Start Date (10) July 30, 2018	March 8,	201						IA Monitor							
Occupancy Status During Abater	100 STAR 60		Street Address						200 N - 4						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire Period of Aba de of Normal Facility H	ateme ours	Helli					te 130 North Zip Code							
Scope of Work (Check All That A	oply)		Cinnaminson, NJ												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Ren	Renovation Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		catio					1 Non-Exempled ()			y and Non-i nable i n			Abatement		
Location of Asbestos-Containing Material	(ACM) Used S		by by	Asbes		scription of aining Material (ACM)			Δι	mount		Туре			
TO BE ABATED In Facility (13)	Mainte Custod (*	2 25 15	7000000		thermal surface		s insulation, T, or		(S	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
0	Yes N	No	N/A								Removal		ate	Гe	
See attached	4														
		+										-	\vdash		
Name of Registered Waste Haule	NII	DEP W	aste	Cubic \	Varde	Name of Registered Landfill									
Waste Management	N.	9176276	uler ID		of Was			GROWS				ls			
City, State Newark, NJ					Disposa TBD	al Date		City, State Morrisvil		١	1				
Completed by Jack Bally	Title Sr. Proje	ect N	Manag	ger	Si	gnature	10	Car Ol	10 6	D	ate 1/15/	18	-12		
					TON	115	- AV-CE	7-11	,-		-1				

CWM Facility, 100 Lister, Newark Permit Fee Summary

	Is location normally solely by					Regulated	I S		
Work Area	Staff?	Description	Amount	Units	apsulate/Enclose	_	reg'd	-	Fee
F Truck unloading area	na	fitting insulatiion	1.5	Ŧ	REM	-	z .	5	200 00
I Maintenance Shop	na	unused linoleum	50	sf	REM	z	z		
	na	unused gaskets	1	sf	REN]	z	z	S.	
1	na	roof flashing	350	sf	REM	z	z	A .	
=	na	floor tile	150	Sf	REM	z	z :	s +	
0	na	flashing	560	sf	REM	z	z	s	
	na	roof (3 layer)	210	sf	REM	z	z :	A 1	
	na	roof (2 layer)	380	sf	REM	z	z	S	
	na	Flashing (silver painted)	1200	sf	REM	z	z	\$	
	na	roof	10400	sf	REM	z	z	\$	
N OFF	na	lab tops	145	sf	REM	z	z	\$,
N Office Area	na	tile & mastic	1130	sf	REM	~	~	\$	200.00
	na	mastic	30	sf	REM	z	z		1
	na	window caulk	10	sf	REM	z	z	\$	
	na	flashing	225	sf	REM	z	z	\$	
74	na	roof	2700	sf	REM	z	z	\$,
N lank Farm (lank 600,601,602,& 604)	na	Tank covering on foam insulation	4500	sf	REM	z		\$	
C Lab Area	na	mastic	30	sf	REM	z	z	\$	
	na	tile & mastic	300	sf	REM	z	z	\$	
	na	Lab Hood liner (transite)	100	sf	REM	z	z	3	
= =		Plaster	3900	sf	REM	Υ	~	\$	200.00
H H	na	Rooting shingles	2000	sf	REM	z	z	5	200.00
	na	wall mastic	300	sf	REM	z	z	S	
	na	pipe insulation & pipe insulation debris	200	Ħ	REM	z	z	S	
R&S Outdoor Reactor Tank Area	na	Tank Containment Basin Floor	1600	sf	REM	z	z	\$	
Projected Total								^	0000
									.000.00

^{*} facility notification fee of \$200.00 for all work areas below NESHAPS.

Fee previosuly Paid Net Due Now

MOV 2 0 2018

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OK-	140	\ /												rint F	
Ole			NOT	IFICATIO	State of I DN OF AS nt to NJA	BESTO:	SABATE	MENT	*		- 1	0 0	14 11		
Date of Notification (1) 11-8-18					of Buildin		/Operator	r (2)					77		
Agencies Notified	Type Notificatio	n			Properti	es ———					Ŷ				
□ EPA	× Initial				3ox 266				1		NOV :	26	2018	8	
DEP X DOL	Amended Amendmen	a+ #			tate, Zip					1	V	7070	1016	<u>21</u>	
ĭ DOH	Emergency	(includin	g	2000	of Contac				lucanopi					l Harana	
DCA	justification Cancellation				Fallows					Telephone	THE RESERVE	100	;;;;	L. C1	
Name of Facility Where A	hatement is Tak	na Placa	(2)	FAC	CILITY IN	FORMAT	TION						_		
Vacant SFD	ibatcistost is tan	ing Flace	(0)					Type of							
Street Address								Sut	tool (K-1 ochapter	8 (Other than	K-12)				
6 Carlton Avenue								Oth etc.	er (i.e. p	rivate & comm	ercial bu	ildings,	hom	es.	
Haddon Township							+	Square F	eet	# of Floors		Bldg. A	ge		
County (6) Camden					County Code (7) STATE USE ONLY) Current Use (Prior if being demolish Single Family Home									72.5	
Name of Monitoring Firm		M No.	" —	- I				1000							
.		omic. (c	,	7.50	IVI 140.			or Abatem Constr		tractor (9)					
Street Address							Street	Address						-	
City, State, Zip Code								Creek R							
								ate, Zip C nawr, NJ		ſ					
Project Manager for Monit	oring Firm			Talepho	ne No.		Telepho	one No.		Licens	e No.				
Start Date (10) Scheduled Com					Data (11)			31-336		0133	9				
ASAP		11-20	-18	inpiedori	Oale (11)			of OSHA N							
Occupancy Status During		25/25	1000					Address			-		-		
Facility Closed/Vacat Abatement Performer	ed During Entire d Outside of Norr	Period of nal Facilit	Abater v Hour	nent s		4		reek Ro ate, Zip C	10.700/00/						
Other - Describe:								awr, NJ							
Scope of Work (Check All	That Apply)	Francis				y.									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Browner,	Renova Demolit					Mini-Er Gloveb	iciosure ag Proce	nt with Negativedure					
		Is	Locat	ion				Non-Ex	empted	(*) and Non-Fi	riable Pro				
Location of		1	Normal ed Sole	ly		Des	cription o	of				Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED			intenai todial S	ncel	Asbes (i.e.	thermal	systems	aterial (ACM) insulation,		Amount (Specify	,	_	Enc	匝	
In Facility (13)		(12)	J			ing, VAT iscellane			SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes No N/A						3000188 *				7	late	are		
Exterior				х	x Transite S			ing		800 sf	x			\neg	
Name of Registered Waste Hauler N.					'aste	Cubic	Varde	Nin	mo of D	- alaba d l	1511				
Ricco Construction Co			H	auler ID 8909		of Was			me of R	egistered Land ount	ınu				
City, State						Dispos			y, State	7)				\dashv	
Beilmawr, NJ Completed by		Title				ТВ	1. 111		loway,	Ny /	8				
Andrew Ricco			Si	gnature	Mas	11	11111	Date 11-8-1	R						

State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-

2018-232 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj.,#: Check # 9351 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 1 1 5 1 1 1 8 1 Michele Bethoney Agencies Notified Type Notification Street Address ☐ EPA 2018 Initial DEP City, State, Zip Code Amendment DOL Oradell, NJ 07639 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Michele Bethoney **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Michele Bethoney Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Oradell, NJ Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/29/2018 12/01/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) C a a abated in facility (13) LF) Yes No N/A p e pipe insulation 75 LF X basement Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 11/30/2018 Pen Argyle, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 11/15/2018