ov.#3785	P		OT F	ICA (Pu	TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16	EMENT	DEG	E		\mathbb{V}	E
Date of Notification (1)	*				Name	of Building	Owner/Operator (2	2)	1	1.9	E /c	1010	-
11/	21 / _	19			Lyn	x Waste	& Recycling, Inc	С.	THE MOD	5	3/6	1019	-
Agencies Notified	Type Notifica	ation			Street	Address				manufact of	seduros.		
					PO	Box 188			ASBEST	OS C	ON	TROL	. &
☑ DOLWD	Amended Amendme				City, S	tate, Zip C	ode		L	ULI II	JINC	i he-charges	and promo
☑ DOH □ DCA	☐ Emergend		dina		Spri	ing Lake,	NJ 07762						
(NJAC 5:23-8)	justification		9		Name	of Contact			Telephone Number	er			
	☐ Cancellat	ion			Rich	nard Hyd	е						ä
			327		FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Pl	ace (3)				Type of Facility	(4)				
Residence								School (K-12					
Street Address								Other (i.e., pr	(Other than K-12) rivate and commerce	ial bui	lding	S,	
								homes, etc.)					
City (5)					-000			Square Feet	# of Floors		lg. Ag	ge	
Manasquan			00	7	36			800	1	6	55		
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Monmouth								Residence					
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9), Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River,	New Jersey 08	755				
Project Manager for Mor	nitoring Firm			Tele	phone l	No.	Telephone No.		License No.				
							732-349-9932	2	00624				
Start Date (10)	5	Schedule	d Co	mple	tion Dat	te (11)	Name of OSHA N	Monitor	I,				
12 /02 /	_19_	12	_ /	03	3_/_	19	E.M.S.L. Ana	lytical					
Occupancy Status Durin	g Abatement (Check or	nly on	ie)			Street Address						_
□ Facility Closed/Vacat	ed During Entir	re Period	d of A	bate	ment		1056 Stelton						
☐ Abatement Performe			cility				City, State, Zip Co	ode					
Time of Abatement:	AM	PM/_		PM-		AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check a	Ill that apply)											100	
≥3 sf or ≥3 lf		_] Ren				☐ Mini-End		gative Pressure				
≥160 sf or ≥260 lf		×	Dem	nolitic	on			g Procedure empted (*) and No	n-Friable Procedur	е			
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Location	n of			orma			Description of	of		-	1		-
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TO BE AB IN Faci	CONTRACTOR OF THE PARTY OF THE	1.0		dial	Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	nsd	Sul
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Name of Registered Wa				11233	JDEP \		Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contract	ting, Inc.				lauler II 20223		vvaste 3	T.R.R.F.					
City, State			100				Disposal Date	City, State					
Toms River, New	Jersey						12/3/19	Tullytown	Pennsylvania				
Completed By (Print or	Туре)	Title					Signature		Da	te	i	1	
Nicholas Fernicola	1	Pro	ject l	Man	ager		1		and the same of th	11/	21	110	9

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	stification		9	Name	of Contac	t	Ļ	Telephone Num	her			_
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Street Address		N 1		2				ivate and comme		ilding	IS,	
	(D874	218	5			homes, etc.)					
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Name of Monitoring Firm Hired		g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Guardian Contracting, In	c.					Guardian Co	ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9	9, Unit 61					
City, State, Zip Code						City, State, Zip C	ode					
Toms River, New Jersey	08755					Toms River,	New Jersey 08	755				
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.				
Nicholas Fernicola			7	32-349	-9932	732-349-9932	2	00624				
Start Date (10)	15.000.000	heduled C			Control State State of	Name of OSHA N	Monitor	-				
12 /09 /19	_ .	12	_1	0_/	19	E.M.S.L. Ana	lytical					
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□ Facility Closed/Vacated Duri						1056 Stelton						
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Time of Abatement:A	.M	_PM/	PM		AM.	Piscataway,	New Jersey 08	354				
Scope of Work (Check all that a Solution ≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	oply)		enova			☐ Mini-End	tainment with Neg closure	ative Pressure				
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Name of Registered Waste Hau Guardian Contracting, In			1 25	NJDEP Hauler I	D No.	Cubic Yards of Waste	Name of Regis T.R.R.F.	tered Landfill				
City, State				2022	5	3 Disposal Date	City, State					_
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Toms River, New Jersey						12/10/19	Tullytown	Pennsylvania				

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Date of Notification (1)			N:	arne of	Building	Owner/Operator	(2)	小				
11/19/11						PD PEC	30.0	711	25 20	140	-11	\exists
Agency Notified	Type Notification		S	reet Ac	idress ,			TI NOA	2 5 20	113	ļ.	-
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D DCA	☐ Cancellation	•		MR	NE	LSON					_	4
			1	FACILI	TY IMFO	ORMATION						\dashv
Name of Facility Where	Abatement is Taking Place	e (3)			-		Type of Facility	(4)				
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(8)	II filled by building Owner	' '					moval In					
Street Address						Street Address						
- Cucci, Land	2			* #8		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip (
	•						ack, N.J					_
Project Manager for Mo	nitoring Fam	Tel	ephon	e No.		Telephone No.	7666	00388				
				(44)		201-329 Name of OSHA		00300		=	-	\neg
Start Date (10)	Scheduled Co	181	A	1000		A CONTRACTOR OF THE PROPERTY O	Environm	ental				
Occupancy Status Duri	ng Abatement (Check only		11			Street Address						\neg
	·					280 H	uyler St					
Abatement Performe	ted During Entire Period on d Outside of Normal Facil	By Hou	TS			City, State, Zip				6		-
A Other - Describe: 1	3:30 AM TO Si	sol	М	•		S. Ha	ckensack	,N.J. 07	606			-
Scope of Work (Check	all that apply)					D Fall	Containment with	Negative Pressur	æ			
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Asbestos-Contain	ing Material (ACM)	Mai	intenar	ice/	Asbe	stos Containing & thermal system	faterial (ACM)	Amount (Specify	.	70	Encapsulate	En
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CRAWL STACE	E STABLES			1		MIL SYSTEM		42	SLE	×	+	-
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Name of Registered W			DEP V	Vaste I	lauler	Cubic Yards of Waste	Name of Reg	istered Landfill				•
Best Rem	oval Inc	IU.		109		202-	TRUMBERI	AND COUN	TY LA	NDI	ا ا	Z
City, State			-			Disposal Date	City, State		,			
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ASB-41	* Do no	it use ti	his for	n for a	sbestos	icensure exempte	adavaes.	-		€*	•	

Feb 14 2000 04:59AM NJ Asbestos Control 609.633.0664

Acme Professional Services Corp State of New Jargey NOTIFICATION OF ASBESTOS ABATEMENT YOU # CO 000023 031207607 8066519055 (Pursuant to NJAC 8:80 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) / 2019 5 2019 Marnie Kudon NOV Agencies Notified Type Notfloation Streat Address EPA initial [D DOLWD ☐ Amended City, State, Zip Code CONTROL & HCG N Amendment # LICENSING Montclair, NJ 07042 □ DÇA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mamie Kudon FACILITY INFORMATION Name of Facility Where Abstrment is Taking Place (3) Type of Facility (4) Kudon Residence School (K-12) Subchapter 8 (Other than K-12)

Other (i.e., private and commercial buildings, Street Address homes, etc.) City (5) Square Feet # of Floors Bidg, Age Montdair 2.200 3 95 County (5) County Code (T)(STATE USE ONLY) Current Use (Prior If being demolished) Essex 0713 Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NIA N/A Acme Professional Services Corp Street Address Street Address NIA 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Talephone No. Libense No. NA 973-938-5266 N/A 02003 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 20 / 2019 11 / 27 Arseniie Adamov Occupancy Status During Abatement (Check only one) Street Address Facility Classd/Vacated During Entire Period of Absterners 550 Rifle Camp Rd Abstament Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ __AM-_ PW/__ Woodland Park, NJ 07424 Scope of Work (Check all that apply) Full Containment with Negative Pressure

Mini-Englosure
Glovabeg Procedure
Non-Exempted (*) and Non-Friable Procedure _ ≥3 of or ≥3 (f ☑ ≥160 sf or ≥260 if Ranovation
Demolition s Location Abatement Type Normally Liand Solely by Location of Description of Ashasios-Containing Material (ACM)
TO BEABATED Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ ().e., thermal systems insulation, surfacing, VAT, or (Specify SF or LF) IN Facility Custodial Steff? (12)(13)other miscedaneous) Yes No NA Basement X ACM Pipe and fitting insulation 30LF M Basement Air Cell Panel insulation K 30\$F 区 П Name of Registered Waste Hauler NJDEF Waste Cubic Yards of Name of Registered Landth Hauler ID No. Waste Acma Professional Services Corp. Fairless Landfill 3 cubic yards City, State Disposal Date City, State Woodland Park, NJ 11/25//19 Morrisville PA Completed By (Print or Type) Title Signature Date

Areenige Adamou

11/20/19

Inv. # 16166

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

President

Arsenije Adamov

ASS-41 JAN 13

No Check	•		(P	ursuar	nt to NJA	C 8:60 and 5:1	6)	ne Ge		\mathbb{V}		
Date of Notification (1)				Name	of Building	Owner/Operator	(2)	3			- 11	
11 / _	20 /	19		Jea	nette An	n Giemza		NOV 2	5 2	2019		IJ
Agencies Notified	Type Notifica	ation		Street	Address	-	112				1	
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DCA (NJAC 5:23-8)	☐ Emergen justificati		ig	Name	of Contac	ı		Telephone Numi	per			
(10/10/0.20/0)	Cancellat			Jea	nette An	n Giemza						
				FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is 7	Faking Place	e (3)				Type of Facility (4)				
Circle Liquor Store							School (K-12)					
Street Address								(Other than K-12				
1 MacArthur Boule	vard	0	78	24	16		homes, etc.)	ivate and commer	ciai bu	illaing	S,	
City (5)			20				Square Feet	# of Floors	Bl	dg. Ag	ge	
Somers Point							10,000	1	1	80	200	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Atlantic				1			Liquor Store)				
Name of Monitoring Firm	Hired by Build	ding Owne	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)			- 12-0-12-0-12-0-12-0-12-0-12-0-12-0-12-		
Management & Env	iro. Consul	ting Serv	ices			Shade Enviro	onmental, LLC					
Street Address						Street Address						
PO Box 341						623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					-
Chesterfield, NJ 08	515					Maple Shade						
Project Manager for Mon	itoring Firm		Te	ephone	No.	Telephone No.		License No.				
Bill Weisgarber			6	09-298	-4070	856-755-0099)	00842				
Start Date (10)	3	Scheduled	Compl	etion Da	ite (11)	Name of OSHA N	Monitor					
12 /04 /	19	12	/ _0	6 /	19_	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check only	one)			Street Address	+ 1-21-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
□ Facility Closed/Vacate	ed During Enti	re Period o	f Abat	ement		200 Route 13	0 North					
Abatement Performed						City, State, Zip C	ode				10.27 1	
Time of Abatement: _	AM	PM/	PN		.AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check al	I that apply)											
≥3 sf or ≥3 lf		M	enova	tion		☐ Full Con	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emolit			☐ Gloveba	g Procedure					
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1			ls Loca Norm						Ab	ateme	ent T	уре
Location Asbestos-Containing		n) Us		lely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	四	四
TO BE ABA	TED	IV	ainten			., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
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(13)		Yes			1	other miscellane	eous)				ite	
Exterior					Transit	e Siding		168 SF		П	П	
Interior Storage Area						e Siding		315 SF				
go / ii ou					11411010							
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Name of Registered Was			100	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regist					
Shade Environmen	tal, LLC			32426		5		unty Utilities A	utno	rity		
City, State						Disposal Date	City, State					8
Maple Shade, NJ						12/06/2019	Egg Harbo	r Township, NJ				
Completed By (Print or T	ype)	Title				Signature	\sim /	Da	ite			
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Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					_
11 /	19 / 19	9			bert Pop			III NO	1 2	5 2	019	
Agencies Notified	Type Notification		_	Stroo	t Address	<u> </u>		[H P]				_
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(NJAC 5:23-8)	justification)				of Contac			Telephone Num	ber			
	☐ Cancellation			Ro	bert Pope	9				-		
				FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is Takin	g Place	(3)				Type of Facility	(4)				
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							homes, etc.)		Ciai Di	mani	J S,	
City (5)							Square Feet	# of Floors	Bl	dg. A	ge	_
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County (6)			<u> </u>	Cour	nty Code (7)(STATE USE ONLY)		or if being demolis	hed)	//////////////////////////////////////		-
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Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme						_
Management & Env	-						nmental, LLC					
Street Address		J 51 VI				Street Address	mineritai, LLC					_
PO Box 341						623 Cutler Av	onuo					
City, State, Zip Code											_	
- 3333 - an 43.45.a an ann an an	:4 <i>E</i>					City, State, Zip Co						
Chesterfield, NJ 085			1			Maple Shade	NJ 08052					_
Project Manager for Monit	toring Firm		1000	phone		Telephone No.		License No.				
Bill Weisgarber			4	9-298	SUBSESS DES	856-755-0099		00842				
Start Date (10)			110577	tion Da	337 379 47	Name of OSHA M	onitor					
11 /29 / .	19	12_ /	02	_ / _	19	EMSL Analyti	cal, Inc.					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						-
□ Facility Closed/Vacated						200 Route 13	0 North					
Abatement Performed	Outside of Normal	Facilit	y Hour	s - Des	cribe	City, State, Zip Co	de			rian i		-
Time of Abatement:	PI	M/	PM-		AM	Cinnaminson	. NJ 08077					
Scope of Work (Check all	that apply)						•					-
		-	102				ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic			☐ Mini-Encl						
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Location of			Norma			Description of						T
Asbestos-Containing N		The Country of the Co	d Sole intena	-		stos Containing Mat		Amount	Removal	Repair	Encapsulate	
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TO BE ABAT		1	(12)			other miscellaned		01 01 21 /	=		ulat	
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IN Facility		Yes	No							П		
IN Facility (13)	/	Yes	No 🖂		Floor Ti	le and Mastic		110 SF	\boxtimes		77570	f
IN Facility (13)	/		\boxtimes		Floor Ti	le and Mastic		110 SF				
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IN Facility (13) Basement Laundry Ar	rea						Name of Regic					
IN Facility (13) Basement Laundry Are	rea				Vaste	le and Mastic Cubic Yards of Waste	Name of Regist	tered Landfill				
IN Facility (13) Basement Laundry Are a seement Laundry Are a see	rea			D D D D D D D	Vaste) No.	Cubic Yards of Waste 1	Fairless La	tered Landfill				
IN Facility (13) Basement Laundry Ar lame of Registered Waste Freehold Cartage Eity, State	rea			D D JDEP V auler ID	Vaste) No.	Cubic Yards of Waste 1 Disposal Date	Fairless La City, State	tered Landfill ndfill				
IN Facility (13) Basement Laundry Are	rea			D D JDEP V auler ID	Vaste) No.	Cubic Yards of Waste 1	Fairless La	tered Landfill ndfill				
IN Facility (13) Basement Laundry Ar lame of Registered Waste Freehold Cartage Eity, State	ea e Hauler			D D JDEP V auler ID	Vaste) No.	Cubic Yards of Waste 1 Disposal Date	Fairless La City, State	tered Landfill ndfill				

☐ ☐ State of New Jersey

page 1

WUL - IU UAI 11/20/2019 01:44PM 2013297440 BEST REMOVAL INC PAGE 92/84 State of New Jersey CATION OF ASSESTOS ASATEMENT want to NJAC £160 and 12:120) 尼厄區出 PLESBYTERIN 11/20/19 TRINTY CHURCH S HIGH ST NOV 25 2019 0 EA MONTOLAUR 07042 N5. Many of Owner Destring 918 - 724 - 1337 618 FACILITY SIFCRMATION Nurse of Facility Winners Ababataspel in Telling Pinim (3) Type of Feotily (4) TRINITY PRESCYTERIAN CHURCH El Subola (K-12) El Syptologier S (Clinoritan K-12) El Oliver (La. privato & communist 5 HIGH ST PONTC LAIR 1930 5000. County (6) Content Use (Prior & being store County Code (7) (STATE UME FISE X ONLY RELIDENCE Number of Abutement Contractor (8) Best Removal Inc Pitament Authorsum 450 South River St City, State, 20 Code Hackensack, N.J. 07601 Project Manager for Manhages Pa 201-329-7444 00388 11/21/19 (11) edeal re Harns of CEHA Months 11/22/19 Omega Environmental 280 Huyler St nally Cinnal/Casulet During Enlic Period of Ab Bosogost Perferring Culture of Posses Pacilly R -Deente BPH TO 5:00 PM S. Hackensack , N.J. 07606 a of Work (Church all that apply) D Fell Containment with Hagastve Processes 의 2 2 에 이 2 3 년 집 2 160 에 이 2 260 년 D Renovember to Legggon TO THE AMATED VAT, es . (12) (12) NO NA BASEMENT/BOLLER ROOM THERNAL GYSTOH INSUNTIN 2SLF Number of Registered Visite Healer Die. Best Removal Inc 17109 EUMBERLAND COUNTY LANDFILL Hackensack , N.J. 07601 11/22/1 17240 J. MAIORANO 11/20/19 Estimator

mv, # 16164

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		NOTE	CATIO	tate of Ne N OF ASE t to NJAC	BESTOS A	BATE	MEN 0)	Τ	()	Han		161		
Date of Notification (1) 11/18/2019				of Building k Moron		perator	(2)		In	EC		LY		
Agencies Notified Type Notifica	ion		Street A	Address		•			1					
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DOH justificat Cancella	on)	3		of Contact k Moron] Tel	enhane Nu	mber;	ONTF	OL 8	Št.
Name of Facility Where Abatement is T	okina Phoso /	2)	FAC	ILITY INF	ORMATIC	ON	-		7.45			_		
Residential Property	aking Flace (3)					Гур	e of Facility	2. 7/					
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K-1. & commerci	2) al buil	dings,	home	es,
City (5) Andover	00.				100			etc.) iare Feet	1 19 2	f Floors		Bldg. A	ge	
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Sussex				USE ONLY)	_	Çui	rent ose (Fr	ioi ii bei	ng demoils	ieu)			
Name of Monitoring Firm Hired by Build	ng Owner (8)	ASC	M No.				oatement Co Contracting		(9)				
Street Address						Street 240 S		ess th 5th St.						
City, State, Zip Code								Zip Code n, NJ 0720	16					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none	No.		License N	0.			
Start Date (10)	Schedul	ed Con	nnletion	Date (11)		Agent Control		4123 SHA Monitor		01355				
12/02/2019	12/07/		ipietion	Date (11)				onmental		atories, Ir	IC.			
Occupancy Status During Abatement (C		(C)				Street		ess ute 22 We	at .					
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: OCCUPIED	re Period of ormal Facility	Abatem y Hours	nent i			City, S	tate,	Zip Code J 07083	51					
Scope of Work (Check All That Apply)						UTIIO	11, 11	3 07003						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoliti	tion ion			×	G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					
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Location of	1 1100	Normalled Sole				cription					-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		tos Conta thermal s surfaci other mi	ystems ng, VA	s insu T, or	lation,	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(14)	Yes	No	N/A		Other Ith	occiian	loods	,			/al	=	ılate	ure
Attic		17 11 1	Х	V	ermicul	ite Ins	sulat	ion	1,1	00 SF	Х			
						e Liberton and Day								
											-			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Y	ards		Name of	Registe	red Landfill	_			
Danvic Contracting LLC		Н	auler ID		of Wast			Fairless						
City, State Elizabeth, New Jersey					Disposa TBD	al Date		City, Stat Morrisv		Α		,,,,,,,,,	000	

Title

Owner

Date

11/18/2019

Signature

Completed by

Jeymy Donneys

P	A	P	ATION	ate of New OF ASBE to NJAC 8	STOS : :60 and	ABATEM d 12:120) (Clas	k	19	95	3	8		
Date of Notification (1)	(feed to the tend)			Building O efranco	wner/C	perator	(2)								
Agencies Notified Type Noti	fication		Street A	ddress					1	NE	(C	E	I	W	EIF
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	ndment # rgency (including			town, NJ	0796	60					NOV	2	5 2	019	111111111111111111111111111111111111111
	ication)			Contact					Tele	phone N	Vumbe	r.			-
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Name of Facility Where Abatement	is Taking Place (3)		FACII	LITY INFO	RMATI	ON	Type	of Facility (4)	1	MOD	HO HO		aine		. CL
home	is raking riace (o)								Intropants	Imprestieus.co.	and the second of the	CONTRACT COS	- Santaman e e Sa	and the latest of the latest o	and only of the
Street Address			110000					chool (K-12) ubchapter 8	(Othe	er than K	(-12)				
							× o	ther (i.e. priv	ate 8	comme	ercial b	uildi	ngs,	home	s,
City (5)			-				Square	tc.) Feet	# of	Floors		Blo	lg. A	ne er	
Morristown	1270100						1500	- 1	2	1 10010		82	. 72 - 10	3~	
County (6)	01700		County C	Code (7)			Curren	t Use (Prior	if bei	na demo	lished)			
Morris				JSE ONLY)			home			J					
Name of Monitoring Firm Hired by B	uilding Owner (8)	-	ASCM	i No.		Name	of Abate	ement Contra	actor	(9)					
			355-604			ABS	Enviro	onmental S	Serv	ices, L	LC				
Street Address						Street	Address	S							
						POE	3ox 48	3, 4 E Gat	te D	rive					
City, State, Zip Code						1000000	tate, Zip	Code NJ 07418	8						
Project Manager for Monitoring Firm	1	Τ.	Telephor	ne No.			one No		_	License	e No.	-			
, , , , , , , , , , , , , , , , , , , ,							764-22			703					
Start Date (10)	Scheduled	d Com	pletion [Date (11)		Name	of OSH	A Monitor							
12/7/19	12/14/1			22 . 25											
Occupancy Status During Abatemer	nt (Check Only One	+)				Street	Address	S							
Facility Closed/Vacated During	Entire Period of Al	oatem	ent												
Abatement Performed Outside Other – Describe: basement						City, S	tate, Zip	Code							
Scope of Work (Check All That App	(v)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	enovat emoliti				×	Mini Glov	Containmen -Enclosure vebag Proced	dure						
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		ocation all	on									,	Ту		
Location of Asbestos-Containing Material (A	Llood	Solel		Achaeta		scription taining N		(ACM)	٨	mount					
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In Facility (13)		(12)	itaii:	(5)		cing, VA niscellar			SF	or LF)		Removal	Repair	nsde	Enclosure
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basement	Yes	No	N/A X		pipe	insula	tion		7	0 LF	×				
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Name of Registered Waste Hauler		1 7 7 7 7 7	JDEP W			Yards		Name of Re	egiste	red Lan	dfill				
Newark Carting		12/22	auler ID 4509	INO.	of Wa	ste		Grand Co	entra	al Sani	tary l	an	dfill		
City, State					7.000	sal Date		City, State							
Newark, NJ					TBD			Pen Argy	/I, P	Д					
Completed by	Title					Signature	=	1			Date				
A. Scott Higgins	Presid	dent					/	2			11/1	9/1	9		

PA		8 2		to NJAC				CAN	ook	j	9	5:	31	7	
Date of Notification (1) 11/19/19	de la			Building of Curran		Operator	r (2)		m_	E C			\mathbb{V}	E	n
Agencies Notified Type Notification			Street A	ddress					IN						
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DEP Amended DOL Amendment	#			ite, Zip Co eld, NJ		0			3462 849.						
	ncluding		the second second	Contact					Tele	ARRAS	17.15	62.1	NIK)L &	- Boardonie
DCA Cancellation				mmed G							_		tow/N	NO PERSONAL PROPERTY OF	wereholder.
Name of Facility Where Abatement is Taking	Place (3	8)	FACI	LITY INFO	DRMAT	ION	Type	of Facility	(4)						
home	, , , , , , , , , , , , , , , , , , , ,	.,					-	School (K-	200200						
Street Address								Subchapter Other (i.e.)	r 8 (Othe			build	lings,	home	es,
City (5)							_ e	etc.) re Feet	# of	Floors		B	dg. A	ae	
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County (6) Union			County (Code (7) USE ONLY)			Curre	nt Use (Pri	or if beir	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	l No.			of Abat	tement Co		2000					
Street Address				Howa great con-			Addres	onmenta	al Serv	ices, L	LC			- 1012	
Oliver Address								33, 4 E G	Sate Di	rive					
City, State, Zip Code						1000	State, Zi								
Project Manager for Monitoring Firm			Tolopho	no No		1		, NJ 074	418 ———	Liconor	a Na				
Project Manager for Monitoring Firm			Telepho	ne ivo.		100000000000000000000000000000000000000	hone No -764-2			License 703	e ivo.				
Start Date (10) 12/3/19	Schedule		npletion (Date (11)		Name	of OSF	A Monitor							
Occupancy Status During Abatement (Check						Street	t Addres	ss							
Facility Closed/Vacated During Entire F			nent			Outdoor	, riddi cc	,,							
Abatement Performed Outside of Norm Other – Describe: exterior	al Facility	/ Hours	3			City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit						l Containm		Negativ	e Pr	essur	e		
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		1 1				Ľ	□ Nor	n-Exempte	d (*) and	Non-Fr	riable		Abate	500000	
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Asbestos-Containing Material (ACM) TO BE ABATED	3,770,000	d Sole			tos Con	taining N	Material			mount specify		П		En	ш
In Facility	Cus	todial ((12)	Staff?	(1.6.	surfa	acing, VA	AT, or	ition,		or LF)		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler			JDEP W		100000000	Yards		Name of	Registe	red Land	dfill				
Tonys Cleanup & Hauling		1000	lauler ID 7787	No.	of Wa			Chrin E	Brother	rs Sani	itary	Lar	ndfill		
City, State Bridgewater, NJ					Dispo	sal Date	9	City, Star Easton							
Completed by	Title	====				Signatur	e	Lastor	i, FA		Date	9			
A. Scott Higgins		ident				3		1/e_				19/1	19		

State of New Jersey

PA	general and construction and a		CATION	tate of New N OF ASBE to NJAC 8	STOS	ABATE		Clos	J.	19	Ō	3F.	<u> </u>		
Date of Notification (1) 11/19/19			Name o Mary	of Building C	Owner/0	Operator	(2)		m		G			E	
Agencies Notified Type Notification		-	Street A						154						\mathbb{H}
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EPA X Initial DEP Amended		1	City, Sta	ate, Zip Coo	de				Sel la	1.0	01	- 107A			- Inner
DOL Amendment #		_		, NJ 088						Laurence Committee	ones or	0.00	NA THE PARTY		1
□ Emergency (ir justification) □ DCA □ Cancellation	cluding	F	Name o	of Contact					Tel	ASBE				UL 8	4
DCA Cancellation			Mary	Hicks										Noncome	-
No. of Facility Advantage of Table	DI (6		FAC	ILITY INFO	RMAT	ION	_								
Name of Facility Where Abatement is Taking home	Place (3	5)					Туре	of Facility (4	5.						
Street Address								School (K-12 Subchapter 8		ar than l	K-12\				
3.13017.133.1333							×	Other (i.e. pr				build	lings,	home	s,
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County (6)			County	Code (7)			Curre	ent Use (Prior	if bei	ng demo	olishe	d)			
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Name of Monitoring Firm Hired by Building Ov	wner (8)		ASC	M No.				atement Cont							
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Street Address						Street									
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City, State, Zip Code						1000		Zip Code d, NJ 0741	Ω						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph		_22		Licens	e No				
,			голорию			973-				703	,C 140				
	Schedule		pletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Check						Street	Addro	100							
			2020247			Street	Addre	:55							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: kitchen floor	l Facility	Hours	i			City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Management .	Renova Demolit				×	Mi	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure	(T)				è	
	Is	Locati	on										Abate		
Location of	1	Vormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Ma	d Sole intenar todial S (12)	nce/		os Con therma surfa	taining M I systems cing, VA miscellar	Materia s insul T, or	ation,	(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	
kitchen			х		f	loor tile)		20	8 SF		х			
Name of Registered Waste Hauler		1995	JDEP W			Yards		Name of R	egiste	red Lan	dfill				
Newark Carting		355	auler ID 4509	INO.	of Wa			Grand C	entra	al Sani	itary	Lan	dfill	- 345 - 1	
City, State Newark, NJ					Dispo TBD	sal Date		City, State Pen Arg	yl, P	Ą					
Completed by	Title				5	Signature)	1	7		Date	9			
A. Scott Higgins	Pres	ident		110 300 100 100 100				//	_		11/	19/1	9		

Mork	200	(Pi	ursua	nt to	NJAC	8:60 and 12:1	20)	FCF	II W	E		
Date of Notification (1)			1	Varne o	of Building	Owner/Operator	(2)	Control of the Control	ng group and dead out the	Trades	1	1
11/18/19	?			Me	5. 0	MINGUI	WEINS	izi N			2000	11
Agency Notified	Type Notification		18	Street A	ddress			NOV 2	5 201	9	the same	ا اليم الوين
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AT DOL	D Emergency (include	ng	<u> </u>				87 . 8	Telephone Num		Selle !		
DON DON	justification) ☐ Cancellation	20	1,		of Contac	e Fluste in	, commen	leephone Run	Commence of the second	B. S.	Marine Co.	NA W-
□ DCA	Li Cassonados			-		DRIMATION	<u> </u>					\neg
Name of Facility Where	Abotement in Toling Pli	÷ (2)		PAGE	117 Here	JRORATION	Type of Facility	(4)				
			10-	~	•							
	S. JUDY U	210	216	311			☐ School (K-12	t) 3 (Other than K-12)				
Street Address	9 4						.2 Other (i.e. pr	ivate & commercia	building	ß,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•	homes, etc.) Square Feet		Bldg. /	Age	-	_
City (5)	1.5.100.0			;	30		2500.	1	_	33.	<	
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County (6)	REEN			ONLY)	-Jule (/)	ANNE ME		50 OEN CE				
Name of Monitoring Firm		MF	ASCM	No.	•	Name of Abates	nent Contractor (
(8)						over 14 over	moval In	•				
Street Address						Street Address						
				9 (2)		450 Son	th River	St				
City, State, Zip Code			-			City, State, Zip (
	a					Hackens	ack, N.J	. 07601				
Project Manager for Mo	niloning Firm	Te	lephon	e No.		Telephone No.		License No.				
							-7444 -	00388		_=	4	
Start Date (10)	Scheduled C	- 1	- 1			Name of OSHA	<u> </u>					
12/3/19			1/1	9			Environm	ental				
Occupancy Status Durin	ng Abatement (Check on	ly one)	83			Street Address		• *				
☐ Facility Closed/Vacat	ed During Entire Period	of Abat	ement			City, State, Zip	uyler St					
2 Other - Describe:	d Outside of Normal Fac		Ser.	1 -		10000 000 00		,N.J. 07	606	**		
Scope of Work (Check :												
Drž3sior≥3#		23		D Ren	ovation		Containment with -Enclosure	Negative Pressur	е			
□ ≥ 160 sf or ≥ 260 lf				☐ Den		2 Gion	rebag Procedure					
						□ Non	-Exempted (*) an	d Non-Friable Proc	edure	Ab	atem	ent
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. Locat		\$	d Sole	•	1	Description		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
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									56			
Name of Registered Wa				Vaste I	lauler	Cubic Yards of	Name of Reg	stered Landfill	40			18
Best Remo	oval Inc	in	No.	109		2 /20)	10,000	AND COUNT	Y LA	din	È.i	7
City, State			- 1	109		Disposal Date	City, State	TIND COUNT	1 4		, ,,	
	ck , N.J. 07	601					9 NEW BUR	GH PA. I	724	0		
Completed by	Title					Signature /			Date	1 -	1	
J. MAIORA	NO Est	ima	tor			110	يحسرها وأساد		y d	118	11:	7
ASB-41	NAME OF TAXABLE PARTY.	t use t	his for	n for as	sbestos li	censure exempte	d activities.	,		e e	1	

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

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Date of Notification (1)	19 /	19				of Buildin		ner/Operator (2)	3	Cartaire				
Aggresies Notified			_				9		1	Zaerer	690	7	Ot 1	'ite	
Agencies Notified ☑ EPA	Type Notifica	ation				Address Box 627	7			1.1	CENSI	19	diameter (Samuel .	4,0
□ DOLWD	☐ Amended	ı				State, Zip (
☑ DOH	Amendme				3700	ked Rive									
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		luding			of Contac				Telephone N	Jumher	-			
(10110 0.20 0)	☐ Cancellat					hele				609-693-					
and the same of th					FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A	batement is T	aking	Place	(3)	System (A)				Type of Facility	(4)					\neg
Residence									School (K-1						- 1
Street Address				712					☐ Subchapter ☐ Other (i.e., p			huile	lingo		
									homes, etc.		IIIIeiGai	Dunc	iliys,		
City (5)									Square Feet	# of Floors		Bldg	. Age		
Lavallette									750	1		70			
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being den	nolished				
Ocean								**	Residence						
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))					
N/A							0	Suardian Co	ntracting, Inc.						
Street Address							Str	eet Address							
							1	889 Route 9	, Unit 61						
City, State, Zip Code							City	y, State, Zip Co	ode						
							T	oms River,	New Jersey 08	3755					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No).				
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Start Date (10)	2002				tion Da			me of OSHA N							
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Occupancy Status During							Stre	eet Address							
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Scope of Work (Check all	that apply)						ale								
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≥160 sf or ≥260 lf		402	⊠ Der					Glovebag	g Procedure						
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City, State								posal Date	City, State						
Toms River, New Je	ersey						1	2/2/19	Tullytown	Pennsylvar	nia				
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Agencies Notified Type Notificati	n		Street /	Address				19-)	/	-
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□ DOA ⊠ Emergency (NJAC 5:23-8) Justification	(Including		and the same of	M Contact	D9625-D038		Telephone Numb	A.F	ue Cons		
(POAC 5;23-6) Cancellatio				Weltz			609-292-0232				
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Street Address 50 Barrack Street						M Other (i.s.,	private and commen	dal bu	lding	ł.,	
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City, State. Zip Code Trenton, NJ 98816					City, State, Zip Co			85	tasani	9	
Project Manager for Monitoring Pirm		Tels	phono l	Vo.	Maple Shado Telephono No.	2¢000 th	Licanse No.				
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Abatement Performed Outside of Ner	mal Facili	ву Ноц	ra - Des	oriba	City, State, Zip C					***********	-
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Date of Notification (1) 11/4/19; 11/12/19;	11/18/19				of Building O rate Builde				rs			GE		\mathbb{V}	
Agencies Notified	Type Notification				Address			-							Salara Maria
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Name of Facility Where A	Abatement is Takin	n Place (3	8)	FAC	ILITY INFO	RMATI	ON	Т.		4					
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Project Manager for Moni	toring Firm		Telepho	one No.		Teleph		No. -2276		License 703	No.				
Start Date (10)		Schedule	d Con	npletion	Date (11)				SHA Monitor		703				
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Occupancy Status During							Street	Addr	ess						
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Scope of Work (Check All	That Apply)			-						-					
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A. Scott Higgins		dent					1	1		1	1/18/	19			

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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens	se No				
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Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	SS							
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Newark, NJ Completed by	T:11				TBD			Pen Argy	I, PA	٨					- 112=-3
A. Scott Higgins	Title Presi	dent			S	ignature	//	E			Date 11/	18/1	9		

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

CK 9034

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Ha Demolition	Name of Contact	Name of Contact Coh Coh	Name of Contact I (LOHIVE) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchaptor 8 (Other than K-12) Pother (Le. private & commercial building homes, etc.) Square Feet of Floors Bidg. / 2/100 Z / 9/2 County Code (7) (STATE USE Current Use (Prior if being demolished) Name of Abstement Contractor (9) Best Removal Inc Street Address 450 South River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. 201-329-7444 00388 Impletion Date (11) Name of OSHA Morribor Omega Environmental Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Prenovation Demolition Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Prenovation Demolition Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Prenovation Street Address 280 Huyler St City, State, Zip Code S. 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Hackensack N.J. 07606	Name of Contact IN (LOHIVE) FACILITY INFORMATION Type of Facility (4) Subchaptor 8 (Other than K-12) Subchaptor 8 (Other than K-12) Subchaptor 8 (Other than K-12) Square Feet County Code (7) (STATE USE County Code (7) (STATE USE ONLY) Rest Removal Inc Street Address 450 South River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 South River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Premovation Omega Environmental Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Premovation Omega Environmental Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 Premovation Omega Environment with Negative Pressure Informative Custodial State: City State, Zip Code S. Hackensack, N.J. 07606 Premovation Obscription of Acabactor Containing Matorial (ACM) (i.e., thresmal systems insulation, safficing, VAT, or other miscellaneous) NAME of Custodial State? (12) Ves No N/A NAME of Custodial State? (12) Ves No N/A NAME of Custodial State? (12) Cubic Yards of Name of Registered Landfill Wasste 2 1/2 Cumps RLAND County LAND	Name of Contact IN (LOHNE) FACILITY INFORMATION To (3) COUNTY Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial buildings. horizes, etc.) County Code (7) (STATE USE Commercial

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Date of Notification (1) 11/16/2019			of Building oh Aye-E		Operator	(2)	5-2-4	TE	C	E		W	E	
Agencies Notified Type Notific	ation	Street	Address							Land Later and	41	10.7 10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
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X DOL Amend	lment #		ark, NJ 0						140.4	۷.) 6	เกเล	-	العسادا
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DCA Cance	llation		oh Aye-E				-		L)	DENG		TRO 3	L OI	
Name of Facility Where Abatement is	Taking Place (3)	FAC	ILITY INF	ORMATI	ON	Type of	Facility (4)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Residential Property	15 130%					_	hool (K-12)							
Street Address							bchapter 8 her (i.e. pri				ouild	ings,	home	es,
City (5) Newark						Square 1,245		# of	Floors			dg. A	ge	
County (6)			Code (7)	-10			Use (Prior		g demo	olished		,,,,		_
Essex			USE ONLY)	_									
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASC	M No.				ment Contracting L		9)					
Street Address						Address South 5	th St.	7-2-32-47-2						
City, State, Zip Code				5.7		tate, Zip	Code J 07206							
Project Manager for Monitoring Firm		Telepho	one No.			one No.	0 01 200		License	e No.				
Ct- + D- +- (40)						06-412		(01355	5				
Start Date (10) 11/25/2019	Scheduled 0 11/30/201		Date (11)			of OSHA nvironn	Monitor nental La	borat	tories,	Inc.				
Occupancy Status During Abatement (Address	22 West							
Facility Closed/Vacated During Ending Abatement Performed Outside of Other – Describe:	ntire Period of Abat Normal Facility Ho	ement urs		1	City, St	ate, Zip (Code							
Scope of Work (Check All That Apply)				_	Unior	n, NJ 07	7083							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition			×	Mini-E Glove	ontainment Inclosure bag Proced Exempted (*	dure						
	Is Loc	ation						,				Abate	ment	
Location of Asbestos-Containing Material (ACN	Nom Used So		Ashaa		cription					-	Т	Тур	ре	_
TO BE ABATED In Facility (13)	Mainter Custodia (12	I Staff?				insulatio , or		(Sp	ount ecify or LF)	Notificadi	Removal	Repair	Encapsulate	Enclosure
	Yes N	5 1 15 10 11											Ø	
Basement		X		Pipe	Insulat	ion		19	LF	Х	1	-		
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Y	/ards	IN	lame of Re	aistere	d Land	fill				
Danvic Contracting LLC		Hauler ID 37574		of Wasi			airless L	E						
City, State Elizabeth, New Jersey				Disposa TBD	al Date		ity, State Morrisville	, PA						
Completed by	Title			Sig	gnature	1.1	1	1	1	Date		(10.000)		-
Jeymy Donneys	Owner				1/DL	M	In			11/16	6/20	019		

In# 16061 PAT	D			t to NJAC				' (her	14	+	11	6		
Date of Notification (1) 11/15/2019				of Building Carey	Owner/	Operato	r (2)	and the second second	1000	E C			W	E	John Committee
Agencies Notified Type Notification				Address					12/1	<u> </u>	, E	3 12	1.3	123	STATE OF THE STATE
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DOL Amendment :		_		Amboy		8879		T. de la constantina	i					,	Louis
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				ILITY INF	•	ION			1				- 3		
Name of Facility Where Abatement is Taking Residential Property	Place (3)					Туре	e of Facility	18.05t						
Street Address							H	School (K- Subchapte Other (i.e.	r 8 (Oth			buile	lingo	home	20
City (5)							×	etc.)			erciai				55,
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County (6) Middlesex				Code (7) USE ONLY)		Cum	ent Use (Pr	ior if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8))	ASC	M No.		Local designation of the last		atement Co		(9)					
Street Address						Street	Addre								
City, State, Zip Code						City, S	State, 2	Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No			hone N	, NJ 0720	96	Licens	e No				
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	Schedul 11/30/		mpletion	Date (11)		The Control of Control		HA Monitor onmental		atories	, Inc			15	
Occupancy Status During Abatement (Check	Only Or	ne)					Addre	ess ite 22 We	ot.						
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe: OCCUPIED	eriod of a al Facility	Abaten y Hours	nent s			City, S	State, Z	Zip Code	Si						
Scope of Work (Check All That Apply)						Unio	n, N.	J 07083							
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Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbes		scription		al (ACM)	Aı	mount	ŀ		. ,	2000	
TO BE ABATED In Facility (13)	1,000,000	todial (12)			thermal surfa		s insul T, or	ation,	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ė	
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City, State Elizabeth, New Jersey				Dispos TBD	al Date		City, Stat Morrisv		Ą						
Completed by Jeymy Donneys	er			S	ignature	ih	40	-il	51	Date 11/1		019			

State of New Jersey

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ik 1220	NO	(Pu	AHON rstrant t	OF ASBE	STOS /	12:120))			NOV	25	20	19	- A	\int
Date of Notification (1) 11/21/19	58		Name of RESIPI	Building C)wner/C	perator	(2)								-
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EPA Initial Amended		180	reconstitution of	iedmont		NE- Du	narrig	7, Suit	E. 1.U.	AND THE PERSON NAMED IN COLUMN TWO	COMMON AVAILABLE	- Williams	nyinaren kunila	AND DESCRIPTION OF THE PARTY OF	The property
X DOL Amendment Emergency (- /	Atlanta	, GA 30											
■ DOH justification) DCA Cancellation	g	100	Name of RESIP							Telephone 844-554-					
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Name of Facility Where Abatement is Taking	g Place (3)							or Facilit School (F							
Street Address								Subchap	ter 8 (Other than late & comm		buildi	ngs, l	nome	s,
City (5)							E 6	etc.) re Feet		# of Floors			ig. Ag		-
Bloomfield			01	100	2		950						J .		
County (6) Essex			County C STATE U	Code (7) ISE ONLY)			Curre		Prior i	f being dem	olishe	1)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement C						- 7	
Street Address						101111111111111111111111111111111111111	Addres	510 03150	-ES	SIONALS					_
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City, State, Zip Code						16/04/15/2002		ip Code OD, NJ	087	01					
Project Manager for Monitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 668-9			Licens 1200					
Start Date (10) 12/01/19	Scheduled		pletion [Date (11)		(1) (EE) (EE) (EE)		HA Monit D PROI		SIONALS					
Occupancy Status During Abatement (Chec	k Only One)				1777.55	Addres		001	IDT				(P2-11-1)	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:						City, S	State, Zi	DOVE ip Code OD, NJ							
Scope of Work (Check All That Apply)						LAN	EVVO	OD, NO	007	01	22.00		-		_
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Location of		ormall	ly			scription							Ту	oe	
Asbestos-Containing Material (ACM) TO BE ABATED		ntenar	nce/		therma	taining f	s insula			Amount (Specify SF or LF)		Rer	Re	Encapsulate	1
In Facility (13)	10 1000 - 00 to 1000	(12)				icing, VA miscella				SF OF LF)		Removal	Repair	psula	Litologgia
	Yes	No	N/A											te	
INTERIOR					FLO	OOR T	ILE		+	400SF		X			-
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Name of Registered Waste Hauler			JDEP W lauler ID		Cubic of Wa	Yards aste		200-000000	of Re	gistered La	ndfill				
NEWARK CARTING		100000	4509		5			IESI	Nat-						
City, State NEWARK, NJ					12/03	sal Date 3/19		City, S BETI		HEM PA					
Completed by	Title	ED.				Signatur	е				Date	21/1	9		

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Date of Notification (1) 11/22/19			Name of Gefer	of Building (n Constru	Owner/Ope	erator	(2)	1	ı	107	2 5	2	019	William of Bullion Library	
Agencies Notified Type Notification EPA Initial				Address Second St	t, Suite 1	03			L	STO	18 C			l	the State of the
DEP Amended Amendment				ate, Zip Coo wood, NJ				- 160 m an An	Salah Seleppana	LIC	ENS	MG	1101	n Ol	
■ Emergency justification) ■ DCA		3		of Contact Constru	ction		2000		Telepi 732-						
Nome of Facility 185			FAC	ILITY INFO	RMATION	l									
Name of Facility Where Abatement is Takin	g Place ((3)					Туре	of Facility (4) School (K-12)							
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	(Other	than k	K-12) ercial	build	dings,	hom	es,
City (5) Lakewood							Squa 896	are Feet	# of FI	loors		В	ldg. A	ge	
County (6) Monmouth			County (STATE	Code (7) USE ONLY)		-	Curre	ent Use (Prior ne	if being	demo	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCi	M No.	N	lame AAA	of Aba	atement Contr D PROFES	actor (9)) ALS					
Street Address					1 5 5 5		Addre HTE	ss DOVE COI	JRT						
City, State, Zip Code								ip Code OD, NJ 087	701						
Project Manager for Monitoring Firm			Telepho	ne No.			one N 668-9		1 1	icense 200	e No.				
Start Date (10) 12/6/19	Schedu 12/9/1		npletion	Date (11)	61 700			HA Monitor D PROFES	SIONA	ALS					
Occupancy Status During Abatement (Chec	k Only O	ne)			St	treet	Addre	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of nal Facility	Abaten y Hours	nent s		Ci	ity, St	tate, Z	DOVE COU ip Code OD, NJ 087							
Scope of Work (Check All That Apply)						., (1 ()		OD, 140 007	UI						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure	0.78				2	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	(i.e. th	os Containi hermal sys surfacing other misc	ng M stems	aterial insula T, or	(ACM) ation,	Amo (Spe SF or	cify		Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		0.10							丽		ate	Ге
EXTERIOR					SIDI	ING			2000	SF	X				
Name of Registered Waste Hauler		1	JDEP W	7.77	Cubic Yar	ds		Name of Re	gistered	Land	ifill				
NEWARK CARTING City, State		100000	auler ID 1509	8	of Waste 8			IESI							
NEWARK, NJ				1	Disposal E 12/9/19	Date		City, State BETHLEH	HEM P	Α					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Signa	ature					Date 11/2	2/1	9		

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Date of Notification (1) 11/22/19		1	Name o	of Building Owner/ ORDABLE HOU	Operator JSING	(2) CORP		NOV 2	5 20	019	Affilia de la companya de la company	
Agencies Notified Type Notifica	ation	1.0		Address S 2nd Ave		# I	Z 111	المنافعة والمواجعة المراجعة	vanena na	E - 100		
EPA Initial Amende Amende				ate, Zip Code and Park, NJ 0	8904		AS enconsistent	LICE			. Ča	
■ Emerge justifica □ DCA □ Cancell		N	Name o	of Contact RDABLE HOU		CORP		elephone No				
20 00 00 m - 00 00 00 m				ILITY INFORMAT			- 1	32-012-3	330			
Name of Facility Where Abatement is T	aking Place (3))				Type of Facil	lity (4)					
Street Address						School Subcha		her than K-	12)			
						Other (i. etc.)	.e. private	& commerci	cial bui	ldings	, hom	es,
City (5) Highland Park						Square Feet 1768	#	of Floors	1	Bldg. /	Age	
County (6) Middlesex				Code (7) USE ONLY)	<u></u> g	Current Use home	(Prior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASC	M No.		of Abatement LEAD PRO						
Street Address						Address HITE DOVE	COUR	Γ				
City, State, Zip Code						tate, Zip Code EWOOD, No						
Project Manager for Monitoring Firm		Te	elepho	ne No.	Teleph	one No. 668-9078		License N	No.			
Start Date (10) 11/29/19	Scheduled 12/1/19		oletion	Date (11)	Name	of OSHA Moni LEAD PRO		1				
Occupancy Status During Abatement (C	Check Only One	e)				Address					-	
Facility Closed/Vacated During End Abatement Performed Outside of N Other – Describe:	tire Period of At Normal Facility I	bateme Hours	nt		City, St	ITE DOVE ate, Zip Code EWOOD, No		• E		200000		
Scope of Work (Check All That Apply)							200101					
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Location of	No	_ocation		Des	scription					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely ntenance odial Sta (12)	e/	Asbestos Cont (i.e. thermal surface	aining M	aterial (ACM) insulation, Γ, or	(mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A	PIPE IN	VSIII A	TION	1	30LF	x		te	w
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Date of Notification (1) 11/21/19				of Building ie Kojes					M						ARD PER AREA
Agencies Notified Type Notification		-	Street A	•	1 1 111	vate 110	inc	Parket objects		-NO1	12	5	2019		100
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Name of Facility Where Abatement is Takir	a Place (3/	FAC	ILITY INF	ORMAT	ION	T	-4 F104							
Charlie Kojeski Private Home	ig Place (3)					_	of Facility	5050						
Street Address								School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) ercial	buile	dings	home	es,
City (5) Haddon Heights NJ 08035							Squa 100	re Feet	1000000	f Floors		100	Bldg. A	\ge	
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Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.		1	of Aba	ntement Co	ntractor	(9)		-111-5-0			
Street Address						Street			9						
City, State, Zip Code							Box 3	ip Code							
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856-	one N 753-9			Licens 0072		0			
Start Date (10) 12/5/19			npletion	Date (11)				HA Monitor						e 78-	
Occupancy Status During Abatement (Chec	12/12/					Sam		ee .							
Facility Closed/Vacated During Entire		****	nent			Street	Addres	55							
Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)							530								
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Location of	100	Normalled Sole	-			escription					-		Ty	ре	_
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intenar	nce/			taining N I systems				mount Specify		Z.	71	Enc	9
In Facility (13)	Cus	todial S (12)	otali r			cing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				,					<u>a</u>	-	late	Ire
Basement			x		Floor	Tile & N	lastic	:	80	00 SF		X			
Basement			x		pipe	insulat	ion		12	20 LF		X			
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Name of Registered Waste Hauler		10000	JDEP W			Yards		Name of	Registe	ered Lan	dfill				
United Roll Off			auler ID 2459	NO.	of Wa	iste		G.R.O.	W.S.						
City, State Elm NJ					Dispo 12/12	sal Date 2/19		City, Stat		4 1906	7	-			
Completed by	Title					Signature	-3		225		Date				
Anthony T Perna	Pres	ident				9	_	· · · · · · · · · · · · · · · · · · ·			_11/2	21/1	19		

Ini# 1122

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O EPA O DEP

E DOL

DOH.

DCA

City (5)

County (6)

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) 21 GINA Agency Notified Type Notification A Initial City, State, Zip Code ☐ Amended Amendment# WOOD GAGE 07075 Emergency (including) Name of Contact
MS. GIGLIC iustification) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) GINA GIGHO ☐ School (K-12) Street Address Q Subchapter 8 (Other than K-12) El Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1940 .Z000. 2 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/6/19 121 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St D Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cother-Describe: 8:00 SH TO 5:00 PH S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) D Full Containment with Negative Pressure EZ3sfor23F - Renovation El Mini-Enclosure 12 160 sf or ≥ 260 lf ☐ Demolition El Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatament Is Location Type Normally Location of Used Solely by Description of Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Repbl IN Facility surfacing, VAT, or SF or LF) Staff? - (13) other miscellaneous)

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Name of Registered Waste Hauler Best Removal Inc		No.	Vaste i	lauler	Cubic Yards of Waste	Name of Register				_
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J. MALORANO E	a t i = a i				Signature /		Date	12.	1.0	
	stimat no notuse #		for ac	hactac I	V Mary	coul	1 71	20/	117	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) NOV 2 5 2019 11 / 2019 Wynn Sloan Agencies Notified Type Notification Street Address ☑ EPA ✓ Initial ASBESTOS CONTROL & ☑ DOLWD ☐ Amended City, State, Zip Code LICEKSING M DOH Amendment # Basking Ridge, NJ 07920 ☐ Emergency (including ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Wynn Sloan **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wynn Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Basking Ridge 1,924 85 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Somerset 1802 Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A Acme Professional Services Corp Street Address Street Address N/A 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 973-938-5266 02003 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 02 / 2019 12 / 16 Arsenije Adamov Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 550 Rifle Camp Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ ___AM-____PM/_ PM-Woodland Park, NJ 07424 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☑ Renovation ≥3 sf or >3 If Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X ACM Ceiling Plaster First floor living room 364SF X П First floor dining room X X ACM Ceiling Plaster 364SF П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste 10 cubic yards Hauler ID No. Acme Professional Services Corp Fairless Landfill 0038176 City, State City, State Disposal Date 12/05/19 Woodland Park, NJ Morrisville PA Completed By (Print or Type) Title Signature Date Arsenije Adamov President 11/20/19 Arsenize Adamov

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

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Date of Notification (1)					Name	e of Buildin	g Ov	vner/Operator ((2)		MI	11/ 0	r	0000					
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□ DCA	☐ Emerger			a	Bry	n Mawr,	PA	19010											
(NJAC 5:23-8)	justificat	ion)		5	Name	of Contac	t			Te	elephone	Numb	er						
	☐ Cancella	tion			Ma	x Ryan					856-669	-110	5						
					FA	CILITY IN	FO	RMATION											
Name of Facility Where A									Type of Facility	(4)									
Vacant Commercial	Property -	Bric	k Bui	lding					School (K-12										
Street Address									☐ Subchapter ☐ Subchapter ☐ Other (i.e., p					ildina	•				
175 Derousse Aven	ue								homes, etc.)		e and co	mmen	JIAI DI	mung	5,				
City (5)									Square Feet	#	of Floor	s	BI	dg. Ag	ge				
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County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	rior if	being de	emolis	ned)						
Camden									Commercia	ıI									
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	r (9)									
Synertech, Inc.							5	Shade Enviro	onmental, LLC	LLC									
Street Address							Str	eet Address											
228 Moore Street							6	323 Cutler Av	/enue										
City, State, Zip Code							Cit	y, State, Zip Co	ode	17-0250									
Philadelphia, PA 19																			
Project Manager for Monit	015 755 0007																		
Andrew McMahon				2	15-755			00842											
Start Date (10)						te (11)	Na	me of OSHA M	lonitor										
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Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address					N. Constant						
☐ Facility Closed/Vacate							2	00 Route 13	0 North										
Abatement Performed	Outside of N	ormal	Facility	/ Hour	s - Des	cribe	City	y, State, Zip Co	ode										
Time of Abatement:		P	///	_PM-		AM	C	innaminson	, NJ 08077										
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TO BE ABAT	red `	30		intena			, the	rmal systems i	nsulation,		(Specify		Removal	Repair	icap	Clo			
IN Facility (13)	/		Cust	odial (12)	starr?		S	surfacing, VAT,	or		SF or LF)	val	7	Encapsulate	Enclosure			
(13)			Yes	No	N/A		Ott	her miscellaned	ous)						ate				
Basement, S. Section,				Pipe Ins	ula	tion			4 LF	-		П							
1st Floor Throughout						Fire Doo	ors	(3)			300 SF	:			П				
1st Floor, SE Office Ro	w, Room 3	3		\boxtimes		Floor Ti				1900	512 SF					H			
Exterior Roof, N. Sect	ion					Tar Pitc	h Fl	ashing			770 LF								
Name of Registered Waste	e Hauler			-	JDEP V			oic Yards of	Name of Regis	terer									
Freehold Cartage	**************************************			100.00	auler ID	No.	Was	ste	Fairless La										
City, State					15939		Disr	oosal Date	City, State										
Freehold, NJ							900	1/21/2019	Morrisville,	ΡΔ									
Completed By (Print or Typ	ne)	Title					50 201100		orriovino,	, , , ,	•	To							
Christina Fay	.~,			eside	nt of C	Operation	s	Signature	Hay!			Date	e 19.	19					
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Date of Notification (1)					Nam	e of Buildir	ng Own	er/Operator	(2)			MAN				-	200
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Name of Monitoring Firm	Hired by Buil	lding (Owner	(8)	ASCM	No.			ent Contract	100							
Synertech, Inc.							Sh	ade Envir	onmental,	LLC							
Street Address							Stree	et Address									
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Philadelphia, PA 19							Ma	ple Shade	, NJ 08052								
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telep	phone No.			Lice	ense N	0.		11.h7,.2-6	J. Es	
Andrew McMahon				2	15-755	5-2305	85	6-755-0099)		0	0842					
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Time of Abatement:	AM	PN	Λ/	_PN	l	AM			i, NJ 08077	,							
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Christina Fay		VI	ce Pr	eside	ent of (Operation	ns	Alesta	MLa.				1 1	10	10		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 19 NOV 25 2019 11 19 Alliance HSP Pennsauken, LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 40 Morris Avenue ASSESTOS CONTROL & **⊠** DOLWD City, State, Zip Code LICENSING **⊠** DOH Amendment #1 Bryn Mawr, PA 19010 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Max Ryan 856-669-1105 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Commercial Property - Connector Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 175 Derousse Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsauken 275,917 2 94 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synertech, Inc. Shade Environmental, LLC Street Address Street Address 228 Moore Street 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Philadelphia, PA 19148 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Andrew McMahon 215-755-2305 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __04__ / __19__ __11__ / __21__ / __19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 if ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Roof X Roofing Material 5,775 SF \boxtimes П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 40 City, State Disposal Date City, State Freehold, NJ 11/21/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Fay Vice President of Operations 11/9/19

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Date of Notification (1)			Name	of Building (Owner/One	notor	. (2)		01014	0 =		A	
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Agencies Notified Type Notification		-	Street	<u>YB 6-110</u> Address	7 171	70	017		Ì				V-20-21-2
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lame of Facility Where Abatement is Taking	g Place (3	3)			, tan trion		Type of Fac	cility (4)					
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Street Address							Subcha	apter 8 (Other than k	(-12)			
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roject Manager for Monitoring Firm		\neg	Telepho	ne No.	Te	eleph	ione No.	1.11	License	- No			
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Facility Closed/Vacated During Entire P	eriod of /	Abatem	ent										
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Date of Notification (1)		RIVERVIEW	MEDICAL CENTE	R	门追	6		
11 / 15 /19		Street Addres	s	1 1		*EFET DELLAND	NAME AND DESCRIPTION	en Andread State of the State o
Agencies Notified Type Notification	tion	1 RIVERVIEW	/ PLAZA	Market State of State			_	
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X DOH On Hold		Name of Cont	ant	Tolonhada Ni	Late of the	se troping n	recommendate	THE STREET
	ENCY NOTIFICA	ATION ERIC MATTS		Telephone Nu 732-450-2689			JO U JENS	
		FACILITY INFORMAT	TION	Foldance	COLUMN TO COLUMN	TO gardene		
Name of Facility Where Abatement is T RIVERVIEW MEDICAL CENTER	aking Place (3)			acility (4)				
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Street Address			Square	Feet # of Floors			g. Age	
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City (5) County RED BANK MONMO		County Code ((STATE USE ON	장면 없어 그 내 아이지 않는 어머니의 요요? 급인	se (Prior if being den	nolishe	d) Pha	rm. L	ab.
Name of Monitoring Firm Hired by Build		ASCM		L Abatement Contract	tor (0)			1 100000
ENVIRONMENTAL TACTICS Street Address		17		IRONMENTAL COR	PORAT	ION		
64 BROAD STREET			Street Add					
City, State, Zip Code				OK ROCK ROAD e, Zip Code				
MATAWAN, NE	W JERSEY 077			I, NEW YORK 10901	1			
Project Manager for Monitoring Firm		ne Number	Telephone		cense l	Numbe	er	
THOMAS GEIGER Expected State Date (10)	732-290-	2236 letion Date (11)	845-369-7		101			
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Abatement Performed Outside	of Normal Facility	y Hours - Describe:	1376 ROU	IIE 9				
X Other - Describe: MONDA	7 - FRIDAY 7AM-	-3:30 PM	City, State			-		
Scope of Work (Check all that apply)		Criti	WAF cals with Negative	PPINGERS FALLS, 1	NEW Y	ORK 1	2590	
Demolition	Renovation	Mini	-Enclo,	e Pressure				. 1
>3SF OR LF X >160 SF OR 260 LF	-E)	Glov	ebag Procedure					
Location of	Is Location		-Friable Procedure	е				
Asbestos-containing	normally used	Containing N	of Asbestos- Naterial (ACM)	Amount	B	batem		ype m
Material (ACM)	solely by	(ie. Thern	nal systems	(Specify		南	NO.	No I
TO BE ABATED in Facility (13)	Maint/Custodia	insulation, s	urfacing, VAT,	SF or LF)	EMOVAL	REPAIR	AP.	6
in Facility (13)	Staff (12) Yes No N/A		scellaneous)		P	-	NCAPSUL	NCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR	X	VAT & MASTIC		776 SF	X	\vdash		131
2ND FLOOR SOUTHWEST CORRIDOR	X	PIPE INSULATION		32 LF	X			\vdash
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	 				+-	-		
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Nome of D	agiotore d L == 1011				
NEWARK CARTING	Hauler ID No.	120		egistered Landfill ENTRAL SANITARY	LANDE	11.1		
City, State	913				_, ., , , , , ,			
NEWARK, NJ 07105		Disposal Date 11/25/19-01/30/2020	City State	HOWNSHIP, PA			4	
Completed by (Print or Type) Title		Signature	/. (/ 1	/ Da	te	1	1.	
BENJAMIN SANCHEZ DIRI	ECTOR OF OPE	RATIONS	IN	X 1	111	15	11	4

Title
DIRECTOR OF OPERATIONS

NOCK				(Pu	rsuar	t to NJA	C 8:6	60 and 5:10	6)	1			E	1	1	101				
Date of Notification (1)					Name	of Building	g Own	er/Operator (2)	11	1			WITE CO.	ADETERNATE OF					
11/	18 /	19	<u></u>		Bro	okfield F	rope	rties Retail	, Inc.	1	The said	5101				PHAST STATE	Targetter of the Control of the Cont			
Agencies Notified	Type Notifica	ation			Street	Address	-					#OV	24	T 20	體	11.				
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□ DOLWD						State, Zip C			1		5.4	SAES1	me c	70.514	27 V	Se.				
⊠ DOH	Amendm		3		0.0000	cago, IL		4	ĺ		6.70		CEN		درا این ا	CR	7.5.4.6			
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding		-	of Contact			1	Securitary	Tel	ephone	-	- anappropriate		الماليكية	Minum I			
(NJAC 5.23-6)	☐ Cancellat					in McLau		1			1775500	32-542								
						CILITY IN														
Name of Facility Where A	Abatement is 7	Taking	Place	(3)	5.50.50.50				Type of Fac	lity (4	4)									
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180 NJ 35									Other (i.e		vate	and co	mmer	cial bu	ilding	S,				
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Monmouth						, ,	0	<i>y</i>	F 1000	ent Use (Prior if being demolished) mmercial										
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Nam	e of Abateme	ent Contractor	(9)						25 71.7147				
Batta Environmenta							10		onmental, L											
Street Address		- 3	19100					et Address									_			
6 Garfield Way							62	3 Cutler Av	/enue											
City, State, Zip Code							City,	State, Zip Co	ode											
Newark, DE 19713						aple Shade														
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	phone No.			Lie	cense N	No.							
Steve Woronicak				30	2-737	-3376	85	6-755-0099)		4 7	00842								
Start Date (10)	5	Sched	uled C	omple	tion Da	te (11)	Nam	e of OSHA N	lonitor											
09 /30 /	19	_1	2_ /	_ 20	20 / 19 EMSL Analytical, Inc.															
Occupancy Status During	Abatement (Check	only o	ne)			Stree	et Address												
☐ Facility Closed/Vacate							20	0 Route 13	0 North											
Abatement Performed							City,	State, Zip Co	ode		-									
Time of Abatement: _	AM	PN	M/ <u>11:0</u>	0PM-	/:00AN	Λ	Ci	nnaminson	n, NJ 08077											
Scope of Work (Check all	that apply)																			
≥3 sf or ≥3 If			⊠ Re	novati	on			☐ Full Cont	tainment with	Nega	ative	Pressu	ire							
≥160 sf or ≥260 lf				molitic				☐ Glovebag	g Procedure											
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TO BE ABA		"		intena				mal systems				(Specif		Removal	Repair	Encapsulate	Enclosure			
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(13)		Ì	Yes	No	N/A		otne	er miscellane	ous)							ate				
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Name of Registered Was	Vaste																			
Freehold Cartage				H	auler II 15939		Wast		Fairless	s Lar	ndfi	H								
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Freehold, NJ							12	/20/2019	Morrisv	ille,	PA									
Completed By (Print or Ty	/pe)	Title			-15-3			Signature	1				Da	te						
Christina Fay	mand (4557	Vi	ce Pr	eside	nt of (Operation	1	Mareta	2101/				38280	1.0	180	7				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11/19/19 Woodbridge Township School District Agencies Notified Type Notification Street Address **EPA** Initial PO Box 428, School Street DEP Amended City, State, Zip Code ASSESTOS CONTROL & X DOL Woodbridge, NJ 07095 Amendment # LICENSING Emergency (including Name of Contact Telephone Number X DOH justification) Brian Wolferman 732-750-3200 DCA X Cancelation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ross Street School #11 X School (K-12) Street Address Subchapter 8 (Other than K-12) 110 Ross St. Other (i.e. private & Commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodbridge 55,500 3 1920 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Middlesex School Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Ahera Consultants Inc. 00057 Unicorn Contracting Corp. Street Address Street Address PO Box 385 32 Willow Way City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/18/19 12/13/2019 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement X 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: _ Mon-Friday 4PM-12:30AM, Sat-Sun Normal Working Hrs Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure X ≥160 If or ≥260 If X Demolition

	1	Is Location	on		☐ Glovebag Procedure ☑ Non-Exempted (*) and	Non-Friable Proced	ıre	Aha	temei	nt
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Normali Used Solel Maintenar Justodial Si (12)	y by	(i.e. t	Description of os Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Rer	T	e Encapsulate	Τ
	Yes	No	N/A				Removal	Repair	sulat	Enclosure
Upper Roof-Parapet 1920s & 1930s Section - North, South and East Side			X	Vanor	Barrier & Roofing Tar	443 LF	X		6	e
Upper Roof-Parapet 1920s & 1930s Section - West Side			x		Barrier & Roofing Tar	167 LF	X			H
Upper Roof-Parapet 1920s & 1930s Section - Center of Roof			x		Barrier & Roofing Tar	160 LF	X			r
Lower Roof			X	•	Roofing Tar	113 LF	X			-
Boler Room Roof			X	R	pofing Deck Tar	350 SF	X			-
Name of Registered Waste Hauler Newark Carting Inc		NJDEP W 04509	aste Hauler ID No.		Cubic Yards of Waste	Name of Reguster Grand Central	ed Land		andf	ill
City, State					Disposal Date	City, State		, -		-

Title

General Manager

Newark, New Jersey

Completed by

Dimo Golcev

Mini-Enclosure

City, State

Warrisville, PA

Date

11/19/19

TBD

Signature



Date of Modification (1) 9/18/19			NO	State of New . TIFICATION OF ASSEST	TOS ABATEMENT	ECE	1		图	
9/18/19				(Pursuant to NIAC 8:60	and 12:120)	. (40	010	14	11
		ericani Horadin	Name	of Building Owner/Operator	2) [[[]]]	BIONE	-	4	7	1196
Agences Hostified Type Notification			_Woo	dbridge Township Sch	ool District	NOV Z	- 20		/ 1	
□ EPA 図 Initial			pripot	ACTIFOU		1	-	1	-	+
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IN DOM Justification)	1			Wolferman	Talaph	one Number				-
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Home of Facility Where Assternent is Taking Die				FACILITY INFORMA	TION					
Ross Street School #11	co (3)				Type of Pacifity (a)					
Etiaet Address					School (K-12)					
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Ahera Consultants Inc	900 ⁵²			ASCM No.	Name of Abatement Contractor (S	oj .		_		_
dieetAddress				00057	Unicorn Contracting Corp),				
O Box 385					Stroot Address			-		
ity, State, I'p Code					32 Willow Way					
Ceanville, NJ 08231					CHY, State, ZID Code				_	-
diec Manager for Monitoring Firm					Woodland Park, NJ 074Z4					
ohn Smoyer				sphore No.	Telephone No.	Lice nee N	4			_
		-	60	9-652-1893	973-333-9176	01331				
77 Date (10)		Scha	duled Co	mpletton Date (11)	Alama - Const.	1-444			_	
(/18/19		12/	13/20	(9	Name of OSHA Monitor					
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≥3 sf or ≥9 If		la	Reno	vation	Full Containment with a					
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pper Roof-Parapet 1970s & 1930s Section - Norm, South and East Side pper Roof-Parapet 1970s & 1930s Section - West Side			, 1	VI				1	1 1	
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Date of Notification (1) 11/21/19	58		Name o	of Building	Owner/0	Operator	(2)	kond	146	14 ()	U1.3		married .
Agencies Notified Type Notification	n		Street A		at Pd N	JE D	ildina	7, Suite	ASBE		CON		_ &	NO. OF THE PARTY NAMED IN
EPA X Initial DEP Amended		H		ate, Zip Co		NL- DU	inding	7, Suite	<u>(</u>	-V-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	energe (Metale)	ACCOUNT OF THE		ST-1900M
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DOH justification DCA Cancellation	1)		Name o	of Contact					Telepho 844-5					
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Name of Facility Where Abati	-M							of Facility (4 School (K-1)						
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City (5) Bloomfield	う CL	L		7)	7			etc.) e Feet	# of Floo	ors	В	ldg. A	ige .	
County (6) Essex		1	,	(7) USE ONLY	,	_	Currer	nt Use (Pric	r if being d	emo!is	hed)			
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Project Manager for Monitoring Firm			Telepho			732-	none No 668-90	078	12	ense N 00	No.			
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Completed by OSEPH PERLSTEIN	Title OWN	ER			S	ignature					ate 1/21/1	9		

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

Name of Building Owner/Operator (2) 11/21 MS. S. GIWNFEST Type Notification Agency Notified a Initial NOV 25 D EPA City, State, Zip Code O DEP □ Amended 07/09 E DOL Amendment # NJ. BELLEVILLE D Emergency (including) Telephone Numbers CONTROL & Name of Contact JE DOH iustification) MS. GRUNFES D DCA ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MS GMNFEST ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 2 Other (i.e. private & commercial buildings. homes, etc.) # of Floors City (5) Square Feet Bldg. Age BELLEVILLE 2500. County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) RESIDEN LE ESSEX Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date, (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-2-19 12-12-19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St Q Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Dotter-Describe: B:00AH TO 5:00PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) 2 Full Containment with Negative Pressure D23sfor≥3# A Renovation O Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally . Location of Used Solely by Description of Containing Material (ACM) Encapsulate Maintenance Containing Material (ACM) Amount TO BE ABATED thermal systems insulation, Removal Repair (Specify Castodial IN Facility surfacing, VAT, or SF or LF) Shaff? . (13) (12)other miscellaneous) Yes No NA BASSICOWI × 80 SF Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Best Removal Inc ID No. Waste 17109 CUMBERLAND COUNTY LANDFILL City, State Hackensack , N.J. 07601 NEWBURGH 17240 Completed by J. MAIORANO Estimator ASB-41 * Do not use this form for asbestos licensure exempted activities.

Willest State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) 2 5 2019 Name of Building Owner/Operator (2) Date of Notification (1) ASBESTOS CONTROL & 1 1 1/1 5 1/11 19 LICENSING Danisha Devor-Mackesy Agencies Notified Type Notification Street Address **EPA** M Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency River Edge, NJ 07661 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Danisha Devor-Mackesy Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) 1,200 SF 02 County Code (7) 70 (State use only) Current Use (Prior if being demolished) River Edge, NJ 07661 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 12/02/2019 12/07/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If | Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e e asbestos-containing n Amount Description of asbestos-containing n staff(12) m р C material (acm) to be (Specify SF or material (ACM) C 0 abated in facility (13) а a LF) Yes No N/A V р Basement Pipe Insulation 220 LF X Basement Laundry VAT 140 SF Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 0038241 3 yds TULLYTOWN, RESOURCE RECOVERY

Disposal Date

Signature

TBD

Title

Owner

City, State

TULLYTOWN, PA

Date

11/15/19

City, State

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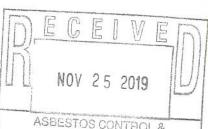
Hopatcong, NJ 07843

Completed by (Print or Type)

CK# 4949

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



In/16237

Date of Notification (1)				Name of Ru	delina Ounas Danas	1 (2)	LICE	VSIN	G	O/L 0	ì
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Name of Facility Where Abatement is	Taking	Place	(3)	FACILITY	INFORMATION	Type of Facility	(4)				
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Street Address				95 A	0	Del Other (i.e., p	8 (Other than) Strate & commo	(-12) ercial	buildi	ngs,	
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Name of Monitoring Firm Hired by Build (8)	ing Ow	ner	AS	SOM No.	Name of Abatem	ent Contractor (9)	TWIC				
Street Address					Street Address			_			
City, State, Zip Code					City, State, Zip Co		UCE AU		_		
					MAY	PLE SHI	ADE N.	10	80	52	
Project Manager for Monitoring Firm			Telepho	one No.	Telephone No. 856-779	-0477	License No.	37	1		
				Date (11)	Name of OSHA Mc			<u>J</u>		_	
Occupancy Status During Abatement (C	1		-19	<u> </u>	Street Address	N/A		=	_		
Facility Closed/Vacated During Entire	Period	of Aba	temen	it [
☐ Abatement Performed Outside of Norr ☐ Other - Describe:	nal Fac	ality H	ours		City, State, Zip Coo	le			1 101		
Scope of Work (Check all that apply)					□ Eul Copia	inment with Nega					=
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City. State MARIE SHAWE W. J							AINTVILL	ピ	. N	10	
Completed By Title	1				Signature O. A) _	Date _	7-	-19		

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

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Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No. 3	7.1	11			
5 35			1_	100		856-77	9-0472	_ 013	11	_		_	
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Other - Describe:												_	
Scope of Work (Check all	that apply)												
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.	0 4	1122	License No.	-	1			
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Name of Monitoring Firm Hired by Building N/A	Owner (o)		, tooiii		Pe	ernac	o Inc.						_
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(NJAC 5:23-8)	justification		Jiuuii is	,	Name	of Contac	t				Telep	ohone l	Numb	er				
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1 MacArthur Boulev	ard									s, etc.)	и			Die	l α Λ α		_	
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Project Manager for Monit	oring Firm				phone			lephone No.			10,100	ense N	0.					
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TO BE ABAT	<u>red</u>	'		intena			., the	ermal systems	insulation,		(5	Specify		Removal	Repair	Encapsulate	Enclosure	
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Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL Street Address 256 A JEFFERSON COURT City, State, Zip Code LAKEWOOD, NEW JERSEY 08701 Expected Manager for Monitoring Firm Telephone Number Telephone			County Code (7)	20000000		dichoo			h				
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TIGER ENVIRONMENTAL CORPORÂTION Streat Address 256 A JEFFERSON COURT City, State, Zip Code LAKEWOOD, NEW JERSEY 08701 Project Manager for Monitoring Firm Telephone Number 1232-948-9458 Expected State Date (10) 11 / 21/19 Month Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: WONDAY - FRIDAY 6PM-2:30 AM Scope of Work (Check all that apply) Demolition SS OR LF SS OR LF Ababestos-containing Material (ACM) Assessos-containing Material (ACM) Normally used Solely by TO BE ABATED In Facility (13) Staff (12) Ves No N/A Name of Registered Waste Hauler NEWARK CARTING Name of Registered Waste Hauler Name of Registered Waste Hauler NEWARK CARTING NEW YORK 10901 SITEST ADDRESS NEW AND NICK (120 Coll) STREAT ADDRESS STREAT ADDRESS NEW ARRIVAGE City, State Name of Registered Landfill GRAND CENTRAL SANITARY City, State New ARR NEW JERSEY Disposal Date City, State City, State NEWARK NEW JERSEY Title Date (172 Coll) Signature City, State NEWARK NEW JERSEY Title Date (172 Coll) Signature City, State NEWARK NEW JERSEY Title Date (172 Coll) Signature City, State NEWARK NEW JERSEY Title Date (172 Coll) Signature City, State NEWARK NEW JERSEY Title Date (172 Coll) Signature City, State NEWARK New JERSEY Title Date (172 Coll) Title Titl	AND THE PROPERTY OF THE PROPER		,			r (9)			-				
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ELLY WALTON		50,700,000	948-9				845-369-750		01	•umb(
xpected State Date (10)	Is			tion Date	(11)	-12/	Name of OSI		01			
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Scope of Work (Check all that apply)		enovatio	-		-	Criticals v Mini-Encl	vith Negative F	ressure				
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Name of Registered Waste Hauler NEWARK CARTING		JDEP W auler ID 913	No.	Cubic Yar	rds of 120			gistered Landfill NTRAL SANITARY	•			
City, State NEWARK , NEW JERSEY				Disposal 11/21/201		3/30/2020	City, State	TOWNSHIP, PA				
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BENJAMIN SANCHEZ	DIREC	TOR OF	OPE	RATIONS			7) X)		(1.	11-	17	

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Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph		William Grand		License	No.			_		
						973-7	764-2	276		703						
Start Date (10) 11/19/19	Schedul 11/26/		npletion I	Date (11)		Name	of OSH	A Monitor								
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement	al Facility	Abatem Hours	ours City, State, Zip Code										28			
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Name of Registered Waste Hauler Newark Carting		Н	NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste TBD			and the second of the second o										
City, State						sal Date	e City, State									
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Completed by A. Scott Higgins	dent	Signature					L			ate 1/20/	19					

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Inv 14214	4	NÖTIF (P	CATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	NEN O	Γ(possona C			7.7	P	
Date of Notification (1) 11/19/2019	·*			of Building te Prope		Operator	r (2)	<u> </u>	10	G	<u>E [</u>	W/		
	Notification			Address	,					NOV	25	2019		
	nitial Amended		City, St	ate, Zip Co	ode					00 E00		35		
X DOL Z	Amendment # Emergency (includir	ng	Florha	am Park					AS	BESTO	S CO	NTRO	DL &	
DOH j	ustification) Cancellation			of Contact Matarese	9				Felephone	e-Numbe	i i	ensere anners	L-MANDENNY CAMPINE	
N			FAC	ILITY INF	ORMAT	ON								
Name of Facility Where Abatem Private Property	ent is Taking Place	(3)					Тур	oe of Facility (4)						
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	Other than		uildings	s, hom	es,	
City (5) Florham Park							3000	uare Feet 00	# of Floors	S	Bldg. +50	Age		
County (6) Morris County				Code (7) USE ONLY)		Cui	rrent Use (Prior	if being den	nolished))			
Name of Monitoring Firm Hired to N/A	by Building Owner (8)	ASCI N/A	M No.				batement Contr lutions Servi						
Street Address N/A						Street 1435		ress st Street			714			
City, State, Zip Code N/A								Zip Code ergen NJ 070)47					
Project Manager for Monitoring F N/A	Firm		Telepho	ne No.		Teleph	none			ise No.				
Start Date (10)			npletion	Date (11)		Name	of O	SHA Monitor						
11/21/2019 Occupancy Status During Abate		3/2019						onmental La	aboratorie	S				
Facility Closed/Vacated Du	8 . 45	.00	Street Address 2333 Route 22 W											
Abatement Performed Outs Other – Describe: 7:00 AM	ide of Normal Facil	ity Hours	3		_			Zip Code J 07803						
Scope of Work (Check All That A														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			×	N 0	ull Containmen //ini-Enclosure Glovebag Proce	dure					
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Location of	1.10	Normal sed Sole	ly			scription					Т	уре	_	
Asbestos-Containing Materia TO BE ABATED	N (ACIVI)	faintenar Istodial S	nce/		thermal	systems	s insu		Amount (Specify	2	7	Enc	Ē	
In Facility (13)		(12)	nan:			cing, VA niscellan			SF or LF)) Zeriova	Repair	Encapsulate	Enclosure	
First See	No	N/A									te	Φ.		
First floor			X			oor tile			1600SF		_			
Basement			X		F	oor tile	9		1600 SF	X				
Name of Registered Waste Haule Newark Carting Inc	er	Н	JDEP W auler ID 1509		Cubic of Was			M was a second and a second and	egistered La hlehem R		fill			
City, State Po Box 5670					Dispos	al Date		City, State	elebutler F	Roberth Bath	leher	n PA		
Completed by	Title				S	ignature	P	also A	milo	(Date		_		
Galo Zumba	Prin	cipal				-	1	0		11/19	9/2019	9		

Print Form

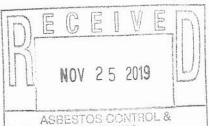
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Job #: 9723.02 Name of Building Owner/Operator (2)

m.	E	C	E		\mathbb{V}	In.
		NOV	2	5_	2019	

	4			(P	ursuant to N	IJAC 8:60 and	12:120)			MAN	2 -	004	Λ	
Date of Notification (1)	Job #	#: 9723	3.02	Name of	Building Own	er/Operator	(2)	1111	NOV	25	201	9	1
September 26, 2019	9				South J	ersey Industr	ies							
Agencies Notified	Notification	n Type			Street A	Contraction of the last of the			ASE	BESTOS			OL &	
⊠ EPA	☐ Initial N	Intification	nn.		1 South	Jersey Plaza			The state of the s	LICE	ENSI	NG	newsterno	
⊠ DEP	⊠ Amend		<i>7</i> 11			te, Zip Code					15			
⊠ DOL		ndment#			Folsom	PA 08037								
☑ DOH □ DCA	☐ Emerge		duding			Contact			Te	elephone	e Nu	mber		
	☐ Cance				Crois M	aataraan Ct	T			45.070.0	404			
						asterson, Stru			2	15-378-9	1491			
Name of Facility Whe	ere Abateme	nt is Tak	ing Pla	ce (3)	FACILII	Y INFORMAT	ION	Type of Fa	acility (4)					
South Jersey Indus			J					☐ School						
Street Address								☐ Subcha	apter 8 (Othe					
1 South Jersey Plaz	za								i.e. private &	(comme	ercia	build	ings,	
City (5)								homes Square Fe		loors	Т	Blda	Age	
Folsom								10,000+	2+			30+	. 3-	
County (6)						Code (7) (STA	ATE	Current Us	se (prior if be	ing dem	olish	ed)		
Atlantic					USE ON	LY)		Office Buil	ding					
Name of Monitoring F	Firm Hired by	/ Building	g Owne	er (8)	ASCM No	. Name o	f Contractor	(9)						
GZA GeoEnvironme	ental, Inc.				126	Prime (Group Rem	ediation, In	c.					
Street Address						Street A	ddress							
55 Lane Road, Suite							dams Road		O. Box 6					- 1
City, State, Zip Code						A CONTRACTOR OF THE PARTY OF TH	ate, Zip Cod							
Fairfield, NJ 07004							em, PA 190							
Project Manager for I	Monitoring Fi	1		one Nu	mber		ne Number		License Nu	ımber				
Benjamin Sallemi	(40)		A CONTRACTOR	4-3311		215-533			00858				يجسين	
Scheduled Start Date	(10)	Schedu			า (11)	100000000000000000000000000000000000000	f OSHA Mo							
October 10, 2019 Occupancy Status Do	uring Abatem	Decem				GZA Ge	oEnvironn	nental, Inc.			_			_
	6	92		5 (5)										
☐ Facility Closed/Va☐ Abatement Performance	cated During	Entire F	Period	of Abate	ement		Road, Sui				-000			
Other – Describe:		OI IVOIII	iai i ac	inty i iou	13 -	1	ate, Zip Cod							
Source of Work (Che	ck all that an	nlv)				Fairnei	d, NJ 07004							
	ck all that ap	ply)		N D			PI - " 0	202 2		_				
☐ >3 sf or >3 lf ☐ >160 sf or >260 lf				-	novation molition				ith Negative F	Pressure	9			
							Gloveba	ag Procedur	е					
				-			☐ Non-Ex	empted (*) a	ind Non-Friat	ole Proc	edur	е		
		ls	Locatio	on								Abat	ement	t
1			mally L						***********			Ty	ре	
Location of Asb Containing Materia			olely b intenar		Ashestos	Description S Containing N		M)	Amount (Specify	1				Т
TO BE ABAT	EÒ	100	ustodia			nermal system			SF or LF)		IJ		Ē	m
IN Facility (13)			Staff?			surfacing, VA				1	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellar	leous)				ova	ar.	sula	Sure
		Yes	No	N/A									é	10
1st Floor			Х		Pipe Fittir	ngs		100 1	_F		X			
2 nd Floor		X		Pipe Fittir			55 L			Χ				
1 st Floor 2 nd Floor			X		Floor Tile			3500 500 S			X			-
Name of Reg. Waste	Hauler			JDEP W		ubic Yards	Name of	Reg. Landi			^			-
Wooto Mo	la a		Ha	auler ID	# of	f Waste	ACUA							
Waste Management City, State	INC.		17	273	80	o isposal Date	City, Sta	te			-			
Ewing, NJ 08628						2/31/2019	Lucia		hin 00224					
Completed by	Title)			12	Signatur		bor Towns	πρ, 00234	Date				
Vincent Primavera	Pro	ject Mar	nager			-				11/21	/201	9		
SB-41		Joe mai								11/21	1201	J		

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

CONTINUED FROM PAGE 1 Job #: 9723.01 – South Jersey Industries



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Location of Asbestos-	Nor	mally Us Solely by	sed	Description of	Amount	and the state of the state of	Abat	ement ype	
TO BE ABATED IN Facility (13)				Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				Ф					
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Floor, Old Cafe Solely by Maintenance/ Custodial Staff? (12) Name of Asbestos Containing Material (AC (i.e., thermal systems insulation surfacing, VAT, or other miscellaneous) To BE ABATED (i.e., thermal systems insulation surfacing, VAT, or other miscellaneous)	Fiberboard above Perimeter Windows	2000 SF	X						
1st Floor, Old Cafe	Normally Used Solely by Maintenance/ Custodial IN Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Fiberboard above Perimeter Wing OBSCRIPTION OF Asbestos Containing Material (i.e., thermal systems insulate surfacing, VAT, or other miscellaneous) Yes No X Fiberboard above Perimeter Wing Old Cafe X Fire Proofing	Fire Proofing	480 SF	Х					
2 nd Floor		X		Beam Fire Proofing	25 SF	X			
			2.1						-

			State of	New Je	ersey	1		Check i	167	43	
Inv 16%	255	NOTIF	CATION OF	ASBEST	TOS ABATEMENT	, m					
Date of Notification 11/21/2019		N	Greg O	B	owner/Operator	(2)	n E C I	E L	\mathbb{V} [M
Agencies Notified	Type Notifica	tion	treet Addre	200			7			- 11	\mathbb{H}
			CIEC MANIE	200		- 11	1	0 - 0	040	-	J
[]EPA	[X] Initial Notifica	ation					MOA MOA	252	UIS	- IL	-
[]DEP	[]Amended		ity, State,	M							
[X]DOL	Notifica	ation	MOHICCIA	111,1	NJ,07042		ASBESTO	S CON	TROL	. &	
[X]DOH	[] EMEDCENCE		ame of Cont		_	Telepho	ne NumberLIC			NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
[]DCA	[] EMERGENC:		Greg 0'	Kee:	fe	31					
	[]Cancella	tion									-
Name of Facility Whe	re Abstement	ie Takino		LITY I	NFORMATION	Type of Facil	i + xr (/1)				
Greg O'Keefe	ie Abatement	re ravrii	; riace (5)			[]School	(K-12)		w 10		
Street Address						[X]Other	oter 8 (Other (i.e., privational privation)	te & co	ommer	-	
						Square Feet	# of Floor		dg.		
City		County		Com	nty Code (7)	Diduare reec	# OI 1100.	15	ug	ige	
CICY		country		10072500	ATE USE ONLY)	G	Dad and de had			L - 41	
Montclair		Es	sex			Current Use (ing der	nolls	nea)	
Name of Monitoring F	irm hired by	Building	ASCM No.		The second secon	ment Contracto					
Owner (8) N/A					AZTECH M	ianagement	, Inc.				
Street Address					Street Addres 86 Chris	s stopher St	•			allic=ar	
City, State, Zip Cod	е		The state of the s		City, State, Montclai	Zip Code r, NJ 070	42				
Project Manager for 1	Monitoring Fi	rm Tele	phone Numbe	ar	Telephone Num			icense	Numb	or	
IIOJOOU IMINAGEI IOI		N/Z			(973) 744			0037			
Scheduled Start Date			tion Date	(11)	Name of OSHA	Monitor				NO VALID	
		2 07			N/A						
Occupancy Status Duri	sed/Vacated Du	(Check c	nly one)		Street Addres	s					
of Abatement []Abatement Per		e of Nor	mal Facilit	v	City State	Tin Codo					
2) E	ibe: «OffHours	Descrip	t»	2	City, State,	ZIP Code					
Scope of Work (Check	all that app	Ly)							-		
[X]>3 sf or []>160 sf o		71.07	Renovation Demolition		[X]Mini- [X]Glove	Containment wi Enclosure bag Procedure Tiable Procedu		Pressi	ire		
			Is	****				Aba	teme	-	***************************************
Location Asbestos-Con Material (TO BE ABA In Facil: (13)	taining (ACM) ATED	No: So By ter Cus	cation rmally Used blely Main- nance/ todial ff (12) No N/A		Description Asbestos-Con Material ((i.e., thermal sulation, surface) or other misce	taining (ACM) systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSURE
Basement				Pipe	Insulati	on	100 LF	X			
Name of Registered Ware AZTECH MANAGE		~ Hau	EP Waste ler ID No. 040	2.48133	oic Yards Waste 1.5	Name of Regi		Fill			
City, State		- /		Dis	posal Date	City, State		(
Montclair, NJ	07042			100000000000000000000000000000000000000	2/09/19		NY, 1047	4			
Completed By (Print of Constantine Vi		_{le} esiden	it		Signature	inta tin	Vision	Date	1/201	9	
200 N . II E II			was-0		166	VII VIVI KIIV	A LACAR				

044758 Project #		NOTI	FICATIO	State of AS ON OF AS	New Jerse BBESTOS C 8:60 at	y ABATE	MEN 0)		OHeck#	€ C) E	5 2	<u></u> 2019
Date of Notification (1) 11/19/2019	<i>J</i> 9		Name	of Buildir	ng Owner/	Operator	r (2)	d Veterar	A:	SBES	TOS JCEN		
EPA Init	ended		Street 101 E	Address	Crossing			· votorar	io Alfall				
DOH Em	endment #_ ergency (includin tification) ncellation	g	Name Ed Sa	of Contac	J 0864	8		•	Telephone (732)974-				
Name of Facility Where Abatemen National Guard Dining Hal Street Address 100 Camp Drive		(3)	FAG	CILITY IN	FORMAT	ION	Тур	e of Facility School (K Subchapti Other (i.e.	(4)	(-12)		s, hom	nes.
City (5) Sea Girt, NJ 08750							Squ 21,0	etc.) are Feet	# of Floors	Т	Bidg.		
County (6) Monmouth			(STATE	Code (7)	n	_	Curr	rent Use (P	rior if being demo	lished)	00		
Name of Monitoring Firm Hired by I USA Environmental Manag Street Address		3)	ASC	M No.		Nick I	Rest	oration L	ontractor (9) LC				
344 West State St City, State, Zip Code Trenton, NJ 08618						City, S	ooks tate, 2	side Rd Zip Code					
Project Manager for Monitoring Firm William Weisgarber, Jr.			(609)6	one No.	01	Rande Teleph 973-9	one N		369 License 01358				
Start Date (10) 12/18/2019 Occupancy Status During Abateme	01/10/	2020	mpletion	Date (11)		Rest	HA Monitor oration L					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of of Normal Facilit	Abaten y Hours	nent s			City, St	tate, Z	ide Rd Zip Code			-		
Scope of Work (Check All That App ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				Rando	Fu Mi	ni-Enclosur ovebag Pro	nent with Negative				
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Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	intenar todial 8 (12)	nce/ Staff?	Asbe (i.e	stos Conta thermal surfac other m	aining Masystems sing, VAT siscelland	insula C. or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
st floor/ Kitchen area,	No X	N/A	TSI					920 LF	,×	_	6		
Storage area, Holloway									020 Li	<u> </u>			
Name of Registered Waste Hauler Newark Carting	Ha	JDEP Wauler ID		Cubic Yof Wast			Name of G.R.O.\	Registered Landf	111				
City, State Newark, NJ					Dispose	al Date		City, State Tullytow	e				
Completed by likica Mrda	Title Presid	dent			Sig	hature	010	11 .	role: 10	ate	040		\neg

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Date of Notific	ation (1)				Name of Eric G	of Building Gilso	Owner/Op	perator	(2)		الما الما	110	,,		2011		Loanes
Agencies Notif	fied Type N	Notification	20.2	-	Street A	Address						ASBE				OL &	- Janes Contract
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Name of Facili	tu Mhara Abatama	ont in Tokin	a Diago (S	2)	FAC	ILITY INFO	ORMATIC	N	T	a of Facility	(4)					778.9769.0	
Name of Facili	ty Where Abateme	ent is Takin	g Place (3	5)					Typ	e of Facility							
Street Address	3									School (K- Subchapte	er 8 (Oth						
									X	Other (i.e. etc.)	private	& comn	nercial	build	ings,	home	es,
City (5) Spring Lake	е								l i	uare Feet		f Floors			dg. A	ge	
County (6) Monmouth				l		Code (7) USE ONLY))	_		rrent Use (P me	rior if be	ing dem	nolishe	d)			
Name of Monit	toring Firm Hired b	y Building	Owner (8)		ASC	M No.				batement Co AD PROF			3				
Street Address	3							Street 6 Wh		ress E DOVE C	OURT						
City, State, Zip	Code									Zip Code OOD, NJ (08701						
Project Manag	er for Monitoring F	irm		Telepho	ne No.		Teleph	none			Licen 1200	se No.					
Start Date (10) 11/21/19)		Schedule 11/26/		npletion	Date (11)				SHA Monito AD PROF		NALS	3				
Occupancy Sta	atus During Abater	ment (Chec	k Only Or	ne)				Street			OUDT	20 E					
	losed/Vacated Dur nt Performed Outs Pescribe:							City, S	State,	Zip Code OOD, NJ							
Scope of Work	(Check All That A	pply)			1 14 (44)					305,110							
≥3 sf or ≥ × ≥160 sf or			protection and the second	Renova Demoli					N C	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					a	
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	Location of Containing Materia	I (ACM)	Use	ed Sole	ely by		tos Conta		Nater			mount				Ш	m
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	(13)			(12)			other mi	iscellar	neous	s)				oval	air	sulate	sure
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City, State	1 J					10-22	Disposa 11/26/			City, Sta	ate LEHEN	л РА					
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JOSEPH PE	ERLSTEIN		OWN	VER									111/	11/1	9		

INV-16007									Land	P		= [ו תח	PI	ht il
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Date of Notification (1)		. &		f Building					Just la	i N	UV (2 0	2013	9	-
11/14/2019 Check#3489 Agencies Notified Type Notification	V			Bergen Address	Jointu	ure Cor	mmis	sion		ASBI		-	ONTRO	11	2
☐ EPA ☑ Initial				Inion Str	eet					AODI	LICE	NS	ING	and the same	
DEP Amended			Street or Street or Street	ate, Zip Co											
DOL Amendmen Emergency	(including			NJ 0764 of Contact	4				1-						
DOH justification Cancellation			Janer						10000	lephone '3-249					
Nome of Facility Where Abeter with Till	D. (0		FAC	ILITY INFO	DRMAT	ION			-						_
Name of Facility Where Abatement is Takin South Bergen Jointure Commission	ng Place (3 on	3)					-	of Facility							
Street Address								School (K- Subchapte		er than	K-12)				
123 Union Street						1	П	Other (i.e. etc.)				ouild	ngs, h	ome	s,
City (5) Lodi, NJ								re Feet	# o	f Floors			dg. Age	3	
County (6)			County	Code (7)		-		ent Use (Pr	-	ing dem	olished				_
BERGEN Name of Monitoring Firm Hired by Building	O			USE ONĹY)		_	Sch								
N/A	Owner (8)		ASCN	/I NO.		162000000000000000000000000000000000000		atement Co ces Corpo							
Street Address						Street									
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ony, otate, zip dode						1 bitter/900		ip Code rg, NJ 07	093						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	- 100000 1000	•		Licens	se No.				
Start Date (10)	Schodulo	d Co	malation	Data (11)		100000000	295-1	1.0		0107	4				
11/26 /19	11/27/1		mpietion	Date (11)				HA Monitor above							
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addre	SS							_
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: Starting 2:30 PM	Period of A nal Facility	bater Hour	ment s			City, S	tate, Z	ip Code			1		-		_
Scope of Work (Check All That Apply)			11910											_	_
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	Contraction of the last of the	enova emoli				×	Mir	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	•					
	Is	Locat	ion				110	LAGIIIpto	a () and	3 14011-1	TIADIC I		batem		
Location of Asbestos-Containing Material (ACM)		orma d Sole			Des	scription	of				-		Туре		_
TO BE ABATED	Maii	ntena		Asbesto (i.e. t	thermal	aining M systems	s insula	(ACM) ation,		mount specify		D	20 5	П	Ē
In Facility (13)		(12)				cing, VA niscellan			SF	or LF)		Remove	Repair	130	Licioadio
	Yes	No	N/A								1	2	die	200	d
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Name of Registered Waste Hauler		100	JDEP W		Cubic '			Name of	Registe	red Lan	dfill				_
A SERVICES CORPORATION		100	lauler ID I 01278	No.	of Was	ste		MINER				SI	NC		
City, State GUTTENBERG, NJ					Dispos TBS	al Date		City, State		3G O	н				
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	ASSISTED CONTROL	01

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Date of Motification (1)		<u> </u>	(PURSUBAL TOTALACE)	50 and 12:120)		('L	0.0	11	H	11
9/18/19	11001	0 - Na	ma of Building Owner/Operato	(2)	1	ASSESTOS	00	*	7	5
Agencies Monthed Type Notification	LULU	W	oodbridge Township St	hool District		LICE	NBIN	VG.	,00	7
☐ EPA 図 Initial		per	or Address	The state of the s	STATE OF STA	and the second section	-	1	esservings.	-
D DEP G Amended		ir c	Box 428, School Stree		11//	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	مباب	4		٠.,
E DOL Amendmen	nd da		State, Zip Code		1		-			
Emergency		I var	odbridge, NJ 07095		,		5 5555	36	5 5	5598
☑ DOH Justification			a of Contact		Telephone A	Jumbar		-		
DCA Cancelation	,	18115	in Wolferman		732-750					
			FACILITY INFORM	0.90%		4				
Name of Facility Where Abstement is Taking Pi Ross Street School #11	(E) 6001		TAGETTY HELDKIN	Type of Paciny (a)						
				The second secon	-1		-			
Stract Address										
110 Ross St.				□ Subchapter	8 (Other the	an K-12)				
CRY (5)				Other (I.e. p	rivate & Con	nmercial bullo	ilngs,	hom	195, E	tc.)
Woodbridge				Squire Peol	h of Flagers	_	_			
County (6)				55,500	3	Bide. Age				
Middlesex			County Code [7]	Current Use (Prior H bel	ng demolschad	1920		_		_
Name of Monitoring Firm Hard by Building Own			(STATE USE ONLY)	School	J					
Ahera Consultants Inc	or (B)		ASCM No.	Name of Absternant Con						_
Street Address			00057	Unicarn Contracti	ipactor (8)					
				Stront Address	ng corp,					_
PO 80x 385				32 Willow Way						
iry, State, Zip Code				CRY, State, Zip Code				_		
Oceanville, NJ 08231				Woodland Park, NJ						
reject Manager for Monitoring Firm			Trisphore No.	Yokohone No.	07424	,				
ohn Smoyer			509-652-1833	973-333-9176		License No.				
BT Date (10)				פודהיבבנינוב		01331			_	
1/18/19			Completion Date (11)	Name of OSHA Monitor				os ello		
cupancy Status During Abatement (Check Only O	nal	12/13/2	019	Envirovision Consult	tante Inc					
				Strane Address						_
A THE REST OF THE PERSON OF TH	re ferlod of A	batement		20-21 Wagarbw Rd.	Bldg 35-E					
DI MAN DO FORD DI M	iormal Facility	Hours		City, State, To Code	-1-6. 55.1			_		_
pe of Work (Check All That Apply)	M-12:30AM,	Sat-Sun No	rmal Working Hrs	Fair Lawn, NJ 07410						
¥1 8≤ 10 12 €≤										
2160 If or 2260 N		☐ Re	novation	Full Containment	Pwith Name	hin Prays				
2200 11 01 2200 11		D De	molition	☐ Mini-Enclosure	- with tacket	ive Prossure				
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				Mon-Exempted (*		elabla Out				
Location of		z Location		The state of	Tand Mon-P	I BDIE Proced	U/Q	ANI	atemer	
ASDBIOS-Containing Material (ACM)		Normally ed Solely by		Description of		71	1		Type	
	P4 s	intenance/	Asbastos II - 1	Containing Material (ACM)	1	Amount		T	T	1
TO BE ABATED		ribate inbat	(1, 5. 198	emai systema insulacion. un facing, VAT, or	1	(Specity			0	
In Facility	In Facility Gusta			and and and and		SF or LF)	8	1-	100	8
TO BE ABATED		(12)	bi	her miscellaneous)			13	Repair	Encopsidate	Endoore
in Frankly (13)	Vac	(12) NO N/	A	as meralibutonal	1		18	* 160	18 1	7
IO BE ABATED In Ferdity (13) Upper Rook Farepet 1920s & 1930s Section - North, South and East Side	Yes	NO N/	A				Removal	14	1	
IO BE ARATED In Facility (13) IPPER ROOK Farepet 1920s & 1930s Section - North, South and East Side	Yes		A	errier & Roofing Ter		143 LF	T	14		
IO BE ARATED In FRUITY (13) IPPER ROOK Parapet 1920s & 1930s Section- North, South and East Side IPPER ROOf-Parapet 1520s & 1930s Section- West Side	Yes	No N/	Vapor Be	errier & Roofing Ter			X	4		
IO BE ARATED In Facility (13) Japan Roof-Parapet 1920s & 1930s Section - North, South and East Side Japan Roof-Parapet 1920s & 1930s Section - West Side pper Roof-Parapet 1920s & 1930s Section -	Yes	NO N/	Vapor Be			143 LF 67 LF	T	14		
IO BE ARATED In Facility (13) Joper Roof-Parapet 1920s & 1930s Section - North, South and East Side Ipper Roof-Parapet 1920s & 1930s Section - West Side pper Roof-Parapet 1920s & 1930s Section - Center of Roof	Yes	No N/	Vapor Ba	errier & Roofing Ter	1	67 LF	X	-		
IO BE ARATED In Facility (13) Japan Roof-Parapet 1920s & 1930s Section— North, South and East Side Ipper Roof-Parapet 1920s & 1930s Section— West Side pper Roof-Parapet 1920s & 1930s Section— Center of Roof Lower Roof	Yes	No N/	Vapor Ba Vapor Ba Vapor Ba	errier & Roofing Ter	1	67 LF 60 LF	X X	-		
IO BE ARATED In Facility (13) Japan Roof Parapet 1920s & 1930s Section— North, South and East Side Japan Roof-Parapet 1920s & 1930s Section— West Side past Roof-Parapet 1920s & 1930s Section— Center of Roof Lower Roof Boler Room Roof	Yes	No N/	Vapor Ba Vapor Ba	errier & Roofing Ter rrier & Roofing Ter rrier & Roofing Ter coling Ter	1 1:	67 LF 60 LF 13 LF	X X X			
IO BE ARATED In Ferrity (13) Jopen Roof Parapet 1920s & 1930s Section— North, South and East Side Japen Roof-Parapet 1920s & 1930s Section— West Side pper Roof-Parapet 1920s & 1930s Section— Center of Roof Lower Roof Boler Room Roof Registored West Hauler	Yes	No N/	Vapor Ba Vapor Ba Vapor Ba Rob	errier & Roofing Ter rrier & Roofing Ter rrier & Roofing Ter cofing Ter ling Deck Ter	1 1 2 3 5	67 LF 60 LF 13 LF	X X X			
IO BE ABATED In Festiley [13] Upper Roof-Parapet 1920s & 1930s Section- North, South and East Side Upper Roof-Parapet 1920s & 1930s Section- West Side Upper Roof-Parapet 1920s & 1930s Section- Center of Roof Lower Roof Boler Room Roof Registered West Hauser (k Carting Inc.	Yes	NO N/ X X X X DEP Wasta Mai	Vapor Ba Vapor Ba Vapor Ba Rob Rar ID No. Cut	errier & Roofing Ter rrier & Roofing Ter rrier & Roofing Ter oofing Ter fing Deck Ter leverde of Weste	1 1: 3:5 Na	67 LF 60 LF 13 LF 50 SF me of Regustered	X X X X X X	Sn .		
IO BE ABATED In Festity [13] Upper Roof-Parapet 1920s & 1930s Section- North, South and East Side Upper Roof-Parapet 1920s & 1930s Section- West Side Upper Roof-Parapet 1920s & 1930s Section- Center of Roof Lower Roof Boler Room Roof Registered Wests Hauser K Carting Inc.	Yes	No N/	Vapor Ba Vapor Ba Vapor Ba Rob Air ID No.	errier & Roofing Ter rrier & Roofing Ter rrier & Roofing Ter oofing Ter fing Deck Ter ic verds of weste O+ CU YD	1 1: 2: 3:5 Nai	67 LF 60 LF 13 LF 50 SF me of Regustered and Capage Si	X X X X X X	Sn .		
IO BE ABATED IN FRENTRY [13] Upper Roof-Parapet 1920s & 1930s Section- North, South and East Side Upper Roof-Parapet 1920s & 1930s Section- West Side Upper Roof-Parapet 1920s & 1930s Section- Center of Roof Lower Roof Boler Room Roof # Registered Wrate Hauser rk Carting Inc k, New Jersey	Yes	NO N/ X X X X DEP Wasta Mai	Vapor Ba Vapor Ba Vapor Ba Rob Alar ID No. Lub Disp	errier & Roofing Ter rrier & Roofing Ter orling Ter ling Deck Ter leverde of weste O+ CU YD over Dete	1 1 2: 3:5 Nai Gr.	67 LF 60 LF 13 LF 50 SF me of Regustered and Capatral Si	X X X X X X	Sn .		
IO BE ABATED IN FRENTRY (13) Upper Rook Parapet 1920s & 1930s Section— North, South and East State Upper Roof-Parapet 1520s & 1930s Section— West Side Upper Roof-Parapet 1920s & 1930s Section— Center of Roof Lower Roof	Yes	NO N/ X X X X DEP Wasta Mai	Vapor Ba Vapor Ba Vapor Ba Rob Air ID No.	errier & Roofing Ter rrier & Roofing Ter orling Ter ling Deck Ter leverde of weste O+ CU YD over Dete	1 1 2: 3:5 Nai Gr.	67 LF 60 LF 13 LF 50 SF me of Regustered and Capage Si	X X X X X X	Sn .		

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CK9857800152) N	IOTIFI (P	CATION	OF ASBI to NJAC	ESTOS	ABATE	MENT		N			5 20	19	And the second supplies to the second
Date of Notification (1) 11/15/2019	43		Name of Bill Mc	Building (Cabe	Owner/C	perator	(2)		4 14	1404		,	1.4	
Agencies Notified Type Notification			Street A	ddress						ASBEST	OS C	ONTI	₹OL (8.
X DEP X Initial Amended Amendmen	t #			te, Zip Co vood, N		0		l-m			COLLEGE PER MINUS COLLEGE	a envelopmen	ra o me nuello	ESCAPHINE STATE
□ Emergency □ justification □ DCA □ Cancellation)	_		Contact					Tele	ephone Nu	mber			
	51 (6)		FACI	LITY INFO	DRMATI	ON								
Name of Facility Where Abatement is Takin House	ng Place (3))						of Facility (4)						
Street Address							×	School (K-12) Subchapter 8 Other (i.e. prietc.)	(Othe			dings,	home	es,
City (5) Ridgewood								re Feet	# of N/A	Floors		3ldg. A V/A	ge	
County (6) Bergen				JSE ONLY)	-		Hou				hed)			- 200
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.				tement Contr ement, Inc		(9)				
Street Address						F 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addres	ss gren Avent	10					
City, State, Zip Code						City, S	state, Z	ip Code J 07512						
Project Manager for Monitoring Firm			Telephor	ne No.		The second second	none N 345-8			License N 01311	10.			
Start Date (10) 11/26/2019	Schedule 11/27/2		npletion (Date (11)				HA Monitor ement, Inc						
Occupancy Status During Abatement (Che	ck Only On	e)	1				Addres		0.0001					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: occupied						City, S	tate, Z	gren Avenu	ne e					
Scope of Work (Check All That Apply)		5.1.5				1010	wa, iv	IJ 07512	_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	authorities and	enova emolit				×	Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	Ü			9	
	1000000	Locati	200000					T EXCTIPION 1	() uiii	a 1101111111		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfa		Material s insula T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
D	Yes No N Basement X									20.65		-	te	
Basement					VAT			90	00 SF	X				
Name of Decision 1997			LIDES		Cubic									
Name of Registered Waste Hauler Atlantic Carting	Registered Waste Hauler NJDEP Waste Hauler ID No. 26085									ered Landfil al	1			

Disposal Date

Signature

TBD

Project Manager

City, State

Wayne, NJ

Completed by

Ned Joksimovic

Date

11/15/2019

City, State

Pen Argyl, PA

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Date of Notification (1) 11/15/2019	0241			Building (n Shap		perator	(2)				NUV	2	5 21	919	113	
Agencies Notified Type Notific	ation	5	Street Ad	Idress						AS	BEST L	OS (. &	
X DEP Amend	ment #			e, Zip Co ton, NJ		1		9.00		THE CONTRACT	edia Balbanko, ila	700-700				
DOH justification DCA Cancel	2 C C M		Name of Stepha	Contact n Shapi	iro				T	Tele	phone	Num	ber			
Name of Facility Where Abatement is	Taking Place (2)		FACIL	ITY INFO	RMATI	ON	Tun	e of Facility	. (4)				-50			
House	Taking Flace (5)						Тур	School (K	(##CE/)							
Street Address							×	Subchapt Other (i.e	er 8 (ings,	home	es,
City (5) Livingston		- N					Squ N/A	etc.) uare Feet A	- 1	# of N/A	Floors	ŭ	100000	dg. A	ge	
County (6) Essex			County C	ode (7) SE ONLY)	·			rent Use (F	Prior if	beir	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Built N/A	lding Owner (8)		ASCM	No.				oatement Catement,		ctor	(9)					
Street Address						Street 11 R	100000	ress ngren Av	enue	9					-	
City, State, Zip Code					200000		Zip Code NJ 0751	2								
Project Manager for Monitoring Firm	T	elephon	e No.		Teleph 973-		No. -8685			Licens 0131						
Start Date (10) 11/25/2019	Scheduled 11/26/20		pletion D)ate (11)				SHA Monito atement,								
Occupancy Status During Abatement	(Check Only One)				Street 11 D		ress ngren Av	enu.							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Ab Normal Facility F	ateme lours	ent	<u> </u>	_	City, S	state,	Zip Code NJ 0751	7.6			A STATE OF				
Scope of Work (Check All That Apply)	<u> </u>						,									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	presenta .	novat molitic				×	N G	full Contain Mini-Enclose Blovebag Po Mon-Exemp	ure roced	ure					9	
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Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	M) Used Main Custo	Solel	y by ce/		tos Cont thermal surfa	scription aining M systems cing, VA niscellar	Materi s insu T, or			(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
Danamant	No	N/A			VAT			+	40	0.05		77		te	(U	
Basement	X			-	VAI			+	40	00 SF		X				
Name of Registered Waste Hauler	1000000	JDEP Wa		Cubic of Wa	Yards ste		Name				ndfill					
Atlantic Carting		26	085		TBD			Grand		ıılı	11					
City, State Wayne, NJ					Dispos TBD	sal Date		City, St Pen A		, P/	A					
Completed by Ned Joksimovic	Title Projec	t Ma	nager		S	Signature	е	In				Dat 11	e /15/2	019		

Date of Notification (1)	(Pt	Stat CATION C Irsuant to Name of E	OF ASBE	STOS 3:60 and	ABATEI				L NO	უ <u> </u>)∨ 2	5	20	19	The second secon	7	
11/15/2019	2946)	Shereer			perator	(2)		Insid Gr			-			-	
Agencies Notified Type Notification			Street Add	dress				200		ASBE	STOS	CC	NTF	ROL	9,	
EPA Initial Amended Amendment	#		City, State Madisor								LI (VIL)	40,	3 4 24			-
Emergency justification) DCA Cancellation	(including		Name of C	Contact					Te	lephone N	Numhe	r				
				TY INFO	T(86)(7)	ON					-	-				
Name of Facility Where Abatement is Takir House	g Place (3)						Туре	of Facility (4 School (K-12								
Street Address							×	Subchapter Other (i.e. pretc.)				uildi	ngs, l	home	S,	
City (5) Madison							Squa N/A	are Feet	# o	f Floors A		Blo N/	ig. Aq A	ge		
County (6) Morris			County Co			_	Curr	ent Use (Prio JSE	or if be	ing demo	lished)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	No.		100000000000000000000000000000000000000		atement Cont tement, Inc		(9)						
Street Address						Street 11 R		ess igren Aven	iue							
City, State, Zip Code						and the second		Zip Code NJ 07512								
Project Manager for Monitoring Firm			Telephone	No.		Teleph 973-				License 01311						
Start Date (10) 11/26/2019	Scheduled 11/27/20		pletion Da	ate (11)				HA Monitor tement, Inc	C.							
Occupancy Status During Abatement (Chec				70		Street 11 R		ess Igren Aven	IIIE			7				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied						City, S	tate, 2	Zip Code NJ 07512					-			
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Bernard .	nova moliti				×	Mi	ull Containme ini-Enclosure lovebag Proc	edure							
	ls I	ocati	on				1 INC	on-Exempted	(*) an	id Non-Fr	lable P		bate	ment		
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel	ly ly by	Asbest		scription		al (ACM)	A	Amount		T	Тур			
TO BE ABATED In Facility (13)	Main Custo				thermal surfa	systems cing, VA niscellar	s insul T, or	lation,		Specify F or LF)	Notice	Domous	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											te	(D	
Attic		X			Pipe	Insula	tion			75 LF	X					-
												+				
Name of Pegistered Wests Hautes	K1	JDEP Was	sto	Cultic	Vard-		News of 5	20=1=1	I have	1611						
Name of Registered Waste Hauler Atlantic Carting	Н	auler ID N 8085		of Was	Yards ste		Name of F	0.073		411II						
City, State Wayne, NJ				Dispos TBD	sal Date		City, State		A	****				-3111		
Completed by Ned Joksimovic	t Ma	ınager		S	ignature	I	A/			Date 11/1!	5/20	119				

n Print Form