	711
Name of Building Owner/Operator (2)  Date of Notification (1)  HACKENSACK MERIDIAN HEALTH	Special Control
Agencies Notified Type Notification 30 PROSPECT AVENUE	
EPA Initial Notification City, State, Zip Code ASBESTOS CONTR DEP X Amended Notification #8 HACKENSACK, NEW JERSEY 0760 LICENSING	)L &
DOL Cancellation	American Security
x DCA EMERGENCY NOTIFICATION BRIAN O'NEIL 732-751-3384	
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)	
JERSEY SHORE UNIVERSITY MEDICAL CENTER  School (K-12)  Subchapter 8 (Other than K-12)	
Street Address X Other (ie. private & commcl. bldgs., home Square Feet   # of Floors   Bldg.	
1945 STATE HWY. 33 1,000,000 6 87	.ge
City (5) County (6) County Code (7) Current Use (Prior if being demolished) NEPTUNE OCEAN (STATE USE ONLY) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.   Name of Abatement Contractor (9)	
ENVIRONMENTAL TACTICS INC.  99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address	
64 BROAD STREET 313 SPOOK ROCK ROAD	
City, State, Zip Code  City, State, Zip Code  MATAWAN, NJ  City, State, Zip Code  SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number	
THOMAS GEIGER 732-290-2217 845-369-7500 1101	
Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Month Day Year Month Day Year	
Occupancy Status During Abatement (Check only one)  Street Address  Facility Closed/Vacated During Entire Period of Abatement  1376 ROUTE 9	
Abatement Performed Outside of Normal Facility Hours - Describe:	
X Other - Describe: MONDAY - FRIDAY 7AM-12 AM City, State, Zip Code WAPPINGER FALLS, NY 12590	
Scope of Work (Check all that apply)  X Full Containment with Negative Pressure	
Demolition X Renovation Mini-Enclo,  SSF OR LF Glovebag Procedure	
X >160 SF OR 260 LF Non-Friable Procedure	
Location of Is Location Description of Asbestos- Asbestos-containing normally used Containing Material (ACM) Amount 🗇 🗇 🗇	
Asbestos-containing normally used Containing Material (ACM) Amount Material (ACM) solely by (ie. Thermal systems (Specify	ENC
TO BE ABATED  Maint/Custodial insulation, surfacing, VAT, SF or LF)  Staff (12)  Maint/Custodial or other miscellaneous)	6
TO BE ABATED in Facility (13)  Maint/Custodial Staff (12) Yes   No   N/A    Maint/Custodial insulation, surfacing, VAT, or other miscellaneous)  SF or LF)	LOSUR
6TH FLOOR 1 B X VAT & MASTIC 2,820 SF X	$\top$
6TH FLOOR 2A X VAT & MASTIC COMPLETE 3,050 SF X	$\top$
6TH FLOOR 2B X VAT & MASTIC 1,620 SF X	$\top$
6TH FLOOR 3A X VAT & MASTIC 888 SF X	$\top$
6TH FLOOR 3B X VAT & MASTIC 458 SF X	
6TH FLOOR 3 X VAT & MASTIC 340 SF X	
Name of Registered Waste Hauler NJDEP Waste   Cubic Yards of Waste   Name of Registered Landfill	
NEWARK CARTING Hauler ID No. 40 GRAND CENTRAL SANITARY LANDFILL	
369 HAYMOND BLVD. 913	
NEWARK, NEW JERSEY 07105 05/13-12/30/19 PIANSEED TOWNSHIP PA	,
Completed by (Print or Type) BENJAMIN SANCHEZ  Title DIRECTOR OF OPERATIONS  Signature  Date     21	19

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Date of Notification (1)		(	Pursu	ant to NJAC 8:60-7 and 12:  Name of Building ( HACKENSACK ME	Owner/Operator		G	E	<u> </u>	
9 / 11 /19				Street Address	TIDIANTICACTI		00000	0 ==		_
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X DOH Cance	10.70			Name of Contact			Lic	ENS	NG	012 0
	GENCY	NOT	IFICA			Telephone Nu 732-751-3384			MPC329N9	EN WHAT IS
				FACILITY INFORMATION		1				
Name of Facility Where Abatement is	Taking	Place	(3)		Type of Facilit					
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Street Address	V 1000 17				X Other (ie. Square Feet	private & comn # of Floors	ncl. bld		g. Age	
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Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASCM No.	Name of Abate		or (9)			
ENVIRONMENTAL TACTICS INC. Street Address				99		IMENTAL COR	PORÁT	ION		
64 BROAD STREET					Street Address 313 SPOOK R					
City, State, Zip Code					City, State, Zip		-			-
Project Manager for Monitoring Firm	AWAN,					W YORK 10901				
THOMAS GEIGER			pnon- 290-2	e Number	Telephone Nun	100	cense	Numb	er	
Expected State Date (10)	ISch			etion Date (11)	845-369-7500 Name of OSHA		101		7	
6 / 6 /19		12	2 /	30 /19	QUALITY ENV					
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Abatement Performed Outsid	e of Nor	mal F	acility	Hours - Describe:						
X Other - Describe: MOND.	AY - FRI	DAY	/AM-	12 AM	City, State, Zip	Code PPINGER FALI	C NV	10500		
Scope of Work (Check all that apply)				X Full Conta	ainment with Neg	ative Pressure	.5, 141	12590		
Demolition X	Ren	ovatio	n -	Mini-Encl	ο,					
X >160 SF OR 260 LF					Procedure le Procedure					
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in Facility (13)		taff (		insulation, surfacil or other miscella		SF or LF)	AVAL	E	ENCAPSUL	SO
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6TH FLOOR 2B			Х	VAT & MASTIC		1,620 SF	X			
6TH FLOOR 3A			Х	VAT & MASTIC		888 SF	Х			
6TH FLOOR 3B			X	VAT & MASTIC		458 SF	X			
6TH FLOOR 3	+-	_	X	VAT & MASTIC		340 SF	X	-	_	
	+						+	+	-	
Name of Registered Waste Hauler		EP W		Cubic Yards of Waste	Name of Regist					
NEWARK CARTING	Haul	er ID		40	GRAND CENTE		LAND	FILL		
369 RAYMOND BLVD. City, State		913		Disposal Date	City State )					
NEWARK, NEW JERSEY 07105				05/13-12/30/19	City, State PLAINFIELD TO	OWNSHIP, PA		-1	,	
	tle RECTO	R OF	OPF	RATIONS Signature	XX		ite 9	/11	11	9

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X DOH X On Hold	lion			ŀ	Name of	Contact		Telephone Nur	nber			
x DCA EMERGE	ENCY N	ITON	FICAT	TION	BRIAN C	)'NEIL		732-751-3384				
				FACILI	TY INFO	RMATION						
Name of Facility Where Abatement is Ta	iking F	lace	(3)				Type of Facili					
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Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS INC.	ling O	wner	(8)		1	ASCM No. 99		ement Contract		LION		
Street Address						99	Street Address		UHA	ION		
64 BROAD STREET							313 SPOOK R	OCK ROAD				
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MATA  Project Manager for Monitoring Firm	WAIN, I		phone	e Numb	er		Telephone Nur	W YORK 10901	ense	Numb	er	
THOMAS GEIGER			290-2				845-369-7500		01			
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Abatement Performed Outside  X Other - Describe: MONDAY					- Descri	be:	City, State, Zip	Code	e NV	1050	n	
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Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJD! Haule		No.	Cubic	Yards o		Name of Regis GRAND CENT	tered Landfill RAL SANITARY	LAND	FILL		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH 2019 MOV /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE **EPA** Initial Notification City, State, Zip Code ASBESTOS CONTROL & DEP Amended Notification #5 HACKENSACK, NEW JERSEY 07601 LICENSING DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** BRIAN O'NEIL 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY, 33 1,000,000 6 87 City (5) County (6) Current Use (Prior if being demolished) County Code (7) NEPTUNE **OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMENTAL TACTICS INC. 99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /19 12 / 30 /19 QUALITY ENVIRONMENTAL Month Year Month Year Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-12 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL ENCLOSUR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 6TH FLOOR 1 B X VAT & MASTIC 2,820 SF X 6TH FLOOR 2A X VAT & MASTIC COMPLETE 3,050 SF X 6TH FLOOR 2B X VAT & MASTIC 1,620 SF 6TH FLOOR 3A X VAT & MASTIC X 888 SF 6TH FLOOR 3B X VAT & MASTIC 458 SF X 6TH FLOOR 3 VAT & MASTIC 340 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** GRAND CENTRAL SANITARY LANDFILL Hauler ID No. 369 RAYMOND BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 PLAMFLELD TOWNSHIP, PA 05/13-12/30/19 Completed by (Print or Type) Signature Date/ BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

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		NOI	Pursu	ATION OF AS ant to NJAC 8	BESTOS AB 3:60-7 and 12	ATEMI 2:120-7	ENT )		EG	E	П	$\mathbb{W}$	FI
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	ld #4 GENCY	NOT	IFICA		of Contact NO'NEIL			Telephor 732-751-		er			***************************************
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Maine of Facility Where Abatement is	laking	Place	9 (3)			Тур	e of Facilit						
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Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS INC.	ilding C	wner	(8)		ASCM No. 99		ne of Abate	ement Con	tractor	(9)			
Street Address					99		et Address		CORPO	RAT	ION		
64 BROAD STREET							SPOOK RO		)				
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Project Manager for Monitoring Firm	AWAN,	_	enhon	e Number			FERN, NE			100 N	lumb		
THOMAS GEIGER		1	-290-2			172.000	-369-7500	inei	1101		vumb	er	
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X DOH On F	lold RGENC)	NO1	ΓIFICA	TION	Name of BRIAN O				Telephone N 732-751-338	Number 84			
Name of Facility Miles				FACILI	TY INFOR	RMATION			1	9.0			
Name of Facility Where Abatement i	s Taking	Plac	e (3)				Тур	e of Facili	ty (4)				
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64 BROAD STREET								et Address	OCK ROAD				
City, State, Zip Code							City	, State, Zip	Code				
MA Project Manager for Monitoring Firm	TAWAN			N .	No. 10.12		SUF	FERN, NE	W YORK 1090	)1			
THOMAS GEIGER			epnone !-290-2	e Numb	er			phone Nun	nber [	icense	Numb	er	
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in Facility (13)		taff (			or othe	er miscella	aneous	s)	J. J. Z. /	REMOVAL	B	ENCAPSUL	OSUR
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	tle IRECTOI	ROF	OPER	ATION	S Signat	ture	11	XX	Da	ate/	31	19	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH MUA 2 /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE **EPA** Initial Notification ASBESTOS CONTHUL & LICENSING City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION BRIAN O'NEIL** 732-751-3384 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY, 33 1,000,000 6 87 Current Use (Prior if being demolished) City (5) County (6) County Code (7) **NEPTUNE OCEAN** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. 99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 845-369-7500 732-290-2217 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / 13 /19 12 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCLOSUR REPAIR ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) Staff (12) in Facility (13) or other miscellaneous) Yes No N/A 6TH FLOOR 1 B X VAT & MASTIC X 2,820 SF 6TH FLOOR 2A X VAT & MASTIC 3,050 SF X 6TH FLOOR 2B X VAT & MASTIC X 1.620 SF 6TH FLOOR 3A X VAT & MASTIC X 888 SF 6TH FLOOR 3B X VAT & MASTIC X 458 SF 6TH FLOOR 3 X VAT & MASTIC X 340 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL **NEWARK CARTING** Hauler ID No. 369 RAYMOND BLVD. 913 City, State Disposal Date FIELD TOWNSHIP, PA NEWARK, NEW JERSEY 07105 05/13-12/30/19 Completed by (Print or Type) Signature Date 4 BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

	N	OTIFICA (Pursua	State of New Jersey TION OF ASBESTOS ant to NJAC 8:60-7 and	ABATEMENT	In E	24	+18	39	Ei
Date of Notification (1)		(, , , , ,	Name of Buildi	ng Owner/Operato			++>	-	
5 / 2 /19			Street Address	WE HOW HAT TEXE	· III N	04	27	2019	
Agencies Notified Type Notification	on		30 PROSPECT	AVENUE	Deal South				lo.
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DOL   Cancellai   X   DOH   On Hold     x   DCA   EMERGE		TIEICA:	Name of Contact	t	Telephone Nur		atride i zapat	Livarian	POST TEATH
EMERICA	INOT INC		FACILITY INFORMATION	DNI .	732-751-3384				
Name of Facility Where Abatement is Ta	king Pla	ace (3)	FACILITY INFORMATION	Type of Faci	lity (4)				
JERSEY SHORE UNIVERSITY MEDICAL	CENTE	R		School Subcha	(K-12) pter 8 (Other than	K-12)			
Street Address				X Other (i	e. private & comme	cl. bldg			
1945 STATE HWY. 33				1,000,000				g. Age 87	'
City (5) County (I NEPTUNE OCEAN	•		County Code (7) (STATE USE ONL		Prior if being demo	olished	1)	100000	
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS INC.	ing Owr	ner (8)	ASCM N		tement Contracto		ION		
Street Address 64 BROAD STREET			•	Street Addres	SS				$\neg$
City, State, Zip Code				313 SPOOK City, State, Z	ROCK ROAD				
MATAV	VAN, NJ				EW YORK 10901				
Project Manager for Monitoring Firm	T	elephone	e Number	Telephone No		ense N	lumbe	er	
THOMAS GEIGER Expected State Date (10)		32-290-2		845-369-7500	The second secon	01			
5 / 13 /19	Schea	. Compi 12 /	etion Date (11) 30 /19	Name of OSH	IA Monitor VIRONMENTAL				
Month Day Year	Mont	h	Day Ye	ar					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside of X Other - Describe: MONDAY	Entire Pe	eriod of A	Abatement Hours - Describe: M-2:30 AM	Street Addres 1376 ROUTE City, State, Zi	9				
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF	]Renova	ation	Mini-E Glove	ontainment with Ne	APPINGER FALLS egative Pressure	S, NY <sup>-</sup>	12590		
Location of	ls Lo	cation	Description of		T	T A	batem	ont T	
Asbestos-containing		lly used	Containing Ma	aterial (ACM)	Amount		_		
Material (ACM) TO BE ABATED in Facility (13)	Maint/C	ely by Custodial		facing, VAT,	(Specify SF or LF)	REMOV,	REPAIR	ENCAPS	ENCLOS
	Yes N	f (12) o N/A	or other mise	elianeous)		P		JUS	SUR
6TH FLOOR 1 B		Х	VAT & MASTIC		2,820 SF	Х			
6TH FLOOR 2A		X	VAT & MASTIC		3,050 SF	X			
6TH FLOOR 2B		Х	VAT & MASTIC		1,620 SF	Х			
6TH FLOOR 3A		X	VAT & MASTIC		888 SF	X			
6TH FLOOR 3B		X	VAT & MASTIC		458 SF	X			
6TH FLOOR 3		X	VAT & MASTIC		340 SF	Х			
						+			Н
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Hauler 9		Cubic Yards of Waste 40	GRAND CEN	stered Landfill FRAL SANITARY L	ANDF	ILL		
City, State NEWARK, NEW JERSEY 07105			Disposal Date	City, State	(1.1.)		-		$\overline{}$
Completed by (Print or Type)   Title	CTOR	OF OPF	05/13-12/30/19 Signature	[PLAINFIELD]	Dat	e <	1	3/1	15

CK MARURZ		NOTIF	TCATIO	N OF ASBE	STOS A	BATEN	ΛΈΝΤ )	145	F) E	R	派	ale.	₩.	E	-
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				est State	Street,	9th FI	oor			MO.	<i>-</i>	1 6	.010		madil .
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X DOL Amendment :		<del>-</del>		on, NJ 07	825				1	I.	JOE	USIN	G	L 0.	
DOH justification)  DCA Cancellation				of Contact /illiam Bys	ster. P.	M.			Telephon 609-984				UVIC-11		
				ILITY INFO	TOTAL CONTRACTOR				1000 00						_
Name of Facility Where Abatement is Taking Residential	Place	(3)					Туре	of Facility (4	1)						
Street Address						1	×	Other (i.e. p	2) 8 (Other thar rivate & comr			dings	, home	es,	
City (5) Woodbridge Township						9.8		etc.) re Feet 0 +	# of Floors	S	1336	3ldg. <i>A</i>	Age		-
County (6) Middlesex				Code (7) USE ONLY)			Curre		r if being den	nolish	1857.				
Name of Monitoring Firm Hired by Building O IRIS Environmental Laboratories, L		5)	7.	M No.		Name o	of Aba	tement Con	tractor (9) Environme	ntal (	Conc	ultin	a In		The second second
Street Address 2333 U.S. Highway 22 West						Street A	Addres	SS	_11/11/01/11/16/	ıldi (	JUI18	uilli	ig, in	U.	
City, State, Zip Code Union, NJ 07083						City, Sta	ate, Zi	p Code					-11		_
Project Manager for Monitoring Firm			Telepho	ne No		Telepho	1000	J 07470	Licen	se No					_
Mr. Ricardo Eustaquio				08-6679		(973)	628-	9200	0040		);				
	Schedu 12/22/		npletion	Date (11)				IA Monitor acting & E	nvironmer	ntal (	Cons	ultin	g, In	C.	
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Other – Describe:					- 1	Wayn	e, N	J 07470					- 200		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	_	Renova Demolit				×	Min Glo	i-Enclosure vebag Proce	nt with Negat edure (*) and Non-l				e		
		S Locati											ement pe		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	Normalled Sole aintenar stodial S (12)	ly by nce/ staff?	A8.0 01/0	s Containermal sy	ystems i	iterial insula , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
1st & 2nd Floor	Yes	No	N/A X	Floor Til	e/Floor	r Shoo	ting/	Mactic	356 SF		v				-
Basement			X	1 1001 111		Cemer		iviasilo	2 SF		X				-
Exterior			X	Windo	ow Gla			king	146 LF	-	X				-
Exterior			X		lack Ta		STATES OF	Mily	140 LF		X				-
Name of Registered Waste Hauler		I N	JDEP W		Cubic Ya		I	Name of R	egistered Lar	ndfill	Λ				-
J.R. Contracting & Environmental Co	nsul.,	Inc H	auler ID 7819	No.	of Waste 40				entral Lan						
City, State Wayne, New Jersey					Disposal	l Date		City, State Pen Argy	yl, Pennsyl	vani	а			-070-0	1
Completed by Jerry Bijelonic	Title Proje	ect Ma	nager		Sign	nature			/	Date 11/	e 22/1	9			

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DEP DOL	Initial Amended Amendment	#			ate, Zip Co					ASE	ESTO	SCON	JTRO	1 2	manus Etherre
ĭ DOH	Emergency (justification)		3	Name o	of Contact		D.M.		- Levission of	Telep	hone N	ENSIN umber-	G	- CX	munahaya.
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Street Address 2333 U.S. Highway 2	22 West						Street		SS						
City, State, Zip Code Union, NJ 07083		177							ip Code J 07470						
Project Manager for Monitor				Telepho 800-90	ne No. 08-6679		Teleph (973)	one No	o.	1000	icense 0408	No.			
Start Date (10) 11/25/2019	T	Schedul 12/22/			Date (11)		Name	of OSH	A Monitor			I Cons	sultin	a In	ıc.
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Facility Closed/Vacate Abatement Performed	ed During Entire P d Outside of Norm	eriod of all Facility	Abaten y Hours	nent s				tate, Zi	p Code	1					
Other – Describe: Scope of Work (Check All	That Apply						Wayı	ne, N	J 07470						
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Location o		1	Normal	lly		De	scription	of					Ту	ре	
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		Yes	No	N/A										fe	(D
1st Floor				X			/Floor S			540		X			
2nd Floo				X			ts/Ceili		le	182		X			
Exterior				X	E	3lack	Tar Fla	shing		10	SF	X			
Name of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	enistere/	d Landfi	iii			
J.R. Contracting & Env		onsul., I	nc H	lauler ID 7819		of Wa			Grand C						
City, State Wayne, New Jersey						Dispos	sal Date		City, State Pen Arg		nsylva	nia			
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Date of Notification (1) 11/22/19	4			of Building C vision of				ment and	Cons					THE COLUMN	Manager of Control
Agencies Notified Type Notification			Street A	Address est State	Stree	et, 9th F	loor	1 2 2 2		NOV	27	2	019	A CANADA	
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Emergency (in justification)			Name o	f Contact illiam Bys		D M	1 11 10		0.000	ephone N 9-984-4			) ************************************	and the second	2022200
DCA Cancellation	- 2000-			ILITY INFO					00	3-304-4	+705	-			
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City (5) Woodbridge Township							100000	etc.) are Feet 00 +	# 0	f Floors			dg. Ag	ge	
County (6) Middlesex	Three a lirea			Code (7) USE ONLY)				ent Use (Pri sidential	or if bei	ng demo	lished)	-			
Name of Monitoring Firm Hired by Building O' IRIS Environmental Laboratories, LI		)	ASCN	ЛNo.		1 A 1 A 2 C 1		atement Co		2.00	al Co	nsı	ultino	ı. In	С.
Street Address 2333 U.S. Highway 22 West						Street	Addre							,,	
City, State, Zip Code Union, NJ 07083						City, S	state, 2	Zip Code IJ 07470			1-2-1				
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph				License	No.				
Mr. Ricardo Eustaquio			1242411-12	08-6679			·	-9200		00408					
11/25/2019	12/22/	2019	npletion	Date (11)		11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		HA Monitor racting &	Enviro	nmenta	al Co	ารเ	ulting	ı, Ind	c.
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)						vvayı	110, 11	10 01 41 0			1.54211				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure						
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	Yes	No	N/A									_		Ф	
Basement,1st & 2nd Floor, Garage			X			Tile & N				10 SF	X	1			
Basement,1st & 2nd Floor			X		and the second	ion / Lig				_F / 1SI		4			=
Exterior			X			Tar Fla	200	y		0 SF	X	+			
1st Floor  Name of Registered Waste Hauler		l N	JDEP W			low Gla	ızıng	Name of		4 LF	fill				
J.R. Contracting & Environmental Co	nsul.,	Inc H	auler ID 7819	No.	of Wa 40	iste		Grand	Centra						
City, State Wayne, New Jersey					Dispo	sal Date		City, Stat		ennsylv	ania				
Completed by Jerry Bijelonic	Title Proje	ect Ma	nager		5	Signature		1			Date 11/22	2/1	9		

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11/22/19 11 0	(L)				Prop	erty Ma	nage	ment and	Constru					
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DOH justifica				of Contact /illiam Bys	ster,	P.M.			3=3555	<del>hone N</del> 984-4		instrument (ac	Ve STRUCTURE MAN	District Annual
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Name of Facility Where Abatement is Residential	Taking Place (3	3)					-	of Facility (	50					
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Street Address 2333 U.S. Highway 22 West						Street 1141		te 23						
City, State, Zip Code Union, NJ 07083								ip Code J 07470						
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio			Telepho 800-90	one No. 08-6679	7	Teleph (973)		lo. -9200	2333	icense 0408	No.			
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Scope of Work (Check All That Apply)					<del></del> %	Wayı	ne, N	J 07470						
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Basement - 1st Floor			X	Floor Sh					72 9		X			
Exterior			X	В	2000	Tar Fla	-	3	10 5	0.00	X	-		
Exterior			X		1 rai	nsite Sid	aing		1,550	SF	X	-		
Name of Registered Waste Hauler J.R. Contracting & Environment		nc H	JDEP W auler ID 7819	No.	Cubic of Wa	c Yards aste		Name of F						
City, State Wayne, New Jersey		•			Dispo	osal Date		City, State Pen Arg		nsylva	nia			
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Date of Notification (1) 11/22/19	2/				Owner/Operat Property M		2) agement an	d Cons				&C)_		
Agencies Notified Type Notification  X EPA Initial				Address est State	Street, 9th	Flo	or		N	07	27	20	19	
DEP Amended  DOL Amendment #				ate, Zip Coo on, NJ 07				-	ASBE	STO	OS C	ONT	ROL	&
X Emergency (in justification)  DCA Cancellation	ncluding			of Contact Tilliam Bys	ster, P.M.			10.5020	ephone 9-984-	Nun	nber			
			FAC	ILITY INFO	RMATION									
Name of Facility Where Abatement is Taking Residential  Street Address	Place (	3)				T [	Type of Facility  School (Kondan) Subchapte	-12)	er than	K-12	1			
						>	Other (i.e. etc.)	private a	& comm		il buik	=======================================		es,
City (5) Woodbridge Township						15500	Square Feet 2,000 +	2	f Floors		1889	ldg. A 0 +	ige	
County (6) Middlesex			County (STATE	Code (7) USE ONLY)			Current Use (P Residential	rior if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building O IRIS Environmental Laboratories, LI		)	ASC	M No.			Abatement Co ontracting &			tal (	Cons	ultin	g, In	C.
Street Address 2333 U.S. Highway 22 West			Q.		1 11 11 11 11 11 11 11 11 11 11 11 11 1		ddress Route 23							
City, State, Zip Code Union, NJ 07083							te, Zip Code e, NJ 07470							
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		- 1	Telepho 800-90	ne No. 08-6679			ne No. 328-9200		Licens 0040		),			
	Schedul 12/22/		pletion	Date (11)	100 00		OSHA Monito		nmen	tal (	Cons	ultin	g, Ind	C.
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Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of al Facility	Abatem y Hours	ent		City,	Stat	Route 23 e, Zip Code e, NJ 07470		lit					
Scope of Work (Check All That Apply)	15000				1	,,,,	, , , , , , ,		s=1=1=			-		
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Name of Registered Waste Hauler  J.R. Contracting & Environmental Co	nsul.,	Inc Ha	JDEP W auler ID '819	No.	Cubic Yards of Waste 40		Name of Grand							
City, State Wayne, New Jersey		ple			Disposal Date	е	City, Sta Pen Ar		nnsylv	vani	 а			
Completed by	Title				Signatur			//	-	Date				

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-226 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2)  $\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{2}\frac{1}{2}\frac{1}{1}\frac{1}{1}\frac{1}{9}$ Neptune Housing Authority Agencies Notified Type Notification Street Address WILLIAMOLO EPA ] Initial LICENSING Amended 1810 Alberta Av. DEP City, State, Zip Code Amendment #: 0 \ DOL Emergency Neptune, NJ 07753 DOH (including Name of Contact Telephone Number justification) DCA Cancellation Joseph Mauro 732-774-7692 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Apartment Complex Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 1144 Heck Ave. Unit #3 Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) 4,000 SF 60 (State use only) Current Use (Prior if being demolished) Neptune, NJ 07753 Monmouth Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting LLC 00023 D & S RESTORATION, INC. Street Address Street Address 1600 US 22 East 20 California Ave. City, State, Zip Code City, State, Zip Code Union, NJ 07083 Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Polina Pikes 908-688-7800 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 11/18/19 12/13/2019 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: Facility Occupied During Abatement Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure 3 sf or >3 IfRenovation 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 asbestos-containing е Description of asbestos-containing n Amount staff(12) material (acm) to be n m p C (Specify SF or material (ACM) abated in facility (13) C 0 a Yes a No LF) N/A V p 1st Floor Apartment Wallboard & Joint Compound 550 SF X 1st Floor Apartment VAT & Mastic 520 SF X Crawl Space Elbows 38 Ea X Crawl Space ACM Mixed Debris & Soil TB Cleaned 600 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 20 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** 11/22/19 ASB-41 Do not use this form for asbestos licensure exempted activities.

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Residential Property	g i lace i	.5)					Type of Facility						
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City (5) Westfield							Square Feet 1,636	# of 2	Floors	- 1	Bldg. A 1930	Age	
County (6) Union				Code (7)	n		Current Use (Pr	ior if beir	ng demolis	shed)			
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Street Address							Address South 5th St.						
City, State, Zip Code							tate, Zip Code beth, NJ 0720	)6					
Project Manager for Monitoring Firm			Telepho	one No.			none No. 906-4123		License N 01355	No.			
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18-41	PRESID		ar geheete	TO TO THE STATE OF				11/21/	19		100	

## Inv# 16346

### 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 of Building Owner/Operator (2) 11 20 Township of Weymouth Job #1910-2512 Chk. #2153 Agencies Notified Type Notification Street Address X EPA ☑ Initial LICENSING 45 South Jersey Avenue ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Dorothy, NJ 08317 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Dorothy-Jo Ayens- Township Clerk PONTENTINAMON **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Township of Weymouth Municpal Building School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 45 South Jersey Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Dorothy +/- 4675 1 78 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Group Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 1835 Underwood Blvd City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Delran, NJ 08075 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_12\_\_ / \_\_9 / \_\_19 12 / 17 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf 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 Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Council Chambers  $\boxtimes$ Floor tile and Mastic 1,375 SF  $\boxtimes$ Council Chambers  $\bowtie$ Particle Boards 1,375 SF  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 12/17/19 Penn Argyle, PA Completed By (Print or Type) Title Signature Date Kaysi Gruner Office Assistant

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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Con Safety LL		(9)				
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City, State, Zip Code								p Code NJ 0750	2					
Project Manager for Monitoring Firm			Telephon	e No.			none No -400-8			License 01332				
Start Date (10) 12/04/2019	Scheduled 12/11/20		pletion D	Date (11)		THE PERSON NAMED IN	of OSH	HA Monitor (9)						
Occupancy Status During Abatement (Che	ck Only One	)					Addres	1000						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8:00am - 4:30pm	Period of Ab mal Facility F	atem lours	ent			City, S	State, Zi	ip Code					-	
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Name of Registered Waste Hauler Removal Safety, LLC		Н	JDEP Wauler ID 037007	No.	of Wa	Yards ste		Name of Fairles	0.5	ered Land	nii			
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Gwen Trumbetti		0	perati	ons (	Coordi	nator	1/1	n/Y	f	1-1	1-1	4	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 21 / 19 NJ DPMC / Job #1906-5500 Check # NOV 27 2019 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial PO Box 034 ASBESTOS CONTROL & □ DOLWD City, State, Zip Code LICENSING **⊠** DHSS Amendment #5 Trenton, NJ 08625-0034 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Kevin McDonald 856-662-9500 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Building 18 & 18A School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1035 Parkway Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer **Public Building** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental** AbateTech, Inc. Street Address Street Address 344 West State Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Trenton, NJ 08618 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone-No: Telephone No. License No. William Weisgarber 609-656-8101 609-265-2107 00529 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor <u>7</u> / <u>15</u> / <u>19</u> 12 / 31 / 19 **EMSL Analytical** 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/\_\_\_\_\_PM-\_\_\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Enclosure Used Solely by 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 See Attached M See Attached See Attached X 1st Floor П X Pipe Insulation 70 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 12/31/19 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 

State of New Jersey

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Street Address							Street Address						
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							Lumberton, N	J 08048					
Project Manager for Monito	ring Firm			Fel	ephone	No.	Telephone No.		License No.				
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TO BE ABATE		"	10000000	inten	ance/ Staff?	(i.e.	, thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)			Cust	(12)			surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellanet	ous)				te	
Exterior Pole #JC3330	MDT	1				Asbesto	os risers		16 LF				
800-00		1	П								ПП	П	П
						-							
				7.00	1								
		[											
Name of Registered Waste AbateTech, Inc.	Hauler		1911	100	IJDEP \	No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.					
City, State					18750		2 Disposal Date	City, State					
Lumberton, NJ							11/29/19	Tullytown,	PA				
Completed By (Print or Type	2)	Title					Signature	,,,,,,		Date	= 0.00	11_=11	
Gwen Trumbetti	,		erati	ons	Coordi	nator		1	- 1	11-	))-	10	,

ASB-41

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

	Invi	(139	30	)	3	Sec. 300	State of	Nevi	Jersey					11	
$\gamma_i$	11845			NO	TIFI(	CATIC	N OF A	SBE	STOS ABA 8:60 and 5:1	TEMENT D	EGE			7//	1
1	Date of Notification (1)	V				Nar	ne of Buildi	ing O	wner/Operator	(2)	1			111	H
	/	25 /		9		P	SE&G /		Job #	1911-5561	BAYCK#17	34501	9		7
100	Agencies Notified	Type Notif	ication	n		Stre	et Address	;				- THE STORES	of the State of th		J
100	☑ EPA ☑ DOLWD	☐ Amend	ad			4	000 Hadle	y R	oad		ASBESTOS CO	NTR	OL &		
100	☑ DHSS	Amend		#		City	, State, Zip	Cod	е	lanara emana		AND STATES	The same of the	ett vegettytte.	
100	□ DCA	☐ Emerge			ng	S	outh Plair	nfiel	d, NJ						
	(NJAC 5:23-8)	justifica	117			100	ne of Conta				Telephone Num				
			Guon								201-250-041	0			
_ N	lame of Facility Where A	hotomont in	Table	- DI	- (0)	F	ACILITY I	NFC	RMATION						
"	PSE&G- Fairmont S			ig Plac	e (3)					Type of Facility	1.37.11.				
-	Street Address	ubstation								School (K-1)	2) 8 (Other than K-12	١			
10										Other (i.e., p	private and commer	rcial bu	ilding	IS,	
-	114 Amity Street					100		1750		homes, etc.					
	ity (5) Jersey City, NJ									Square Feet	# of Floors	BI	dg. A	ge	
C	ounty (6)					Cor	inty Code (	71/57	ATE USE ONLY)	Current Use /Pr	rior if being demolis	hod)			
	Hudson						, 0000 (	, ,,,,,,,,	THE GOL ONE IT	Substation	ioi ii being demons	incu)			
N	ame of Monitoring Firm I	Hired by Bui	Idina	Owner	(8)	ASCN	/ No	Na	ame of Ahateme	ent Contractor (9)	V		0.0011-0	ocn m	
	Health & Safety Sen		3		(-)	, , , ,			AbateTech, I		<i>!</i>				
-	treet Address							-	reet Address	10.	·				
	PO Box 365							10000	30 Maple Ave	PO Boy 25					
Ci	ity, State, Zip Code							-	ty, State, Zip Co						
	Berlin, NJ 08009								Lumberton, N						
	roject Manager for Monito	orina Firm			Tel	ephone	No.	-	lephone No.	10 00040	License No.				
	James Proctor						4-8850		609-265-2107		00529				
St	art Date (10)		Sched	duled C	Compl	etion D	ate (11)		me of OSHA M		00020				
	12/9/						19	40033000	EMSL Analyti						1
00	ccupancy Status During	Abatement (	Chec	k only	one)			Str	eet Address						
	Facility Closed/Vacated							2	200 Route 130	0 North					
	Abatement Performed (							Cit	y, State, Zip Co	de					
	Time of Abatement:	AIVI	P	VI/	PM		_AM	(	Cinnaminson	, NJ 08077					
Sc	cope of Work (Check all t	hat apply)							_					71	
	≥3 sf or ≥3 lf			□Re	nova	ion			☐ Full Conta	ainment with Neg	gative Pressure				
	≥160 sf or ≥260 lf			⊠ De					☐ Glovebag	Procedure					
-		10-03-13-1110							Non-Exer	npted (*) and No	n-Friable Procedur	е			
	Location of			1000	Loca Vorma		1		D			Aba	teme	nt T	уре
	Asbestos-Containing M	The second of the second of the second of	1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mat		Amount	Rei	Repair	En	E
	TO BE ABAT		8.5		intena	ance/ Staff?		, the	ermal systems in	nsulation,	(Specify	Removal	oair	aps	Enclosure
	IN Facility (13)			Cus	(12)				surfacing, VAT, her miscellaned		SF or LF)	al		Encapsulate	ure
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Na	me of Registered Waste	Hauler				JDEP	Maste	Cur	oic Yards of	Name of Regis	tered Landfill		Ш		Ц
	Environmental Trans		p, IN	C.	1 88	lauler I	D No.	Wa	ste		rless Landfill				
	y, State					00069	92061	Dist	0 posal Date	City, State		_			
100	landers, NJ								2/20/19	Morrisville,	PA 19067				
Cor	mpleted By (Print or Type	e)	Title			====			Signature	1.	Dat	e		520	
G	Swendolyn Trumbett	i	0	perati	ons	Coord	inator			met			5-1	9	
ACD									I N	1/ - 1	111	6	1. 1	ji.	

ASB-41 MAY 11

#### Scope of Work Cont.

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1 2019	To a company of the party of th	IJ
CONTRO	L &	
	CONTRO VDE	CONTROL &

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Building #1 Main Ga	rage- Various NO	Mastic assoc. w/ wood	wall panels	1,106 SF Removal
Building #1 Main Ga	rage- Kitchen NO	Sink Undercoating	2 SF	Removal
Building #1 Main Ga	rage-Exterior NO	Expansion Joint	22 LF	Removal
Building #1 Main Ga	rage- Lower Roof NO	Hatch Flashing	33 SF	Removal
Building #1 Main Ga	rage- Lower Roof NO	Vent Flashing	24 SF	Removal
Building #1 Main Ga	rage- Lower Roof NO	Roof drain flashing	8 SF	Removal
Building #1 Main Gar	rage- Upper Roof NO	Roof drain & Skylight Fla	shing 220 SF	Removal

LIV-	100	CH	1		· Constant	State of	Nev	v Jersey		ME	CE		V/ [	E
CKII	841	2	NO	TIFI (	CATIC Pursu	ant to N	SER	STOS ABA 8:50 and 5	TEMENT (6)			U	<u> </u>	
Date of Notification (1)					Nan	ne of Buildi	ing C	Owner/Operator	(2)	III II N	10V 2	7 2	019	$\dashv$
	25 /	1	9		P	SE&G /		Job #	1911-5561	Check	#11846			16
Agencies Notified	Type Notif	fication	n	allineers	Stre	et Address				ACDE	ESTOS	2011	וחם	0
					40	000 Hadle	v R	oad		ASDE	LICEN			. ct
⊠ DOLWD	Amend					State, Zip	-			Secure de despréssement des présents de	HIGH CHILDRET HIGH W	dicessions.	na-lamage	districtivos
☑ DHSS	Amend				1	outh Plair				\$6				
(NJAC 5:23-8)	☐ Emerge justifica	ency ( ation)	inciuali	ng		ne of Conta		,,,,,		Telephone	Number			-
	☐ Cancel				Ni	ck Gloda	va			201-250				
					F	ACILITY I	NFC	DRMATION						
Name of Facility Where A			ng Plac	ce (3)					Type of Facility	(4)				
PSE&G- Fairmont S	Substation	i .							School (K-1:	2)				
Street Address									☐ Subchapter ☐ Other (i.e., p	8 (Other than I	K-12)	mildie		
114 Amity Street									homes, etc.		IIIIeiciai	Juliuli	ys,	
City (5)		- 11					70	. i	Square Feet	# of Floors	; [I	Bldg. /	\ge	
Jersey City, NJ						() K	DL	X						
County (6)					Cou	inty Code (	7)(S7	ATE USE ONLY)	Current Use (Pr	rior if being der	molished)			
Hudson									Substation					
Name of Monitoring Firm		ilding	Owner	(8)	ASCN	l No.	Na	ame of Abateme	ent Contractor (9)					
Health & Safety Ser	vices							AbateTech, I	nc.					
Street Address							St	reet Address						
PO Box 365							89	30 Maple Ave	. PO Box 25					
City, State, Zip Code							Ci	ty, State, Zip Co	ode		-			
Berlin, NJ 08009								Lumberton, N	IJ 08048					
Project Manager for Monit	oring Firm			Te	ephone	No.	Te	lephone No.		License No	).			_
James Proctor	94			6	09-704	1-8850	1	609-265-2107		00529				
Start Date (10)		Sched	duled (	Compl	etion Da	ate (11)	Na	me of OSHA M	onitor					
12/9/_	19		12_ /	2	0_/	19	1	EMSL Analyti	cal					
Occupancy Status During	Abatement	(Chec	k only	one)			Str	reet Address						
☐ Facility Closed/Vacated							1	200 Route 130	North					
Abatement Performed ( Time of Abatement:							Cit	y, State, Zip Co	de					
Time of Abatement:	AM	PI	M/	PM		AM	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)							51129						-
☐ ≥3 sf or >3 If			□Re	nova	ion			☐ Full Conta	ainment with Neg	ative Pressure	9			
≥160 sf or ≥260 lf			⊠ De					☐ Glovebag	Procedure					
								Non-Exer	npted (*) and No	n-Friable Proc	edure		00-12	
Lucius	£			Loca Vorma							A	batem	ent T	уре
Location of Asbestos-Containing M	The second secon	<b>(1)</b>			ely by	Ashe	stos	Description of Containing Mat		Amount	Re	Re	四	En
TO BE ABAT	ED	,	9000	intena	ance/ Staff?		., the	ermal systems in	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)				surfacing, VAT, her miscellaned		SF or LF)	à		sula	ure
(.0)			Yes	No	N/A	1	Ü	ilei illiscellaneo	ius)				te	
Building #2 Secondary	Garage			$\boxtimes$		Roofing	y Ma	iterials		1,100 SF	: 🛛	П	П	П
				$\boxtimes$			Action 185	17-04-5					П	П
												H		
Name of Registered Waste	Hauler				JDEP \	Naste	Cul	oic Yards of	Name of Regist	ered Landfill			Ш	Ш
Environmental Trans		p, IN	C.	2/2	lauler IC	No.	Wa	ste	2000 CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.	rless Landfi	11			
City, State					00069	2067		0 posal Date	City, State					
Flanders, NJ								2/20/19	Morrisville,	PA 19067				
Completed By (Print or Type	e)	Title	Si .				•	Signature			Deta			
Gwendolyn Trumbett		10000000		ons	Coordi	nator		Juliature			Date	C-	G	
200.44				3.10				1 Uh/			11-2	5	1	

INV-11032	18			MEG		WER
CK1108/06	NOTE	State of New FICATION OF ASBE (Pursuant to NJAC 8	STOSABATEMENT			
Date of Notification (1)	(	Name of Building Ov	1	NOT NOT	1 27 20	219 11
Agencies Notified Type Notification	7	EMI)	Celou	P	NA COMPANY OF THE PROPERTY OF	
□ EPA   Initial	`	Street Address 70 //	leisten	Alle	OS CUNT ICENSING	HUL&
DEP Amended Amendment	#	City, State, Zip Code		107	1000	7
DOH Emergency (	including	Name of Contact	ville,	,	) 887	
Cancellation		FACILITY INFOR	Allew	908-	- 429	-59
Name of Facility Where Abatement is Taking F	Place (3)	THEILIT I INFOR		of Facility (4)		
Street Address  Mer F Ap 1	the			chool (K-12) ubchapter 8 (Other than K-12	)	
City (5) City (5)	- 270		Square	Other (i.e. private & commercia	al buildings, h	
County (6) Somewille			7	2 000 3	Bldg.	Age
Somerset	1.9	County Code (7) (ST.4TE USE ONLY)		Use/(Prior if being demolished)	ed)	-
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASCM No.		ment Gontractor (9)	un in	
Street Address	1/ -	1. 1	Street Address	HERITAGE	- (0	ust.
City. State. Zip Code	Home	lakel	NO BO	XJJL	Jenu	11001
Project Manager for Monitoring Firm			City, State, Zip (	cetts town	NN	J028
RICE CERNEL	1	elephone No.	Telephone No	License N	007	60
Start Date (10)	Scheduled Comply	etion Date (11)	Name of OSHA	Monitor	007	00
Occupancy/Status During Abatement (Check Onl			Street Address	AL		
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Facility  Other – Describe:	od of Abatement		City. State, Zip C	Sada .		
Scope of Work (Check All That Apply)	an Hoi	uns	City, State, Zip C	ode		
\(\Begin{array}{c} \geq 3 \text{ sfor >3 lf} \end{array}\)	Renovation	n	□ Full C			
□ ≥160 sf or ≥260 lf	☐ Demolition		Mini-E	ontainment with Negative Pre- Enclosure pag Procedure	ssure	
	Is Location		□ Non-E	xempted (*) and Non-Friable	Procedure Abate	
Location of Asbestos-Containing Material (ACM)	Normally Used Solely b		Description of		Ty	0.0000000000000000000000000000000000000
TO BE ABATED In Facility	Maintenance Custodial Staf	(i.e. thermal s	ontaining Material (AC ystems insulation, surfa VAT, or	icing. (Specify	Re R	En Enc
(13)	Yes No	The same of the sa	er miscellaneous)	SF or LF)	Repair	Enclosure Encapsulate
LOADING DOCK	Yes No	N/A	C. L. Ass.	10 01		ਜ <sup>0</sup>
	~	UNAIU.	SITE PAN	45 16 594	X	
			•			+
Name of Registered Waste Hauler	NIDE	EP Waste   Cub	ic Yards Na			
WASte MANASCA			aste Na	eme of Registered Landfill		
City. State News	TRUCCI	Disp	osal Date Cit	y, State		<del>)</del>
Completed by	Tithe	6	Signature 1	MORKIS STOPLE	-/ /	4
JUHW WASHAMAN	faces (Oc	at	1/ Wa	shand sale	11/2	7/18
ASB-41 (R-06-08)			* Do not use t	his form for asbestos licensure	e exempted ac	etivities.

# INVICEMY NOTE





Date of Notification (1) 7   -   9	Name of Buil	ding Owner/Operato	x (2)	ASBESTOS CO	MTR	OI.	2.	
11-61		KEUTER	CONSTRI	ASBESTOS CO 2 CULLIDANSI	NG	01.		
Agencies Notified Type Notification	Street Addre	959 N.	BEECH	AM RO				
□ DEP □ Arnended □ DOL □ Arnendernent #	City, State, Zi		LAAC TO	ni di T	(*)	Co	01	1
☐ Emergency (including justification)	Name of Cont		fm STOW		_	&C	191	1_
DCA Cancettation	I HOUSE OF COOK	JON		Telephone Nun	noer			
	FACILITY I	FORMATION						
Name of Facility Where Abatement is Taking Place (3)			Type of Facility	(E) (C)				
RESIDENCE		<del></del>	School (K-12	!) 8 (Other than K-1	21			
Street Address			Other (i.e., pr	tvate & commerc	ial bui	lding	S.	
City (5)	150	ihh!	Square Fee!	# of Floors	18	lidg.	Age	
OCEAN CITY		200	1500	2	_ l=	50	1	
County (6) CAPE MAY	County Code USE ONLY)	(7) (STATE	Current Use (Pri	or if being demote	shed)			
	ASOM No.		ent Contractor (9)					-
(8) N/A		Street Address	EMCO.	LMC			_	=
Street Address		369		UCE ALE	- N			
City, State, Zip Code		City, State, Zip Co		ADE N.J	08	05	2	
Project Manager for Monitoring Firm	phone No.	Telephone No.	7-0472	License No	37	١		
Start Date (10) Scheduled Complete	ion Date (11)	Name of OSHA M						
Start Date (10)   Scheduled Complete	19		NIA					_
Occupancy Status During Abatement (Check only one)		Stree! Address						
M Facility Closed Vacated During Entire Period of Abaten	nen!	City, State, Zip Co	de		===		_	=
Abatement Performed Outside of Normal Facility Hours		City, 0410, 24 00						
Other - Describe:								
Scope of Work (Check all that apply)		Full Cont	ainment with Nega osure	tive Pressure				
☐ >3 sf or ≥3 ff ☐ Renovation		Glovebag	Procedure	F	20			
Ø \$100 \$1 04 \$5500 #		Non-Exer	noted (*) and Non-	Friable Procedur		bater	neni	$\neg$
Is Location Normally						Тур		
Location of Used Solety	by Ashesi	Description of os Containing Mater	ial (ACM)	Amount			ш	
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  Custodial	(i.e.,	thermal systems ins	sulation.	(Specify SF or LF)	Rer	Ro	ncap	nclo
TO BE ABATED Staff? IN Facility (12)		surfacing, VAT, o	s)	or a cry	Removal	Repair	Encapsulate	Enclosure
(13)	N/A :						te	9
Yes No		PANSITE		750 SF	X	1	$\neg$	
SIDING	X	ANTIC		17000	1	-	7	
				<del>-,/</del> -	-	1	7	
					-	7	1	
	EP Waste	Cubic Yards	Name of Registe	red Landfill				
Name of Registered Waste Hauter	ier ID No.	of Waste	· ·	1 C-MUH	1			
KLEMCO INC 15	404	Disposal Date	City. State ?					
City, State			Wood	BINE W	J			_
MADE SHAWE W. J.		Signature	×	Date -	71-	-19		
Completed By Virginia PRES		Melle	14				==	=

#### Inv16343 CK 4941



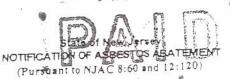
D) E G E I V E D

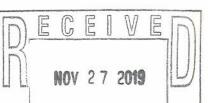
NOTIFICATION OF ASSESTES ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

									The second second second	Merenine	INCRES COL	NA PROPERTY.	THE PERSONS
Date of Notification (1)	21-19			N	ame of Buil	ding Owner/C REUTE		× (2) COWSTI	ASBESTO CUCTHON!	OENS	ING	ROL	- &
Agencies Notified	Type Notifica	tion		St	ree! Addre	959	N	BEFC	HAM RC	)			
D DEP	Initial Amended			a	ty, State, Zi		1314					0	
Ĭ DOL	Amendme  Emergence	y (indu	ding	-	ume of Con	WILL	14	fm STOU		0	&C	91	1_
☐ 00A	justificatio			Ne	ume or con	JON			Telephone Nu	mber			
	(4)				ACILITY I	HE ORUMATIO	4						
Name of Facility Where A	Abatement is Ta		eœ (3)					Type of Facili	30.60.01.00.0	A 1833			
Street Address	SIVERIC	_						Subchapt	er 8 (Other than K- , private & commer		ibino	K	
							_	homes, e			Bldg		
City (5)	KAW	CIT	4		0	3994		1500	_1_2_		57	~ye	
County (6) CAPE		با		U.S	xunty Code SE ONLY)	(7) (STATE		Current Use (	Prior if being demo	Eshed	)		
Name of Monitoring Firm			¥	ASC	M No.	Name of A	batem	ent Contractor			_	=	
(8) N	lA.					Street Add	K	LEMCO	IMC		_		_
Street Address						Steer voc	369	S. SP	RUCE ALL	-			
City, State, Zip Code						City, State,			NOF ALT		=05	- 7	
			T To	lanhan	a Nb	Telephone	MAI	PLE SE	(ADE M.)	00	105	_	
Project Manager for Monit				lephon		856-	220		# 01	37	1		_
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of O	SHA M	lonitor N/A			1		
Occupancy Status During	Abatement (Ch	1				Stree! Add	ess	3					
Facility Closed/Vacated	During Entire P	eriod o	f Abat	emen!		City, State.	Zio Co	xde			=	=	=
Datement Performed C Other - Describe:	Outside of North	a raca									_		_
Scope of Work (Check all I	that apply)					∏F∪	I Cont	ainment with N	egative Pressure				
			enova				ri-Encl	osure Procedure					1
≥160 sf or ≥260 H		ØD	emolitik	on					on-Friable Procedu	_			
			Location							1	Tyr	ment be	
Location of		Uses	Solei ntenar	y by	Asbes	Description Containing	Mater	rial (ACM)	Amount			ū	m
Asbestos-Containing Mat TO BE ABATED	erial (ACM) )	C	ustodia Staff?	al .	(i.e.,	thermal systems surfacing.	ms ins	sulation.	(Specify SF or LF)	Removal	Repair	сара	Enclosure
IN Facility (13)			(12)			other miscell	aneou	s)		lavo	alır	Encapsulate	3Ure
(.0)		Yes	No	N/A						<u></u>		_	$\dashv$
CINIUIC				X	T	CANSI	E		1500 SF	X			_
SIDING										1	_	-	$\dashv$
										-	-	-	-
				IDEO I	Vincto	Cubic Yards	-	Name of Regi	stered Landfill	لــــــــــــــــــــــــــــــــــــــ			$\neg$
lame of Registered Waste I				JDEP Y	No.	of Waste		(	MC MID	A			
TCCC PACE	INC			790	4	Disposal Dat	0	City, State		. 1 -			
MAPLE SHAW	E W T							<u> Waa</u>	OBINE )	N,	)	_	=
ompleted By	Title	2				Signatur	010	na_	1:11e-	21-	-19		_
V	.   (	DRES				- 1the	XIV.						

. .... Foncure exempted activities

## Inv 16342





ASBESTOS CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) MELANID Street Address Type Notification Agencies Notified ⊠ Initial City, State, Zip Code Amended SEA Amendment # \$ DOL Emergency (including elephone Number Name of Contact justification) DOH DCA FIRAMI( Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings. Street Address homes, etc.) Square Fee! Bldg Age # of Floors City (5) 500 ISLE CHY Current Use (Prior if being demolished) County Code (7) MACHAIT County (6) USE ONLY) CAPE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLUMIC Street Address 369 Street Address City, State, Zip Code MAPLE City, State. Zip Code License No Telephone No. Telephone No Project Manager for Monitoring Firm 856-22 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 17-11-19 7-1-19 Street Address Occupancy Status During Abatement (Check only one) ☑ Facility ClosedVacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Min-Enclosure Renovation Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Demoition ₹2160 sf or ≥260 H Abatement Type Is Location Normally Description of Used Solely by Amount Asbestos Containing Material (ACM) Location of Maintenance/ (Specify (i.e. thermal systems insulation. Removal Asbestos-Containing Material (ACM) Custodial SF or LF surfacing, VAT, or TO BE ABATED Staff? other miscellaneous) IN Facility (12)(13)NIA YES No SOOSF TRANSI SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauter of Waste Havier D No City State Disposal Date-KLEMCO NOODBINE Signature Completed By MICHAC

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JL 219	う	1	NOT F	CATION	OF ASBI	V Jersey ESTOS ABAI 8:60 and 12:1	EME (20)	:NT		E G	1 27	201	Lim	
Date of Notification (	11/1/01	15			f Building Jo Grimr	Owner/Operat	tor (2	)		140 1	<u> </u>	201	9	
Agencies Notified	Type Notification	1		Street A	an version services					ASBEST LI	OS C	ONTR	OL 8	
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■ DOH	Emergency justification	(including	-	Name of	f Contact				Te	elephone N	Number			
☐ DCA	Cancellation	n			Jo Grimn	ORMATION			1					1000
Name of Facility Who	ere Abatement is Takir	ng Place (3	3)	FACI	LITTINE	DRIVIATION	Т	ype of Facility	y (4)					
Street Address								School (K Subchapt	ter 8 (Otl					
0% (5)							E	etc.)			ercial bu			es,
City (5) Clark							S	quare Feet	# (	of Floors		Bldg.	Age	
County (6) Union	***************************************			County C	Code (7) USE ONLY)		С	current Use (F	Prior if be	eing demo	lished)			
Name of Monitoring N/A	Firm Hired by Building	Owner (8)		ASCN	I No.	1 5155		Abatement Contracting		or (9)				
Street Address				1				ldress ast Grand	St.					
City, State, Zip Code								e, Zip Code eth, NJ 072	001					
Project Manager for	Monitoring Firm			Telephor	ne No.	Tele	phon	ne No.	.01	License	e No.		11.	
Start Date (10)		Schedule	ed Con	nnletion I	Date (11)			6-9603 OSHA Monito	or.	01206	6			
11-20-19		11-25-	19	ripiedori	Date (11)	De	lfa C	Contracting						
	uring Abatement (Che					1		ldress ast Grand	St.					
Abatement Perl	Vacated During Entire formed Outside of Non 6e: 8:00am - 5:00pm							e, Zip Code eth, NJ 072	201					
Scope of Work (Che	ck All That Apply)											***		
≥3 sf or ≥3 lf ≥160 sf or ≥260	) If		Renova Pemolit				-	Full Contain Mini-Enclose Glovebag Pr Non-Exemp	ure rocedure	•			ro	
		100	Locati	1000					ieu ( ) ai	nu Non-Fi	lable r	Abat	temen ype	t
Asbestos-Contain TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Use Ma	d Sole intena lodial S (12)	ely by nce/		Descripti tos Containing thermal syste surfacing, \ other miscel	Mat ms ir VAT,	erial (ACM) isulation, or		Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ate	e
Bas	ement		X			VAT			1	100 SF	х			
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Name of Registered Delfa Contracting			H	IJDEP W lauler ID 35240		Cubic Yards of Waste 10	5	1 14 15 15 15 15 15 15 15 15 15 15 15 15 15		tered Land esource		very l	Facili	ty
City, State Elizabeth, NJ						Disposal Da		City, St	ate own, P	A ·				
Completed by Jaime Delgado		Title Proj.	Mana	ager.		Signati	ure	H			Date 11-19	-19		

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Date of Notification (1) 11/21/2019	14		Sacre	of Building Own d Heart Ro			Church		NO	1 27	20	19	
Agencies Notified Type Notification  X EPA Initial	,			<sup>Address</sup> ayview Ave	nue				ASBEST			ROL	<u>.</u> &
X DEP Amended X DOL Amendment				ate, Zip Code y City, NJ 0	7305	il e		haven-	- L	ICENS	INC.	Officer-projection of	to Level to the level
□ Emergency justification)     □ DCA     □ Cancellation			Name o	of Contact el McDonne					ephone No 18) 872-				
			FAC	ILITY INFORM	MATION								
Name of Facility Where Abatement is Takin Residence	ng Place (3	3)				Тур	pe of Facility School (K-	2.0					
Street Address						×	Subchapte Other (i.e. etc.)	r 8 (Othe	er than K- commer	12) cial buil	dings,	home	es,
City (5) Jersey City						Sqı	uare Feet	# of	Floors	Е	ldg. A	ge	
County (6) Hudson				Code (7) USE ONLY)		Cui	rrent Use (Pr	ior if beir	ng demolis	shed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASC	M No.			batement Co ank Servic		(9)				
Street Address PO Box 354					Street 1256		ress erty Aveni	ue					
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205	-38-51					
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-		No. -7465		License 01316	No.			
Start Date (10) 11/23/2019	Schedule 11/26/2			Date (11)			SHA Monitor Lighthous		tions			- 1)	
Occupancy Status During Abatement (Chec				11.0	Street PO E	(A) (A) (A) (A)					(		
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norm     Other – Describe:	Period of Annal Facility	Abate / Hour	ment rs		City, S	tate,	Zip Code range, NJ	07070			-	-	
Scope of Work (Check All That Apply)					Jour	11 0	range, No	07079					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renov Demoli			×	N C	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				2	
Location of	1,000	Loca			D						Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intena	Staff?	(i.e. ther	Description Containing M mal systems urfacing, VA per miscellar	fater s insu T, or	ulation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
PAOCAGNIT	Yes	No	N/A					200				te	CD
BASEMENT		X	-		Pipe Wra	ъ		10	) LF	X			
Name of Registered Waste Hauler		1	NJDEP W	/aste Cu	ıbic Yards		Name of	Register	ed Landfi	H			
Newark Carting		1	Hauler ID 4509		Waste		1		ement L		I		
City, State East Orange, NJ				Dis	sposal Date		City, Stat		PA			-	
Completed by Amy Garcia	Title Proje	ct Ma	anager		Signature	1	XX	\		ate	21	1	9
					1	X	10			1 1	-		- 0

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Date of Notification (1) 11.15.19	1			f Building ( R BLAC		Operator	(2)	and secure and secure and secure		NO'	/ 2	7	2019		
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X DOL Amendment #		_		ARK, NJ	07103								-		
DOH justification)  Cancellation	loiddilig	- 1		f Contact R BLAC	K				Te	elephone	Numb	er			
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RMATI	ON	Tyn	e of Facility	(4)			-			
to raining	1 1400 (0)						П	School (K-	8/15-1						
Street Address								Subchapte Other (i.e.	r 8 (Oti			buile	linge	home	00
City (E)							×	etc.)			CICIAI				25,
City (5) NEWARK				×			1,5		2	of Floors			ldg. A	ge	
County (6) ESSEX			County ( (STATE L	Code (7) USE ONLY)		_		rent Use (Pr IVATE RE			olishe	d)			
Name of Monitoring Firm Hired by Building On A SEINE LIGHTHOUSE SOLUTION			ASCN	l No.		0.50		atement Co TANK SE							
Street Address PO BOX 354						Street 1256		ess ERTY AV	Έ						
City, State, Zip Code SOUTH ORANGE, NJ 07079								Zip Code E, NJ 072	05						
Project Manager for Monitoring Firm SARAH CALANDRA		- 1	Telephor 201-34	ne No. 19-2666		Teleph 844-				Licens 0131				V	
	Scheduled 11.25.19		pletion [	Date (11)				SHA Monitor LIGHTH		SOLU	ITIOI	NS,	LLC		
Occupancy Status During Abatement (Check	Only One)					Street									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab I Facility H	atem lours	ent				tate,	Zip Code							
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Location of Asbestos-Containing Material (ACM)	Used		y by	Ashest		scription		al (ACM)		Amount	ŀ		.,,		
TO BE ABATED In Facility	Maint Custoo				thermal	systems	s insu		(	Specify F or LF)		Rer	Re	Encapsulate	Enclosure
(13)	(	12)				niscellan		)	3	r oi Lr)		Remova	Repair	psula	osur
	Yes	No	N/A											te	е
OFFICE, HALL, ENTERANCE, STAL			Х		FLC	OR TI	LE		1,	000 SF	2	ζ.			
ROOF			Х		FL	ASHIN	G		6	40 LF	2	2			
									ACC 2.000						
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wauler ID 1509		Cubic of Was			Name of WASTI				Γ L/	ANDF	FILL	
City, State EAST ORANGE, NJ				a*	Dispos	al Date		City, Star		E, PA				8	
Completed by ALISON LAMERS	Title OFFIC	ΕM	ANAG	ER	S	ignature		and	W		Date		9		

Print Form

check #3298

Time 1103/10	State of N	lew Je	rsey - Notifi	cation of Asbestos	Abate	ement	t				
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GAC Project # 060-19  Date of Notification (1)				1. I Lad 2		to= (21)		3 6		W	5
	14. 2019		4				ERSI	TY OF	N.I		7
Agencies Notified		n Type		Street Address				5450.000	1000 000		-11
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DEP- No Longer REQUIRED					08854	4		LIC	ENSIN	HUL	č
X DOH	□ Cance	elled			LI ENN	,				MINEREL TRANS	-
						v.	040-4	445-25	00		
			FACILITY IN		-						
Name of Facility Where Abatement is	Taking Place (3	)		Type of Facility (4)							-
PHARMACY, BLDG# 3750											
Street Address											
BUSCH CAMPUS											
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I IOOATAWAT	DDLLGLA	10.00	OGG GINY)		•						
Name of Monitoring Firm Hired by Blo	la Owner (8)	ASCM	No	Name of Contractor (0)							
ATC	ig. Owner (o)			Name of Contractor (9)							
					TEME	NT CO	NSUL	LTANT	S, INC.		
Street Address				Street Address							
3 TERRI LANE				511 MAIN STREET							
City, State, Zip Code							ATT SECUL				
	6										
Project Manager for Monitoring Firm		Number		Telephone Number			License	Number			
BRIAN R. KEARNEY	609-386	6-8800									
Scheduled Start Date (10)	Cohodulad	Completi	on Data (11)				00840	)			
11/29/2019			on Date (11)		C						
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			nt		ROAD	. BLD	G# 35	īΕ			
☐Abatement Performed Outside o	Normal Facility						722 11				
☐Facility Occupied During Abatem	ent				10						
Other- Describe:			_	FAIRLAVIN, NJ 074	10						
Describe: NOT SUB 8 - Schedule:	5PM – 5AM (	24 HRS.	. &								
WEEKENDS AS NEEDED)	rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 14, 2019  Rember 16, 2018  Rember										
Scope of Work (Check all that apply)											
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<b>□</b> ≥ 160 sf or ≥ 260 lf			Demolition			Commence of the commence of th		and the same of th			
Location of Asbestos-Containing Is	Location Norma	llv Used	Description of Ast							oceau	re
Material (ACM) in Facility (13)	olely by Maint./C		(ACM) (i.e. therm	nal systems insulation, surfac	ing, (	(Specify	SF				
		NΔ	VAT, or other mis	cell.)	0	or LF)			Repair End	ap	
3 <sup>rd</sup> Floor Corridor		144	1/4=								
3 FIGUI COTTIGOT	IXI		VAI			50 SF		IXI			
Name of Reg. Waste Hauler	N IDED W	oto Usul	- ID #					(D ) ;			
See Hauler Below #1 & 2			1 10 #	Cubic Yards of Waste:	5 CY						
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NJDEP # 12561	onsultants, Inc	- Butler, I	NJ 07405		Dispos	sal Date			-	rd Mil	ı
Hauler #2) Newark Carting, Inc., Ne	wark, NJ 04509				12/2/	2010		Ro	d. Morrisv		
NJ DEP # 4509					12121	4010		100	37(7)	00	
Completed by (Print or Type)	Title			Cimatus		- 1 -	2-1	41	J-130-17	,0	
RAYMOND C. PEDALINO		ROJE (	T.		η,,			mhor 1	1 2010		
J. L.	MANAGE			Kaymond C. Pe	rdaline	·   !	40761	IIINGI I	→, ∠U I S		
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Date of Notification (1)   T1-26-19	AND STATE OF THE STATE OF THE STATE OF	OFAT	1		ICATION	OF ASBE	STOS	ABATE		T particular control			D (7	ra e	Maria II	
Agencies Notified   Type Notification   Street Address   1628 & JEFFERSON ST   1628 &	Date of Notification (1)	JEAL			Name of	f Building C	)wner/C	perator	(2)				V	P		
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STOCK   Cancellation   RIC WOODIE   SOLUTION   STORE   SOLUTION   School (K-12)   Substitution   Solution	▼ DOH	Emergency		_			10 20	002							ANDREW	
Name of Facility (Where Abatement is Taking Place (3)   SRICK PLAZA SPACE 26 (FORMER HALLOWEEN STORE)   School (K-12)   Subchapiter 8 (Other than K-12)   Subchapiter 8 (Other	X DCA				OUR CHIEF CONTRACT	and the same of th	DMATI	ON			30	1-998-82	86			
Street Address   Street Address   Stubchaspiter 8 (Other than K-12)   Stubchaspiter 8 (Other than K-					20-12-20-21 20-2		RWAII	ON	Тур	e of Facility	(4)					
City (5)   Square Feet   For Floors   For		CE 26 (FORM	ER HAL	LOW	/EEN S	TORE)			H			er than K-1	2)			
Square Feet		E AVE							×	Other (i.e.				dings,	home	€S,
County (6) OCEAN    County Code (7)									*******	uare Feet	38300	f Floors			ge	
ASCM No.   Name of Abatement Contractor (9)	The state of the s											ng demolish	1000	7-00		
VERTEX COMPANIES   Street Address   S	STORES THE STORE	Head to Dillian	0(0)						1,000	1555120124114-0-2		(0)				
2251 FRALEY STREET		1000	Owner (8)		ASCIV	I NO.							RVICE	ES		
City, State, Zip Code ASTON, PA 19014         City, State, Zip Code PHILA., PA 19137           Project Manager for Monitoring Firm DON HEIM         Telephone No. 610-787-0402         Telephone No. 215-533-5155         License No. 01166           Start Date (10) 12-9-19         Scheduled Completion Date (11) 12-31-19         Name of OSHA Monitor VERTEX COMPANIES           Occupancy Status During Abatement (Check Only One) Other - Describe:	Contraction contract repropriation							0.40.00.00.00.00.00.00			DEET					
Project Manager for Monitoring Firm   DON HEIM											VLL I					
DON HEIM		itarian Firm			Talaaba	as Na						Lissans N	-			
12-9-19    12-31-19   VERTEX COMPANIES   Occupancy Status During Abatement (Check Only One)   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other — Describe:		itoring Firm											0.			
Occupancy Status During Abatement (Check Only One)    Street Address   Too TURNER WAY	12 0				mpletion l	Date (11)						J.				
Abatement Performed Outside of Normal Facility Hours    City, State, Zip Code ASTON, PA 19014		g Abatement (Ched									VILO					
Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf    Stope of Work (Check All That Apply)								1910000000		Manager Harrist Co. C. March Co.	Y					
Sality   Sality   Sality   Service   Sality		ed Odiside of North	iai i aciiity	riour	5						4					
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Non-Exempted (*) and Non-Friable Procedure				377				É	- 1	Mini-Enclosur	e	n Negative F	Pressu	re		
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  MAIN FLOOR  Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  Name of Registered Landfill MINERVA  Disposal Date  City, State YARDLEY PA  LIBSON, OH												d Non-Friat	le Pro	cedur	е	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  MAIN FLOOR  Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  City, State YARDLEY PA  Used Solely by Maintenance/ Custodial Staff? (12)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing Material (ACM) (i.e. thermal systems insulat			5000													i.
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MAIN FLOOR  X mastic  40000  X  Name of Registered Waste Hauler SERVICE TRANSPORT GROUP  City, State YARDLEY PA  No N/A  X mastic  40000  X  Manue of Registered Landfill MINERVA  Disposal Date LIBSON, OH	In Facili		Cus			(i.e. t	surfa	cing, VA	AT, or	r			Remo	Repa	capsı	nclos
MAIN FLOOR  X mastic  40000  X  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP  City, State  YARDLEY PA  X mastic  Aunual Cubic Yards of Waste  Hauler ID No.  Name of Registered Landfill  MINERVA  Disposal Date  LIBSON, OH	(13)		Yes				otner r	niscellai	neou	s)			val	<del>≒</del> ·	ulate	ure
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SERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA  City, State YARDLEY PA  Disposal Date City, State LIBSON, OH																
SERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA  City, State YARDLEY PA  Disposal Date City, State LIBSON, OH																
SERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA  City, State YARDLEY PA  Disposal Date City, State LIBSON, OH	Name of Registered Woo	ete Hauler			V IDED W	/aste	Cubic	Yarde		Name of	Registr	ered Landfil				
YARDLEY PA LIBSON, OH				100		P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						orea Lariam				
	City, State						Dispo	sal Pate	)							_
JENNIFER NIVEN DIR. OF OPERATIONS 11 26-11			Title				/	Signatur	6	LIBSO	N, OH		ate.			
				OF (	OPERA	TIONS (		) atur	1			/	17.	2	6-1	19

SK# 9869							5			- 13 F)	n C	3 100	P	rint l
N# 10352 PAID	) 1		ICATIO	State of N N OF AS nt to NJA	BESTOS	ABATE		RE	G			0 0 0	A PARTIE A A A A PERSONAL DISTRICTA DE LA CONTROL DE LA CO	
Date of Notification (1) 11/26/2019			Name PSE	of Building	g Owner/0	Operator	(2)	and the second	NOV	2 7 20	19	Mary A		
Agencies Notified Type Notification				Address HADLE	Y ROA	D	in dialors	AS	āestos	S OGNI	-OL	_d Si	and where	
EPA Initial Amended Amendment	:#			tate, Zip C TH PLA		D N.I.O	7080		LICH	NSMG		MELDING.	i1	
□ Emergency justification)     □ DCA     □ Cancellation			Name	of Contac	t					ohone Nur			.//	' ( )
Name of Facility Where Abatement is Takin	<u> </u>		-	CE CILITY INI	ES C	ION				3-41	7-	. 0	76	7
PSE4G	ig Flace (3	)					Туре	of Facility School (K-						
Street Address 780 BELLE	VILL	E	Tur	enp.	ILE	Đ.	×	Subchapte Other (i.e. etc.)	r 8 (Other			ldings	, hom	es,
City (5) KEARNY							Squa	are Feet	# of F	loors	E	Bldg. A	Age	· V
County (6) HUDSON				Code (7)				ent Use (Pri				/x	10	11
Name of Monitoring Firm Hired by Building	Owner (8)			M No.	.,	Name	of Aba	S 4 P		97:0.	<i>N</i>			
ENVIRONMENTAL TACTICS Street Address	10.000		004	15		UNIC		SYSTEM	SOFA	MERICA	A INC			
64 BROAD STREET  City, State, Zip Code						396 \	WHIT	EHEAD .	AVE.					
MATAWAN, NJ 07747								Zip Code RIVER, N	08882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217	7	Teleph 732-4			- 1	License N 01111	0.			
Start Date (10) /2/10/19	Schedule	1	npletion	Date (11)	)			HA Monitor SYSTEM	S OF A	MERICA	A INC	 ).		
Occupancy Status During Abatement (Chec	100	e)		/		Street .	Addre		-1					
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours		only		City, St	tate, Z	ip Code		*				
Scope of Work (Check All That Apply)								., 140	7 00002					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Ful Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					
Location of	N	Location	ly		Des	scription		n-Exemple	1 ( ) and i	NOTI-FITADI		Abate		i
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/	Asbes (i.e	stos Cont thermal surfac	aining M	laterial insula T, or	(ACM) ation,	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A				7				a	_	ate	re
CONTROL ROOM		X			NS,T					SOSF	X			
/ /		$\wedge$		HC!	n C	AUI,	K		20	DLF				
Name of Registered Waste Hauler			JDEP W		Cubic			Name of I	Registere	d Landfill				
WASTE MANAGEMENT			auler ID 125	No.	of Was	10		FAIRLE						
City, State ELIZABETH, NJ					Dispos	al Date		City, State MORRI		, PA				
Completed by CAROL RAIMO	Title OFFIC	CE M	GR.			ignature	1/2	. 17	0.	Dat	e /	26	1,	3

Tou # 11	0354								<i>‡</i>	er aller andre andre andre				P	rint Fo
CK389			NOTI	FICATIO	State of New N OF ASB at to NJAC	<b>ESTOS</b>	ABATE	ME 0)	NT HOME		EC		V	E	
Date of Notification (1) 11/21/2019	19 (	A.R.A.	<u>y</u>		of Building dence	Owner/0	Operator	r (2)	Andreas III		NOV	2 7	2019	A S TAGE OF	
Agencies Notified	Type Notification	n		Street	Address				Į.	in.	Anticonomic actions and	The S			Auro
× EPA	× Initial					e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			Parties and	20	SEESTO	SOUR	TROI	السب	
X DEP X DOL	Amended Amendmen	nt#			tate, Zip Co g Lake H		NIO	275	0	Contract Contract	TI CE	IVSIN	Ci		June de la
	Emergency	(including	g		of Contact	cigiits	, 145 00	313		T.	olonbana N	ا ما مسال			
DOH DCA	justification Cancellatio			100-303	Campo						elephone N	vumbei			
Name of Facility 188			VIII. 2000	FAC	ILITY INFO	DRMAT	ION								
Name of Facility Where Residence	Abatement is Taki	ng Place	(3)					Ту	pe of Facility	(4)					
Street Address				-5					School (K	-12)	L	40)			
								×		er 8 (Ot private	her than K	-12) rcial bu	ildings	, hom	es,
City (5)									etc.) Juare Feet		of Floors		Bldg.		
Spring Lake Heigh	ts							732	428	1	01110013		69	nge	
County (6) Monmouth					Code (7) USE ONLY)			Cu	irrent Use (P	rior if be	eing demol	lished)			
Name of Monitoring Firm A. Seine Lighthous		Owner (8	)	ASCI	M No.		Name Brink	of A	batement Co	ontracto	or (9)				
Street Address PO Box 354							Street		lress perty Aven		-				
City, State, Zip Code South Orange, NJ	07079						City, S	tate	, Zip Code NJ 07205						
Project Manager for Mor				Telepho			Teleph			<u> </u>	License	No.			
Sarah Calandra Start Date (10)					49-2666				-7465		01316				
12/03/2019		12/11/	2019		Date (11)				SHA Monito Lighthous	5000 00	utions				
Occupancy Status Durin							Street					-			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of nal Facility	Abate y Hour	ment 's				tate,	Zip Code						-
Scope of Work (Check A	All That Apply					_	South	h O	range, NJ	07079	9				
	iii Triat Apply)	П.						1 -							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×		Full Containn Mini-Enclosus Glovebag Pro	re ocedure					
		1	1					1 1	Non-Exempte	ed (*) an	nd Non-Fria	able Pr	1200	e ement	_
Location	n of		Local Norma	lly		Dec	cription	of						еттетт /ре	
Asbestos-Containing	Material (ACM)	Use	ed Sole intena	ely by nce/	Asbesto	os Conta	aining M	ater	ial (ACM)	A	Amount			Е	
TO BE AB. In Facil		Cus	todial	Staff?	(i.e. t	hermal : surfac	systems ing, VA	insi T. or	ulation, ·		Specify F or LF)	Ren	Re	ncap	Encl
(13)			(12)			other m	niscellan	eous	s)		. 0, 1,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	O
BASEM	ENT		X			Flo	oor Tile	9		6	18 SF	Х			
lame of Registered Was	ata Haular		<u> </u>	LIDES											
lewark Carting	ste Hauler		H	IJDEP W lauler ID 4509	S120.25 (1120-	Cubic \ of Was			100000	(12) Trace (3)	ered Landfi gement l		ill	2	
ity, State ast Orange, NJ						Disposa	al Date	1	City Star		PA				
Completed by		Title				Si	gnature.	1		3,.0,		ate /		/	
my Garcia		Proje	ct Ma	anager			A	t	X			11/	2//	19	

Inv# 10355			ICATION	ate of Nev I OF ASB to NJAC	ESTOS A	BATE			E C [	<b>E I</b>	V	P n n	int	
Date of Notification (1) 11/25/19		Name of Building Owner/Operator (2) Moshe Krupnick						NOV	272	019	9	المحت		
Agencies Notified Type Notification		Street Address							- Called Section 1					
EPA Initial Amended	ļ	City, State, Zip Code						ASSESTOS CONTROL & LICENSING						
DDEP Amended Amendme Emergence	_ [	Passa		Laurence	Commission of the Commission o									
DOH justification Cancellation		Name of Contact Moshe Krupnick						Telephone Number						
				LITY INFO		ON			•					
Name of Facility Where Abatement is Tak	ing Place (3	3)					Daniel Control	Facility (4)						
Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Passaic							Square Feet # of Floors Bldg. Age							
County (6) Passaic				Code (7) USE ONLY		_	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)				/ No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS								
Street Address						Street	Street Address 6 WHITE DOVE COURT							
City, State, Zip Code					City, State, Zip Code LAKEWOOD, NJ 08701									
Project Manager for Monitoring Firm		Telephone No.			Telephone No. License No. 732-668-9078 1200									
Start Date (10) 12/05/19	ed Cor	empletion Date (11)			Name of OSHA Monitor AAA LEAD PROFESSIONALS									
Occupancy Status During Abatement (Check Only One)				61			Street Address 6 WHITE DOVE COURT							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:					City, State, Zip Code LAKEWOOD, NJ 08701									
Scope of Work (Check All That Apply)								, 110 001	-					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	ition													
	Is	Locat	ion		THOIR THOIR			xempted (	) and Non-i	TIADICT	Abat	ement	t	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Vormal ed Sole intena todial ( (12)	ely by nce/	y by ce/ Asbestos Conta (i.e. thermal surface			scription of aining Material (ACM) systems insulation, cing, VAT, or niscellaneous)		Amount (Specify SF or LF)			e Encapsulate	Enclosure	
	Yes	No	N/A							Kemoval		late	re	
INTERIOR				PIPE IN	E INSULATION			180LF	x					
Name of Registered Waste Hauler NEWARK CARTING			사실, (전경 1977년 - ) 요리 이렇게 하면 예요			c Yards Name o								
City, State NEWARK, NJ					al Date									
Completed by JOSEPH PERLSTEIN	Title	JER			Si	gnature	9			Date 11/25	/10	3 1		