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Name of Monitoring Firm Hire N/A	d by Building	Owner	(8)	ASCN	l No.		ent Contractor (9)					
Street Address						Street Address	ntracting, Inc.					
						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip Co		755				
Project Manager for Monitorin	g Firm		Tel	ephone	No.	Telephone No.	New Jersey 00	License No.				
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City, State	ic.			20223		3	T.R.R.F.					
Toms River, New Jersey	,					Disposal Date	City, State					
Completed By (Print or Type)		lo.				12/06/19	Tullytown,	Pennsylvania				
Nicholas Fernicola	Tit	e Projec	Man	ager		Signature	1	Da	ate /	5/	19	,
ASB-41 JAN 13		Do not	use th	is form	for aches	os licensure exemp	tod potivities		1	- 1	- 1	

IN# 16368

PAID

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

Date of Notification (1) 11/25/19	11/25/19 Mark I						ilding Owner/Operator (2) E C E I W						Th			
Agencies Notified	Type Notification			Street A				_	1 00	1115	atrone, Lektrep		ratinal all all all all all all all all all	A THE REAL PROPERTY.	ECT - NA	Service of
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DOH DCA	Emergency justification) Cancellation			Name o	of Contact				The Control	Te	elephone	Nu	nber)L &	B
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Ocean				(STATE	USE ONLY)	_	ho	ouse							
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.				batement Co	ntracto	r (9)					
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City Chata 7ia Carla									329							
City, State, Zip Code							THE TOTAL CO.		, Zip Code erlin NJ 080	091						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		Licen 0072		D.			
Start Date (10)		Scheduled		npletion	Date (11)				SHA Monitor		1					
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Inv# 10	307	T				State of N	lew Jersey								
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Agencies Notified	Type Notific					Paradise t Address					NO	1 2	d 20	19	il-
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City, State, Zip Code							City, State, Z				W. W				
							Wayne, NJ (0747	70						
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No	0.		Lice	ense No.				
							973-356-351	11		011	27				
Start Date (10)						ate (11)	Name of OSI	HA N	Monitor						
//					/		Envirovision	ı Co	nsultants,Inc						
Occupancy Status During							Street Addres								
Facility Closed/Vacate									Road, Bldg .#	35E					
Abatement Performed Time of Abatement:	AM-	iormai PN	racilit Ai	y Houi PM	's - Des	AM	City, State, Z	ip Co	ode						
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Gr Tech LLC City, State					03378	35	TBD		T.R.R.F. Inc						
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Wayne, NJ 07470	201	7:0					TBD		Tullytown, P	A					
Completed By (Print or Ty	pe)	Title					Signature	- //	1		1	Date			
N.Jevtic		Own	er					He	who wena	el	1	1/25/	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3491 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 25 / 19 Linda Bodine NOV 2 9 2019 Agencies Notified Type Notification Street Address **EPA** N Initial **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # LICENSING ☐ DCA ☐ Emergency (including Wayne, NJ 07470 justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Linda Bodine FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age Wayne, NJ 07470 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-356-3511 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 07 / 19 12 / 08 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure >3 sf or >3 lf > 160 sf or >260 lf Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Asbestos-Containing Material (ACM) Used Solely by Description of Repair Asbestos Containing Material (ACM) Removal Encapsulate TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation 70 LF X Garage \times Pipe insulation 60 LF X Basement X VAT floor tiles \boxtimes 60 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature / Date N.Jevtic Owner Wenad ASB-41 11/25/19

10300

Inv# 103125

Print Form

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Date of Notification (1) 11.22.19			Name of CITY	of Building Owner/	Operato CITY	r (2)		NOV	2 0	20	19	Automorphism of the control of the c
Agencies Notified Type Notification EPA Initial			Street A	Address BACHARACH	BLVD		A CONTRACTOR OF THE PARTY OF TH	1404	J	20		1 5,2
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Emergency (injustification) DCA Emergency (injustification) Cancellation	ncluding	1	Name o	f Contact ANDERSON				lephone Nu				
			FAC	ILITY INFORMAT	ION							
Name of Facility Where Abatement is Taking 1402 NORTH OHIO AVENUE	Place (3)					Type of Facility School (K						
Street Address 1402 NORTH OHIO AVENUE						Subchapt	er 8 (Oth	ner than K-1 & commerc		ldings	, hom	es,
City (5) ATLANTIC CITY						Square Feet 1,500	2	of Floors	1	Bldg. A	Age	
County (6) ATLANTIC			County (STATE	Code (7) USE ONLY)		Current Use (F PRIVATE R			hed)			
Name of Monitoring Firm Hired by Building C A SEINE LIGHTHOUSE SOLUTION	wner (8) NS, LLC		ASCN	/ No.	Name	of Abatement C	ontractor	(9) ES				
Street Address PO BOX 354						Address LIBERTY A	/E					
City, State, Zip Code SOUTH ORANGE, NJ 07079					City, S	State, Zip Code SIDE, NJ 072						
Project Manager for Monitoring Firm SARAH CALANDRA			Telepho	ne No. 19-2666	Teleph	none No. 462-7465		License N	lo.			
	Scheduled	Con			Name	of OSHA Monito			ONIC	110		
Occupancy Status During Abatement (Check	Only One	:)			Street	Address	10031	. 30L011	ONO	, LLC		
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Scope of Work (Check All That Apply)					SOU	TH ORANGE	, NJ 0	7079				
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TO BE ABATED In Facility (13)	Custo	tenar dial S (12)			systems cing, VA niscellan	s insulation, T, or	(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
₹ . 86)	Yes	No	N/A	outer in	ilisociiai	icous)			val	Ť	ulate	ure
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Name of Registered Waste Hauler NEWARK CARTING		Ha	DEP Wauler ID		F10700000000000000000000000000000000000		sammer of the same	red Landfill		ANDI	FILL	
City, State EAST ORANGE, NJ			-	Dispos	al Date	City, Sta	te					
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Jersey Asbestos Hazard Abatement Subcode (N.J.A.C. 5:23-8, the "Subcode" or Subchapter 8). The Subcode imposes procedural and organizational requirements on asbestos abatement projects. Among these are the requirements that each abatement project be managed / monitored by an authorized Asbestos Safety Control Monitor (ASCM) firm (such as AHERA Consultants, Inc.).

(Note: Other regulations may apply that are not listed above.)

NOV 2 9 2019

Materials requiring abatement prior to demolition:

ACM Materials		Locations	Approx. Amoun
Tan Wood Pattern Pick & Peel	1.	Throughout Building - Main Building	750 SF
9 x 9 Tan Floor Tile & Mastic	2.	Throughout Building - Main Building	750 SF
White Joint Compound	3.	Throughout Building - Main Building	1000 SF
Mortar with associated grout and ceramic tiles	4.	Front Entrance - Main Building	16 SF
Transite Siding	5.	Exterior - Rear Building	1060 SF

[&]quot;Materials not tested should be assumed positive i.e., suspect materials that may be found in non-accessible areas."

Please note: Rear Building Roof Roof Shingle Tested trace chrysotile 0.25% (560 SF)

Following please find the OSHA compliance standard for materials containing <1% asbestos:

OSHA Compliance includes but is not limited to:

- 29 CFR 1926.1101(g)(1)(ii), which requires: wet methods, or wetting agents, to control employee exposures during asbestos handling, mixing, removal, cutting, application, and cleanup, except where employers demonstrate that the use of wet methods is infeasible due to, for example, the creation of electrical hazards, equipment malfunction, and, in roofing, except as provided in paragraph (g)(8)(ii)2 of this section;
- 29 CFR 1926.1101(g)(1)(iii), which requires: prompt clean-up and disposal of wastes and debris contaminated with asbestos in leak-tight containers except in roofing operations, where the procedures specified in paragraph (g)(8)(ii)3 of this section apply;
- 29 CFR 1926.1101(g)(3)(i), which prohibits: high-speed abrasive disc saws that are not equipped with point-of-cut ventilator or enclosures with HEPA filtered exhaust air;
- 29 CFR 1926.1101(g)(3)(ii), which prohibits: compressed air used to remove asbestos, or materials containing asbestos, unless the compressed air is used in conjunction with an enclosed ventilation system designed to capture the dust cloud created by the compressed air; and
- 29 CFR 1926.1101(g)(3)(iv), which prohibits: employee rotation as a means of reducing employee exposure to asbestos.

Note: Any footages provided within this report are approximates.

Section VI Attachments: Laboratory Bulk Sample Analysis Results

IATL - PLM & TEM Bulk Sample Analysis Summary via EPA 600/R-93/116

END OF REPORT



m# 16364 K 1352 PA		ICATION	tate of New Jers N OF ASBESTOS to NJAC 8:60 a	ABATE		T		G		W	Pri	int F
Date of Notification (1) 11.22.19		Name of CITY	of Building Owner OF ATLANTIO	Operator CITY	(2)	11.00	1	NOV	2 9	2019		1 1 1
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DOH justification Cancellat	11)		f Contact ANDERSON				100000000000000000000000000000000000000	phone N 9347530				
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Name of Facility Where Abatement is Ta	king Place (3)				Typ	e of Facility (4	-)					_
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lame of Monitoring Firm Hired by Buildir A SEINE LIGHTHOUSE SOLUT	g Owner (8) ONS, LLC	ASCN	/ No.			TANK SEF						
treet Address PO BOX 354				Street 1256		ess ERTY AVE						
ity, State, Zip Code SOUTH ORANGE, NJ 07079						Zip Code E, NJ 0720:	5					
roject Manager for Monitoring Firm SARAH CALANDRA		Telepho 201-34	ne No. 19-2666	Teleph 844-4				License 01316	No.			
tart Date (10) 2.03.19	Scheduled Com 12.10.19	pletion	Date (11)	100		SHA Monitor LIGHTHO	USE :	SOLUT	IONS	LLC	;	
ccupancy Status During Abatement (Ch Facility Closed/Vacated During Entir	Period of Abatem	ent	357	Street .	Addre	ess						
Abatement Performed Outside of No Other – Describe:	rmal Facility Hours					Zip Code ORANGE, I	NJ 07	079				
cope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renovat X Demoliti			×	Fi M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	nt with I	Negative			e	
Location of	ls Location	y	De	scription	1000					Abate		
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Location of		Locati	538	Description of			Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
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SEE ATTACHED			Х	SEE ATTACHE	ED		Х				
6											
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509	Cubic Yards of Waste	1 1000000000000000000000000000000000000	Registered Landfill		AND	FILL		

Title

OFFICE MANAGER

Disposal Date

Signature

EAST ORANGE, NJ

ALISON LÁMERS

City, State

Completed by

Date

City, State PEN ARGYLE, PA

NOV 2 9 2019

Sample ID	Room Functional Space # / Location	Description of Material	Analysis Method	Asbestos Content
1405NO-20	Garage Roof	Black Roofing Shingle	PLM TEM	, NAD
1405NO-20A	Garage Roof	Black Roofing Shingle	PLM	NAD

NAD - NO ASBESTOS DETECTED

"Materials that are greater than 1.0% asbestos by weight are classified as ACM"

Section V Conclusion / Actions Required

All actions taken in regard to asbestos containing materials (ACM) should be in compliance with any applicable federal, state and local regulations or codes that may apply to handling i.e., clean-up, removal, enclosure, disposal etc.

Presently, general renovation / demolition and disposal operations at both publicly and privately owned / operated facilities in New Jersey are regulated by Federal USEPA's National Emission Standard for Hazardous Air Pollutants (NESHAP) Asbestos Standard (40 CFR 61, Subpart M) and the New Jersey Department of Environmental Protection (NJDEP) waste hauling and disposal regulations (N.J.A.C. 7:26-1, et.seq.). Additionally, the New Jersey Administrative Code promulgated pursuant to the New Jersey Asbestos Licenses and Permits regulations (N.J.A.C. 8.60 & 12:120) requires that only contractors licensed by the New Jersey Department of Labor be retained to perform asbestos abatement work.

If the subject facility is an educational facility, NJ county government building, daycare or public facility who leases to any of the aforementioned entities, then asbestos abatement activities are regulated by the New Jersey Asbestos Hazard Abatement Subcode (N.J.A.C. 5:23-8, the "Subcode" or Subchapter 8). The Subcode imposes procedural and organizational requirements on asbestos abatement projects. Among these are the requirements that each abatement project be managed / monitored by an authorized Asbestos Safety Control Monitor (ASCM) firm (such as AHERA Consultants, Inc.).

(Note: Other regulations may apply that are not listed above.)

Materials requiring abatement prior to demolition:

ACM Materials	YS5	Locations	Approx, Amounts
Gray Flue Packing Insulation	1.	Rear Exit Ramp Area	1.5 CF

"Materials not tested should be assumed positive i.e., suspect materials that may be found in non-accessible areas."

Following please find the OSHA compliance standard for materials containing <1% asbestos:





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Inv# Klole400°	8 PAII	0)		ICATIO	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE			ICE	3	\ <u>M</u>	lia.	The second secon
Date of Notification (1) 11/22/2019					of Building Owner/ y Schult	Operator	(2)		NOV	€ 9	2019)	1
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment				ate, Zip Code on, NJ 07940				i OTSJESA LICI	S CC CHSB	KETK	CL G	<u>.</u>
× DOH DCA	Emergency (injustification) Cancellation	including		Wend	f Contact y Schult				Telephone Nu	mber			
Name of Facility Where	Abatamant in Table	Diana (201	FAC	LITY INFORMAT	ION	-						
House Street Address	Abatement is Taking	g Place (3)				Scho	er (i.e. priv	(Other than K-1: ate & commerci	2) al buil	dings,	hom	es,
City (5) Madison							Square F	eet	# of Floors N/A		Bldg. A N/A	\ge	
County (6) Morris					Code (7) USE ONLY)		Current U House	Jse (Prior i	f being demolish	ned)			
Name of Monitoring Firm	Hired by Building C	Wner (8)	ASC	ΛNo.		of Abatem		actor (9)				
Street Address							Address	n Avenu	е			=	11-25-7-
City, State, Zip Code						City, S	State, Zip C	ode					
Project Manager for Mor	itoring Firm			Telepho	ne No.	Teleph	none No. 345-8685		License N 01311	0.			
Start Date (10) 12/04/2019		Schedul 12/052		npletion	Date (11)		of OSHA M						
Occupancy Status During	g Abatement (Check	Only O	ne)				Address	,				-	
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent		11 R	osengrer	n Avenu	е				
Abatement Perform Other – Describe: 9		al Facility	y Hours			I Part of the second	tate, Zip Co wa, NJ 0						
Scope of Work (Check A	II That Apply)						, ,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit	21222		×	Mini-En Gloveb	nclosure ag Proced	with Negative F lure) and Non-Friab			e	
Laggue	of		Locati Normal								Abate	ement	t
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa		faterial (AC s insulation T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

Completed by Ned Joksimovic	Title	t Manager	Sig	nature	The	Date 11/22/20	010
City, State Wayne, NJ			Disposa TBD	Date	City, State Pen Argyl,	PA	
Atlantic Carting	Hauler ID No. 26085	of Waste		Grand Cer			
Name of Registered Waste Hauler		NJDEP Waste	Cubic Y	ards	Name of Reg	istered Landfill	

Pipe Insulation

Χ

Basement

200 LF

X

CK UW4340	D	NOTIF	S	tate of New Jer	sey	-845-11-		L	C E			y P	int F		
Date of Notification (1)		(F	Pursuan	t to NJAC 8:60	and 12:12	20)	Control of the Contro		NOV	2 9	-2()19	The state of the s		
11/22/2019 Agencies Notified Type Notification				ael Miggins		201633X:	į								
			Street	Address			7	ASB					Ó		
X EPA X Initial Amended Amendment	#	Ī		ate, Zip Code Hills, NJ 070	70			Ser	J g andresber to	y respective and	edera grat.	Willer as all	Allender Co.		
Emergency (justification)		-		of Contact	70			Telephon	e Numb	er					
DCA Cancellation				el Miggins				T_		J.					
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INFORMA	ATION	Туре	e of Facility (4)							
House Street Address							School (K-12	·)							
Sireet Address						×	Other (i.e. pr	3 (Other than ivate & comr	n K-12) mercial b	ouildi	ngs,	, hom	es,		
City (5) Short Hills						Squa N/A	are Feet	# of Floors	S			\ge			
County (6) Essex				Code (7) USE ONLY)	_	Curr	ent Use (Prior JSE	if being den	nolished)					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCI	M No.								1 6 6			
Street Address				35000	_		Avenue								
City, State, Zip Code					City, S	State, Z	Zip Code				1-20				
Project Manager for Monitoring Firm			Telepho	ine No		50.00.00		Litera	\$1.		11				
90 19 10 10 10 10 10 10 10 10 10 10 10 10 10		973-345-8685 01311													
Start Date (10) 12/03/2019	Schedul 12/04/		npletion	Date (11)	100000000000000000000000000000000000000										
Occupancy Status During Abatement (Check	Only O	ne)		1	Street	Addre	SS	10			_				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of a	Abaten v Hours	nent					ie							
Other – Describe: occupied		, , , , , , , ,													
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	prosecutions	Renova Demolit		,	×	Min Glo	ni-Enclosure ovebag Proce	dure				Э			
Location of	1	Locati Normal ed Sole	ly						Abatement Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	(i.e. therm sur	ntaining M al systems facing, VA miscellar	s insula T, or	I (ACM) ation,	Amount (Specify SF or LF)	, or or	Domo.	Repai	Encapsulate	Enclosure		
	Yes	No	N/A				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors N/A N/A Current Use (Prior if being demolished) House f Abatement Contractor (9) Abatement, Inc. ddress sengren Avenue te, Zip Code a, NJ 07512 ne No. License No. 01311 OSHA Monitor Abatement, Inc. ddress sengren Avenue te, Zip Code a, NJ 07512 Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	late	ле						
Basement & Garage		X		Pip	e Insula	tion		110 LF	Σ						
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ame of Registered Waste Hauler		l A i	וחרהיי	leste 1 2 :	- V :					+					
tlantic Carting		H	JDEP W auler ID 8085				Margarette sandaret		ndfill						
ity, State /ayne, NJ				Disp TBD	osal Date			I. PA							
completed by ed Joksimovic	Title Proje	ct Ma	nager		Signature		71/			2/20	19				

N# 10371 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/25/2019 Sarah Solie Agencies Notified Type Notification Street Address П **EPA** X Initial DEP City, State, Zip Code X Amended Caldwell, New Jersey 07006 X DOL Amendment # Emergency (including Name of Contact Telephone Number **図** DOH justification) Sarah □ DCA Cancellation NG **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Solie Private Residence ☐ School (K-12) Street Address П Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Caldwell, New Jersey 07006 2000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. Lilich Corporation Street Address Street Address 560 Sylvan Avenue Suite 3065 246 Union Boulevard City, State, Zip Code City, State, Zip Code Englewood Cliffs, New Jersey 07632 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. Anthony Valentine 201-569-6708 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/05/2019 Iris Environmental Laboratories, LLC 12/07/2019 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083 □ Other – Describe: Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf X Renovation X Full Containment with Negative Pressure ≥ 160 sf or ≥ 260 lf П Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Type Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED thermal systems insulation, surfacing, Enclosure Removal Custodial Staff? Repair In Facility VAT. or (12)(13)other miscellaneous) Yes No N/A Basement Χ Pipe 45 LF X Laundry Room X 15 LF X Basement X VAT & Mastic 300 SF X

Name of Registered Waste Hauler

NJDEP Waste
Hauler ID No.
18724

Cubic Yards
of Waste
Fairless Landfill

Fairless Landfill

City, State Totowa, New Jersey

Adriana Olejarova

Title President Signature

Disposal Date

12/09/2019

Date 11/25/2019

City, State

Morrisville, PA

Completed by

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Date of Notification (1) 11/26/19					of Building n Assoc		Operato	r (2)	A Part of the Part	NO	V 2	9 20	019	C.Bankowi	1				
Agencies Notified	Type Notification	1		Street Address 1250 Rt 57, Suite 101 ASSESTOS CONTROL & LICENSINO															
DEP X DOL	Amended Amendmen	t #		City, State, Zip Code Branchburg, NJ 08876											-/M++= 2-1				
ĭ DOH	Emergency justification)	(includino	3	Name of Contact Telephone Number															
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Name of Facility Where A	batement is Takir	ng Place (3)	1 40	ILIT INC	ORIVIAI	ION	Тур	e of Facility (4	.)									
Street Address									School (K-12		an K 13	D)							
			Subchapter 8 (Other than K-12 Other (i.e. private & commercia etc.)							(2) Sial buildings, homes,									
City (5) Hillsborough			Square Feet # of Floors							ors	E	Bldg. Age							
County (6) Somerset				Code (7) USE ONLY)		Cur	rent Use (Prior me	r if being de	emolish	molished)								
Name of Monitoring Firm I	Hired by Building	Owner (8)	ASC	M No.				patement Cont		_S								
Street Address							Street 6 WI		ess DOVE CO	URT									
City, State, Zip Code							City, S	State,	Zip Code DOD, NJ 08										
Project Manager for Monit		Telepho	ne No.		Telepi	none l				nse No.									
Start Date (10) 12/09/19			mpletion	Date (11)		Name	of OS	SHA Monitor											
Occupancy Status During	Abatement (Chec	12/16/ ck Only O					Street		AD PROFES	SIONAL	.5								
Facility Closed/Vacat Abatement Performer Other – Describe:	Abater	ment 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701									X								
Scope of Work (Check All	That Apply)						LAK	EVVC	OOD, NJ 08	701					-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		***********	Renova Demoli				×	M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	dure				9					
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City, State NEWARK, NJ						Dispos 12/16	sal Date /19		City, State BETHLE	НЕМ РА									
Completed by JOSEPH PERLSTEIN		Title OWN	IER			S	ignature				Date 11/	e /26/1	9						

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□ DOH	n)	g	Character Cons	of Contact en Assoc			Telephone Number 908-874-8686											
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Name of Facility Where Abatement is Tak	ing Place	(3)					Тур	e of Facility	(4)									
Street Address				•			×	School (K- Subchapter Other (i.e. petc.)	8 (Oth	er than & comr	n K-12 mercia	2) al buil	dings	, hom	es,			
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Name of Monitoring Firm Hired by Building	g Owner (8	3)	ASC	M No.					nt Contractor (9) ROFESSIONALS									
Street Address						Addre IITE	ess DOVE CO	DURT	•									
City, State, Zip Code								Zip Code OD, NJ 0	8701									
Project Manager for Monitoring Firm		Telepho	one No.			one N	No. 9078		Licen 1200	ense No. 00								
Start Date (10) 12/09/19								HA Monitor D PROFE	SSIO	NALS	_S							
Occupancy Status During Abatement (Che	eck Only O	ne)			100		Addre											
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of mal Facilit	Abater y Hour	ment s		Ci	ity, S	tate, Z	DOVE CO										
Scope of Work (Check All That Apply)						ANE	2000	OD, NJ 0	8701						_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mi Gle	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					۵				
Location of	s Locat Norma	tion illy Description of								Abatem Type								
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Mainte Custodi					ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure			
INTERIOR	Yes N				N/A FLOOR TILE				0504		2			ate	re			
aviemon					rLUUF	K []			35	50SF		Х						
Name of Registered Waste Hauler NEWARK CARTING		H	 IJDEP W lauler ID 4509		Cubic Yard of Waste 5	ds		Name of F	Registe	red Lar	ndfill							
City, State NEWARK, NJ					Disposal D 12/10/19			City, State		I PA								
Completed by JOSEPH PERLSTEIN	Title OWN	NER			Signa	ature					Date	e 26/1	9					

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CK 1244 PAI	D	NOTIF	FICATIO Pursuan	t to NJAC 8:	STOS ABATE :60 and 12:12	20)	T		G		I V		Part of the later		
Date of Notification (1) 11/26/19			Name Larke	of Building O en Associa	wner/Operato tes	r (2)	Manual Age	N N	0V	2 9	201	9			
Agencies Notified Type Notification EPA Initial			Street Address 1250 Rt 57, Suite 101 ASSESTOS GONTHOL M												
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DOH Emergency justification	,	g	Name	of Contact			Telephor								
DCA Cancellation	1		(1) Sec. 200	n Associat	7.00			908-87	4-86	86					
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	ILITY INFOR	RIVIATION	Туре	e of Facility (4)								
Ctroot Address							School (K-12								
Street Address					Subchapter 8 Other (i.e. pri etc.)	ochapter 8 (Other than K-12) er (i.e. private & commercial buildings, homes,									
City (5) Hillsborough						Squa	are Feet	# of Floor	rs	E	3ldg. A	Age			
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Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.	Name AAA	of Ab	atement Contractor (9) D PROFESSIONALS								
Street Address					Street 6 WI		ess DOVE COU	JRT							
City, State, Zip Code							Zip Code OD, NJ 087	701							
Project Manager for Monitoring Firm		Telepho	one No.	Teleph		lo.	Lice	License No.							
Start Date (10) 12/09/19	Schedu 12/16/		npletion	Date (11)	Name	of OS	HA Monitor D PROFES		S						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 6 WHITE DOVE COURT City State Zin Code														
Scope of Work (Check All That Apply)					- LAKI	EWO	OD, NJ 087	701							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	Renova Demolit			×	Min	Il Containment ni-Enclosure ovebag Proced in-Exempted (*)	dure				۵			
l ocation of		S Locati Normal	tion								Abate Tyj				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia				Description Containing Mermal systems surfacing, VA ther miscellan	lateria s insula T, or	I (ACM) ation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
INTERIOR	Yes	No	N/A							al		ate	re -		
INTERIOR			BASEMENT INSULATION 30SF							х					
	EXTERIOR				SIDING	2		200SF							
INTERIOR					NG (BASE		0.50	300SF							
Name of Registered Waste Hauler		NI NI	JDEP W		R TILE AND) MA		500SF							
NEWARK CARTING		H	auler ID 1509	NO. 2	Cubic Yards f Waste 0		Name of Re	gistered La	ndtill						
City, State NEWARK, NJ					Disposal Date 2/16/19		City, State BETHLEH	IEM PA							
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