## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CML#3641

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Date of Notification (1) 10/2/19			Nam	e of	Building	g Owner / Operate ty Group	or (2)		EGE		E	T	1
Agencies Notified Type Notific	ation				dress	ty Group		1125					111
EPA			225	Wes	st Was	hington Street	:	Andrews in the second s	OCT	A 2006	9		III
DEP   Initia			City,	Stat	e & Zip	Code			<del>U01</del>	4 2015	ý	L	1
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	rgency cellation		Nam	e of	Contact				ASBESTOS LICE	Jelepho 1317:63	ກe ໄ 6-16	ľumb 00	er
			F/	CIL	ITY IN	FORMATION							
Name of Facility Where Abatemed JC PENNEY STORE #0902	ent is Taking F	Place (	(3)			Type of Faci					-		
Street Address								Other than I	K-12)				
1201 Hooper Avenue						Other (i.	.e. priva	te & comm	ercial buildi			etc.)	
City (5)	County (6)	IC	ounty	Cod	0 (7)	Square Feet		# of Floors		Bldg. Ag			
Toms River	Ocean	100	Junty	Cou	e (1)	173,31 Current Use		boing dom			80		
	occur.					COMMERC			olistied)				
Name of Monitoring Firm Hired b	y Building Ow	ner (8	)	IA:	SCM No				(0)			-	
Health & Safety Services	,					BRISTOL E	ENVIRO						
Street Address PO Box 365						Street Addre 1123 BEAV		RFFT					
City, State & Zip Code Berlin NJ 08009						City, State &	Zip Cod	de			7-1-1-1-1		
Project Manager for Monitoring F	irm	Tolo	phone	Mu	nhor	BRISTOL, I		07	11.				
Jim Proctor	11111		-452-			Telephone N 215-788-60			License	Number 0050	19		
Scheduled Start Date (10)	Scheduled Co	mpleti	on Da			Name of OSI	HA Mon			0000			
10/15/19 Occupancy Status During Abater	mont (Charles		5/19			BRISTOL E		NMENTA	L INC				
Facility Closed/Vacated [	During Entire F	Period	of Ab			Street Addres		REET					
Abatement Performed Ou		al Ho	urs –	7am	to 3pm	City, State &							
Describe: 5:00am-12:						BRISTOL, I	PA 190	07					
Facility Occupied During Scope of Work (Check all that ap			2110022-001										
	P-177							Full Contair	nment with	Negative	Pres	sure	
≥3 sf or ≥3 lf		$\boxtimes$		nova				Mini-Enclos					
≥160 sf ≥260 lf		Ш	Der	molit	ion			Glove Bag I					
Location of		lo	Locat	ion	-	Description	Norman Property Company	Non-Exemp					
Asbestos-Containing	q		naliy		i	Description Asbestos-Con			Amount (Specify	Aba	teme	ent T	ype
Material (ACM)		S	olely	by		Material (A	CM)		SF or LF)			Щ	m
TO BE ABATED in Facility		100 to 10	itenar odial		7. 1	(i.e., thermal s		_		Rem	Repair	cap	ncle
(13)		Cust	(12)	Otan	1	insulation, surfactor or other miscell				Remova	oair	Encapsulate	Enclsoure
34 54		Yes	No	N/A	4			′		-		te	0
Vestibule, lower level by dot	com desk	$\boxtimes$				Floor til	le		7 SF				
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Name of Registered Waste Haule	er				Waste		Name	of Register	ed Landfill				
SERVICE TRANSPORT GRO	UP, INC.		100000	uler 990	ID No.	of Waste	MINE	RVA LANI	DEILI				
City, State	, , , , , , , , , , , , , , , , , , , ,					Disposal Date	City, S					-	
YARDLEY, PA						TBD		NESBURG	, OH				
Completed By (Print or Type)			Tit		-3	Signature				Date			
PATRICK T. DeCARO			Es	tim	ator	Patrick	T 1	Pass	M	10/2/	19		
						ramach	1:11	e an	181				

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) 10 Rutgers University / Job #1910-5541 Check #11781 Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & 57 US Highway 1 **⊠** DOLWD ☐ Amended LICENSING City, State, Zip Code X DHSS Amendment # New Brunswick, NJ 08901 ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Dave Brown 732-356-9505 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rutgers Residential School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 96 Paterson Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Residential Property Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_11 \_ / \_\_19 10 / 11 / 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 ☐ Mini-Enclosure  $\boxtimes \ge 3$  sf or  $\ge 3$  If ⊠ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate 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) No Yes N/A Roof X Chimney Flashing 3 SF П 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 4 City, State Disposal Date City, State Lumberton, NJ 10/11/19 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator

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Date of Notification (1)  10 /	1/		19					Owner/Operator orts Acquisition	(2) on Group,LLC	Job#1909-5	€ E 537 Ch	eck#1	₩ [ 1735	
Agencies Notified	Type Noti	ficatio	n		St	eet Address	s				207			+
⊠ EPA						600 Marir	ner :	Street, Suite	200		OCT	4 20	119	
⊠ DOLWD	☐ Amend					y, State, Zip		The state of the s						160
☐ DCA	Amend				1	ampa, FL				L	-0700/	201100	Pin de l	أحمأ
(NJAC 5:23-8)	☐ Emergi justifica		includi	ng	-	me of Conta				Telephone	ESTOS (		HUL	Č
(	☐ Cancel	300000000000000000000000000000000000000			100000	Brian Quig	00000			215-90		-	TEXA PORE	TO SHOW IN
T. T							_	ORMATION		213-30	1-2241			
Name of Facility Where A	batement is	Taki	ng Plac	ce (3)		ACILITI	INIT	JAMATION	Tune of Equilib	. /4\			_	
Stockton Seaview H				30 (0)					Type of Facility  ☐ School (K-1)					
Street Address									Subchapter		ı K-12)			
401 South New York	Road								Other (i.e.,		mmercial	buildi	ngs,	
City (5)		V							homes, etc	.) # of Floor		Dide	^	
Galloway, NJ 08205									Square reet	# 01 F1001	S	Bldg.	age	
County (6)				-	Co	unty Code (	71/5	TATE USE ONLY)	Current Use (P	rior if boing d		IV.		
Atlantic						and odde (	(1)(0)	TATE OOL ONLT	Hotel	nor ir being de	emolisned	1)		
Name of Monitoring Firm I	lired by Bu	ildina	Owner	(8)	LASC	M No.	IN	ame of Ahatem	ent Contractor (9	Λ.				
Indoor Environment				(-)				AbateTech, I		)				
Street Address					1		-	treet Address				-		
286 Sunset Road								30 Maple Ave	PO Boy 25					
City, State, Zip Code					Te-OH-			ity, State, Zip Co						
Barrington, NJ 08007	7						4	Lumberton, N						
Project Manager for Monito	oring Firm			Te	lephon	e No.	-	elephone No.	10 00040	License N	10			
Mike Menz				1 -		8-6020	1	609-265-2107		00529	0.			
Start Date (10)	T	Sched	duled (	Comp	etion D	Date (11)		ame of OSHA M		00020				
10 /14 /						_19	1	EMSL Analyti						
Occupancy Status During A	Abatement						_	reet Address						_
☐ Facility Closed/Vacated					ement		100	200 Route 13	North					
☐ Abatement Performed C	outside of N	lormal	Facilit	у Но	ırs - De	escribe		ty, State, Zip Co						
Time of Abatement:	AM	PI	VI/	PN	l	_AM	1	Cinnaminson						
Scope of Work (Check all the	nat apply)		3 = 110						, 110 00011					
≥3 sf or >3 If			₩ D.						ainment with Neg	gative Pressur	e			
≥160 sf or ≥260 lf			⊠ Re	mova				☐ Mini-Encl						
								☐ Non-Exer	npted (*) and No	n-Friable Prod	cedure			
			100	Loca							A	batem	ent Ty	уре
Location of Asbestos-Containing Ma		<b>4</b> )		Norma	ely by	Asha	otoo	Description of Containing Mat			Z.	D.	ш	Ш
TO BE ABATE		.,			ance/			ermal systems in		Amount (Specify	- 1 - 3	Repair	ıcap	Clo
IN Facility (13)		0.4	Cus	todiai (12)	Staff?	Note-1	5	surfacing, VAT,	or	SF or LF	) <u>\sa</u>		Encapsulate	Enclosure
(13)			Yes	No	N/A	1	ot	her miscellaneo	us)			1	ate	
Room 252						-	0 D	annell Cailin		222.25				
TOOM LOZ						Plaster	& D	rywall Ceiling	3	260 SF			Ш	Ш
												П	П	П
												П		П
Name of Registered Waste	Hauler				1.7	Waste	Cub	oic Yards of	Name of Regis	tered I andfill				ш
AbateTech, Inc.				F	lauler		Wa	ste	G.R.O.W.S.					
City, State					1875	0		0 posal Date	City, State					•
Lumberton, NJ								0/18/19	Tullytown,	ΡΔ				
Completed By (Print or Type	1)	Title							any town,		I 5 :			
Gwendolyn Trumbetti				one	Coore	linator		Signature	1. 4		Date		0	
CD 44			-ciau	0,10		mator			MA		10-	1-1		

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Date of Notification (1) 9/23/2019 check #0296	JUL -		Name	of Building	g Owner/	Operato	(2)		OCT 4	2019	,		
Agencies Notified Type Notifica	ation			Address 27th st					1			I was	manufact California or A
X EPA	ment #		City, St	tate, Zip C		p		A	SBESTOS CO LICENSI	NTRO NG	) <u>  R</u>		-
DOH justifica		1		of Contact JS FIEL					Telephone N 862 668 7				
Name of Facility Where Abatement is T	Taking Place (	3)	FAC	ILITY INF	ORMAT	ION	Time	of Fooille . (4					
	aking riace (							of Facility (4 School (K-12	5//				
Street Address 286E 27th st							×		3 (Other than K- ivate & commer		ildings	, hom	es,
City (5) Paterson NJ 07514					-			re Feet	# of Floors 2FL	410	Bldg. 7 50+	Age	
County (6) BERGEN			County (STATE	Code (7) USE ONLY	)			nt Use (Prior CUPAID	if being demoli	shed)			110000
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCI	M No.				tement Contr JTIONS C	ractor (9) ONTRACTIN	IG IN	С		
Street Address						75 75	Addres HUR(	SS CH ST					
City, State, Zip Code								p Code D NJ 0740	)7				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201 8	one No 373 94		License 01301	No.			
Start Date (10) 10/04/19	Schedule 10/05/		npletion	Date (11)	)			IA Monitor	ONTRACTIN	IG IN			
Occupancy Status During Abatement (C						Street							
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe: 8:30 AM TO 4:3	Normal Facility	Abaten Hours	nent			City, S	tate, Zi	CH ST p Code D NJ 0740					-
cope of Work (Check All That Apply)						LLIVI		D 140 07 40					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	i-Enclosure vebag Proce	it with Negative dure *) and Non-Fria			20	
C	1996	Locati			10000			-Exempted (	) and North Ha	DIE FIC	Abate	ement /pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Use Mai	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		aterial insula r, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
DAGEMENT	Yes	No	N/A							<u>a</u>		ate	ге
BASEMENT			X			NG T			150SF	X			
BASEMENT			Х		PIPE IN	NSULA	TION		85LF	X	-		
ame of Registered Waste Hauler TLANTIC CARTING		10.00	JDEP W auler ID		Cubic of Was				gistered Landfil	11			
ity, State EN ARGYL PA 18072			<del>-</del>	**********		al Date		City, State		70			
ompleted by JIS ARCILA	Title PRES	SIDE	NT		TDB	ignature	B. Ast	PEN ARC	22	72 ate 9/23/2	2010		
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Date of Notification (1) 9/30/2019	HILLS		Name STA	of Building Own TE OF NJ, DE	er/Operato	r (2) MILI	TARY & V	ETERANS A	FFAI	25	J. C.	CONTRACTOR SPORTS
Agencies Notified Type Notificat	on		Street	Address EGGERTS C	- 7-27-27-2	- Dete		LICEN		HOL	8	
EPA Initial Amended	i			tate, Zip Code	RUSSIN	GRO	DAD					
■ Amendm     ■ Emergen	cy (includin	g		RENCEVILLE of Contact	E, NJ 086	648						
DOH justification Cancellat				of Contact K CLEMMEN	SEN			Telephone N 732-974-4				
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	CILITY INFORMA	ATION	Tura	of Fortille 7	4)				
NATIONAL GUARD TRAINING	CENTER	k, BUII	LDING	64		Гур	e of Facility (4 School (K-1)					
Street Address 1 CAMP DRIVE						×	Subchapter	8 (Other than K- rivate & commer		ildings	, hom	nes,
City (5) SEA GIRT						Squ	are Feet	# of Floors		Bldg.	Age	
County (6) MONMOUTH				Code (7) USE ONLY)		Curr	ent Use (Pric	I or if being demoli	shed)			
Name of Monitoring Firm Hired by Buildin TTI ENVIRONMENTAL, INC.	g Owner (8	3)	ASC	M No.			atement Con	tractor (9) CONTRACTII	VIC III	VC		
Street Address 1253 NORTH CHURCH STREE	т			V	Street	Addre		V2-000000	NG, 11	NO.		
City, State, Zip Code MOORESTOWN, NJ 08057					City, S	State, 2	Zip Code A, NJ 0751:					
Project Manager for Monitoring Firm MICHAEL STOCKU				one No. 40-8800	Teleph	none N	22	License	No.			
Start Date (10) 10/10/2019	Schedu 11/12/			Date (11)	Name	of OS	HA Monitor	00494				V
Occupancy Status During Abatement (Ch	100000000000000000000000000000000000000				Street		S (9) ABO\ ss	/ C				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: VACANT	e Period of ormal Facilit	Abaten y Hours	nent s		City, S	tate, Z	ip Code					
Scope of Work (Check All That Apply)				()								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation of the last of the	Renova Demolit			×	Mi Gl	ni-Enclosure ovebag Proce	nt with Negative edure (*) and Non-Fria			0	
	10 7000	Locati					Exempted	( ) and Non-Tra	DIC 1 10	Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbestos Co	escription		I (ACM)	Amount		1)	pe	
TO BE ABATED In Facility (13)	10 200000	aintenai stodial S (12)		(i.e. therm sur	al systems facing, VA r miscellan	insula T, or	ation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>ai</u>		late	ire
EXTERIOR		X		WINDOW G			JLKING	750 LF	Х			
BLDG INTERIOR		X		TILI	E & MAS	STIC		5,525 SF	X			
New (D. L.)												
Name of Registered Waste Hauler TWO BROTHERS CONTRACTIN	IG	Н	JDEP Wauler ID 8743	12 (A)	ic Yards aste			egistered Landfil MANAGEME		S.R.C	).W.S	S.
City, State FOTOWA, NJ				19 3.025.8003.6	osal Date 2/2019		City, State MORRIS	SVILLE, PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COOL	RDINATOR	Signature	( 3 H	. 0		ate '30/20	)19		

V (1) 21 037 FOF	NEW JERSEY	DEPARTMEN	T OF L	ABOR NOTIFICATION OF ASB	ESTOS ABATEM	IENT		<b>-</b> -1
013012	# 14995	AIID		Name of Building Owner/Operator Harmon Discount Cosmetic	(2) / E (C   E	1 11 11 11		A CANADA
Agencies Notified	Type of Notifica	ation		Street Address 550 Broad Street	OC.	4 2019		*
( ) USEPA ( ) NJDEP ( X ) NJDOL ( X ) NJDOH	( X ) Initial N ( ) Amendo Amend	ed	<u> </u>	City, State, Zip Code Schrewsbury, NJ	ASBESTOS	NISING	&	Patri arrangituti Sanda Fra
( ) NJDCA	justifica ( ) Cancell	ation)	9	Name of Contact Michael Chinnici	parking gift strap and strap	Tel. Number 908-528-1	097	
		F	ACILITY	/ INFORMATION	William III			
Name of Facility Where Abatemen Commercial property	t is Taking Place (	3)		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K	-12)			
Street Address 550 Broad Street				(X ) Other (i.e. private & comme	ercial bldgs., hom			
City (5)	County (6)	County Code	(7).	SQ. Feet: <u>7000</u> # of Flo	<del></del>	Bldg. Age 60	_	
Schrewsbury	Monmouth	(State Use Or	ıly)	Current Use (if being demolished	ed):			
Name of Monitoring Firm Hired by ISES, Inc.	Bldg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Enviro	onmental Solut	tions, Inc.		
Street Address 3300 Hudson Avenue				Street Address 3300 Hudson Avenue				
City, State, Zip Code Union City, NJ				City State, ZipCode Union City, NJ 07087			- C. Salama ( )	
Project Manager for Monitoring Fin David Camacho	Telephone N 201 325-0			Telephone Number (201)325-0055		License N 01124	umber	
Scheduled Start Date (10) 09/23/2019	Scheduled C	Completion Date	(11)	Name of OSHA Monitor ISES, Inc.	2			
Occupancy Status During Abatem ( ) Facility Closed/Vacated Duri	ng Entire Period o	f Abatement		Street Address 3300 Hudson Avenue				
( X ) Other - Describe: floor is		ity Hours -		City, State, Zip Code Union City, NJ 07087				
Source of Work (Check all that ap	ply) (	) Demolition		( x ) Renovation				
( ) Small Project (>25 <160	SF or >10 <260	LF ACM) (	) Mir	ent with Negative Pressure(X) ni-Enclosure with Negative Press Procedure or Wrap and cut proce	ure	on-Friable P	rocedu	re
Location of Asbestos- Containing Material (ACM)	Is Location No Solely by Mair			Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)	Abatem	ent Type	
To be Abated in Facility (13)	Custodial S			cing, VAT, or other miscellaneous.)		R e e p a i	E n c a p	E n c o s ure
ground level area 1		X	mast	ic and VAT	~ 2900 SFT	X		
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste 04509	Hauler ID #	Cubic ~ 20	: Yards of Waste	Name of Reg. Lar Grand Central Sa 1963 Pen Argyl R	nitation		
City State 369 Raymond Blvd, Newar	k NJ		Disp. 10/0	Date 04/2019	City, State Pen Argyl, PA	18072		
Completed by (Print or Type) David Camacho	Title Project Su	pervisor	Signa	ture / // // // // // // // // // // // //	Date 09/13/2019			

N# Amended PA	add:	MOIIL	ICATION	ate of Ne N OF ASB to NJAC	<b>ESTOS</b>	ABATE	MENT	Neck	W ec	K.	76	,2	0	Pr	in
Date of Notification (1) 9/16/19				of Building Despl					IĒ	GE		Ŵ	E	Tr	1 1
Agencies Notified Type Notification			Street A		ut 1 111	vale in	ome			OOT				10 to	
EPA DEP Amended Amendment	# 1	F		ate, Zip Co			-	100	-	OCT	4 :	40]C		1	j.
Emergency ( justification)		T	Name o	te NJ 0	0000				AJe	ephone i	Nûmbe	FR(	)L &	4	_
DCA Cancellation			Phil	LITY INFO	DRMATI	ION									
Name of Facility Where Abatement is Taking Phillipe Desplat Private Home	Place (3	3)	17101	CITT HELV	Jittirei	1014	Туре	of Facility	(4)						
Street Address								School (K- Subchapte Other (i.e.	r 8 (Oth	er than K	(-12)	nildi	nae k	ome	2
City (5)								etc.) re Feet		f Floors	i Glai D		dg. Ag		-
Holgate NJ 08008							100	0+	2				.9.7.9		
County (6) Ocean				Code (7) USE ONLY)			Curre Hou	nt Use (Pr se	ior if bei	ing demo	lished	)			
Name of Monitoring Firm Hired by Building C	wner (8)	)	ASCN	I No.		1,600,000,000,000		tement Co	ntractor	(9)					-
Street Address				7)			Addres							illus,	_
City, State, Zip Code							Box 3				-				_
Oity, State, Zip Code						C. 10 April 200 C. 1		ip Code in NJ 08	091						
Project Manager for Monitoring Firm			Telepho	ne No.		1000	753-9			License 00727					
Start Date (10) 10/1/19	Schedule 10/8/19		npletion I	Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	ss							-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem y Hours	nent			City, S	tate, Zi	p Code				3.0951			-
Scope of Work (Check All That Apply)											-				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure	.3					
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City, State Elm NJ					10/8/			10000		A 19067	7				

Print Form

Hauler ID No.

17040

Title

President

of Waste 1.5

Disposal Date

10/21/19

Signature

Tri - State

Bronx, NY, 10474

Date

9/30/2019

City, State

Constantine Vivian

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Completed By (Print or Type)

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3 Kenneth Rd

AZTECH MANAGEMENT, INC.

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

OCT - 4 2019

OCT - 4 2019 Name of Building Owner / Operator (2) Date of Notification (1) Parkview at Collingswood Urban Renewal Owner LLC 10/1/2019 Agencies Notified ASBESTOS CONTROL & Type Notification Street Address LICENSING **EPA**  $\boxtimes$ 160 Clubhouse Road City, State & Zip Code DEP Initial Ø 図 DOL Amended (end date) King of Prussia, PA 19406 Name of Contact Telephone Number DOH Emergency Cancellation 856-854-5906 DCA Jackie DeRita FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Morgan Properties/Parkview at Collingswood-\*Building D\* School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 700 W. Browning Road # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) 211,000 10 70 Camden Current Use (Prior if being demolished) Collingswood Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Resource Management Group, LLC. Health & Safety Services Street Address Street Address 2115 Hamilton Avenue, Suite 202 P.O. Box 365 City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Berlin, NJ 08009 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 01185 609-914-4279 856-839-2432 Jim Proctor Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) J&S Environmental Laboratories, Inc. 10/17/2019 9/26/2019 Occupancy Status During Abatement (Check only one) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code X Abatement Performed Outside of Normal Hours - 7am to 6pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 If Demolition Glove Bag Procedures ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Location of Is Location Normally Used Asbestos-Containing (Specify Asbestos-Containing SF or LF) Material (ACM) Material (ACM) Solely by Encapsulate Enclosure Removal Repair Maintenance or (i.e., thermal systems TO BE ABATED in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 750 SF Pipe Insulation Building D-Storage Room NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. Grows Landfill 0035218 TBD Resource Management Group, LLC. Disposal Date City, State City. State Morrisville, PA Trenton, NJ 08619 TBD-Date Completed By (Print or Type) Title Signature President 10/1/2019 **Brian Haney** 

### Inv 14947 Ch 3000

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

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P.O. Box 365							2115 Hamil		Avenue,	Suite	202					
City, State & Zip Co	ode						City, State &									
Berlin, NJ 08009							Trenton, N.	J 08	3619							
Project Manager for	Monitoring F	irm	Telep			ber	Telephone N		per		License 1					
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Brian Haney				Pr	esid	ent	11091		1 1/1 M h			10	/1/2	101	9	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT	Check # 25980
(Pursuant to NJAC 8:60 and 12:120)	FOR

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Name of Facility Where Abatement is Taking Residential	Place (3	)					_	f Facility (4							
Street Address							□ S ⊠	chool (K-12 ubchapter 8 ther (i.e. pr tc.)	(Othe				ings,	home	s,
City (5) Princeton, NJ 08540							Square 350	Feet	# of	Floors 2		1	dg. A		
County (6)			County C	Code (7)	,		( , , , , , , , , , , , , , , , , , , ,	t Use (Prior	r if beir		olishe	ed)			_
Mercer  Name of Monitoring Firm Hired by Building C	wner (8)		ASCM		, <u> </u>	Name	of Abate	ement Cont	ractor	(9)					
MECS						Steve	ens Er	vironmer			es, Ir	ic.			_
Street Address PO Box 341							Address 30x 32	70							
City, State, Zip Code Crosswicks, NJ 08515							tate, Zip town,	Code NJ 0850	1						
Project Manager for Monitoring Firm Bill Weisgarber			Telephor 609 29				one No 259-96			Licens 0049		*:			
Start Date (10) 9/26/2019	Schedule		npletion [ 0/2019			Name MEC		A Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)					Address 3ox 34								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 8 am 4 pm						City, S	tate, Zip		515						
Scope of Work (Check All That Apply)						Once	Storilor	u, 140 000							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	100			×	Mini Glov	Containme -Enclosure rebag Proce -Exempted	edure	357				4	
	Is	Locat	ion				1100		( )		1100		Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (12)	Use Ma	Normal ed Sole intena todial ( (12)	ly by nce/		tos Conta	systems	Material of sinsulat T, or		(S	mount specify or LF)		Removal	Ty Repair	e Encapsulate	-
(13)	Yes	No	N/A		other m	nscenar	ieous)					/al	Ŧ	ılate	
Basement Lower Level			X		9	VAT			5	70 sf		Х			
Name of Registered Waste Hauler Stevens Environmental Services		100.750	JDEP W lauler ID 18292	No.	Cubic \ of Was			Name of F			ndfill				
City, State Allentown, NJ	ty, State						19	City, State Morrisvi		A					
Completed by Wahlon E. Stevens	Title		anager			ignature		47	7	31 WV	Dat		2019		

Thy 1	1496	3	OTII	FICA (P <sub>u</sub>	TION	of ASB	ES	rsey TOS ABAT 50 and 5:16	EMENŢ	DECI		$\mathbb{V}$	E	
Date of Notification (1)	<i>*</i>			- 6	Name o	of Building	Own	er/Operator (2	2)	OCT	- 4 2	019	-	1
	27 / _	19				-			70	zman Developr				Secretary .
Agencies Notified	Type Notificat	ion				Address				ASBESTO	S CON	TRO	L &	Name and Address of the Owner, where
☐ EPA	☐ Initial				832	Germant	own	Pike, Suite	5		ENSIN		nacional sales	minaster)
☑ DOH	Amended  Amendmen	nt #01			City, St	ate, Zip Co	ode			#8				
DCA	☐ Emergency	-	100					g, PA 19462	2					
(NJAC 5:23-8)	justification	n)				of Contact m Roizma				Telephone Num 610 453-260				
	Caricellatio	)II				ILITY INF		MATION		010 400 200				-
Name of Facility Where A	hatement is Ta	kina F	Place	(3)	TAC	ILII I IIVI	OIX	MATION	Type of Facility	(4)				
Riverside Terrace (		7.11			dinas				☐ School (K-12					
Street Address	Bulluling 1 ti	iiu z.	7) (	buil	unigo				Subchapter 8	Other than K-12	)			
29 Harris Place									Other (i.e., polymers, etc.)	rivate and comme	rcial bu	ilding	S,	
(100 m) (100 m) (100 m) (100 m) (100 m)				-					Square Feet	# of Floors	Blo	lg. Ag	ie	
City (5) Paterson									20K Per Bld		99	60 +	, -	
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)  Passaic Former Apartment Bldg.														
Passaic								*	Former Apa	rtment Bldg.				
Name of Monitoring Firm	Hired by Buildi	ng Ow	ner (	3)	ASCM N	No.	Nan	ne of Abateme	ent Contractor (9)	)\				
I SANDA TAKA SANDA SANDA SANDA SANDA SANDA SANDA SA							N	euber Envir	onmental Sen	rices, Inc.				
Atlas Environmental Neuber Environmental Services, Inc.  Street Address Street Address														
PO Box 11645							1	100 Grosser	Road					
City, State, Zip Code							City	, State, Zip Co	ode					
Philadelphia, PA							G	ilbertsville,	PA 19525					
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Tele	ephone No.		License No.				
Jason Dua				26	67 784-	4693	6	10 933-4332		00836				
Start Date (10)		chedul	led Co	omple	tion Dat	e (11)	i conservation	ne of OSHA M						
9 / 23 /		_12	_ /	_31	_ / _	19	N	euber Envir	onmental Serv	vices				
Occupancy Status During	g Abatement (C	heck	only o	ne)	HV.			et Address	tottatur oru-enn					
☐ Facility Closed/Vacate	기업하다 하는 이번 회사에서 요구하는 사람이 없었다.					.,		100 Grossei						
Abatement Performed Time of Abatement: 7		rmal F	acility	Hou	rs - Desc	cribe		, State, Zip Co						
	To diale Section in						G	ilbertsville,	PA 19525					
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ll that apply)		☐ Re ☑ De	novat moliti				☐ Mini-End	g Procedure	gative Pressure on-Friable Procedu	ıre			
			553	Loca							Ab	atem	ent Ty	уре
Location				lorma d Sol	illy ely by	Aabaa		Description of Containing Ma		Amount	Re	Re	En	m
Asbestos-Containing TO BE ABA		)	Ma	intena	ance/			rmal systems		(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil			Cust	odial (12)	Staff?			urfacing, VAT ner miscellane		SF or LF)	/al		sula	ure
(13)		-	Yes	No	N/A		otr	ner miscellane	ous)				te	
Windows						Exterior	· Wii	ndow Caulk		560				
Basements						Floor Ti	le &	Mastic		20,000 SF				
Entry Roof Overhangs														
See Attached Spread	dsheet				$\boxtimes$	See Atta	ache	ed Spreadsh	neet	See Attached				
Name of Registered Was	ste Hauler			100	NJDEP V	0.000		oic Yards of	Name of Regi					
Service Transport	Group			ŀ	1auler IE 20990			00	Minerva L	andfill	- =			
City, State			11111					posal Date	City, State	01.1				
New Castle, DE							0	ct-Dec 2019	Waynesbu	irg, Uhio				
Completed By (Print or T	Гуре)	Title						Signature	1		ate			
Pat Larney		Pre	oject	Mar	ager			Non	T Ch	~ 1	9	7-	19	

45002	Inv149	5/0		CATION	tate of New NOF ASBE to NJAC 8	STOS A	BATEMEN	Т .	DEG	E		$\mathbb{V}$	E.	
Date of Notification (1)	0/20/10		-	Name o	of Building O	wner/Op	perator (2)	KCLATCE	DI-FSE	DAG	36 E	2010	c/c	1
0	9109/19				VPORT U	12BA	N ROM	SWAL !	PESCRI'	477	DN	UIS	2.	SEL!
Agencies Notified	Type Notification			Street A		:15 1	10011	10	/ GANES	200	1400		-	Marine Mill
EPA DEP	Initial Amended		1	City Sta	ate Zin Code	0			A. PASSES	IUS ICEN	SING	a a	L či	
DOL	Amendment #			NEU	U YORK	2.1	VY, 10	1021		in the second		ALC WAS THE		
DOH DOH	Emergency (in justification)	ncluding		Name o	f Contact				Telephone					
DCA	Cancellation			- N. E. W. S. W. S.	4 1261	200			201-	80	0 -	12	67	
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INFOR	RMATIC		e of Facility	(4)					
OCEANPORT				1175			,,,,	School (K-						
Street Address	1		100 100 C					Subchapte	er 8 (Other than					
274 CAST MA	YN ST.						Te	other (i.e. etc.)	private & comn	nercia	al build	dings,	home	es,
City (5)  OCEANPO	RT			0	775	7	10,	are Feet	5			ldg. A	lge g	>
County (6)	174				Code (7) USE ONLY)				rior if being dem	nolish	ed)			
Name of Monitoring Firm		wner (8)	)	ASCN	VI No.			patement Co						
	, , , ,							CIAX	, , ,					
Street Address							Street Addr	ess V/XL	5					
City, State, Zip Code							01.	7: 0 1					,	
, , , , , , , , , , , , , , , , , , , ,							PATE	ERSON	1 NJ	0	775	501	/	
Project Manager for Mon	itoring Firm			Telepho	ne No.				Licen					
Start Date (10)	19	Schedul	ed Cor	mpletion	Date (11)			SHA Monitor						
Occupancy Status During	g Abatement (Check	Only O	ne)				Street Addr		57					
	ated During Entire Po ed Outside of Norma					- 1	City State	4/2/A						
Other – Describe:	2001-1KG	WOR	2/2			_	PATE	RSON	CNJ,	0	257	0/		
Scope of Work (Check A	II That Apply)	^												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				H	ini-Enclosu Blovebag Pro	ocedure					
		Ι					EZI N	ion-Exempte	ed (*) and Non-l	Friabl	e Pro	2000	ement	+
Location	of	10.00	s Locat Norma			Door	cription of						/ре	
Asbestos-Containing	Material (ACM)		ed Sole			s Conta	ining Mater		Amount				ш	
TO BE ABA			todial		(i.e. th		systems insung, VAT, or		(Specify SF or LF)	į.	Remova	Repair	Encapsulate	Enclosure
(13)			(12)				iscellaneous				oval	bair	sula	sure
		Yes	No	N/A					A ARTES AND A STATE OF THE STAT			-	te	
2700.	57		V		1	200	FING		2700 5	1	1			
ROOFING					F	ZAS	FING HING	2						
Name of Registered Was	te Hauler			NJDEP W	Vaete	Cubic Y	(ards	None -	f Registered La	ndell				
ARIAI		Eleve	11 1	Hauler ID	No.	of Wast	e		Registered La	nanıı				
City State PATCASON				NO DE		Disposa	al Date		ite QRISVI	1/1	10	3	DA	
Completed by	, 1	Title					gnature /	111	JN-11	Dat	te	11	27	/
Completed by	1661		CE	0			S	1/1.		J	09	9/0	9/	19
<u></u>							1820	the first of			-			

T - 11 10 =				0.2				9			وننسا	-	-
140000	))	NO	(Pu	ATION	e of New Jerse DF ASBESTOS NJAC 8:60 an	ABATEN	MENT		ECE		E	T	A STATE OF THE PERSON NAMED IN
Date of Notification (1)	101/19	<i>'</i>		Name of I	Building Owner/	Operator 0 AD	(2)	iew	SEP_1	201	9		1
Agencies Notified T	ype Notification		5	Street Ad	dress	,	540		1				
□ EPA Ū	nitial		L		D BL	DOM	チアじ	25	ASSESTOS C	ONTR BAK	OL &		1
DEP	Amended Amendment #		1	Jity, State	e, Zip Code LAKE	<	NO	1 0	7046		ONIGERATOR.	Minutes Species	
	Emergency (inc	luding	-  -	Vame of	Contact				Telephone Nur	nber	1 -		-
DOH DCA	justification) Cancellation		Ι.	MA	ATT PE	W75	1		9+3-6	14-	46	69	
		1 (0)			ITY INFORMAT			f Facility /A					
Name of Facility Where Aba		47	1	DI	zez			f Facility (4					
Street Address	FTM SCIX &	2-4	1 /	J	202		T S	chool (K-12 ubchapter i	8 (Other than K-12	2)	2000 ton 10		
201 TABUR 1	RD.,						\$10°	ther (i.e. pr :c.)	rivate & commerci	al buildi	ings, i	nomes	3,
City (5)							Square		# of Floors	Blo	dg. Ad	s-A	21
County (6)	- KATING		1	County C	ode (7)		Curren	t.Use (Prio	or if being demolish	ned)	سراحا	-	2
HORLI	5				SE ONLY)		VA	ICAN	PST	•			
Name of Monitoring Firm H	lired by Building Ow	/ner (8)		ASCM	No.	Name	of Abate	ement Con	tractor (9)				
Street Address P. O. 30	v 20	ē.					Address	s KL S	and the second				
			26	1		- 1 7				n st			$\dashv$
BERLIN		800				247	ERSI	DAI, A	VI 0750	4/			
Project Manager for Monito	oring Firm			Telephor	ne No. 452-1311	Telep	hone No	9650	License N	10.			
Start Date (10)	S		Con	npletion [	Date (11)	Name	of OSH	A Monitor,					
OG/O/// G Occupancy Status During	Abstament (Check )	03/	- / //	120			D/2AI		JEV		-		-
							0.000	ILL .	57.				
Facility Closed/Vacate Abatement Performed Other – Describe:						City	State 7in	n Code		70/			
Scope of Work (Check All	That Apply)					PH	160	3011/	NJ.073	vi			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	mat Appry)		enova				Min Glo	i-Enclosure vebag Prod	cedure				
				•		E	M Nor	n-Exempted	d (*) and Non-Fria		75555 65	ement	
Location	of	100,000	Locat orma			Descriptio	n of				Ту	ре	
Asbestos-Containing N	Material (ACM)	100,000,000	d Sole	ely by ince/	Asbestos Co	ontaining	Material		Amount	77		m	ш
TO BE ABA		2382.00	odial	Staff?	(i.e. therm	nai systen facing, V		ition,	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)			(12)		othe	r miscella	aneous)			oval	air	Encapsulate	sure
0 10000	0	Yes	No	N/A	1	4-7			39,100 SA	= 1/		"	
BUILDING	<i>1</i> 77		1	+					18 1000 31	= 1000	-	-	
FIRST FZ			-	+	TAR PA	= PRO		Ge	10012	1	-		-
SECUMD FO				-		E 700	1.00		4/1	111	-		
Name of Registered Wast			Ti	JDEP V	1800 YOUR SHOW	oic Yards			Registered Landf	ill		1	
ARIAi	e riumut:		1	Hauler ID	No. of V	Vaste 7 3	_						
City, State PATERSON,	N.7.07	501			Dis	posal Dat		City, Sta	te			61	
Completed by	19 W 1 - 1 - 1 - 1	Title				Signatu		11/1	1	Date () 4/	100	1.	12
GORAN 1	GET		0	E0			SAU.		d	19/6	07)	11;	7

(B)	^		101							
W-14491	TUN-140		ate of New Jerse		To play the	MEGI	EI	W	E	T
(137,136)	MAY NO	(Pursuant	to NJAC 8:60 an	d 12:120)	1 Parliament	K	<u> </u>	U	5	-
Date of Notification (1)	7		f Building Owner/O		HNSON	JU SEP	10	2019	ALC STREET, ST.	
	Notification	Street A	ddress TOHNSON	PIA	ZA	ASBESTOS	S CON	VTRO	8	
DEP	nitial Amended Amendment #	City, Sta	ate, Zip Code  U BRUNS			08901	NSIN	G		Diebasi
DOH DOH	Emergency (including ustification)	Name o	f Contact	5 06	6	Telephone Nun	nber	0/	7) -0	
	Cancellation		ATT PE,		1	75252	40	140	10	
Name of Facility Where Abatem	ent is Taking Place (3)	PF1.50	R	Г	Type of Facility (4  School (K-1)					
Street Address 201 TABOR R			<del></del>	Ī	Subchapter	8 (Other than K-12 rivate & commercia		dings,	home	s,
City (5)					etc.) Square Feet	# of Floors		ldg. A		_
NORRIS PLAN County (6)	NS	County	Code (7)		80,000 Current Use (Pric	or if being demolish		50	5	
Name of Monitoring Firm Hired	by Building Owner (8)		USE ONLY)		VACAN	7				
4.35	by Building Owner (6)	ASCI	VI INO.		f Abatement Con AR i A i	tractor (9)	See ( = 2 cm 10 = 2	5-1-L-3		
Street Address P. O. BOX	365			Street A	ddress MIXX 57	ergen.				
City, State, Zip Code	J 08009			City, Sta	ite, Zip Code	NJ. 045	501			
Project Manager for Monitoring	Firm	Telepho	one No. 452/3//	Telepho	ne No.	License N	0. ,			
Start Date (10)	Scheduled	Completion	Carried State of the Control of the	Name of	f OSHA Monitor	1 -	7			_
ONGOING Occupancy Status During Abate	ement (Check Only One)			Street A		GEV				_
Facility Closed/Vacated Do Abatement Performed Out	uring Entire Period of Aba	atement		144 City Sta	MILL ate Zin Code	510				
Other – Describe:			x	PAT	EPSON !	NJ O	NI	7		
Scope of Work (Check All That  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Rer	novation molition			Mini-Enclosure Glovebag Prod				2	
Location of	No	ocation rmally	De	escription o				Abate Ty	ment	
Asbestos-Containing Mater TO BE ABATED In Facility (13)	Maint Custod	Solely by enance/ lial Staff? 12)	Asbestos Con (i.e. therma surfa	taining Ma	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	
	Yes	No N/A					_		ate	
BUILDING	3	6		770		SURVEY	100			
FLOOR 1			VT	-HC/1	NG DCA	HI / HILMED	2			
PLOOR 11		1,11,12,11	731	4						
Name of Registered Waste Had	ner	NJDEP V Hauler ID	No. of Wa	Yards aste 32		Registered Landfill RんどろS				
City, State PATCH250N	N/J			sal Date	City, State		. شي	P	4	
Completed by GORAN 190		160		Signature	111.	Da		In	./1	1
GURHAY 146		- 60		- 5	41	6	191	01	11)	1

or Find			$\wedge$ $\cup$		· · · · · · · · · · · · · · · · · · ·		i	بوشورانشنيه	ياد استانتان	-
Inv-14952	NOT	IFICATION C	of New Jersey OF ASBESTOS NJAC 8:60 and	ABATEI	WENT	DECE		7 匠	The same of the sa	Contract and the Contract of t
Date of Notification (1) 9/01/19		Name of B	Building Owner/C	Operator 9⊅	O CUNE	SEP/L	(8 <b>C</b> 201)	)	The second	And the Party of t
Agencies Notified Type Notification		Street Add	iress		1				diament of the same of the sam	1000
EPA Initial		City State	, Zip Code	LOR	NFICZ	ASSESTION LICEN	CONTRA	)[ &	3	+
DEP Amended Amendment #		Al C	LAKE	S	NJ	07006	OINO	h-mustop	noneu-ago, Lo	J
DOH justification)  DCA Cancellation	cluding	Nama of C		37/7/12	7/	Telephone Nur 943.649		69	2	
land land			TY INFORMAT							
Name of Facility Where Abatement is Taking F	Place (3)	DP:	2010		Type of Facility	10000				
TOPNSON & JOHNSON &	SPER _	Jana	762		School (K-	er 8 (Other than K-1)	2)			
201 TABUR RD.					Other (i.e. etc.)	private & commerci	al buildin	gs, ho	mes,	
City (5) MORRI'S PLAINS			<del>#</del>		Square Feet	# of Floors $2-3$	Bldg	g. Age	S. Se	31
County (6) 110785		County Co			Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.	Name	of Abatement C					
435				Stroo	t Address					
Street Address P.O.BOX 36.	5	20			MILL .	575				
City, State, Zip Code, BCRLPN, NJ, 6		19	<del>*************************************</del>	City,	State, Zip Code	NJ 0750	7/			
Project Manager for Monitoring Firm		Telephon	e No. 52-1311	Telep	hone No. 653 965	License N	No.			
Start Date (10)	Scheduled 03/0	Completion D		Name	e of OSHA Monito					
Occupancy Status During Abatement (Check				-	t Address	CFCV				
Facility Closed/Vacated During Entire Pe				140	HILL	57				/
Abatement Performed Outside of Norma Other – Describe:	I Facility H	ours		City,	State, Zip Code	NJ.073	T/			
Scope of Work (Check All That Apply)				1/1/						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			Mini-Enclos Glovebag P	rocedure				
	T				M Non-Exemp	ted (*) and Non-Fria		edure Abater		
_	1000	ocation rmally	-	escription	e			Тур	7.55777	
Location of Asbestos-Containing Material (ACM)	Used	Solely by tenance/	Asbestos Co	ntaining	Material (ACM)	Amount	70		m	ш
TO BE ABATED In Facility	Custo	dial Staff?	` sur	facing, \		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)	othe	r miscell	aneous)		val	₩.	ulate	ure
BUILDING D	Yes	No N/A	V	47		26,000 St	= 1/			
FIRST & SECOND			TAR PA	4000		6,000 SF				
FLOOR					AING	100 LF	ip			
- Note					0025	4	in			
Name of Registered Waste Hauler		NJDEP W Hauler ID 3603	Vaste Cub No. of V	vaste	Name	of Registered Land	fill			
City, State PATERSON, NJ, 07.	501	1000	Dis	oosal Da	ate City, S	State		Allers &		
Completed by GORAN IGEN	Title			Signat	Add	1	Date ,	( )	1.	0
100000		CEO		-	SA 1		04/1	1/1	112	7

CK5005	Invite	60°		TION C suant to		and 12:120		The second secon	EGE		7 [5		The state of the s
Date of Notification (1)	9/01/19	100	Na	me of E	Building Own	P.O.A	(2) D	oalh	ERSEP L	120	19	Eno Laws	
Agencies Notified	Type Notification		St	reet Add	dress	i	1-50	14	DIL				COMME
☐ EPA	initial		/			LOOM	116	71	ASBESTOS C		101	ži	-
DEP	Amended Amendment #		Ci	M.T	e, Zip Code	163	N	15	07046		Augustus (State)	adam or well	- Contract
	Emergency (in		- N	ame of C	Contact				Telephone Numb	er			$\neg$
DOH DCA	justification) Cancellation		14	47	+ PO	W/3/	<i>}</i>		973 644	46,	5/9		
Name of Facility Where	Abstament is Taking	Place (3)		FACILI	ITY INFORM	MATION	Type of	Facility (4)					$\dashv$
JOHNSON & S			1	fis	7C2		☐ Sc	hool (K-12)					
Street Address	-		~				Su Otl	bchapter 8 her (i.e. pri	(Other than K-12) vate & commercial	buildir	ngs, h	omes	,
201 TABUR	RD.						etc	C.)			*1		- PE
City (5)	PLAINS	>					Square 680	000	# of Floors $2-3$	4	g. Ag	s-1	35
County (6)	Is.			ounty C	ode (7) SE ONLY) _		Current	Use (Prior	if being demolishe	d)		_	
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		of Abate	ment Contr					$\neg$
435							4R14						$\dashv$
Street Address	OX 36	5		*			t Address	XX 5.	75				
	1, NJ,		09			100	01-1- 7:-	Cada	17.0750	/			
Project Manager for Mo		-000	T	elephon	ne No.	Telep	hone No.		License No				$\neg$
JAY PR	ORTOR				152-13		653 9	165cl	12.54				_
Start Date (10)		Schedule	-	10 -	Date (11)	Name	ORAN		EV				
Occupancy Status Durin	ng Abatement (Check		- / //				t Address		£.—				
	cated During Entire P			ent		014	State, Zip	Codo	575				_
Abatement Perform Other – Describe:	med Outside of Norm	al Facility	Hours			- Oity,	TED.	SON ,	NJ.0750	9/			
Scope of Work (Check	All That Apply)					1///							
≥3 sf or ≥3 lf		□ <sub>a</sub> R	enovat	ion					ent with Negative P	ressur	е		
≥160 sf or ≥260 lf		<b>▽</b> D	emoliti	on			Comment of the Commen	-Enclosure rebag Proc					
							M Non	-Exempted	(*) and Non-Friab				
		1.00	Location	2000						1	Abate Ty	ment pe	
Location			lormall d Solel			Description		(A CNA)	Amount				
Asbestos-Containin TO BE A	O CONTRACTOR OF THE PROPERTY O	Ma	intenar	ice/		s Containing ermal syste			(Specify	Re	æ	inca	Enc
In Fac	cility	Cust	odial S (12)	tatt?		surfacing, \other miscell	/AT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13	5)	Yes	No	N/A	•	other miscen	aricous)			<u>a</u>	~	late	re
BURLDING	3 B	100	V			VAT			28,000 SF	= 1/			
FIRST & SE					TAR	PADOR	2		6400 SF	1			
FLOOR	2		.00			WF PR	2-7		120 LF	1			
					FI	REPO	OURS		ALL	1			
Name of Registered W	laste Hauler		N 00000	JDEP V	50 (2007) (000)	Cubic Yards of Waste	S	Name of	Registered Landfil		-14		
ARIA				lauler ID		TB	D						
City, State	1 117 17	501		6 0. 0	1	Disposal Da	ate	City, Stat	te				
PATERSON	1 40,07	30/				Signal		11 1		ate .	/	1	
Completed by GORAN	Proceeding	Title	13,	90		Signat	ure //			ate 14/	01	110	9
UNKHW	1 LTET		CE	= 0			116	9	10	11		' /	-

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

1) (V		NO		CATION	te of New OF ASBE o NJAC 8	STOS	ABATE			D	EC	; E		V		
Date of Notification (1) 10-03-19			114 100	Name of PSEG	Building C	wner/C	perator	(2)			00	:T -	7	201	9	L
Agencies Notified	Type Notification		37.07	Street Ad 4000 H	ldress ladley R	d.				~100000000	ASBES	TOS			IOL (	<u>Q</u>
DEP X DOL	Amended Amendment				e, Zip Coo Plainfield					avanutino estima	PARTITION OF THE PARTIT	Strikersen, er ess	ALUMAN P	- CLUMON STAN	entrance TO	anues, control
DOH DCA	Emergency justification) Cancellation	**************************************	1000	Name of Joshua	Contact Dybus					40000	ephone N 6-628-6					
_				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where PSEG Harvey Swit		g Place (3)						Тур	e of Facility (4 School (K-12 Subchapter	2)	or than K	.12)				
Street Address 121 St. Andrews B	lvd.							×	Other (i.e. pretc.)	rivate	& commer	cial bu				s,
City (5) Clifton, NJ 07012								N/A		N/			Bld N/	g. Ag Ą	е	
County (6) Passaic				County C STATE U	ode (7) ISE ONLY)	-			rent Use (Prio itching Sta		ing demol	ished)	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM N/A	No.		1160044411111160		atement Con vironmenta		(0.750.7500)	ıc.				
Street Address N/A							Street 17 O		ess ock Rd.							
City, State, Zip Code N/A									Zip Code , NY 11980	)						
Project Manager for Mon	nitoring Firm		Π.	Telephor	ne No.		Teleph 631-		No. -8111		License 01136	No.	0.000			
Start Date (10) 10-04-19		Schedule		pletion [	Date (11)				SHA Monitor vironmenta	l Ser	vices, Ir	ıc.				
Occupancy Status Durin	ng Abatement (Che						Street	Addr								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	Period of A nal Facility	batem Hours	ent			City, S	State,	Zip Code c, NY 11980	) )						
Scope of Work (Check A	All That Apply)															
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emoliti					N G	full Containme Mini-Enclosure Blovebag Prod Mon-Exempted	e cedure					•	
			Locati												ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED ility	Used Mai	ormali d Sole ntenar odial S (12)	ly by nce/		tos Con therma surfa	scription taining f I system icing, V/ miscella	Materi ns insu AT, or		(	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		500									te	(D
Switching	g Yard			X		Tra	nsite F	Pipe			40 LF	X	1	_		
Name of Registered Wa	eta Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	ifill				
Veolia ES Technica			Н	lauler ID 01699		of Wa	iste		EQ							
City, State Flanders ,NJ						Dispo TBD	sal Date	Э	City, State Michiga							
Completed by Raymond Tutiven		Title Supe	rviso	r		1	Signatur Ray	e mon	d S Tutiv	en		Date 10-0	3-1	9		

Print Form

								85							Pri	nt For
Ch 017	(019	N	IOTIFI (P	CATION	LOE ASB	w Jersey ESTOS AI 8:60 and	BATE	MEN )	т.	D	E	C	E		$\mathbb{V}_{-}$	
Date of Notification 09-18-19	my-149	06		Name o		Owner/Op	erator	(2)		-		OCT	-	7 2	019	1
Agencies Notified  X EPA	Type Notification		1.00	Street A 4000 h	ddress Hadley F	Rd.					ASB	EST	OS!	CON	TRO	. &
DEP X DOL	Amended Amendmen				ate, Zip Co Plainfie					prosessed	THE VALUE OF THE PARTY OF THE P	potent month	- Inch	- Leave White-	34 	
DOH DCA	Emergency justification)  Cancellation				f Contact Giovane	etti				01/200000	ephone 6-579-					
				FACI	LITY INFO	ORMATIO	N	_				W 5005		7.06-00		
Name of Facility Wr PSEG Clay Str	nere Abatement is Takir reet Substation	ng Place (3	)					Тур	oe of Facility (4) School (K-12							
Street Address 123 Clay St								×	Subchapter 8 Other (i.e. pri	(Othe			build	lings,	home	es,
City (5) Newark		16						Squ N/A	etc.) uare Feet A	# of N/A	Floors		343	ldg. A	ge	$\neg$
County (6) Essex					Code (7)	)		Cur	rent Use (Prior wer switchir	if beir	ng demo	olishe				
	Firm Hired by Building	Owner (8)		ASCN N/A	/ No.			of Al	patement Control	ractor	(9)	Inc.				
Street Address N/A				1		5	Street	Addr		-				35,000		
City, State, Zip Code	е			102 157 H					Zip Code k, NY, 11980	)	Cimples o					
Project Manager for N/A	Monitoring Firm			Telepho	ne No.		Teleph	none	35 35		Licens 01136					
Start Date (10) 09-23-19		Schedule		npletion	Date (11)	1	Name	of O	SHA Monitor vironmental							
Occupancy Status D	During Abatement (Che	ck Only On	e)		-		Street						-			-
Facility Closed	Vacated During Entire formed Outside of Norr	Period of A	batem	ent			17 0	ld D	ock Rd. Zip Code							
X Other – Descri	be: Normal Hours	nar a domey					270		k, NY, 11980	)						
Scope of Work (Che			enova emoliti				×	N G	full Containmer Mini-Enclosure Blovebag Proce Ion-Exempted	dure					e	
Los	cation of		Location			Donn	ription	o.f						Abate Ty		
Asbestos-Conta TO BE In	ining Material (ACM)  EABATED  Facility  (13)	Mai	d Solel ntenar odial S (12)	nce/		tos Contain thermal sy surfacin other mis	ning N ystems ng, VA	fateri s insu T, or	ulation,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Conita	hi	Yes	No	N/A		Division	4 D				0.15				te	
	hing yard			X			t Bar	300			0 If	-	2			
	hing yard			X		Trans		-			0 If	>	2			
Contr	ol House		x		Transit	te pa	nels		3	0 sf	>					
Name of Registered Veolia	Waste Hauler	H	JDEP Wauler ID		Cubic Ya of Waste 40	9		Name of Re Fairless								
City, State Finaders ,NJ						Disposal TBD	I Date		City, State Morrisvill	e, PA	1906	67				
Completed by Raymond Tutive	n	Title Super	rvisor			Sig	hature _G/h	nond	2 Tut	iii	$\sim$	Date 09-1	8-	19		

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

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		1	0 1	11	

Date of Notification (1)	10-2-1	19		Name of	f Building Owner/0	Operator (2)	11	一个框,	(Cont		W	E
Agencies Notified	Type Notification	1		Street A	ddress		Mayk	914-71	TTE	Re	1	- 1
□ EPA	✓ Initial							8	H.T	4	ma	Craffee shift and
DEP DOL	☐ Amended Amendment	#		City, Sta	ite, Zip Code	أمما	11-	7/ 07/	100			back wholes
⊅ DOH	·□ Emergency (i justification)		-	Vame of	f Contact	enel	190	Telephone:	1	CON	TRO	)L &
□ DCA	☐ Cancellation	10°			VRa (	1 1	ord	-				-
Name of Facility Where A	Abatement is Taking	Place (3)		FACI	LITY INFORMATI		pe of Facility (	(4)				
Single	famil	4	Dr	10 (l	ing							
Street Address		•			ر		Other (i.e.	r 8 (Other than K private & comme		dings,	home	es,
City (5)	ŝ	. 15		0	Water I	Sc	etc.) juare Feet	# of Floors	B	ldg. A	ge	
	enel	NJ	(		001			12		80	t-	
County (6) Midd	lesex				Code (7) USE ONLY)	Cı	ırrent Use (Pri	or if being demo	lished)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	1 No.	Name of A	Abatement Cor	ntractor (9)	000		In	. 8
Street Address	200 2	17	9	L	20 Bens	Street Add	iress	-	Jie	60 g	<i>30</i> € (	-
City, State, Zip Code	Jok J.		ma	00	699	City, State	, Zip Code		FA	n e	5 5	9
Project Manager for More	idrido Firm	NJ	) (	elephor	DO DO DE NO.	Telephone	DE SY	License	No.	0	00	3
Steve S	chenked		6	909	758-3365		58-336	500	0	59	4	
Start Date (10)	*	Schedule		pletion I			OSHA Monitor	hnologie	- T			
Occupancy Status During		Only One		0	11	Street Add		i mosogie	2 -	Λζ		
Facility Closed/Vaca				ent		P-C	) Box	337				
Abatement Performed Other – Describe:	ed Outside of Norma	ai Facility	Hours				Egypt	AIT	08	53	7	
Scope of Work (Check A	ll That Apply)						-Jypi	700	QU.	ر_ر		
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if			enovat				Full Containm Mini-Enclosure	ent with Negativ	e Pressu	re		
2100 \$1 01 2200 11	ā.	ט ט	emoliti	JII			Glovebag Pro	cedure	iabla Dra		_	
		le	Locatio	no.			Non-Exemple	d (*) and Non-Fr	lable Pic	Abate	ement	
Location	of	N	ormali Solel	Y		scription of			-	Ту	pe	
Asbestos-Containing TO BE ABA		Mai	ntenan	ce/	Asbestos Con (i.e. thermal			Amount (Specify	Re	70	Enc	En
In Facili		Cust	odial S (12)	тап?	surfa	cing, VAT, o	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A					<u>a</u>	-	ate	re
Basemen	+	X			Pipe I	nsula	h'as	100 L	=   X			
0.000					1.6							
	t											
Name of Registered Was			7777	JDEP W auler ID		Yards ste		Registered Land		,	- (	λ:Λ
EPC lec City, State	hnologies	§		170		sal Dațe	City, Sta	te Manag	ener	to	FY	14
	tous	NJ	4		10	16/19		usville	PA			
Completed by	716	Title	0	+		Signature	350		Date	1,/	19	
Steve Sche	U LIER	Mike	Sid	int	1 .	Mezo	a) with	sky	101	4	7	

Inv#	49	33													Pr	int F
CKRANO PA		NOTIF	ICATION	ate of Nev OF ASBE to NJAC 8	ESTOS	ABATE	MENT 0)	Children in the Children	$\overline{n}$	E	C	E		$\mathbb{V}$	E	
Date of Notification (1) 09/27/2019	- Company			f Building ( gtop Con				ion			00	Ï	4 %	2019	1,000	
Agencies Notified  Type Notification  Type Notification  Initial Initi				ddress lorris Ave				The state of the s	tred tree	AS	aco	FOS	COUR	TRO	-8	- STATE OF THE STA
X DOL Amendment :		[	Spring	field, NJ		1		L	or not be the owned to		L	ICE:	NSIN	<u>G</u>		
DCA justification justification			Peter	5049/50/75/33							ephon 3-418					
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFO	RMAT	ION	Type o	f Facilit	y (4)							
Apartment Building B Street Address 445 Morris Avenue							SI X O	chool (Fubchap ther (i.e c.)	ter 8	(Otherate &	k com	merci		dings,	hom	es,
City (5) Springfield							Square N/A	Feet		# of N/A	Floor	S		Bldg. A	ige	
County (6) Union				Code (7) USE ONLY)			Curren Privat				ng der	nolisl	hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	)	ASCN	No.		200 A CALCADOM	of Abate				(9)					
Street Address							Address		enu/	е						
City, State, Zip Code			-			City, S	State, Zip wa, NJ	Code								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No. 345-86				Licer 013	nse N	lo.			
	Schedul 10/08/		npletion	Date (11)		11/2/11/11/11	of OSHA		500							
Occupancy Status During Abatement (Check	Only Or	ne)					Address									
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Norma Other – Describe: Occupied	eriod of a al Facility	Abaten y Hours	nent			City, S	osengr State, Zip wa, NJ	Code		e 	-					
Scope of Work (Check All That Apply)						1010	wa, No	0731								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	Contain Enclosi ebag P Exemp	ure roced	lure					e	
	8.0	Locati							T				T	Abate	ement pe	ŧ
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbesto		scription taining M	of Material (A	ACM)		Ar	nount			.,		
TO BE ABATED In Facility (13)	Cus	todial (12)	Staff?	(i.e. t	surfa	systems cing, VA niscellar		on,			pecify or LF		Removal	Repair	Encapsulate	Enclosure
Building B Room 8 (Boiler Room)	Yes	No X	N/A		Dino	Insula	tion		+	20	0 LF		v		CD.	
Building B Room 8 (Boiler Room)	-	X	-			r Insula			+		0 SF	:	X		X	
2					Dollo	nioule				52	.0 01				^	
Name of Registered Waste Hauler		10.0	IJDEP W	270.00		Yards		Name (	of Re	gister	red La	ndfill	_			
D&S Abatement, Inc.			lauler ID 0996	No.	of Was	ste		Fairle	ss L	and	fill					
City, State Totowa, NJ					Dispos	sal Date		City, St		, D/	`					
Completed by	Title					Signature	/1	Morris	ville	, r <sub>F</sub>	`	Da	te			
Oliver Hegedis		oct Ma	anager				1/_		-			0.000000	14971	2010		

State of New Jersey

×9487	- PAID	)	NC				SBESTOS AB 8:60-7 and 12:			2 P		heck	7	87	
Date of Notification (1 9/2	) 7/19				g Owner		rator (2)			, <u>E</u>	U W E	3	#94	07	
Agencies Notified	Type of Notificat			ddress	ordorre	-				C-F-F-F					
[] EPA	[X] Initial								()		4 2019	1	1		
[] DEP	Notification		4. 04	1- 7:-	2-1-							i i			
[X] DOL	[] Emergency [] Amended Notification			ate, Zip Orang	e, NJ (	070	17			STOS (	CONTROL SING	 &			
[] DCA	[] Cancellation			f Contact					Telephon	e Numb	per	distance on the last	-		
				220000000000		IM V	FORMATION								1000
Name of Facility When	re Abatement is Tal	king Plac	ce (3)		ACILIT	1 111	FORWATION	Type	of Facility (4)			-	_		
Residence			, o (o)					l ypc	School (K-12) Subchapter 8 (C	)thar th	on V 12\				
Street Address					- <del> </del>			5	x] Other (i.e. priva	te and	commercial	buildir	ngs,		
									homes, etc.)						
City (E)		Country	(0)							Floors	5/2000	g. Age	9		
City (5) East Orange		County					Code (7) USE ONLY)	200	00   2 ent Use (Prior if beir	n demo	// ~70	)			
								resid	lence	g defile	nisricu)				
Name of Monitoring F	ırm Hıred by Buildir	ng Owne		SCM N 000	0.	N	ame of Abateme			-1.0		_			
Street Address			10	100		0	treet Address	upite	r Environment	al Ser	vices, in	С.	_		
otieet Address						3		23 C	hanaahridaa E	ood	Suita 10	2			
City, State, Zip Code						C	ity, State, Zip Co		hangebridge F	oau,	Suite 10	J	-		
									Brook, NJ 070	58					
Project Manager for M	Ionitoring Firm	Telep	hone	Number		Te	elephone Numb	er	575-8700		License N		085	52	
Scheduled Start Date 10/7/1	50 TO 18	d. Compl	etion 15/1		)	N	ame of OSHA M	onitor		abora	atories, L				
Occupancy Status Du					į.	S	treet Address								_
	ed/Vacated During erformed Outside of						2	333 I	Route 22 West						
Desc	ribe:		, doin	ty i louic		C	ity, State, Zip Co		11107000						
[] Other – Desc	ribe: partially vacat	ed					Į.	Jnior	n, NJ 07083						
Scope of Work (Check	( all that apply)					-					. 10 0				
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥2				[]	Renova	ition			[] Full Containr [x] Mini – Enclo [] Glovebag Pro [x] Non – Friabl	sure ocedure	9	Press	ure		
		200000	Locat				Danasi						ater	men	t
Locatio	n of		nally l lolely l				Descri Asbestos -				Amount	R	pe R	Е	E
Asbestos – C	•	Maint	enand	e/Cus			Materia	I (ACN	A)		(Specify	E	E	N	N
Material ( TO BE AB		todia	al Staf	1 (12)			(i.e., therm insulation, su				SF or LF)	M	P	C	C
In Faci	ility						or other mis					V	1	P	O
(13)	15	Yes	No	N/A								A	R	S	S
												-		U	U
basement				х	Pipe in	nsula	ation			80	) LF	×			
New 75		1	0.55				,	1							
Name of Registered V Jupiter Environn		S Ha	DEP V uler ID 04782		100000	ubic Y f Was	Yards ste 5		ne of Registered Lar iance Landfill	natill					
City, State				<u> </u>	Dis	spos	al Date	City	, State						
Pine Brook, NJ					10	0/21	1/19	100000000000000000000000000000000000000	ylor, PA						
Completed By (Print o	r Type)	Title Gen	eral	Mana	ger		Signature	1	1		Date 9/27/1	9			
			30.				1	٤	and the second s	2					

ASB-411

Note: In addition to TSI, some 900 SF of exterior siding is scheduled for removal as well.

Amended	. А ни	NOTI	FICATIO	New Y State of New Jers DN OF ASBESTO	ey S ARATI	FRAFAIT	New Check 2612				Pri
Date of Notification (1) 9/13/19	All	<u>)</u> (	Name	of Building Owner mas Cassidy F	nd 12:12 /Operato	20) ···				W	E
Agencies Notified  Type Notification  Type Notification  Type Notification  Amended Amendment	. ,		Street City, S	Address State, Zip Code	+4	nome		CT .	1 20	)19	
□ DOH □ Emergence □ justification □ Cancellatio	y (includin n)	g		egat Light NJ ( of Contact	08006	-	ASBE:	STOS O	ONT	BOL	2
Name of Facility William Al. (			FAC	CILITY INFORMAT	NON		<u> </u>				
Name of Facility Where Abatement is Tak Thomas Cassidy Private Hom	ing Place	(3)				Type of Facilit	y (4)				-
Street Address  City (5)						School (I Subchape Other (i.e etc.)	(-12) ter 8 (Other than private & com	n IK-12) mercial b	uilding	ıs, ho	mes
Barnegat Light NJ 08006				91199		Square Feet	# of Floor	s	Bldg.	Age	
County (6)	- 1944					1000+	2		50+		
Ocean  Name of Monitoring Firm Hired by Building	Owner /2		(STATE	Code (7) USE ONLY)		House	Prior if being der	nolished)			
N/A	Owner (8	)	ASC	M No.	Name	of Abatement C	ontractor (9)		-		- 7.1
Street Address					-	naco Inc.					
					1 - 1 - 1	Address Box 329		+*			
City, State, Zip Code			-								
						tate, Zip Code it Berlin NJ 08	2004				
Project Manager for Monitoring Firm		T	Telepho	ne No.		ione No.					
		- 1				753-9800	007:	se No.		22.5	
Start Date (10) 9/26/19	10/4/1	9	npletion	Date (11)	I 1000	of OSHA Monito	110000000000000000000000000000000000000				
Occupancy Status During Abatement (Chec	ck Only O	ne)				Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of and Period of the Pe	Abaten / Hours	nent			tate, Zip Code					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			_ X	Mini-Enclosus Glovebag Pro	ocedure				
						Mon-E-yemnic		riable Pr	0.00		
	In	Locali	on	110		- (NOII-EXCITIPATE	ed (*) and Non-F		Ahal	emen ype	t
Location of		Locati		100.00			ed (*) and Non-F				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	lormall d Solel intenar odial S	y y by ice/	Asbestos Conta (i.e. thermal surfac	scription aining Ma systems sing, VAT	of aterial (ACM) insulation,	Amount (Specify		T.	T	100
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	lormall d Solel intenar	y y by ice/	Asbestos Conta (i.e. thermal surfac	scription	of aterial (ACM) insulation,	Amount	Removal		Encapsulate	a incoration
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Use Ma Cusi	lormall d Solel intenant odial S (12)	y y by ice/ taff?	Asbestos Contr (i.e. thermal surfac other m	scription aining Ma systems ling, VAT iiscellane	of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	Removal	T.	T	ri cioconi a
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cusi	lormall d Solel intenant odial S (12)	y by nce/ taff?	Asbestos Conta (i.e. thermal surfac other m	scription aining Ma systems sing, VAT	of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	Removal	T.	T	clicicodia
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding	Use Ma Cusi	lormall d Solel intenant odial S (12)	y by ice/ taff?	Asbestos Contr (i.e. thermal surfac other m	scription aining Ma systems ling, VAT iiscellane	of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	Removal	T.	T	000000
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Through - OCT	Use Ma Cusi	Normall d Solel intenan odial S (12)	y y by hoce/ taff?	Asbestos Conta (i.e. thermal surfac other m	scription aining Ma systems sing, VAT iscelland	of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	Removal	T.	T	ri coorie
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Through - OCT  Name of Registered Waste Hauler	Use Ma Cusi	Normall d Solel intenan odial S (12) No	y y by loce/ taff?  N/A:  X  DEP Water ID is	Asbestos Conta (i.e. thermal surfac other m  Exteri	scription aining Masystems sing, VAT iiscellane	of aterial (ACM) insulation, , or eous)  Name of	Amount (Specify SF or LF)  1800 SF 700 SF	Removal X X	T.	T	riccoadia
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Through - OCT  Name of Registered Waste Hauler United Roll Off	Use Ma Cusi	Normall d Solel intenan odial S (12) No	y y by loce/ taff?  N/A:  X  DEP Williams	Asbestos Conta (i.e. thermal surfac other m  Exteri Tille  aste Cubic Y No. of Wasi 5	cription aining Maining Maining Maining, VAT ilscelland ior Sidi	of aterial (ACM) insulation, , or eous)  Name of G.R.O.	Amount (Specify SF or LF)  1800 SF  700 SF	Removal X X	T.	T	ri coodi d
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Through - OCT  Name of Registered Waste Hauler	Use Ma Cusi	Normall d Solel intenan odial S (12) No	y y by loce/ taff?  N/A:  X  DEP Water ID is	Asbestos Conta (i.e. thermal surfac other m  Exteri	scription aining Maining Maining Maining, VAT isscelland for Sidi	of aterial (ACM) insulation, , or eous)  Name of G.R.O.  City, Stat	Amount (Specify SF or LF)  1800 SF  700 SF	Removal X X	T.	T	Licoonia

Inv# 14984

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

CKSZ66

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Date of Notification (1)	7/19		N			g OwneriOperator KÀ⊤ Y		Action Services Services	11 ()			The second
Agency Notified	Type Notification		S	treet A	ddress			.027	l ocar	application of the state		-
D EPA	Ja Initial							ا جي	2015		100	4
	☐ Amended		C	ity, Sta	ste, Zip (		-			1		1
D DEP	Amendment#				Cla	THOW.	NJ.	07015				7
/	D Emergency (including	g	N	lame o	f Contac			Telephone Num	berHHUI	_ č:		-
да рон	justification)  D Cancellation	27	1.			ANCHAK	:	1-				-
D DCA	LI Caricesason			112	· 20	MUCHAIC						
				FACIL	ITY INF	ORMATION						_
	Abatement is Taking Place				•		Type of Facility	(4)				
MS. KAT P	STANCHAL					9	School (K-12					
Street Address							Q Subchapter 8	(Other than K-12	) I huddines	<b>5</b> 0		
	19. 1						homes, etc.)	ivate & commercia	DOWN CO	*		
					1		Square Feet	# of Floors	Bidg. A	ge		
City (5) .							1 .			50	`	
cli	FTON						2000.			2		
County (6)			10	County	Code (7	(STATE USE	Current Use (P	nor if being demoli	shed)			
710	38 KIC.			ONLY)				DENCE				
			1000	11-		Nome of At-A-	nent Contractor (S					_
	n Hired by Building Owne	5 / F	ASCM !	No.				25				
(8)						Best Re	moval In	c				
Street Address			1/4			Street Address						
				* 10.11		450 5017	th River	St				
07 01-1 T- 0-4-						City, State, Zip (		DC			-	
City, State, Zip Code						1		07/01				
	¥		77,				ack, N.J					
Project Manager for Mo	nitoring Firm	Te	lephon	e No.		Telephone No.		License No.				
						201-329	-7444 -	00388		-		
Start Date (10)	Scheduled Co	mpleti	on Date	e (11)		Name of OSHA				-		
1 1 1 1 1	9 101		19	( , , )			Environm	ental				
		1	. 1			Street Address	TTI A TT OTH	CHUGA			-	
Occupancy Status Duri	ng Abatement (Check onl	y one)		*0				**				
D Facility Closed/Vara	ted During Entire Period o	of Ahate	ement				uyler St					_
☐ Abatement Performe	d Outside of Normal Faci	Ety Hou	as			City, State, Zip (		٠.				
Zi Other - Describe: 8	BIGGHTO 5:	SP	4			S. Ha	ckensack	,N.J. 07	606			
Scope of Work (Check												
	an mar abbit)							Negative Pressur	e			
DESSECTES #			177		ovation		-Enclosure		02			
□ ≥ 160 sf or ≥ 260 lf			-	☐ Dem	obtion	Jar Giov	rebag Procedure	d Non-Friable Proc	-editte			
<u> </u>						U NON	-Exempled ( ) an	G MONTHAUE I TO	- I	Abat	eme	nt
- Control of the Cont		, Is	Locatio	on.						Control of the last	pe	
			konnali		-	, Description	a.f		ſ	7		
. Local	ing Material (ACM)		d Solel		Acho	stos Containing M		Amount		_	m	m
	ABATED	10000000	intenar		(i.e	thermal system	s insulation,	(Specify	. [	Removal	Encapsulate	no
IN F		٠	S=#?			stafacing, VA	T, or	SF or LF)		ng p	180	80
(1	13)		(12)			other miscellan	eous)			9 =	1	Tre
					1	. (1)			1			
		Yes	No	N/A						-	-	
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DADETTE			-	-	1 500						T	
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Best Rem			No.			Waste	1		20		٠,	
Dest well	OVAL THE	1		109		3=7	SIAIMREDI	AND COUNT	Y LA	VDF	الما	,
100 000			- /			Disposal Date	City, State	THE COURT	1			-
City, State	1 17 - 0-							AC DA	17240	2		
	ck , N.J. 07	601				10/11/19	NEWBUR	GH, PA.		<u> </u>	_	_
Completed by	Title					Signature	$\cap$	1	Date	1_	1.	_
J. MAIORE	NO Est	ima	tor			1 VM	مصرف	9	1 4	127	1)	7
ASB-41	*Da ==			n for ~	hactne !	censure exempte					/	+
7N20*** (	DO INC	- wor U	2011	DEWE CA	mresous t	sanstance a printition			€			

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

CK\$265

Date of Notification (1)	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		N	arme of	Building	Owner/Operator	(2)		1 W		1	2000
9/27/	19 :			HR	RE	sou has	KOWIT		<u> </u>	Large to start to	1	
Agency Notified	Type Notification		S	treet A	ddress	20	1 100				TATE I STATE	
□ EPA	-El Initial		_	· · ·	h. 7- (	ado.	111	H OCT	1 6M1	3	1	1 J
DEP 200L	☐ Amended Amendment#		1	ay, Siz	te, Zip C	DUMON	IT N.	J 076	28			
	☐ Emergency (includin	g	N	ame o	Contac	± 0 1(0.		Telephone Num		2018	2	10
DOH DCA	justification)  Cancellation	(i)		F	er.	HOSKO WI	TZ					
	1		-	-		ORMATION		The second second second			•	
Name of Facility Where	Abatement is Taking Place	ce (3)					Type of Facility	(4)				
MR. R	DIN MOSKE	wi	TZ				School (K-12	)				
Street Address							Subchapter 8	(Other than K-12 ivate & commercia	) H building	s.		
				1			homes, etc.)		Bldg. A			
City (5)				. ;		٠	Square Feet			40	$\mathbf{C}$	
	PONT		- 1-		0.1.0	(STATE USE		rior if being demol		-	_	
County (6)	GEN.			ONLY)	Cooe (/	(SIALE USE		SIDEN				
	n Hired by Building Owne	- 14	ASCM I	No :		Name of Abaten	nent Contractor (S					
(8)	it riged by busines office	<b>"</b>   '					moval In	2.60				
Street Address						Street Address						
			ite.	3 - 30		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip	Code					
			0.0				ack, N.J					
Project Manager for Mo	nitoring Firm	Te	lephon	e No.		Telephone No.	7///	License No.				
				(4.4)		201-329 Name of OSHA		00388		=		_
Start Date (10)	Scheduled Co		S)	e (11)			Environm	ental				
10/7/	ng Abatement (Check on	0 1.1				Street Address	<u> </u>	CHUCL				
	•		·	*		280 H	uyler St	••				
C Abatament Performe	ted During Entire Period of d Outside of Normal Faci 150614 TO 5:00	Ely Hor	as as	-	•	City, State, Zip	Code	,N.J. 07	7606			
Scope of Work (Check:									21			
	and and apply)		. 1	Diffen	ovation	☐ Full	Containment with Enclosure	Negative Pressu	Æ .			
22 2 3 sf of ≥ 3 lf □ ≥ 160 sf of ≥ 260 lf			-	□ Den		El Glov	rebag Procedure	e p				
						U Non	-Exempted (*) an	d Non-Friable Pro	Secure	Ab	aton	nent
			Location Lormain			9				-	Тур	e_
Locat		Use	d Solel	y by	Anh	Description stos Containing M		Amount				m,
TO BE	ing Material (ACM) ABATED	1	intenar Justodi		(LA	thermal system	s insulation,	(Specify SF or LF		Removal	Rephir	Encapsulate
IN F	100 (A 10 M	1	(12)			surfacing, VA other miscellar		3, 42		ova		E I
	,	<u> </u>		т	1	84.50 84.5					18	9
		Yes	No	N/A	-11	11110	1 ml C 1 1 - 10 . 1	20	I.F	×	+	+
BASEMEN		-		1	1111	LHAL SYSTEM		45		7	+	+
BASEMEN	J-4	-	-	0	THER	HAL SURFACE	LIN SOLVETION	25.	56.	-	+	+
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Name of Registered W	faste Hauler	I NL	DEPV	Vaste I	lauler	Cubic Yards of	Name of Reg	istered Landilli		1		
Best Rem		10.72	No.		1	Waste			~. ~		_	
			17	109		31/20	ACUMBERL	AND COUN	14 LA	ND	Fil	L
City, State	1 37 7 05	7.00-				Disposal Date	and the second s	OA	1724	0		
	ck , N.J. 07	601				Signature Signature	NEWBUR	CGH, PA.	Date	1	1	
J. MALORA		ima	tor			1	Paisus	wa	9	12;	1/1	9
J. ITHIURE	TOT TOT	тша	COT			1 (	1				1,	

Inv#14976

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check #2556

	PAI	UD "	ursu	iant	to M	.U.A.	<u>C.</u> 8:60 and	12:120)	INF	C, E	П	W	7 13	1000
Date of Notif	ication (1)	A STATE OF THE STA		Name	of Bu	ilding	Owner / Operato	r (2)				10)		-11
	09/24/201	9		John	Kea	ne			limii					
Agencies No EPA	tified Type Notif	ication		Street	t Addr	ess				KI	4	201	9	11
DEP	⊠ Init	ial		City 9	State 8	2 7in (	Code				-	-	-2011/201	-
□ DOL	- Empl	nended			irt N.	The Market of the Control			ASSE	ESTOS	GO	NTR	01.8	.i
□ DOH	☐ Em	ergency			of Co					Tele				
☐ DCA	☐ Ca	ncellation		John	Kear	ne				1				*
					CILIT	Y INF	ORMATION							
Name of Fac Residence	cility Where Abate	ment is Taking P	lace (	3)			Type of Facil School (							
Street Addre	ss					-		iter 8 (Other t	han K-12)					
							g because	2	ommercial build	dings, h	ome	es, e	tc.)	
							Square Feet			Bldg.				4000000
City (5)		County (6)	Co	ounty (	Code (	(7)	1500		1			50÷		
Sea	agirt	Monmouti	h				Current Use	Prior if being	demolished)					
				September	were some and	entra anterior	Residence				· wassers			**********
Name of Mor	nitoring Firm Hired	l by Building Ow	ner (8	)	ASC	CM No	Name of Aba Alpha Envi							
Street Addre	ss						Street Addres							
City, State &	Zin Code						PO Box 829 City, State &							
Oity, Otato a	Zip Oode						Trenton, N.							
Project Mana	ager for Monitoring	Firm	Tele	phone	Numb	per	Telephone N	umber	License					
Cabadulad C	tart Date (10)	C-b-dul-d C-		D-	4- (4.4)		609-847-29			0.	22	2		MODEL OF TAXABLE PARTY.
	03/2019	Scheduled Co. 10/04/2019	пріец	on Da	te (11)	)	EMSL Anal							
	Status During Aba						Street Addres	SS		************				
	ity Closed/Vacate ement Performed	10.00					200 Route 1 City, State &			green en sur en	-			
Desc		Outside of North	ai i i	ui3 -	ranit	o opin	Cinnamins		7					
	ity Occupied Durin								70					
Scope of Wo	ork (Check all that	apply)									•	_		
	or ≥3 If			Por	novatio	nn.		-	ontainment with nclosure	n Negar	ive	Pres	sure	
	sf ≥260 If		X		nolitio				Bag Procedure	es				
									xempted and N		hla	Pro	redu	re
	Location of		ls	Locat	ion	1	Description		Amount			teme		
	Asbestos-Contair		Nor	mally I	Used		Asbestos-Con	taining	(Specify	,	$\neg$			
	Material (ACM TO BE ABATE		Mair	olely l ntenan	by ce or		Material (At (i.e., thermal s		SF or LF	)	R	77	Enc	En
	in Facility	2		odial			insulation, surface				Remova	Repair	apsı	Enclsoure
	(13)			(12)			or other miscell	aneous)			val	₹.	Encapsulate	ure
2nd Floor Res	ctroom		Yes	No	N/A		VAT		24 SF		X			
ZIIG FIOOI NG	SUCOM						VAI		24 SF				ш	
Name of Regis	stered Waste Hauler			100000	DEP W		Cubic Yards of Waste	Name of Regi	stered Landfill					
ALPHA EN	VIRONMENTAL	•		00	0333	30	10	Grows Lar	ndfill					
City, State							Disposal Date	City, State			1111			
Trenton, N	J						various	Morrisville	, PA					
	By (Print or Type)			Tit			Signature			1000	ate			
Rod Richar	rdson			135.07	oject anage		Rat Reclination			09	9/2	4/2	019	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT.

NO CK				(Pu	rsuan	t to NJA	C 8:	60 and 5:16	5) [m] [	ECEI	I W I		7	
Date of Notification (1)		7, 100			Name	of Building	a Owi	ner/Operator (			J 1J L		1 1 1 1	
	26 / _	19				rk Tan		,		OCT A	2010	Charles and the		
Agencies Notified	Type Notifica	ation			Street	Address				25213 54	£ <del>010</del>	- Svarie	200	
⊠ EPA	☐ Initial								- Common			į	Name of Street	
□ DOLWD					City, S	State, Zip C	ode		AS	SBESTOS CO	NTROL	Я,	-	
☑ DOH	Amendme					orestown		08057		UCENSI			Butter	
DCA (NJAC 5:23-8)	☐ Emergene justification		cluding	1		of Contact				Telephone N	lumber		arabeni	
(10/10/0.20/0)	☐ Cancellat				Mar	k Tan				1				
					FAC	CILITY IN	FOR	RMATION					1.1.	
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
Tan Residence									☐ School (K-1					
Street Address									☐ Subchapter ☐ Other (i.e., p	8 (Other than k	(-12)	مناطنهم		
									homes, etc.		imerciai b	ullulling	5,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Moorestown									2,082	3		99		
County (6)		2.57-(11.5)		1904	Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolished)			
Burlington									Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	)				
Management & Env	riro. Consult	ting S	Servic	es			S	hade Enviro	nmental, LLC	•				
Street Address							Stre	et Address						
PO Box 341							6	23 Cutler Av	enue					
City, State, Zip Code							City	, State, Zip Co	ode					
Chesterfield, NJ 08	515							laple Shade						
Project Manager for Moni	itoring Firm			Tele	phone	No.		ephone No.		License No	).			
Bill Weisgarber				60	9-298	-4070	8	56-755-0099		00842				
Start Date (10)	S	Schedu	ıled C	omplet	tion Da	te (11)	Nan	ne of OSHA M	onitor					
10 /09 /					_ / _		Е	MSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	et Address			·			_
□ Facility Closed/Vacate	ed During Entir	re Peri	iod of	Abater	nent		20	00 Route 13	0 North					
Abatement Performed							City	, State, Zip Co	de					
Time of Abatement: _	AM	PM	1/	_PM-		AM	С	innaminson	, NJ 08077					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf			⊠ Re	novatio	on			☐ Full Cont	ainment with Ne	gative Pressure	€			
≥160 sf or ≥260 lf			De					☐ Glovebag	Procedure					
								Non-Exe     Non-Exe	mpted (*) and No	on-Friable Proc	edure			
Lasskins				Locati Iormal				D			A	patem	ent T	-
Location Asbestos-Containing		0	Use	d Sole	ly by	Asbe	stos (	Description o Containing Ma		Amount	Re	Repair	Ē	Enclosure
TO BE ABA	TED	'	27777	ntena odial S			, the	rmal systems i	nsulation,	(Specify	Removal	pair	cap	clos
IN Facili	ty		Cusi	(12)	Stan?			urfacing, VAT, ner miscellane		SF or LF)	/al		Encapsulate	ure
(13)		Ī	Yes	No	N/A		Ott	iei illiscellarie	ous)				te	
Basement				$\boxtimes$		Floor Ti	le a	nd Mastic		154 SF				
Laundry Room				$\boxtimes$		Floor Ti	le a	nd Mastic		33 SF				
													П	П
Name of Registered Was	te Hauler			N	JDEP V	Vaste	Cub	ic Yards of	Name of Regi	stered Landfill				_
Freehold Cartage				Н	auler II		Was	ste	Fairless L					
City, State		10000			15939		-	oosal Date	City, State			-		
Freehold, NJ							and the same of	0/11/2019	Morrisville	e, PA				
Completed By (Print or Ty	vpe)	Title						Signature			Date			
Christina Fay	,,,,,		ce Pr	eside	ent of (	Operation	15	American	71.1				0	
Jiniotina i ay			0011	Joine	01	- poration	.0	Charle	wrong		9/2	10-1	1	

ASB-41

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

													12.10	Prir	nt Fo
V 71011 PAT	n N		CATION	ate of New OF ASBES to NJAC 8:	STOS A	BATE			E (	SE CE	=	40	7 厚	5	
Date of Notification (1) 9/27/19		- 1		Building O	wner/O	perator	(2)			9 15	Пі	7	-		
Agencies Notified Type Notification			Street A						-0(		4 20	19	ati anga	land )	1
EPA Initial			City Sta	te, Zip Cod	٩	*********		3					-		-
DEP Amended Amendment				oury NJ 0				A		STOS C		ROL	- &		Serial Control
□ Emergency (	including	1.0	Name of Jennife	Contact er			- A			ephone N		r	-	-	
Name of Facility Where Abatement is Taking	Place /3	\	FACI	LITY INFO	RMATIC	NC	Type	of Facility (4	1						
Chris Kolovos	j i lace (o	,					_	School (K-12	5) Valen						
Street Address								Subchapter 8 Other (i.e. pretc.)	(Oth	er than K & comme	(-12) ercial b	uildi	ngs,	nome	s,
City (5) Woodbury NJ 08096								e Feet	# of	Floors		Blo 50	ig. A	ge	
County (6) Gloucester				Code (7) USE ONLY)				nt Use (Prior se and ga		ng demo	olished)	)			
Name of Monitoring Firm Hired by Building ON/A	Owner (8)		ASCM	l No.			of Abat	tement Cont	ractor	(9)					
Street Address							Addres				7.				
City, State, Zip Code							Box 3	p Code							
ony, orato, zip oodo						100000000000000000000000000000000000000		in NJ 080	91			12.70.5-			
Project Manager for Monitoring Firm			Telephor	ne No.			none No -753-9			License 0072					
Start Date (10) 10/10/19	Schedule 10/18/		pletion [	Date (11)		Name		IA Monitor				10000			
Occupancy Status During Abatement (Chec						1000000	Addres	SS	0,27		- 1				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abatem Hours	ent			City, S	State, Zi	ip Code	<del></del>						
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		denova demoliti					Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	edure						
	Is	Locati	on				2 1401	II-LXempted	( ) an	d Non-1	I abic i		Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly ly by nce/		os Cont hermal	system	Material s insula AT, or		(5	mount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A			N W								Ф	
House Windows			х			lazing				Units	×	-			
Garage			X		G	ilazing	]		1	unnit	X	(			
					0.1:	V		I No. of	<b></b>		7611				
Name of Registered Waste Hauler		Н	IJDEP W lauler ID		of Was	Yards ste		Name of F	0000	erea Lan	idπil				
United Containers  City, State		2	2459		TBD	sal Date	2	City, State							
Elm NJ					10/18	3/19		Morrisvi		A 1906	57				
Completed by Anthony T Perna	Title Pres	sident			S	signatur	e 2				Date 9/27	7/19	)		
					- (										

Inv#14	1972									表,	Pri	int F
17/017			CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATEM		NEC	E		<u>J</u>	<b>E</b> [	n
Date of Notification (1)	A KHILD			Building Owner/O			) OC	7 /	1 20	110	Andreas reports	U)
Agencies Notified Type N	lotification	1	Street A			L L	11 00		1 (-)	713	- 1	- ANGELERY
	itial	-	City Sto	te, Zip Code			ASBES	STOS C	ON	rno		
DOL A	mended mendment #	_		rel NJ 08054			PODLC	LICEN	SING	<u> </u>	Carlamati (FT-	
☑ DOH   _ ju	mergency (including stification) ancellation		Name of Mike	Contact			Telephor	ne Numb	per			
None of Facility Where Abotema	at in Takina Diana (2		FACI	LITY INFORMATI			7.5					
Name of Facility Where Abateme Michael John Procacci P	- 55 STATE ( 1971)	)				Type of Facility						
Street Address						School (K-Subchapte Other (i.e. etc.)	r 8 (Other tha private & com	n K-12) nmercial	build	ings,	home	es,
City (5) Mt Laurel NJ 08054	-	\$				Square Feet 1000+	# of Floo	rs	7,533	dg. A	ge	
County (6) Burlington			County (	Code (7) JSE ONLY)		Current Use (Pr House and k		molishe	d)			
Name of Monitoring Firm Hired by N/A	y Building Owner (8)		ASCM	l No.	Name o	f Abatement Co						
Street Address			1		Street A	ddress						
City, State, Zip Code						ox 329				277.23.32		
City, State, Zip Code					TO STATE OF STATE	ate, Zip Code Berlin NJ 08	091					
Project Manager for Monitoring F	irm		Telephor	ne No.	Telepho 856-7	ne No. '53-9800		nse No. 727	•			
Start Date (10) 10/16/19	Schedule 10/29/1		npletion (	Date (11)	Name o	f OSHA Monitor	,					
Occupancy Status During Abaten	nent (Check Only On	e)			Street A	ddress						-
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe:					City, Sta	ate, Zip Code						
Scope of Work (Check All That A	pply)				l	<del></del>			-	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Account 1	enova emolit			X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				D.	
	ls	Locati	on		لنحتا	14011-Exemple	a ( ) and Nor	I-I Habit		Abate	men	t
Location of	Lico	lormal d Sole			scription o		_	.		1 y	ре	
Asbestos-Containing Material  TO BE ABATED In Facility (13)	(ACIVI) Mai	ntenar odial S (12)	nce/			insulation, , or	Amoun (Specif SF or LI	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						a	_	late	re
House Kitchen			x	Floori	ng mate	erial	220 S	F	х			
basement			х	Floori	ng Mate	erial	300 S	F	Х			
Dog kennel			×	FI	oor Tile		170 S	F				
windows kennel			x		Blazing		5 units		Х			
Name of Registered Waste Haule United Containers	PF	H	IJDEP W lauler ID 2459		Yards ste	Name of G.R.O.	Registered L .W.S.	andfill				
City, State Elm NJ					sal Date 9/19	City, Sta	te ville PA 19	067				
Completed by Anthony T Perna	Title Presi	dent		S (	Signature			Date 10/	e /1/19	9		

NOCK.	P	IOTIFI (P	ICATION	ate of New I OF ASBES to NJAC 8:	STOS	ABATE	MENT D)	F prom	) F		c	hecl	<b>←#</b> _	12	92
Date of Notification (1)		T	Name of	Building O	wner/C	perator	(2)		71-						Tii
9/13/19				. PHI	LS	CHO	nack	/ IIn		1 111111					
Agencies Notified Type Notification			Street A	ddress : がある。	7 <i>01</i> )0	ié 1	CIVE.	R RO	90	UCI	4	20	19	and the second	IJ
DEP     Amended     Amendment #	1		City, Sta	te, Zip Cod IDLE	e BiZc	106	NJ	076	633	SESTO	800	ONT	ROL	2	
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	icluding	ľ	Name of	Contact ABE			***************************************		Tel	ephone 1	dumb 2.C	16-	68	33'	
CONTROL OF THE PROPERTY OF THE			FACI	LITY INFOR	TAMP	ON				-	-	and the same		ORDUSTNA	
Name of Facility Where Abatement is Taking  ST. PHILS CHURCH	Place (3)	)					-	f Facility (4 chool (K-12	40						
Street Address 488 SADOLL RIVE	e R	UAR	0				S	ubchapter ther (i.e. pi	8 (Oth	erthan K & comme	(-12) ercial	bulldi	ngs,	home	25,
SAPOLE BROOK		<del>MATERIAL DE</del>		**************************************			Square	Feat OCL	# 0	Floors			ig. A		
County (6) ISERGE	The second color		County C	Code (7) ISE ONLY)	Contracte Contracte			t Use (Prio				<del>d</del> )			
Name of Monitoring Firm Hired by Building On NETAIL ASSOCIATES INC		**************************************	ASCM	1 No.				ement Coni		(9)		CATHOLINE			
Street Address .560 SYLVAN ANE SAITE		5			**********		Addres	nd Ave.			-	***************************************			
City, State, Zip Code ENGLANCIA CLIFFS, N. J		-	1			City, S	State, Zip		1422			-			$\neg$
Project Manager for Monitoring Firm	ر ن		Telephor		"ארת"	Telepi	none No		766	License		onice natio			-
TONY VALENTINE Start Date (70)	2 abadula	el Che		569-6. Date (11)	100		262-58	A Monitor	-	00156					_
9/27/19	c d	1/3	0/1			Ome	ga En	vironmen	ital S	ervicer	inc.	m attribution		·	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	arlod of A	baten	nent				Address Huyler	100 mars 100							
Abatement Performed Outside of Normal Other - Describe:	l Facility	Hours	) 		-		State, Zip Kensac	Code k, NJ 07	806						
Scope of Work (Check All That Apply)			-	-Ven-2000-		**********			-	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		-			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	RD	enova emolit	ition ilon				Mini Glov	Containme -Enclosure rebag Proc -Exempted	edure						
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Location of Asbestos-Containing Material (ACM)	Use	iormal d Sole intena	ly by	Aabesto	s Cont	scription aining N	/laterial	(ACM)		mount	-		1		
TO BE ABATED In Facility (13)	Cust	odial (12)	Staff?		surfac	system cing, VA niscellar		lon,	(S	Specify For LF)	.	Removal	Repair	Encapsulate	Endoswe
	Yes	No	N/A								.	100	7	late	sre
BOILER ROOM			X	E	النظال	ندرر			MIRC/10**	40	-	K.			
				- Commercial Commercia						ug vilani edizame	-	-			
		CONTRACTOR OF THE PARTY OF THE				-					-	-		-	$\vdash$
Name of Registered Waste Hauler	<u></u>		JDEP W		Cubic		I	Name of F	Registe	red Land	3611	l			-
Newark Carting Inc.	Ower description of the		fauler ID 4509	NO.	of War	2		Grand C		al Sanit	ary	Lan	dfill		
Olty, State Newark, NJ 07105			visi) <u>erolüüsi</u> (7			sal Date		City, State Pen Arg		A 0807	2				
Completed by R. McDonald	Title Presi	dent		THE THE PARTY OF T	8	dgnatur	ª //c	me	9	lol	Date	1/10	3/1	9	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuent to NIAC 3-50 and 12-120)

		(100	ursuant	to njac 8:	ou and	2 72:120	1)	1:	T3\ [F		FI	W	.  =	- [
Date of Notification (1) 9/13/19				Building Ov					1)	11.7	<u></u>			7
Agencies Notified Type Notification		-	Street A	PHI	15	CHU	iRCi	4	17)	75753				111
T FPA 🖾 Initial				adress :	4000	lé h	کا ب	a Ro	90	001	4	201	T.	
DEP Amended Amendmen	- 44	Γ	City, Sta	ite, Zip Code	900	نب اد جده	15	-43	13	000000	10.01	COTTA	O1 8	-
I I Emergency	(including	<b>-</b>  -	Name of	Contact	000	eve ;	وانحاحم	0/6	A ورا Tolon	bone Nivir	15 UL	NG NG	17E 0	
DOH justification Cancellation			120	Oontact ABE	-			-	120	21-2	06	68	33	)_
Name of Facility (Manage Alexandre) in Table	- 51 (0			LITY INFOR				DCAPTIA	-					
Name of Facility Where Abatement is Takin		)					COPPOS.	of Facility (4	00.0					
Street Address 488 SAMUE RIVE		Orte	0	· · · · · · · · · · · · · · · · · · ·				School (K-12 Subchapter ( Other (i.e. pr etc.)	6 (Other	than K-12 commerci	!) al build	ings,	home	ıs,
City (5) SADDLE BROOK						•	Squar	re Feet	# of F	loors	BI	dg. A	-	
County (6) BERGER		T	County (	Code (7) USE ONLY)			Curre	nt Use (Prior					_	
Name of Monitoring Firm Hired by Building  NETAIL ASSOCIATES IN			ASCN	1 No.			of Abat	tement Cont	ractor (9					
Street Address		-		7.52		Street	Addres	SS						
560 SYLVAN AVE SON	10000	١ .						and Ave.						
ENFLYENCE CLIFFS, N.	7 07	63	<u>)</u>					p Code ark, NJ 07	432					
Project Manager for Monitoring Firm Towy VALEATINE			Telephor	ne No. 569-67	108	Teleph 201-2	one No 262-5		04 22	icense N 0156	0.			
Start Date (#0)	Schedule					The state of the s		IA Monitor						
9/3-7/19 Occupancy Status During Abatement (Che	1		0/1	7			ga En	vironmen	tal Ser	vicer in	D. ———			
Facility Closed/Vacated During Entire			nen <del>i</del>					r Street						
Abatement Performed Outside of Non Other – Describe:	nal Facility	Hours			_	100000		p Code ck, NJ 070	306					
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Approximately 1	enova emoliti				Z	Min	Containme i-Enclosure vebag Proc	edure					
	T .					E.	J Nor	n-Exempted	(*) and (	Non-Frian	1	0.00	ment	
Location of	1	Locati Iormal	ly		Des	scription	ดร์					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		s Cont ermal surfac		faterial s insula T, or	(ACM)	(Spi	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		· ·	
BOILER RUM			X	E	الطحال	<i>ۇ</i> رى			-	10	X			
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic	Yards		Name of F	Registere	d Landfill	ــــــــــــــــــــــــــــــــــــــ	<u> </u>		
Newark Carting Inc.		Н	lauler ID 4509		of Was			Grand C				dfill		
City, State Newark, NJ 07105						sal Date		City, State Pen Arg		08072		,		
Completed by R. McDonald	Title Presi	ident			S	Signature	1/0	me	Indi	Da	te /	3/1	9	

Inv#11	191	3		Siste	f New Jer					CE				A Company of the second of the second
CK1593 PAID	D	NOT	IFICAT (Pursus	ON OF	ASBESTO IAC 8:80	TRABAT	EMEN 20)	-		iCT /	4 20	19		159
Date of Notification (1)			Name	e of Bulla	ing Owne	r/Operato	or (2)	1	100	) - 1	0 D	AY_	-1	
September 30, 2019 Agencies Notified Type Notificati	<del>-</del>			on, Inc					TAGE!	LICEN	SIVIC	كالمناشد	Î	
[52]	0.0			t Addres		107		-		Tal Color III				-
EPA Initial					nt Drive		7.		8	Ţ.	·	W)	1	
DOL Amended				State, ZI					1			+	A-	-
M con Emergent	y (includi	ng	Phila	delphia	PA 19	112				, <del>, _ , _ , _ , _ , _ , _ , _ , _ , _ ,</del>				1
DCA justificatio			1	of Cont					WAID	i enongel	demb.	W. V.	1)	1
			Proje	ct Man	ager NFORMA	710.			97	3-234-71	026	***********		
Name of Facility Where Abatement is Tel	ting Place	(3)		617(13	NF ORWA	TION	I Type	of Facilit	//41					
Central Building Street Address														
South Harvard Avenue							N	Other (I.e	er 8 (Ot	erthan K å comme	-12) rcial b	uilding	s, ho	nes.
							Squa	etc.) Ire Fast		f Floors				_
Cherry Hill, NJ				SV Toward								nidā	Aga	
Camden			Count	Code (	7)		Curre	ent Use (P	rior if be	ing domoi	shed	_		
Name of Monitoring Firm Hired by Bullding	· August /	۸,			27)					amntu				
A.E.S.L.	1 Owner (	0)	ASC	M No.				tement Co		(9)	-	-		
Street Address						The M	IACK	Group,	LLC					
2200 Paterson Plank rd #7						Street								
City, State, Zip Code	<del></del>				·	1500 F	Kings	HWY N	, STE	209				
North Bergen, NJ 07047								lp Code	576					A
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	HIII,	NJ 0803	34					
Carmelo Altomonte	335		D	4-6583	ı	1				License	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (1	1)	(973) 7	120 10	1A Manitor		00781				
10/1/19	1		12/31/		•	A CONTRACTOR OF THE PERSON OF		Group, L						
Occupancy Status During Abatement (Che						Street	Addres	s Granh'r	-bite.		_			
Facility Closed/Vacated During Entire Abatement Parformed Outside of Non Other - Describe:	Period of mal Facili	Abeter ty Hour	ment s			1500 K	ings lata, Zi	HWY N,	STE 2	209				
Scope of Work (Check All That Apply)						Cherry	Hill, I	VJ 0803	4					
≥3 sl or ≥3 if ≥180 sf or ≥280 if		Renova Demoli			<del>-</del>		Full	Containm	ent with	Neg ative	Press	ita		
ı v	لكا						MIN De	-Enclosur	S .	-		0.50		
	1	-		1		>	Non	Exempled	(*) and	Non-Friable	Proce	dure		
Location of		s Locat Normal										Abat	emen	†
Asbestos-Containing Material (ACM)	Va	ed Sole	V DV	Arbo	Do.	scription (	ಚಿ				-	T-	/pe	
TO BE ABATED In Facility	Cus	intena Itodiai E	ncal Staff?	(1.4	stos Cont s. thermal	systems	naulai	ACM)		nount pacify	-		tm	m
(13)		(12)	,1011;		aurfac	sing, VAT	. or			or LF)	Removal	Repair	Encapsulate	Enclosure
				0	Older 1	niscellane	rous)	ļ			340	pai	sula	INEC
Control No.	Yes	No	N/A								=	12	i e	n
Central Bldg	X				ก	oor tile			T	BD	X			
11	IX				Г	oofing			-	BD BD	10	-	-	
										DU				-
14									-					
lame of Registered Weste Hauter	<u> </u>	N	J DEP W	aste	Cubic '	/ards		h						
au avi-			aular ID		of Was			Name of F	egistere	d Landfill				
ewark			450	9		TBD	11	ESt Beth	lehem	landfill /	Min	an.c	Ent.	9
ewark, NJ				16 Harris	Dispos	al Date		City, State		THE ISSUED !	WITE	ा ४द	<u> </u>	-
ampleted by	Title					/31/19	B	ethlehai	n, PA	/ Wayne	abur	ים מ	4	
ke Cooper					Si	angetting.	رام		150	Dat	8	2, 01	-	
- Joopei	Presid	ent				The second	مسمد سم دور			9/30	0/19			1

*					9.	Check				
N#14957 PAII	NO	TIFICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		# 10 E G E I	78	32		7
Date of Notification (1)	7	1 1	Building Owner/O		1.0	nmond	1 0		7	API DE CONTRACTAMENTO DE CONTR
Agencies Notified Type Notification		Street A		CIII	L I I I I	Road	101	9		圳
□ EPA		City, Sta	BRIC	КT		A BEFOS O	817	(D. 8	3	CEA
DOH justification)  DCA Cancellation	cluding	_	f Contact 2nadette		annond	Telephone Num	NG 1	~ ~	***********	_
Name of Facility Where Abatement is Taking	Place (3)		LITY INFORMAT	ION	Type of Facility	(4)				
Street Address	Duye	Iling.	(Shed	<u> </u>		(2) 8 (Other than K-12 private & commercia		dings,	home	es,
City (5) BRICK TWD.	1\	15	08723	3	Square Feet	# of Floors	B	ldg. A	ige ) +	
County (6) Ocean			USE ONLY)	_	17	or if being demolish ard She		6	3ri 1	10
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM	No.	Name	of Abatement Con	tractor (9)	ies	<b>.</b>	In	16
Street Address RO. Box 33	57			P	Address O. BOX	337				
City, State, Zip Code	NJ	08	533	Ne		DI HA	0	85	53	3
Project Manager for Modificial firm	5	Telephor	758-3365	609	one No. 334	License No		19	4	
Start Date (10) Oct 14, 2019	Scheduled C	Completion I	Date (11) 2019		of OSHA Monitor EPC Tec	hnologies	$\mathcal{I}$	nc	•	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		atement			Address	337				
Abatement Performed Outside of Norma  Other – Describe:	I Facility H	ours	·	City, St	tate, Zip Code Egypt		18.	53	3	
Scope of Work (Check All That Apply)					(,					<del></del>
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition		N000	Mini-Enclosure Glovebag Pro				e	
Location of	4 STARTER	cation mally	De	escription	of				emeni rpe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo	Solely by enance/ lial Staff? 12)	Asbestos Con (i.e. therma surfa	taining M	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No N/A					<u>a</u>	L.	ate	re
exterior walls on Shed	X		Siding S	Shing	les	300 SF	X			
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Registered Landfill				L
EPC Technologies	•	Hauler ID	00	iste 2	City, Stat	e Manager	nen	to	E f	AS.
	VJ	\$1 	10	15/1	9 Morn	isville F	A			
Steve Schenker	PRES	ident		Signáture Ste	sche	h Da	te / (	5/2	/1	9

-T_MV-	# 1490	4													Pri	int Fo
CK 341	O PAI	TID)		CATION	ate of New I OF ASBES to NJAC 8:	STOS	ABATE		In)	E C	a E		W		$\overline{n}$	MATERIAL PROPERTY.
Date of Notification (1) 09/30/19	Check #3360			Name of	f Building O e Catholio	wner/C	Operator	·(2) High S	Chool I							To the same of the
Agencies Notified	Type Notification			Street A			jionan	- Ingiri O		0(	)T	4 2	019		-1	MINNSON MARK
DEP  DOL	Initial Amended Amendment	#		City, Sta	ite, Zip Cod e, NJ, 07	e			test of	ASBE	STOS	CON	TRO	_ &.		O CONTRACTOR OF STREET
DOH DCA	Emergency ( justification) Cancellation				f Contact					1777000	LICEN lephone 08-265	e Num	ber	ME SHARE OF THE		.4
□ box	Caricellation			30070000	LITY INFOR	RMATI	ON			30	70-200	7-234	.0	-	-	
Name of Facility Where Roselle Catholic Re			3)	1 AOI	LITT INTO	NIVIA I I	ON	E-00-1	of Facility							
Street Address 1 Raritan Road								S	school (K- subchapte other (i.e. tc.)	r 8 (Oth				lings,	home	es,
City (5) Roselle								Square 10,00	e Feet	2	of Floors	3		ldg. A	ge	
County (6) Union				County (	Code (7) JSE ONLY)			Currer	nt Use (Pr ol	ior if be	ing den	nolish	ed)	,		
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	1 No.			of Abate Service	ement Co	ntracto	r (9)					
Street Address								Address 69th st								
City, State, Zip Code	3															
Project Manager for Mor	nitoring Firm			Telephor	ne No.		S 575	none No 295-17			Licer 0107	ise No	),		,	
Start Date (10) 10/11/19		Schedule 10/13/1		npletion (	Date (11)				A Monitor							
Occupancy Status Durin	g Abatement (Check	c Only Or	ie)					Address								
	ated During Entire F led Outside of Norm 9am						City, S	State, Zip	Code		11 2.2.2 1					_
Scope of Work (Check A	Il That Apply)		-													_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mini	Containm -Enclosur rebag Pro	е		tive Pr	essu	re		
							×	Non	-Exempte	ed (*) ar	nd Non-	Friabl				
Location	n of	1	Locati Normal d Sole	ly		Des	scription	ı of						Abate Ty	ment pe	
Asbestos-Containing TO BE AB In Faci	ATED	Ma	intenai todial S	nce/	Asbesto (i.e. th	nermal		s insulat		(	Amount Specify F or LF		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A			niscellar					,	ioval	pair	sulate	sure
Basement Bo	iler Room	X	,,,,		The series	ACI	M Elbo	ows			3 LF			X		
Name of Registered Wa EA Services	ste Hauler		H	IJDEP W lauler ID 9551	No.	Cubic of Was TBD			Name of Minery							
City, State Guttenberg, NJ	erania de la compansión de				100	Dispos TBD	sal Date		City, Sta Wayne		, OH					
Completed by Michael Fajardo		Title Office	e Cle	rk	1	S	ignature	m	A			Dat 09	e /30/	19		

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

Inv#14959

Date of Notification (1)					Nama	of Building	0.4	ner/Operator (2	2)		***			- '
	30 /	19	_		1 676000	helle Dor	1 155,4750	ner/Operator (2	۷)	3	74	96		
Agencies Notified  EPA	Type Notifica	tion			Street	Address								
⊠ DOLWD	Amended									There is a second of the second				
⊠ DOH	Amendme	nt#				State, Zip C								
DCA	☐ Emergeno		uding			rrisville, F		9067						
(NJAC 5:23-8)	justificatio				New York Company	of Contact				Telephone Nu	ımber			
	☐ Cancellation	on			Mic	helle Dor	nan							
					FA	CILITY IN	FOR	RMATION						
Name of Facility Where A	Abatement is Ta	aking F	Place	(3)					Type of Facility (	4)				
Residence									School (K-12)					
Street Address	_					i promise			☐ Subchapter 8 ☐ Other (i.e., pr			uildin	15	
									homes, etc.)	ivate and comm	ici ciai c	ununi	,,	
City (5)									Square Feet	# of Floors	E	ldg. A	ge	
Toms River									1350	1		65		
County (6)					Cour	ity Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Ocean														
Name of Monitoring Firm	Hired by Build	ing Ow	mer (8	3)	ASCM	No.	Nan	me of Abateme	ent Contractor (9)	*				
N/A							G	uardian Cor	ntracting, Inc.					
Street Address							Stre	eet Address						
							18	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
							T	oms River, I	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.	_			
							7:	32-349-9932		00624				
Start Date (10)	S	chedul	led Co	mple	tion Da	te (11)	Nan	ne of OSHA M	lonitor					
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<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>		L	☐ Rer	novai noliti	on			☐ Mini-Enc	losure g Procedure					
		-							mpted (*) and No	n-Friable Proce	dure			
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exterior		[		$\boxtimes$		asbesto	s si	iding		1350 sf	×			
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Guardian Contracti	ng, Inc.			- 1	Hauler I 2022		Was		T.R.R.F.					
City, State					~~~			posal Date	City, State					
Toms River, New J	ersey						1	0/11/19	Tullytown,	Pennsylvani	а			
Completed By (Print or T	ype)	Title					_	Signature	1-1		Date	1		
Nicholas Fernicola		Pro	oject	Mar	nager			1	1	the state of the s	G.	12	-)//	19

NOTIFICATION OF ASBESTOS ABATEMENT Check#3441 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Opérator (2) Date of Notification (1) 30 19 09 Alan Paradise Type Notification Agencies Notified Street Address ☐ EPA Initial ☐ Amended □ DOLWD City, State, Zip Code ASBESTOS CONTROL & LICENSING | Telephone Number Amendment # X DHSS Wharton, NJ 07885 ☐ Emergency (including) □ DCA Name of Contact (NJAC 5:23-8) justification) □ Cancellation Alan Paradise **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) Wharton, NJ 07885 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-638-1777 01127 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 09 / 29 / 19 09 / 30 / 19 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ 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/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation >3 sf or >3 lf = 160 sf or 2260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Abatement Type Is Location Normally Description of Location of Encapsulate Repair Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)N/A Yes No X 110 LF Pipe insulation Basement NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler TBD T.R.R.F. Inc 0033785 Gr Tech LLC Disposal Date City, State City, State TBD Tullytown, PA Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature 09/30/19 Owner N.Jevtic ASB-41

State of New Jersey

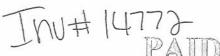
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li I Emergency				Contact	*0				Tel	LICENS ephone N		MACO MIC	per just in		
DOH justification)  DCA Cancellation				a Gilmo					1						
Name of Facility Where Abatement is Takin	a Place (3)		FACIL	JTY INFO	RMAT	ION	Type	of Facility (4	4)						
Private Dwelling	g Flace (3)							school (K-1							
Street Address							T S	Subchapter Other (i.e. p	8 (Oth	er than K	-12)	ldino	is h	ome	s
							e e	tc.)				Bldg			
City (5) Milford NJ 08848							Square N/A	e Feet	N/.	f Floors A		N/A	75	C	
County (6)			County C				,	nt Use (Prio		ng demo	lished)				
Hunterdon	O (0)			ISE ONLY)				ate Dwell		/01				_	
Name of Monitoring Firm Hired by Building Standard Environmental	Owner (8)		ASCM	NO.		September 1		tracting l		(3)					
Street Address			1				Addres								
2108 Fulton Street: Suite 2A							30X 7 State, Zip	2.8							
City, State, Zip Code Brooklyn NY 11233						1		PaRK N	J 074	24					
Project Manager for Monitoring Firm		1	Telephor	ne No.			none No			License					
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Start Date (10) 10-09-2019	Schedule 10-30-2		pletion L	Jate (11)				tracting	LLC						
Occupancy Status During Abatement (Chec	ck Only One	e)					Addres	T							
Facility Closed/Vacated During Entire	Period of A	batem	ent				BOX 7								
Abatement Performed Outside of Nom Other – Describe:	nai Facility	Hours					State, Zij odland	Park NJ	0742	4					
Scope of Work (Check All That Apply)													A105A15		
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In Facility (13)	Custo	odial S (12)	ian?	X.com		acing, VA miscella			S	F or LF)	Kemova	Nobali	nicac	psul	Enclosure
()	Yes	No	N/A				•				1 11			ate	G)
2nd Floor Bedroom			x	W	all Jo	oint Co	mpoun	ıd	1	70 SF	x	T	1		
1st Floor Dinning Room			х	Wall/0	Ceilin	g Joint	Comp	oound	3	20 SF	x				
1st Floor Living Room			Х	Wall/	Ceilin	g Joint	Comp	ound	5	00 SF	х				
Name of Registered Waste Hauler		(C) (S25)	JDEP W		Cubi of W	c Yards aste		Name of	1980		dfill				
Amax Contracting LLC	<u></u>	1000	036184		15 (	CY		Fairles		S					
City, State Woodland Park NJ 07424	-3781				1000	osal Date 15-2019		City, Stat		A					
Completed by	Title				T	Signatur		1011101	/		Date		373.473		
Tome Maslarkov	Proje	ct Ma	anager				M	1 sem my Se			09-3	)-20	19		

			Sta	te of	New Je	ersey				Check	1672	27	
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Date of Notification (	1)					7 and 12:120-7 Owner/Operator		[	E P I	- 11 //	1 15	1 200	7
10/1/2019				an D						= 1 }	上上	And the second	April Contact
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[X]DOH	[ ]EMERGENC	10.0		of Cont				Telephor	e Number		endate/selende	na-arita-,	
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				FACII	ITY I	NFORMATION							
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Street Address						Street Addres							
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City, State, Zip Code						City, State,			40				
						Montclai		MD 070					
Project Manager for Mo	nitoring Fi			Numbe	er	Telephone Num		00	T	icense		er	
		N/	A			(973)744	-88	00		0037	7		
Scheduled Start Date (	(8)	d. Compl			11)	Name of OSHA	Monit	or					
10 11 19			3	19		N/A							
Month Day Year Occupancy Status During	g Abatement	(Check	only o	Year		Street Addres	s						
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of Abatement [ ]Abatement Perfo	rmed Outsid	de of No:	rmal F	acilit	y	City, State,	Zip C	ode					
Hours - Describ						,	•						
[ ]other - Describ			Desci	īpt»	1	<u> </u>		-					
Scope of Work (Check a	ll that app	oly)				[ ]Full	Conta	inment wi	th Negative	Press	ure		
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In Facilit	Y.	Cu	stodia	al l		sulation, surf			LF)	A	I R	Ü	Ū
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Basement				X I	Pipe	Insulati	on		170 LF	K			
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AZTECH MANAGEM	ENT, IN	C. Ha	7040	No.	OT	Waste 1.5	T	ri - S	tate	No tempo di Personali Pers			
City, State	<del></del>			-		posal Date		y, State	A 8 100				
Montclair, NJ 0	7042				1	0/14/19	B	ronx,	NY, 104'	74			
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						1/ (M	8 (1	MINUL	ITHUNV	1			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Date of Notification (1) Name of Building Owner/Operator (2) July 08, 2019 **PATH** Agency Notified Type Notification Street Address One PATH Plaza ☐ EPA ☐ Initial BEP Notespiedper Sala Reg. 10/2014 City, State, Zip Code ASSESTOS CONTROL & ☑ DOL Amendment # 01 Jersey City, NJ 07306 LICENSING ☐ Emergency (including Name of Contact Telephone Number **⊠** DOH justification) ☐ DCA □ Cancellation 201-216-6203 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Penn Station ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, 1 Raymond Plaza West homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 07102-5405 100.000 3 County (6) County Code (7) (STATE USE Current Use (Prlor if being demolished) ONLY Essex Business/Train Station Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) PA of NY & NJ N/A B&N&K Restoration Co. Inc. Street Address Street Address 241 Erie Street, Room 236 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **Uday Mehta** 201-595-4881 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor July 08, 2019 November 30, 2019 The Saban Engineering Group, Inc. Occupancy Status During Abatement (Check only one) Street Address 201 Stuyvesant Avenue ☐ Facility Closed/Vacated During Entire Period of Abatement ☑ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other - Describe: Lyndhurst, NJ 07071-1704 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure  $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$  ⊠ Renovation □ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glovebag Procedure ⋈ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Removal Repair Custodial IN Facility surfacing, VAT, or SF or LF) Staff? (13)other miscellaneous) (12)N/A Roof Roof Material 18 sq ft Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Cumberland County Landfill / Minerva Enterprises, Jimmy Byrne Trucking 19551 < 5 City, State Disposal Date City, State Bronx, NY To be Determined Newburg / Waynesburg Completed by Title Signature Date G. Roger Woodman **Project Manager** 9/27/2019

State of New Jersey

Check No.



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



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Date of Notification (1)	00 /	40						ner/Operator (	2)		661	l ₩		mì	EBLICA BO
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Agencies Notified	Type Notifica	ition			Street	Address					OCT ,	2010	The second	111	
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DCA	☐ Emergend		ıding					Wabash Av	re, NJ		BESTOS CC		. &:		
(NJAC 5:23-8)	justification					of Contac			Į		Telephone Nu	mber	NAME OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON A	-	
	☐ Cancellat	ion			Mr.	John Ce	asea	ar			•				
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Name of Facility Where A	Abatement is T	aking P	lace	(3)						Facility (4)	)				
Resident										ool (K-12)	Other than K-	12)			
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City (5) Atlantic City, NJ									Square	20000	# of Floors	1	dg. Ag		
County (6)					Cour	ty Codo /7	YOTA	TE USE ONLY)	1200		2 if being demo		1927		
Atlantic					Cour	ity Code (/	Дотн	TE USE ONLT)	Resi		ii being demo	iisnea)			
Name of Monitoring Firm	Hired by Build	ing Ow	ner (8	8)	ASCM	No	Nar	ne of Abateme					-		-
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Street Address								eet Address							
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							11 33	lays Landing		8330					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.			License No.				
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Start Date (10)	10000000	chedule					Nar	ne of OSHA M	lonitor						
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Date of Notification (1) 09/27/19				Building O ee Mana			(2)	And the second s	Ü	G)	4	2015	and the second	Land	Windship Server
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DEP Amended  X DOL Amendment				e, Zip Cod ood, NJ,		1						***************************************	Part Land		44
DOH Emergency justification) DCA Cancellation		100	Name of C	Contact ee Mana	ageme	ent			- SECTION 1	ephone 2-994					
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Street Address						Street 6 W		ress E DOVE CO	DURT	-					
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Project Manager for Monitoring Firm			Telephon	e No.		Telep 732-		No. 3-9078		Licen 1200	ise No	o.			
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Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	lenova Jemolii				-	×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure					e	
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INTERIOR	Yes	No	N/A	ACI	M Flor	orina a	and	Mastic	5	500 SF	-	x		Ю	
TATION CONTRACTOR OF THE PROPERTY OF THE PROPE								Walls		500 SF		x			-
INTERIOR	_			ACI						500 S		x	-		-
EXTERIOR	_				AC	CM Sic	an ig			300 3		1^	-		-
Name of Registered Waste Hauler NEWARK CARTING		1	NJDEP W Hauler ID 04509		of Wa			Name of IESI		tered La	andfill	1			
City, State NEWARK, NJ						osal Dat 0/2019		City, Sta BETHL		M PA					
Completed by JOSEPH PERLSTEIN	Title OWI	NER				Signatu	ire				33.00	ate 9/27/	19		

IN# 15011 CK 300 PAINOTI	FICA	TIC	NO	F AS	New Jersey BBESTOS / .C. 8:60 an	ARATEME		ECE	EIV	7 匠	The state of the s
Date of Notification (1) 9/27/2019		Nam US I	e of l	Building	Owner / Oper oration dba L	ator (2)		OCT	A 2019	and and and	
Agencies Notified Type Notification		Stree	et Ad	dress	d, Floor 3	Ciliai	1 1			- 1	
☐ DEP ☐ Initial ☐ Amended		City,	State	e & Zip	Code		AS	BESTOS ( LICEN	OONTRO SING	La	NI PLECE
□ DOH □ Emergency				, NJ 08 Contact					Telephor	e Nu	mber
☐ DCA ☐ Cancellation				Vilcox					732-768		
Name of Facility Where Abatement is Taking P	lace (3	) F	ACIL	ITY IN	Type of Fa	cility (4)					
Block 101/Lot 1-Underground Street Address					School	ol (K-12)					
Bataan Avenue					☐ Subch	napter 8 (Othe (i.e. private &	er than K-1 commerc	2) ial building	as, home	s. etc	.)
City (5) County (6)	Ico	unty	Code	(7)	Square Fe	et # of	f Floors		ldg. Age	1	7
Tinton Falls, NJ Monmouth	00	urity	Coue	(1)	Current Us	e (Prior if bei	The control of the co	shed)		N/A	
Name of Monitoring Firm Hired by Building Own	ner (8)		AS	SCM No	Commerci D. Name of A	ial batement Cor	ntractor (9	Υ			
Street Address						Management					
					2115 Hami	Iton Ave, Suit	te 202				
City, State & Zip Code					City, State Trenton, N	& Zip Code J 08619					
Project Manager for Monitoring Firm	Telep	hone	Nun	nber	Telephone 609-914-42	Number		License N		<u> </u>	
Scheduled Start Date (10) Scheduled Cor 10/14/2019 Scheduled Cor			te (1	1)	Name of O	SHA Monitor			01185		
Occupancy Status During Abatement (Check or	11/1/2 nly one	)			Street Add	nmental Laboress	oratories, I	nc.			
☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed during Normal H	eriod o	of Ab	atem	ent	2333 Route	& Zip Code					
Describe: 7:30am to 5:00pm  Facility Occupied During Abatement					Union, NJ						
Scope of Work (Check all that apply)											
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>			novat moliti			☐ Mini	-Enclosure re Bag Pro	cedures			
Location of	ls L	ocat	ion	T	Descript			d and Non- Amount			dure Type
Asbestos-Containing Material (ACM)	Norm	ally			Asbestos-Co Material (	ontaining	(	Specify F or LF)	T I Date		
TO BE ABATED	Maint	enar	ice o		(i.e., thermal	systems	3	r or Lr)	Ren	Re	Encl
in Facility (13)	Custo	(12)	Staff		insulation, surf or other misce				Remova	Repair	Enclosure
Inderground	Yes	No	N/A								D O
Underground	H	H		Iran	site Pipe		6500	LF		4	
	H	H	님	-						1	
Name (D. 11 IIII )		Ö									
Name of Registered Waste Hauler		Ha	uler	ID No.	Cubic Yards of Waste	Name of F		Landfill			
Resource Management Group, LLC City, State		00	3521	8	TBD Disposal Date	Grows Lar	70000				
Trenton, NJ 08619					TBD	City, State Morrisville					
Completed By (Print or Type) Mr. Brian Haney		Tit	le eside	nt	Signature	Marga			Date 9/27/20	19	

MY DO	nn -					Poor.				Laurin	-	
Inv-149	52.	N	OTIFIC (Pui	ATION	te of New Jer OF ASBESTO o NJAC 8:60	SABATEM	ENT	DEGE		V		1
Date of Notification (1)	101/19			lame of	Building Owne	r/Operator (	OCUN	SEP/L	(8 C2)	19	Contract of the second	
Agencies Notified	Type Notification		S	treet Ad	ldress		Į.	1			4	N. P.
□ EPA	Initial		1	10	10 C	8/001	HFICZ:	O ASSESTED	COME	201		- Paris 7-00
DEP	Amended		C	ity, Stat	e Zin Code		1	1.14 .1-15	SING		~	
DOL	Amendment #_ Emergency (in		/	in it			NJ	- , -				(trades of
DOH DCA	justification) Cancellation		N	lame of	Contact .	Wist		9-13.699	nber YK	66	9	
				FACIL	ITY INFORMA	ATION						
Street Address	OHASON E	Place (3)	1	fi.	ze'z		Type of Facility  School (K Subchapt Other (i.e	57.793	2) al build	ings,	home	s,
	RD.,						etc.)					-P1
City (5) MORALIS	PLAINS	,				6		V # of Floors $Q-3$	1	dg. A	5-9	65
County (6) HORLY	5				Code (7) ISE ONLY)		Current Use (F	Prior if being demolish	ned)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.		of Abatement C	ontractor (9)				
Street Address	v 10	21				Street A	Address	None				
01 01 1 71 0 1	X 36.		00			City St	A//LL tate, Zip Code		71			_
BCRL N  Project Manager for Moni		280		Геlephor	ne No		one No.	NJ 0450				
JIM PR	ORTOR		A	356-4	452-1311	9736	353965	2 125				
Start Date (10)	1	Schedule 03/			Date (11)		of OSHA Monit	IGEV				
Occupancy Status During	Abatement (Check						Address	المستعار				
Facility Closed/Vaca Abatement Performe						City St	MILL tate, Zip Code		1			
Other - Describe: _						PA	TERSON	, NJ.075	0/			
Scope of Work (Check Al	That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				Mini-Enclos Glovebag P				e	
		le	Location	on.				T		Abate	ement	
Location	of	1	Normall	у		Description	of		_	Ту	pe	
Asbestos-Containing	Material (ACM)	250000	d Solel intenar			Containing M	laterial (ACM)	Amount	_		Ē	m
TO BE ABA		1	todial S			mal systems urfacing, VA		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	•		(12)			er miscellar			oval	air.	sula	sure
		Yes	No	N/A							6	
BUILDING	$\bigcirc$		1		1	147	98. 450 Parkin (1910)	26,000 SF	: 1/	7		
FIRST 8	SECOND				TARZ			6,000 SF	1			
FL	2012 L					FPRA	page	100 LF	1/			_
				<u></u>		16000		4				
Name of Registered Was	ste Hauler		Н	JDEP Waller ID	No. of	whic Yards Waste		of Registered Landf	Ш			
City State		e - 1		600		isposal Date	City, S	State				
Completed by	NU,UT	30/				73D	Add	4			2	
Completed by	000	Title	13.	E0		Signature			) 4/	ni	150	9
CTURHN 1	Crtt		L-E	=0			76-1	1	77/8	0/1	1/	_

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

Date of Notification (1) 09/18/2019					Building (							OCT	- 4	20	19	
× EPA ×	ype Notification Initial Amended				ddress South M te, Zip Co		eet		The state of the s		ASI	BEST(	OS CC DENSI	NTA	OL &	3
DOL DCA	Amendment Emergency ( justification) Cancellation	including	_	Name of	stown, P Contact Graziar		)1					one Nu 230-8	imber 080 ex	ct. 5		
Name of Facility Where Aba		g Place (3	)	FACII	LITY INFO	PRMATIO	ON	☐ s	of Facility school (K- subchapte other (i.e.	12) r 8 (C	other the	nan K-1	2)	dings,	home	es,
1701 75th Street, Nor City (5) North Bergen	th Building								tc.) e Feet		of Flo		В	ldg. A 0+		
County (6) Hudson					Code (7) JSE ONLY)			Vaca			5388	lemolis	hed)	1		
Name of Monitoring Firm Hi	red by Building (	Öwner (8)		ASCM	1 No.		Nova		ement Co elopmen		SSM 1991	nc.				
Street Address  City, State, Zip Code		***************************************					189 City, S	Towns tate, Zip	end Str							
Project Manager for Monitor	ring Firm			Telephor	ne No.		Teleph	Bruns one No 565-36		J 08	Lic	cense l	No.			
Start Date (10) 10/14/19		Schedule 12/30/	19	pletion (	Date (11)		EMC	A	A Monitor							
Occupancy Status During A  Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of A	Abatem	ent			17 M City, S	Address leredit tate, Zip atawa	h Pl.	3854						
Scope of Work (Check All T ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	hat Apply)		Renova Demoliti				×	Mini	Containm -Enclosur vebag Pro -Exempte	e cedu	re				e	
		100	Location											Abate	emen pe	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Use Ma	Normall d Solel intenar todial S (12)	y by nce/		Desc tos Conta thermal s surfaci other mi	systems ing, VA	laterial s insulat T, or			Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Center roo	m	res	140	X	Pine i	nsulatio	on/trar	nsite d	ebris		500	sf				×
Exterior				x	,501	Windo					270		к		15	
		-											+			
Name of Registered Waste  Nova Development Gro			Н	JDEP W auler ID J-807		Cubic Y of Wast			Name of			Landfi	II			
City, State New Brunswick, NJ			1,,			Disposa	er 20	19	City, Sta Morris	te ville,	PA					
Completed by Todd Grant		Title Presi	ident			Sig	gnature	100	tuM	W	16		ate )9/18/:	2019		

Print Form

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2h3750	5		NOT		ATIO		BE	Jersey STOS ABA1 360 and 5.1			5 E				
Date of Notification (1)					Nam	e of Buildin	a Ov	vner/Operator (	(2)	111 111 00	CI -	4	201	9_	
10 /	01 /	19				eg Coats	8	···oiropoiatoi (	(-)		, 7	<	1	<	-
Agencies Notified	Type Notific	ation		-		et Address				ASBES	STOS	00	NTR	OL 8	A Desired
⊠ EPA	☑ Initial	4.011			Otroc	Address					LICEN	SI	VG.	ontenessor	
□ DOLWD	☐ Amended				City	State, Zip	Code								
☑ DOH	Amendm					ooklyn, N									
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cludin	g		e of Contac		1210		Telephone N	lumber	_			
*	☐ Cancellat				Gr	eg Coats				releptione is	idiliboi				
					_		IFO	RMATION							
Name of Facility Where A	batement is 1	Taking	Place	e (3)		COLLII I II	11 0	MATION	Type of Facility	(A)				_	
Residence				,					School (K-1	(1) E-16					
Street Address		11:							☐ Subchapter	8 (Other than K private and com		bu	ilding	js,	
City (5)							,	.0	Square Feet	# of Floors		Blo	ig. A	ne .	
Ewing						08	10	7/8	2500	2			100	90	
County (6)			25.50		Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (P	rior if being dem	nolished	i)			
Mercer									Residence						
Name of Monitoring Firm		ding C	wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9	))					
Guardian Contraction	ng, Inc.						(	Guardian Co	ntracting, Inc.						
Street Address							Str	eet Address							
1889 Rte. 9, Unit 61							1	1889 Route 9	, Unit 61						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Toms River, New Je							1	Toms River, I	New Jersey 0	8755					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Те	lephone No.		License No					
Nicholas Fernicola			4-77		ACCOUNT OF THE PARTY	9-9932	7	32-349-9932	!	00624					
Start Date (10)						ate (11)	1000	me of OSHA M	974 1977 A <sub>r</sub>						
					4_ /	19	E	E.M.S.L. Anal	lytical						
Occupancy Status During							Str	eet Address							
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>						a a sila a		056 Stelton							
Time of Abatement:	AM-	PN	гасііі. Л/	PM	- -	AM	-	y, State, Zip Co							
Scope of Work (Check all						<del>-</del>	F	Piscataway, I	New Jersey 08	3854					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tnat apply)		⊠ Re		100000			☐ Mini-Enc							
				Loca								Aba	teme	ent T	уре
Location of Asbestos-Containing N	5.0	))		Norma ed Sol	ely by	Asha	etne	Description o Containing Ma		0 == 0 :== 1		D.	Re	Щ	m
TO BE ABA	TED	,		inten			., the	ermal systems i	insulation,	Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cus	(12)	Staff?			surfacing, VAT, her miscellane		SF or LF)	1	2	•	sula	sure
()			Yes	No	N/A		Ü	nei miscellanei	ous)					ite	
basement				$\boxtimes$		asbesto	s p	ipe insulatio	n	170 If					
											Г	7	П	П	
				П	1							=			
Name of Registered Waste	e Hauler				NJDEP	Waste	Cul	oic Yards of	Name of Dog	stered Landfill			Ш	Ш	
Guardian Contractin				100	lauler I	D No.	Wa	ste	T.R.R.F.	stered Landilli					
City, State							POS-TOX	posal Date	City, State						
Toms River, New Je		,					1	0/14/19	Tullytown	, Pennsylvani	ia				
Completed By (Print or Ty	pe)	Title					-	Signature	/		Date		1	1	
Nicholas Fernicola		Pr	oject	Man	ager				1		10	) /	1 /	110	7

Do not use this form for aspestos licensure exempted activities.

Po- hr	CF	Contracto	NOT			TION		BEST	sey OS ABAT 0 and 5:16		DEC	E		$\mathbb{V}$	
Date of Notification (1)  8 /	23 /	19			N		of Building	76	r/Operator (i	2)	THE OC	-	4 2	2019	and the same of th
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notification					15 E	Address East Mon	-	ery St		ASBES	TOS			L &
☑ DOH □ DCA	Amendm  ☐ Emergen					Pitt	sburgh F	PA 152	12		74.1				
(NJAC 5:23-8)	justificati  Cancellat	Self order			N		of Contact hony Po	ā.,			Telephone Numb 412-633-402				
						FAC	CILITY IN	IFORM	ATION						
Name of Facility Where A		Γaking	Place	(3)						Type of Facility	5 53				
Street Address					-					☐ Subchapter 8	(Other than K-12)				
313 Harrington Ave	nue									homes, etc.)				(1), (2)	
City (5) Closter										Square Feet	# of Floors	-	dg. A	ge	
County (6)						Cour	tu Cada /7	VOTATE	USE ONLY)	18400	2 or if being demolis		+-50		
Bergen						Court	ty Code (/	)(SIAIE	USE UNLT)		or it being demoils	ieu)			
Name of Monitoring Firm	Hired by Build	ding (	Owner (	(8)	AS	SCM	No.	0.000		ent Contractor (9)			-		
TTI Environmental					1					VIRONMENTAI	_, INC.				
Street Address 1253 North Church	Ctroot								Address	CTDEET					
City, State, Zip Code	Sireet								State, Zip Co	R STREET			-		
Moorestown, NJ 08	057								STOL, PA						
Project Manager for Moni				TT	elenh	none I	Nο		none No.	10007	License No.		-		-
Kris Smith				3			-8218		-788-6040		00509				
Start Date (10)		Sched	uled C	1 - 3				3000,000	of OSHA M	Name and the same	1 3333				_
9 / 9 /	19	C	1/	_	H	OL		BRI	STOL EN	VIRONMENTAL	_, INC				
Occupancy Status During								227502	Address						
☐ Facility Closed/Vacate ☐ Abatement Performed							crihe	7 (48,500,000		R STREET					
Time of Abatement:							onbe	323	State, Zip Co STOL, PA						
Scope of Work (Check all	that apply)			-				٠.					-		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re		ation ition	1			⊠ Mini-Enc ⊠ Glovebag	g Procedure	ative Pressure	e			
	500.0				cation							Ab	atem	ent T	уре
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	Material (ACM TED	1)	Use Ma	d S inte	nally olely nanc al Sta 2)	by e/		stos Co ., therm surf	escription o ntaining Ma al systems i acing, VAT, miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
()			Yes	N	0	N/A		01.101	moconario	000)				б	
Basement Boiler Roo	m						Boiler S	Skin &	Exhaust		460 SF	$\boxtimes$			
Basement Boiler Roo	m					$\boxtimes$	Pipe Ins	sulatio	n		129 LF				
Basement Generator	Room						VAT / M	lastic			800 SF				
Basement Generator	Room					$\boxtimes$	Pipe Ins	sulatio	n		129 LF				
Name of Registered Wast SERVICE TRANSPO		P. INC	).		Hau	ıler ID		Cubic Waste	Yards of	Name of Regis					
City, State YARDLEY, PA					20	0990		Dispos	sal Date	City, State WAYNESB					
Completed By (Print or Ty	rna)	T:41-		1000					3	MATINESB					
Dillan DeCaro	pe)	Title E:	stimat	tor				8	ignature )////////	u Decan	Date 9	e -3	0-	19	

ASB-41 DD19050 \*1

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Pg.2

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

				(1-1	iisuaii	IL LO NOA	10 0.00 and 5. I	0)	ISS			1	
Date of Notification (1)	23 /	19					g Owner/Operator ( nmunications	2)	U U OCT -	4 2	2019	,	U
Agencies Notified	Type Notific	ation	. Vier lee		Street	Address				произывары			pronjestojaja
⊠ EPA							tgomery St	T.	ASBESTOS			L&	
□ DOLWD						State, Zip C			LICEN	121141	I was	VOICES	and the second
□ DOH	Amendm			19		50 30	PA 15212						
DCA	☐ Emerger		luding			of Contac			Telephone Number	or		-0250	
(NJAC 5:23-8)	justificati  Cancella					hony Po			412-633-4021				
	L Cancella	ILIOIT							412-033-4021			_	
				<del></del>	FAC	CILITY IN	IFORMATION						
Name of Facility Where A			Place	(3)				Type of Facility	ALCOHOL STORY				
Verizon Closter Ce	ntral Office							School (K-1					
Street Address									8 (Other than K-12) private and commerce	ial bu	ilding	S,	
313 Harrington Ave	enue							homes, etc.					
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je	
Closter								18400	2		+-50		
County (6)	CONTRACT TO STATE OF THE STATE						)(STATE USE ONLY)	Current Use (P	rior if being demolish	ied)			
Bergen								Verizon Co	mmunication				
	me of Monitoring Firm Hired by Building Owner (						Name of Abateme						
TTI Environmental								VIRONMENTA					
Street Address							Street Address	***************************************	,		A second		
1253 North Church	Street						1123 BEAVE	PSTREET					
City, State, Zip Code	Olloct						1-110-2017-1-20						
	0057						City, State, Zip Co						
Moorestown, NJ 08							BRISTOL, PA	19007	1				
Project Manager for Mon	itoring Firm				phone I		Telephone No.		License No.				
Kris Smith	Т.				09-313		215-788-6040		00509				
Start Date (10)		Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M						
_9_/_9_/		4			UL	<u>U_</u>	BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During	g Abatement (	Check	only o	ne)			Street Address						
Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip Co	ode	MICHES LANGE IN CO.			82671	
Time of Abatement: _	AIVI	PIM	5:00	-IVI- <u>1</u>	:30AM		BRISTOL, PA	19007					
Scope of Work (Check al	Il that apply)												
□ >2 of or >2 W		r	Ø D		1272			tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Rer □ Der					g Procedure					
									on-Friable Procedure	)			
			Is	Loca	tion					Ab	ateme	ent T	уре
Location				lorma			Description of			R	æ	т	m
Asbestos-Containing TO BE ABA	Material (ACN	Л)		ntena	ely by ince/		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facili				odial	Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	nsd	Sur
(13)				(12)			other miscellane		,	-		late	e)
			Yes	No	N/A							,,,	
Basement Oil Tank R	Room				$\boxtimes$	Pipe Ins	sulation		50 LF				
Basement Open Area	a				$\boxtimes$	Pipe Ins	sulation		33 LF				
Boiler Room					$\boxtimes$	Trowele	ed On Ceiling		400 SF	$\boxtimes$			
Name of Registered Was	N	IJDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill							
SERVICE TRANSPORT GROUP, INC.						) No.	Waste	MINERVA	LANDFILL				
City, State							Disposal Date	City, State			-14200		
YARDLEY, PA							TBD	WAYNESI	BURG, OH				
Completed By (Print or T					Signature	723	Dat	e					
Dillan DeCaro		Es	timat	or			Dilla	a Dollas	12 /On				

ASB-41 PD19050

Pg.1

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

										1			-			111
Date of Notification (1)	23 /	19	9		13.00			wner/Operator ( unications	2)	In	OCT	- A	20	19		$\parallel$
Agencies Notified	Type Notifi	cation			Stroe	et Address	77.5			Ш	1001		LU	14	be	med
⊠ EPA	⊠ Initial	oation				411070 - 2-2014103		omery St								
☑ DOLWD		ed						ASSESSMENT TO THE PARTY OF THE			ASBESTO			ROL	&	
☑ DOH	Amendr	nent #	1-9/1	6/19		State, Zip			1	numero un	LIC	ENSI	NG	umen no ume	-	Harrier Anna
☐ DCA	☐ Emerge		ncludin	g		tsburgh		15212								
(NJAC 5:23-8)	justifica					e of Contac					Telephone N					
	☐ Cancella	ation			An	thony Po	orta				412-633-	4021				
					FA	CILITY I	NFO	RMATION								
Name of Facility Where A			g Plac	e (3)					Type of Fac	ility (	4)					
Verizon Closter Cer	ntral Office	)				*			School (I							
Street Address									Subchap	ter 8	(Other than k	(-12)	l b.	سالمال		
313 Harrington Ave	nue								homes, e	etc.)	ivate and com	mercia	II DU	iliaing	s,	
City (5)		di-se-	-1.91.532						Square Feet		# of Floors		Blo	dg. Ag	ie	-
Closter									18400		2		10000	+-50		
County (6)	. N							TATE USE ONLY)	Current Use	(Pric	or if being den	nolishe	d)			
Bergen											munication		-/			
Name of Monitoring Firm	Hired by Bui	lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme					1100.4	-117-7		-
TTI Environmental					İ			BRISTOL EN			INC					
Street Address		-		SUBSIL			_	reet Address			,		_			
1253 North Church	Street						1	1123 BEAVER	STREET							
City, State, Zip Code				_				ty, State, Zip Co		-						
Moorestown, NJ 080	057						1	BRISTOL, PA								
Project Manager for Monit				Te	lephone	No	-	elephone No.	13007		I lineare Me		_			
Kris Smith	omig i min			100000	609-313		10000	215-788-6040			License No					
Start Date (10)		Schen	luled C	1	etion Da		_	ame of OSHA M			00509					
9 / 9 /					4 /		1 3			T A I	1110					
							1	BRISTOL EN	VIRONIVIEN	IAL	, INC					
Occupancy Status During							1	reet Address								
☐ Facility Closed/Vacated ☐ Abatement Performed						arib -		1123 BEAVER								
Time of Abatement:	AM-	PI	л/5:00	PM-1	:30AM	cribe	1 8	ty, State, Zip Co								
5555				-			E	BRISTOL, PA	19007							
Scope of Work (Check all	that apply)							⊠ FII C4	-1					-1		
≥3 sf or ≥3 lf			⊠ Re	nova	tion			Mini-Encl	ainment with osure	Nega	tive Pressure					
≥160 sf or ≥260 lf			☐ De	molit	ion				Procedure							
								☐ Non-Exer	npted (*) and	Non	-Friable Proce	edure				
				Loca lorma									Aba	teme	nt Ty	ре
Location o Asbestos-Containing M		<b>/</b> /\			ely by	Acho	otoo	Description of			11. <b>8</b> 15.3015.77018.4*		D D	D D	ш	ш
TO BE ABAT	ED	''	Ma	inten	ance/			Containing Mat ermal systems in			Amount (Specify		Remova	Repair	nca	nclo
IN Facility	,		Cust	odial (12	Staff?		S	surfacing, VAT,	or		SF or LF)		val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		ot	ther miscellaneo	ous)						late	Φ.
			168		-		AU-1077			+						
Basement Boiler Roon							000000	& Exhaust		4	460 SF	_	X			
	ement Boiler Room									-	129 LF		X			
Basement Generator Room										_	800 SF	-				
				Ц		Pipe Ins		tion bic Yards of			129 LF					
Name of Registered Waste	RVICE TRANSPORT GROUP, INC.  NJDEP Waste Hauler ID No.								Name of Re							
	KI GROUP	, INC		1	20990		Wa	1315	MINERV	A L	ANDFILL					
City, State	- V=E						Dis	posal Date	City, State							-
YARDLEY, PA							Т	BD	WAYNE	SBU	RG, OH					
Completed By (Print or Type) Title								Signature				Date	172			
Dillan DeCaro		Es	timat	or				0 . 1	r Deca	10	10n	9-	11	-11	9	
OD 44 O =		1						1 COUNT	LINEW	100/	7/00	1	16	-1	(	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT E COLUMN 2 1333
(Pursuant to NJAC 8:60 and 5:16)

ED				-								
Date of Notification (1)	23 / _	19		11		ng Owner/Operator mmunications	(2)	OCT - 4	2019	9		
Agencies Notified	Type Notificat	ion		Stre	et Address							
⊠ EPA	☑ Initial			15	East Mo	ntgomery St	The state of the s	ASBESTOS CO	MTRO	3 10	<u></u>	-
☑ DOLWD	Amended Amended	* #4 0/4	0140	City,	State, Zip	Code		LIGENS		J = 0		
□ DCA	Amendmer  Emergency			Pi	ttsburgh	PA 15212		A STATE OF THE PROPERTY OF THE	OWNERS OF THE RE	WINDS STATE	ANTHORN	Serie (miles)
(NJAC 5:23-8)	justification		ig		e of Conta			Telephone Nu	mher			
* *	☐ Cancellatio	n		Ar	thony Po	orta		412-633-40				
						NFORMATION		412-000-40	121			
Name of Facility Where	Abatement is Ta	king Plac	e (3)	1 7	CILITI	ALOKIN'A LIOIA	Type of Facility					
Verizon Closter Ce		ing i iac	~ (o)				Type of Facilit					
Street Address							Subchapte	r 8 (Other than K-1	2)			
313 Harrington Ave	enue						Other (i.e.,	private and comm	ercial b	uildin	igs,	
City (5)							homes, etc					
Closter							Square Feet	# of Floors	E	Bldg. A	1277	
County (6)				LCau	-h. O-d- /	7)/07475 1105 048 10	18400	2		+-5(	)	
Bergen				Cou	nty Code (	7)(STATE USE ONLY)		Prior if being demo	ished)			
Name of Monitoring Firm	Hisad by Duildia	- 0	(0)	1000		1		ommunication				
TTI Environmental	i mirea by Bullain	g Owner	(8)	ASCN	No.	Name of Abatem		S#1				
Street Address							VIRONMENT	AL, INC.				
	C44					Street Address						
1253 North Church	Street					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					U.
Moorestown, NJ 08						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Kris Smith			6	10 242	8-8218	245 700 0040						
						215-788-6040	l'	00509				
		eduled (	Comple	tion Da	ite (11)	Name of OSHA N		00509				_
_9_/_9_/		10	Comple 4	tion Da	ite (11)		lonitor					
9 / 9 / Dccupancy Status During	19	10 eck only	Comple 4 one)	tion Da	ite (11)	Name of OSHA N	lonitor					
9 / 9 / Decupancy Status During Facility Closed/Vacate		10 eck only Period of	Comple 4 one) Abate	tion Da	19	Name of OSHA N BRISTOL EN	Ionitor VIRONMENTA					
9 / 9 / Decupancy Status During ☐ Facility Closed/Vacate ☑ Abatement Performed		10 eck only Period of pal Facilit	comple /4 one) Abate	ment	19	Name of OSHA N BRISTOL EN Street Address	Ionitor VIRONMENTA					
9 / 9 / Decupancy Status During Facility Closed/Vacate		10 eck only Period of pal Facilit	comple /4 one) Abate	ment	19	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	Ionitor VIRONMENTA R STREET					
Occupancy Status During ☐ Facility Closed/Vacate ☑ Abatement Performed	AM-	10 eck only Period of pal Facilit	comple /4 one) Abate	ment	19	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co	Ionitor VIRONMENTA R STREET					
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9 / 9 / Deccupancy Status During Facility Closed/Vacate  Abatement Performed Time of Abatement:  Geope of Work (Check all  ≥3 sf or >3 If	AM-	eck only Period of nal Facilit PM/5:00	comple /4 one) Abate	ment ss - Des	19	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	NONMENTAR STREET Ode 19007 ainment with Nelosure	AL, INC				
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9 / 9 / Deccupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	AM-	eck only Period of one Facilities PM/5:00	Complete 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ment s - Des 30 AM	19	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	NONITOR STREET  Ode  19007  ainment with Nelosure Procedure	AL, INC		patem	ent T	Tvr
9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Abatement (Che d During Entire F Outside of Norm AM- that apply)	10 Period of of all Facilities PM/5:00  Recommendation	Complete Com	ment rs - Des 30 AM	ate (11) 19 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exer	Ionitor VIRONMENTA R STREET ode 19007 ainment with Nelosure p Procedure mpted (*) and N	AL, INC	Ab	patem	T	-
9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Coope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing	Abatement (Che d During Entire F Outside of Norm AM- I that apply)  of Material (ACM)	eck only Period of of onal Facilities PM/5:00  Rec Dec Is	Complete 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ment rs - Des rs - Des rs - Des rs - In	ate (11) 19 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA   Full Cont Mini-Enc Glovebag Non-Exer  Description of the Stock Containing Mainer Contai	Ionitor VIRONMENTA R STREET ode 19007 ainment with Nellosure p Procedure mpted (*) and N	egative Pressure	Ab	_	T	1
9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing N TO BE ABA IN Facility	Abatement (Che d During Entire F Outside of Norm AM- I that apply)  of Material (ACM) TED	eck only Period of of all Facilities PM/5:00  Rec Dec Is Use Ma	Comple ( 4 one) Abate y Hou PPM-1	ment rs - Des rs - De	ate (11) 19 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exer	R STREET ode 19007 ainment with Nelosure Procedure mpted (*) and N	egative Pressure on-Friable Procedu Amount (Specify	Ab	natem Repair	T	1
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9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing N TO BE ABA IN Facilit (13)	g Abatement (Che d During Entire F Outside of Norm AM- I that apply)  of Material (ACM) TED y	eck only Period of hal Facilities PM/5:00  Re De Is Use Ma Cus Yes	Comple ( 4 one) Abate y Hou PPM-1	ment 's - Des 30AM  on ion ly ly by nce/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA   Full Cont  Mini-Enc  Glovebag  Non-Exe  Description of stos Containing Ma , thermal systems if surfacing, VAT, other miscellane	R STREET ode 19007 ainment with Nelosure Procedure mpted (*) and N	egative Pressure on-Friable Procedu Amount (Specify	Ab	_	ent T Encapsulate	_
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9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Goope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing line TO BE ABA IN Facilit (13)  asement Oil Tank Reasement Open Area	g Abatement (Che d During Entire F Outside of Norm AM- I that apply)  of Material (ACM) TED y	eck only Period of hal Facilities PM/5:00  Re De Is Use Ma Cus Yes	Abate y Hour PPM-1	ment rs - Des 30 AM on on on on Staff?	Asbes (i.e.  Pipe Ins	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exer  Description of the Stock Containing Ma, thermal systems is surfacing, VAT, other miscellanes	R STREET ode 19007 ainment with Nelosure Procedure mpted (*) and N	AL, INC  egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal 🛛	_	Encapsulate	_
9 / 9 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Coope of Work (Check all 3 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf  Location Asbestos-Containing N TO BE ABA IN Facilit (13)  asement Oil Tank Reasement Open Area	g Abatement (Che d During Entire F Outside of Norm AM- I that apply)  of Material (ACM) TED y	eck only Period of hal Faciliti PM/5:00  Re De  Is Use Ma Cus  Yes	Abate phonolitic control internal (12)	ment rs - Des rs - De	Asbes (i.e.  Pipe Ins	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA   Full Cont Mini-Enc Glovebag Non-Exe  Description of stos Containing Ma thermal systems if surfacing, VAT, other miscellanes	R STREET ode 19007 ainment with Nelosure Procedure mpted (*) and N	AL, INC  gative Pressure  on-Friable Procedu  Amount (Specify SF or LF)  50 LF  33 LF	At Removal	_	Encapsulate	1
9 / 9 / Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Goope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing N TO BE ABA IN Facilit (13)  asement Oil Tank Re asement Open Area oiler Room	Abatement (Che d During Entire I Outside of Norm AM- that apply)  of Material (ACM) TED y  Doom	eck only Period of only Period of only Recomplete States of the only Is Is Is Is Is In It Is Is It Is Is It	novation land land land land land land land lan	ment rs - Des 30 AM on	Asbes (i.e.  Pipe Ins Pipe Ins Trowele	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exer  Description of stos Containing Ma thermal systems if surfacing, VAT, other miscellaned  ulation ulation d On Ceiling  Cubic Yards of	R STREET ode 19007 ainment with Nelosure Procedure mpted (*) and N	AL, INC  egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)  50 LF  33 LF  400 SF	Removal 🛛	_	Encapsulate	1
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10.	ħ	IOTI	FICAT (Purs	ION OF A	ASBESTOS ABA IJAC 8:60 and 5:	TEMENT	) - EVAL	#	36	28	
Date of Notification (1) 8 /23 /	19	_	N		ding Owner/Operator Communications	(2)	OCT -	- 4	2019	and the same of th	
☐ DCA ☐ Emerge	led ment #	ıding	C	ity, State, Z	iontgomery St	- Company	ASBESTOS LICE	S CON MSIN		L &	COLUMN STONE
(NJAC 5:23-8) justifica			1	ame of Con Anthony I			Telephone Nur 412-633-40				
			ACCOUNT NO.	FACILITY	INFORMATION						
Name of Facility Where Abatement is Verizon Closter Central Offic Street Address 313 Harrington Avenue		lace (	3)		×	Type of Facility School (K-1 Subchapter Other (i.e., phomes, etc.	2) 8 (Other than K-1 private and comm	2) ercial	buildir	ıgs,	3
City (5) Closter	7					Square Feet 18400	# of Floors	1	Bldg. A		
County (6)			C	ounty Code	(7)(STATE USE ONLY)		rior if being demol	liahad)	+-5(		
Bergen					( //		mmunication	isnea)	5		
Name of Monitoring Firm Hired by Bu	ilding Owr	ner (8)	ASC	CM No.	Name of Abateme						
TTI Environmental						VIRONMENTA					
Street Address					Street Address	THOMBERTA	L, INC.				
1253 North Church Street					1123 BEAVE	RSTREET					
City, State, Zip Code					City, State, Zip Co						
Moorestown, NJ 08057					BRISTOL, PA						
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telephone No.	. 10001	License No.				
Kris Smith				13-8218	215-788-6040	i	00509				
Start Date (10)	Schedule	d Com	pletion	Date (11)	Name of OSHA M		00303				
_9_/_9_/_19_				/ _ 19 _	and the second s	VIRONMENTA	LINC				
Occupancy Status During Abatement					Street Address						
☐ Facility Closed/Vacated During Ent	ire Period	of Ab	atement		1123 BEAVER	STREET					
Abatement Performed Outside of N Time of Abatement:AM	ormal Fac	ility H	lours - D	escribe	City, State, Zip Co	ode				<del></del>	
Scope of Work (Check all that apply)					BRISTOL, PA	19007					
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		Renov	vation lition			Procedure	native Pressure	ıre			
¥			cation mally						patem	ent T	vpe
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)		lsed S Vlainte ustodi	Solely by enance/ ial Staff?	ASD	Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
-	Ye	s N	lo N//	Α		,				te	
Basement Boiler Room				Boiler	Skin & Exhaust		460 SF			П	П
Basement Boiler Room				Pipe In	sulation		129 LF			П	
Basement Generator Room				VAT / N	/lastic		800 SF				
Basement Generator Room				Pipe In	sulation		129 LF		П	П	H
ame of Registered Waste Hauler SERVICE TRANSPORT GROUP	, INC.		Hauler		Cubic Yards of Waste	Name of Regist					
ity, State			2099	5U	Disposal Date	City, State					
YARDLEY, PA					TBD	WAYNESBL	JRG. OH				
ompleted By (Print or Type)	Title				Signature		₽ Da	te		_	-
Dillan DeCaro	Estim	ator			Willan	L Delan	9 Mal	8-5	23.	-19	

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

						o. Dana.	ng Owner/Operator	(2)					
8 /23	3/	19	9		V	erizon Co	mmunications						
	pe Notif	fication			Stre	et Address							_
	Initial	4 121			1	5 East Mo	ntgomery St						
	Amend Amend		ı		City	, State, Zip	Code						
A COLOR	Emerge			ng.	P	ittsburgh	PA 15212						
	justifica		iciuui	ng	-	ne of Conta			Telephone Nu	mhor			
	Cancell	llation			A	nthony Po	orta		412-633-40				
					-		NFORMATION		412-033-40	121			_
Name of Facility Where Abate	ement is	s Taking	g Plac	ce (3)			W OKINATION	Type of Facility	(4)				_
Verizon Closter Central				, ,				School (K-1					
Street Address								☐ Subchapter	8 (Other than K-1	(2)			
313 Harrington Avenue	1							Other (i.e.,	private and comm	ercial	buildi	ngs,	
City (5)					_			homes, etc					
Closter								18400	# of Floors		Bidg.		
County (6)					Col	inty Code /	NOTATE LISE ONLY		2		+-5	0	
Bergen					000	anty Code (	7)(STATE USE ONLY)			lished)			
Name of Monitoring Firm Hired	d by Bui	ildina C	Jwner	(8)	ASCN	1 No	Name of Abatama		mmunication				
TTI Environmental	,	munig C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	AOON	TNO.	Name of Abateme		•				
treet Address								VIRONMENTA	AL, INC.				
1253 North Church Stre	et						Street Address						
ity, State, Zip Code	-						1123 BEAVER						
Moorestown, NJ 08057							City, State, Zip Co						
roject Manager for Monitoring	Circo			1= :			BRISTOL, PA	19007					
roject manager for monitoring	i Liun			1	ephone		Telephone No.		License No.				-
Kris Smith					00 044	20010			A CONTRACTOR OF THE PARTY OF TH				
Kris Smith		Cabad	ا ما د		09-31		215-788-6040		00509				
Start Date (10)				Comple	etion Da	ate (11)	Name of OSHA M	onitor					
Start Date (10)	_	10	0_ /	Comple / _ 4	etion Da		Name of OSHA M BRISTOL ENV	onitor					
Start Date (10)  9 / 9 / 19  Occupancy Status During Abat	tement (	1(Check	0 only	Comple / _ 4 one)	etion Da	ate (11)	Name of OSHA M BRISTOL ENV Street Address	onitor VIRONMENTA				7,	
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Start Date (10) 9 / 9 / 19 Decupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement:  cope of Work (Check all that a	tement ( ring Enti ide of N AM	1(Check tire Peri Normal F PM	only iod of Facilit 5:00	Complete Abate by Hou	ment rs - Des:30AM	19scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA     Full Conta   Mini-Enclo   Glovebag	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure	L, INC			70	
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\* Do not use this form for asbestos licensure exempted activities.

State of New Jersey.  NOTIFICATION OF ASBESTOS/ABATEMENT (Pursuantition N.J.A.C. 8:50 and 12:120)    Comparison of N.J.A.C. 8:50 and 12:120   Comparison of N.J.	APPROVED	134			*				-81						
Pursuantion N.J.A.C. 6:50 and 12:120   Pursuantion N.J.	tron 1700ch	005 D	AC NOT	IEIO	ATIC	State	e of N	lew Jersey	À 4 ==		_		a / 1 /	7	
Date of Notification (1) 3/30/19	1011 JOOKA	to sy o	OO NOT	IFIC.	AIIC	JN C	OF AS	BESTOS A	BAIL	MEN1		Jet "	569		
Agencies Notified Type Notification   Street Address	THI IC	1412	, ,	uis	uaiii	TO I	V.J.A	0.00 am	a) 12:1	20)	MEG		$\mathbb{W}$	5	nì
Agencies Notified	Date of Notification										TS!			40.00	
Patrick Torre Administration Bidg, County Route 518   Service 518   Dot	Agencies Notified		ation					wnship Board	of Ed	ucation	00	T - 4 2	2019	11	Щ
DEP   Initial   City, State & Zip Code   Matawan, NJ 07747   Name of Contact   Releptone Number   ASBESTOS CONTROL &   Name of Contact   Releptone Number   Name of Contact   Releptone Number   Name of Facility Where Abatement is Taking Place (3)   Yoorhees Elementary School   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (£e. private & commercial buildings, homes, etc.)   Square Feet   # of Floors   Bldg, Age   Age   Current Use (Prior If being demolished)   School   Current Use (Prior If being demolished)   School   Current Use (Prior If being demolished)   School   School   School   School   School   School   State Address   S	☐ EPA	1,7001101110	ation					Administratio	n Bldg	, Count	hera hapt:			ha	
DOH					City,	State	& Zip	Code					ITROL	2	-
DCA												<b>ICENSIN</b>	G		was to
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   Voorhees Elementary School   Sireet Address   Taking Place (3)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other												1.0000000000000000000000000000000000000			er
Voorhees Elementary School   Street Address   County (6)   County (7)   County (7)   County (8)   County (8)   County (9)   ASCM No.   School (Name of Monitoring Firm Hired by Building Owner (8)   School (Name of Monitoring Firm Hired by Building Owner (8)   School (Name of Monitoring Firm Hired by Building Owner (8)   School (Name of Monitoring Firm Hired by Building Owner (8)   School (Name of Monitoring Firm Hired by Building Owner (8)   School (Name of Monitoring Firm Ford of Address 1122 Beaver Street   Street Address 1122 Beaver Street   Street Address 1122 Beaver Street   Street Address 1123 Beaver Street   Street Address 1123 Beaver Street   City, State & Zip Code   City, State & Zip Code   Bristol, PA 19007   Telephone Number (School Ones)   School (Name of OSHA Monitor British Fordilly Closed/Vacated During Entire Period of Abatement (Phore of Osha Monitor British Facility Closed/Vacated During Entire Period of Abatement   Street Address 1123 Beaver Street   Street Address 1124 Beaver Street   Street Address 112						ACILI	TY INI	FORMATION							
Street Address   County (6)				Place	(3)										
City (5)		itary Scrio	01			-				(Other th	an K-12)				
Square Feet	11 Liberty Street											lings, hon	nes, et	tc.)	
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Brivinonmental Connection   ASCM No.   Brivinonmental Connection   ASCM No.   Bristol Environmental, Inc.												_			
School   School   Name of Abatement Contractor (9)   Resistor   Environmental Connection   Street Address				C	ounty	Code	(7)				1		40+		
Name of Monitoring Firm Hired by Building Owner (8)	Old Bridge		Middlesex						e (Prior	if being o	demolished)				
Environmental Connection   Bristol Environmental, Inc.	Name of Monitoring	Firm Hired b	v Buildina Ow	ner (8	3)	AS	SCM No		atemer	nt Contra	ctor (9)				
120 Beaver Street   1123 Beaver Street   1125 Beaver Street   1225 Be	Environmental Co				,			BEAL - 기를하였다면 하는 경우 2012년 1일							
City, State & Zip Code Trenton, NJ 08010  Project Manager for Monitoring Firm Rollie Jones Scheduled Start Date (10)		Ctroot													
Trenton, NJ 08010 Project Manager for Monitoring Firm   Telephone Number   Telephone Num															
Rollie Jones   Scheduled Completion Date (11)   Scheduled Completion Date (11)   9/30/19							41-91								
Scheduled Start Date (10) 9/30/19 9/30/19 Occupancy Status During Abatement (Check only one)		Monitoring F	irm									Number			
Size		e (10)	Scheduled Co							nitor	00509		-		_
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00 PM to 11:30 PM Facility Occupied During Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00 PM to 11:30 PM Facility Occupied During Abatement Pacility Occupied Bristol, PA 19007   Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Normally Used Abatement Type Occupied Bristol, PA 19007   Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Normally Used Abatement Type Occupied Bristol, PA 19007   Amount Abatement Type Occupied Bristol, PA 19007   Amount Abatement Type Occupied Bristol, PA 19007   Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Normally Used Abatement Type Occupied Bristol, PA 19007   Amount Maria (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)   Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Normally Used National Machine Inclosure Glove Bag Procedures Normally Used Normally Occupied Pressure Inclosure Glove Bag Procedures Normally Used Normally Used Normally Used Normally Used Normally Used Normally Inclosure Inclosure Glove Bag Procedures Normally Used Normally	9/30/19			9/3	0/19	(.	• /				nc.				
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Secription of Asbestos-Containing Material (ACM)	≥160 sf ≥260	If			Dei	molitio	on		$\boxtimes$		16. T. 1. 18. 18. 18. 18. 18. 18. 18. 18. 18.		_		
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Name of Registered Waste Hauler  Service Transport Inc.  City, State Yardley, PA  Completed By (Print or Type)  Gino Pizzigoni  City   State   Project   Manager  City   State   Project   Project   Manager  City   State   Project   P	Room 116			П				Pipe Insu	lation		91F			$\neg$	П
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Service Transport Inc.    20990   1/2 Cu Yd   Minerva Landfill	Name of Registered	Waste Haule	er						Nam	e of Regi	istered Landfil				
City, State Yardley, PA  Completed By (Print or Type) Gino Pizzigoni  Disposal Date 9/30/19  Waynesburg, OH  Signature Project Manager  Date 9/30/19	Service Transport	Inc.					U No.		Mine	rva I a	ndfill				
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Gino Pizzigoni  Project Manager  Project Muny lungua / 9/30/19											g, OH				
Manager PSMO Whyhyom /4/		or Type)			0.88992			77	n		0 I				
	Gino Pizzigoni							MITTA	KIN	MAZI	mi 190	9/30	/19		
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Date of Notification (1)				Name of	Building	Owner/0	Operator	(2)						Ш	
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Name of Monitoring Firm	me of Monitoring Firm Hired by Building Owner (8)						Name	of Abate	ement C	ontractor	(9)				
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Street Address							Street	Address	S						
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Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	one No	,		License N	lo.			
Carmelo Altomonte			2	01-864	1-6583		(973)	759 - 5	5000		00781				
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

City, State Newark, NJ					sal Date 0-31-19	City, Sta						
Name of Registered Waste Hauler  Newark Carting	19 0500	J DEP W auler ID	No.	Cubic of Was	Yards ste TBD		Registered Landfill Enterprises, LL					
See attached						attached	d	See attached	X			
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Locati Normal d Sole intenai odial S (12)	ly ly by nce/		tos Cont thermal surfa	scription of taining Mate systems in cing, VAT, miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Remova		ement pe Encapsulate	Enclosure
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	Period of	Abaten	nent			1500 Kir City, Stat	ngs HWY N, e, Zip Code Hill, NJ 0803	130				
10-21-19 Occupancy Status During Abatement (Cher	k Only Or		10-31-1	19		The MAG	CK Group, I	LC.				
Carmello Altomonte Start Date (10)	Schedul		201-864 npletion	1-6583 Date (11)			9 - 5000 OSHA Monitor	00781				
Project Manager for Monitoring Firm		1	Telepho			Telephon	e No.	License No	).			
North Bergen, NJ 07047						Acces (500)	e, Zip Code Hill, NJ 0803	34				
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A.E.S.L.	E.S.L.					Western State Committee	Abatement Co CK Group, I	TOTAL SOLD ALE ALEXAND				
Somerset	nerset me of Monitoring Firm Hired by Building Owner (8)					I Name of		empty				
County (6)				Code (7)		C	urrent Use (Pr	ior if being demolish	ed)	2/1/2/2		article from
City (5) Somerset						S	quare Feet	# of Floors	E	lldg. /	ge	
Street Address 501 Weston Canal Road	acama serica					>	Subchapte	er 8 (Other than K-12 private & commercia		dings	home	es,
501 Weston Canal Road						Г	School (K-					
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAC	ILITY INF	ORMAT		ype of Facility					
DOH justification Cancellation		F		f Contact Manage	er			Telephone Nur 973-641-1736				
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Bridge Development Partners, LLC c/o JM Sorge, Inc. 501 Weston Canal Road Somerset, New Jersey Pre-Demolition Asbestos Survey August 20, 2019 EHI Project #: 0934-8210

#### 4.0 Summary of Asbestos Containing Material:

Below is a summary of the asbestos containing materials with respect to quantity and

location. All quantities are an approximation.

Material:	Location/Description:	ENSING Quantity:
Transite Panel	Farm House  1st Floor: Foyer, Behind Steam Radiator at East Wall - 15 SF  1st Floor: Room East of Foyer, Behind Steam Radiator at North Wall - 15 SF	30 SF
Transite Flue Pipe	Farm House  1st Floor: East Room - Associated with Fireplace	4 SF

Material:	Location/Description:	Quantity:
Window Glazing - Yellow Color	Farm House - Exterior Exterior Side around Window Panes  1st Floor: Northwest & Southwest Living Rooms - 6 Windows 1st Floor: 2 Sidelights & 1 Transom Window associated with Front Door Stairway Landing - 1 Window  2nd Floor: Northwest Bedroom - 3 Windows 2nd Floor: Southwest Bedroom - 3 Windows 2nd Floor: North Bathroom - 1 Window  3nd Floor Bedroom: 5 Windows	19 Windows 2 Sidelights 1 Transom
Air-Cell Pipe Insulation	Farm House  1st Floor: Northwest Living Room - Steam Riser in West Wall - 10 LF 1st Floor: Closet Under Staircase - Steam Riser - 8 LF  2nd Floor: Southwest Bedroom, Steam Riser in Southeast Closet - 10 LF  3rd Floor: Bedroom, Northwest Corner in Attic Crawlspace Area - 8 LF 3rd Floor: Bedroom, Southeast Dormer under Floorboards - 6 LF  Basement: 50 LF & 2 LF of debris on floor	94 LF
Linoleum - Mosaic Tile Pattern	Farm House  2 <sup>nd</sup> Floor: North Bathroom - 40 SF  2 <sup>nd</sup> Floor: Hallway outside on North Bathroom - 20 SF  Under Non-Asbestos 12"x12" Light Beige Stone Patterned Floor Tiles	60 SF

Date of Notification (1)  October 01, 2019  Agencies Notified  Type Notification	the of Notification (1)						(2) s, LL	C '		CT -		2019	159	5
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Name of Facility Where Abatement is Taking	g Place (3	)					Туре	of Facility	(4)					
495-489 Weston Canal Road							П:	School (K-	12)					
Street Address								Subchapte	r 8 (Other tha				· <b>*</b>	
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City, State, Zip Code						-		ip Code	0.220					
North Bergen, NJ 07047								NJ 0803	34					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho	-			nse No	).			
Carmello Altomonte			01-864			(973) 7	759 -	5000	0078	31				
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Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR	OF (	OPER	RATIONS	Signa	ture	X	( )		Dat	e 4	13	0//	9			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NIAC 8:60-7 and 13:120.7)

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification City, State, Zip Code **EPA** DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact TelephoASNUMBERS CONTROL & DCA **EMERGENCY NOTIFICATION** KINNARI PATEL 732-594-2257 LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 880 EXTERIOR N/A N/A N/A City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 732-594-6352 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /19 12/ 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month 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-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 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 (EXTERIOR) Location of Is Location Description of Asbestos-Abatement Type Containing Material (ACM) Asbestos-containing normally used Amount **ENCLOSUR** REMOVAL REPAIR ENCAPSUL 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 PARKING LOT/GREENLANDS AREA X TRANSITE PIPE 120 LF X NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 20 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State MONTGOMERY , PA 17752 FREEHOLD, NEW JERSEY 9/30-10/30/19 Completed by (Print or Type) Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

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UN-1940	d-,	1		to NJAC 8:60		B		11	L.J	1	anthropy
Date of Notification (1)	119	6	Name of	Building Own	er/Operator OAD	(2) **	SEP/L	1802	010	ACHIEV III	
Agencies Notified Type	Notification		Street Ad	ddress						1	1
[Married]	nitial		10	10	BLOC	MFICA	D ASTESTICS	TOAIT	2001		Mark Fred
Market I found	Amended Amendment #		Al C	te, Zip Code	C-S	NJ	07096	SING	e-removement	mandan rugu	
	Emergency (includustification)		Name of	Contact		and the second	Telephone Nun	nber		/17	
DCA C	Cancellation			ATT P			973.644	146	56	4	
Name of Facility Where Abatem			-A 0:	LITY INFORM	ATION	Type of Facili	ty (4)				
JEHNSON & JOHN	SON OF	20 /	Pfi	zez_		School (					
Street Address 201 TABOR RI	).,		J			Other (i.e etc.)	oter 8 (Other than K-12 e. private & commercia	l) al build	lings,	home	es,
City (5) MORPLIS PL						Square Feet 680, 00	# of Floors	В	ldg. A	ge / «_/	Qi.
County (6)	97 104		County C	Code (7)		Current Use (	Prior if being demolish	ed)	10	22	105
Name of Monitoring Firm Hired	by Building Owner	1	ASCM		Name	V A CA of Abatement (					
# 55 Street Address					-A	RIAL					
P.O. 30 X	365	-	**		(F) (F) (F) (F) (F) (F)	Address AlkL	575				
City, State, Zip Code  BERLIN	NJ, 68	009	7		City, S	tate, Zip Code	NJ 0750	1			
Project Manager for Monitoring	Firm	T	Telephor	ne No. 152-13/	Teleph	none No. 653965	License N	0.			
Start Date (10)	Sche	duled Con	npletion [	Date (11)	Name	of OSHA Moni	tor.				
Occupancy Status During Abate		3/0/	120			DRAN Address	IGEV				
Facility Closed/Vacated Du			nent			MILL	37				
Abatement Performed Out: Other – Describe:	side of Normal Fa	cility Hours	3		City. S	tate. Zip Code		77/			
Scope of Work (Check All That	Apply)				PH	1 GUSUN	NJ.075	2/			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova			E	Full Contain Mini-Enclose Glovebag F		ressu	re		
					13		oted (*) and Non-Friab	le Pro	cedur		
Location of		Is Locat Normal	lly		Description	of				ре	
Asbestos-Containing Materi TO BE ABATED	ai (ACIVI)	Used Sole Maintena	nce/		Containing N	Material (ACM) s insulation,	Amount (Specify	71		Ē	ш
In Facility (13)		Custodial ( (12)	Staff?	S	urfacing, VA er miscellar	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
()	Ye	es No	N/A	Ott	ici misocilai	ieous)		val	<del> </del>	ulate	ure
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FIRST & S	CCOND			TAR P	ADER		6,000 se	1			
FLOUR				R00	F DRA	ING	100 LF	in			
				Annual Control of the	1000		4	in			
Name of Registered Waste Hau	ler	H	IJDEP W fauler ID 8603	No. of	ubic Yards Waste		of Registered Landfill				
City, State PATERSON, N.	7.0750		600	Di	sposal Date	City, S	State				
Completed by GORAN 1GE	Ti	tle	20		Signature	1 11	Da	te	01	150	3
UNITED TOPE	7		- 0		1	1		1/2	11	11	

Johnson & Johnson, Inc. 201 Tabor Road Morris Plains, New Jersey Asbestos Material Identification Survey Update September 1 & 2, 2015 EHI Project #: 0759-5781 2019

### Wing D - 1956 North Section - Totals

956 North Section –	<u>Totals</u>	ASBESTOS CONTRO
Material	Location	Approximate Amount
1' x 1' vinyl floor tiling and associated mastic	Throughout Floor – Under Carpet	26,000 sq. ft.
Tar Paper Water Proofing	Inside Face of all Brick/Masonry perimeter walls	6,000 sq. ft.
Compressed Paper Type Insulation covering existing Roof Drains	Assumed in Wall Column Chases	100 LF
Fire Doors (Presumed)		All

Note: Totals do not include materials that are inaccessible and/or not observed.

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Date of Notification (1)		i	L	Name	of Buildin	g Owner/Operator	(2)			00/		74					
	27 / 19	Ą.,		Llann	ah Thone	+	9	III III OCI	- 4	201	3						
Agencies Notified	Type Notification				t Address	L						1					
☐ EPA	Initial						6	ASBESTO	S C	ONTE	IOL	St.					
□ DOLWD	Amended			City.	State, Zip	Code			ENS		apentery.						
☑ DHSS	Amendment #				50	NJ 07079											
DCA (NJAC 5:23-8)	Emergency (in justification)	icludin	9		of Contac		Telephone Numb	ner			-						
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation			Hann	ah Thone	f		1									
	1					NFORMATION			-	-							
Name of Facility Where	Abatement is Taking	a Place	(3)	1 /1	OILII I II	ALOKMA HOM	Type of Facility	(4)									
Private house		g	(0)				School (K-1										
Street Address							<ul> <li>Subchapter</li> </ul>	8 (Other than K-1 2)									
							Other (i.e., homes, etc.	private and commerc	cial bu	ilding	S,						
City (5)				-			Square Feet		TR!	dg. Ag	10						
South Orange, NJ 070'	79						044410166	2.01130013	011	ag. Al							
County (6)				Соцг	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)								
Essex					., (.)	(OTTILE OOL OTTET)		nor ir borng domono	100)								
Name of Monitoring Firm	Hired by Building (	Owner	(8)	ASCM	No.	Name of Abatem	l nent Contractor (9	)				_					
						Gr Tech LLC	A -	,									
Street Address						Street Address			-		1112	10.10					
						576 Valley Rd	#283										
City, State, Zip Code				-		City, State, Zip (											
						Wayne, NJ 074	70										
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				-					
						973-638-1777		01127									
Start Date (10)					ite (11)	Name of OSHA	Monitor				CWA CO	7000					
10 /08 /				<u> </u>	19	Envirovision C	onsultants,Inc										
Occupancy Status During						Street Address											
Facility Closed/Vacate						20-21 Wagarav	Road, Bldg .#	35E									
Abatement Performed Time of Abatement: _						City, State, Zip (	Code										
						Fair Lawn, NJ						(anicom)					
Scope of Work (Check al	I that apply)						up and decontami ntainment with Ne	nation with negative	press	ure							
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≥ 160 st or ≥260 If		∐ De	molitic	on		⊠ Gloveba Non-Ev	ag Procedure	Tent with Negative on-Friable Procedur	Press	ure							
		19	Locat	ion	T		ompios ( ) and it	1	-	ateme	nt T	VDS					
Location			Norma	lly		Description	of					T					
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		Yes	No	N/A	-				-								
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Basement-exercise room	m-2 closets			$\boxtimes$	Pipe ins	ulation		15 LF	×		П						
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		П															
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Gr Tech LLC City, State			1 (	)03378	55	TBD	T.R.R.F. Inc										
						Disposal Date	City, State										
Wayne, NJ 07470 Completed By (Print or Ty	vpe) Title					TBD	Tullytown, P										
						Signature	An c	Da									
N.Jevtic ASB-41	Ow	ner					Hewre Wen	ad   09/	27/19	<u> </u>							
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Date of Notification (1) 09/25/2019	19	1/85		Building Ov Wessel	wner/C	perator	(2)			<u> 0C</u>	-	- Д	2013	1	L	
Agencies Notified Type Notification		5	Street Ac	idress					ASBESTOS CONTROL & LICENSING							
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DOH justification)  DCA Cancellation				Wessel					1	-	varrio					
			FACIL	LITY INFOR	RMATI	ON	_		(1)							
Name of Facility Where Abatement is Taking House Street Address	Place (3	).						of Facility ( School (K-1 Subchapter Other (i.e. petc.)	12) 8 (Othe			buildi	ngs, l	nome	s,	
City (5) Paterson		20122					Squa N/A	re Feet	# of N/A	Floors		Blo N/	dg. Ag A	je		
County (6) Passaic				Code (7) USE ONLY)			Curre	ent Use (Pri se	or if bei	ng demo	lishe	d)				
Name of Monitoring Firm Hired by Building C N/A	ne of Monitoring Firm Hired by Building Owner (8)							tement Cor ement, Ir		(9)						
Street Address					01.001	Addre osen	ss gren Ave	nue								
City, State, Zip Code							y, State, Zip Code otowa, NJ 07512									
Project Manager for Monitoring Firm			Telephor	ne No.			elephone No. License No. 73-345-8685 01311									
Start Date (10) 10/02/2019	Schedule 10/03/2		pletion (	Date (11)		7 4 6 3 7 6 5 7	Name of OSHA Monitor D&S Abatement, Inc.									
Occupancy Status During Abatement (Check	k Only On	e)				100000000000000000000000000000000000000	Addre	ss gren Ave	nue							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied						City, S	State, Z	ip Code J 07512								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE		novation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						ure		
		Locati											Abate Ty	ment pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/	(i.e. ti	s Cor herma surfa	escription taining N Il system acing, VA miscella	Materia is insul AT, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		D:				-	70   5		**				
Basement		Х			Pipe	e Insula	ation		-	70 LF		X				
Name of Registered Waste Hauler D&S Abatement, Inc.		H	IJDEP W lauler ID 0996	No.	Cubic of Wa			Name of		ered Lan dfill	dfill					
City, State Totowa, NJ					Dispo	osal Date	е	City, Sta Morris		PA						
Completed by Oliver Hegedis	Title Proje	ect Ma	anager			Signatur		/			Dat	7i	2019			

Date of Notification (1)	(Pt	rsuant	ate of Nev I OF ASBE to NUAC 8	ESTOS 3:60 a	ABATE	)	To a manufacture of the second design of the second	D-	EC	E	E		E					
09/25/2019 09/25/2019	2012			f Building ( Bulin - E				nc .		OCT	-	4	2019	,				
Agencies Notified Type Notific	ation		Street A	ddress ummit A	ve			1		ASBEST	°OS (	O	VTR	DL &				
▼ EPA     ▼ Initial     ▼ DEP     ▼ DOL     ▼ Amend	led			ate, Zip Co						l.	ICEN	SIN	IQ_	Personal State of	NACO PROPERTY OF			
Emerg	lment # ency (including			City. NJ	0708	37			Telephone Number									
DOH justifica	ation)	1 1 2 2	Name of Adam	f Contact Bulin					Telephone Number 201-392-8100									
Name of Facility (Afficient Abote cont.)	Taldas Disas (0		FACI	LITY INFO	- C = - 104	(4)												
Warehouse	ame of Facility Where Abatement is Taking Place (3) /arehouse							of Facility										
Street Address					AT 11		Subchapte	8 (Oth				llass	h					
297 Communipaw Avenue								Other (i.e.   etc.)			erciai		35//		es,			
City (5) Jersey City		*.	573	X	-/	13,0		2	f Floors		50	ldg. A O+	.ge					
County (6) Hudson			Code (7) USE ONLY)				ent Use (Pri ant Ware			lished	)							
Name of Monitoring Firm Hired by Buil N/A	lding Owner (8)		ASCN	/ No.				atement Co struction I		(9)								
Street Address						Street	Addre	ess				- 134						
City, State, Zip Code						City, S	State, Z	Zip Code										
Project Manager for Monitoring Firm		1 -	Lincoln Park, N Telephone No. Telephone No.						J 07035 License No.									
					862-	862-264-9463					01306							
Start Date (10) 10/07/2019	10/25/2		pletion	Date (11)		Name of OSHA Monitor Nari Construction, LLC												
Occupancy Status During Abatement	(Check Only On	ie)				Street			a Doth									
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:			rs City, State, Zip Code							1								
Scope of Work (Check All That Apply)						Linco	oln Pa	ark, NJ 0	/035	· · · · · · · · · · · · · · · · · · ·	V. 24 4 4 4							
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Location of	l lea	lormall d Solel	у			escription				2000 St. Co.	-		Ту	/pe				
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Mai	intenan odial S (12)	ice/		therm: surf	ntaining Nal systems acing, VA miscellar	s insul T, or	lation,	(5	Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure			
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Exterior			X			low Cau		1		50 LF	>	_		x				
Office		1	X VAT/Mastic					News	23,760	000 SF	yell >			X				
Name of Registered Waste Hauler Nari Construction, LLC	H	Haular ID No of Wasta					Name of Registered Landfill G.R.O.W.S											
City, State Lincoln Park, NJ	Disposal Date City, State TBD Morrisville, PA 19					A 1906	7											
Completed by Igor Jezdimirovic	nage	r			Signature	• .				Date 09/2	5/2	2019						

Print Form

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Date of Notification (1) 09/26/19	11484	10			f Building ( po Colle				У	Sent Bank						lange.		
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× EPA × DEP × DOL	Amended Amendment #				ate, Zip Co ah, NJ 0						*							
X DOH □	Emergency (ir justification) Cancellation	cluding			f Contact ki Steva	novio	1			Telephone Number 862-228-0107								
	Cariocilation			Assessment	LITY INFO		862-228-0107											
Name of Facility Where Abat Learning Commons	tement is Taking	Place (3	3)	Type of Fac														
Street Address 505 Ramapo Valley Ro	oad							×	Subchapter Other (i.e. p	8 (Oth				lings,	home	es,		
City (5) Mahwah						0.000	etc.) equare Feet						ge					
County (6) Bergen			Code (7) USE ONLY)			5-200	rrent Use (Pri	or if bei	ng demo	olishe	ed)							
Name of Monitoring Firm Hire USA Environmental Ma		ASCN	I No.			of Al	batement Con ntracting &			tal C	ons	ultin	g, In	C.				
Street Address 344 West State Street					Street 1141		ress oute 23											
City, State, Zip Code Trenton, NJ 08618							0.0040-0.00		Zip Code NJ 07470									
Project Manager for Monitoria William Weisgarber	ng Firm			Telephone No. Tele				elephone No. License No. 973) 628-9200 00408										
Start Date (10) 10/07/2019		Schedul 04/05/2	ed Con	ompletion Date (11) Name				ame of OSHA Monitor I.R. Contracting & Environmental Consulting						g, In	C.			
Occupancy Status During Ab		-		Street Address 1141 Route 23														
Facility Closed/Vacated Abatement Performed C Other – Describe:				ement														
Scope of Work (Check All Th	nat Apply)	<del></del>					vvay	116,	143 07470		-							
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	act (pp))		Renova Demoliti				×	1	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					9			
			Locati				NATURAL CONTROL OF THE SECOND STREET	waren.							ment pe			
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Use Ma	ed Sole intenar todial S (12)	ly by nce/		os Co therm surf	escription ntaining M al systems acing, VA miscellar	Mater s insi T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
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Exterior				Х			White S				0 LF	-	X					
Exterior				X	Win	dow	Glazing	/Ca	ulking	1	1 SF	_	X					
Name of Registered Waste H	JDEP W	laste	Cubi	c Yards	1-11	Name of	Donieta	rod Land	dell									
J.R. Contracting & Envir	Inc H	auler ID 7819	9.50 Mg/2/201	of W			Grand	=			W.A.		S-W-100					
City, State Wayne, New Jersey		Disposal Date City, Stafe Pen Argyl, Pennsylvania																
Completed by Jerry Bijelonic	nager			Signature	· (			- 1	Date 09/	e 26/1	9							

nock

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuan to NUAC 8 60-7 and 12:120-7)

AAT 1 ....

OCT - 4 2019

ETS JOB # 5410/19 CHECK #30037	AMENDMENT#2										
Date of Notification (1) 9/25/2019	Name of Building Owner / Operator (2)  NEWARK PUBLIC LIBRARY O/B/O THE CITY OF NEWARKING										
Agencies Notified Type Notification	Street Addre	ess			Interview.						
	5 WASHIN City, State 8	IGTON STRI	EET								
□   DEP   □   Initial Notification     □   DOL   □   Amended Notification		1.76									
DOL Amended Notification DOA Cancellation	Name of Co	ntact				elephone Nu					
DCA DCA	MR. GEOF	RGE WHEAT	TLE \	WILLIAMS	S 9	73-733-569	7				
	FACILIT	Y INFORMA	OITA	N							
Name of Facility Where Abatement is Taking P	lace (3)			acility (4)							
NEWARK PUBLIC LIBRARY Street Address				ol (K-12) chapter 8 (0	Other than	K-12)					
5 WASHINGTON STREET							gs, homes, etc.				
(pr. 17.34) 4-11 (Selection Local Methods of the Colon Selection Colon Selecti			are F	eet	# of Floors	В	ldg. Age				
City (5) County (6)	County Code			,400		1	121				
NEWARK ESSEX		LIBI	RAR								
Name of Monitoring Firm Hired by Building Ow DPV CONSULTANTS, INC.	ner (8) ASC 289			Abatement NTRACTI		(9)					
Street Address 225 WEST 37 <sup>TH</sup> STREET, 15 <sup>TH</sup> FLOOR		Stre	et Ad	dress							
City, State & Zip Code				e & Zip Co							
NEW YORK, NY 10018		BRO	OOK	LYN, NY							
Project Manager for Monitoring Firm MICHAEL McMAHON	Telephone Numl 718-701-2757			e Number -6300		License N	umber <b>00511</b>				
	mpletion Date (11 9/08/2020			OSHA Mor R TECH.	nitor						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire F				dress ACKSON	AVENUE						
Abatement Performed Outside of Norm	nal Facility Hours -	City,	, State	e & Zip Co	de						
Describe: FRIDAY 12:00 PM – 10 10:00 AM – 10:00 PM,			NG IS	SLAND C	IIY, NY 1	1101					
6:00 PM	30NDA1 0.007										
Other - Describe:											
Scope of Work (Check all that apply)				Full Cont	oinmont						
☐ Demolition ☐ Renovation ☐ Large Project	lion		H	Full Cont Mini-Enc							
Quantity is ≥ 3 SF or ≥ 3 LF ACM				Glovebac	a Procedur	е					
Quantity is ≥ 160 SF or ≥ 260 LF ACM			$\boxtimes$		TENT & NON-	FRIABLE PROC					
Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by	Asbe	Descrip	ption of Containing		Amount (Specify	Abatement Type (Specify: Removal,				
TO BE ABATED in Facility	Maintenance or Custodial Staff? (12)	Material (AC	M) (i.e	e., thermal sy	A Commission of the Commission	quare Feet or	Repair, Encapsulation				
(13)	Oustodial Otali: (12)	msulati		urfacing, VA scellaneous)		Linear Feet)	or Enclosure)				
1 <sup>81</sup> FLOOR	NO	CEILING/WAL	L PL	ASTER		6 SF	TENT				
2 <sup>ND</sup> FLOOR	NO	FLOOR TILES	S & M	ASTIC		36 SF	NON-FRIABLE				
2 FLOOR	NO	I LOOK HELC	J & 1111	AOTIO			PROCEDURES				
2 <sup>ND</sup> FLOOR MEZZANINE	NO	CEILING/WAL	LL PL	ASTER		8 SF	TENT				
3 <sup>RU</sup> FLOOR	NO	FLOOR TILES	LOOR TILES & MASTIC 60 SF				NON-FRIABLE PROCEDURES				
		CEILING/WAL	ILING/WALL PLASTER				TENT				
Name of Registered Waste Hauler #1	NJDEP Waste H	lauler ID#	Cu.	Yds. of Wa		Name of Registered Landfill #1					
JIMMY BYRNE T/A JIMMY BYRNE	195	51	20			CUMBERLAND COUNTY					
TRUCKING		LANDFILL									

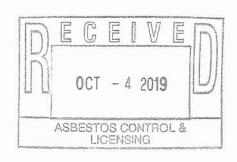
	5	Parameter Street	A	n									Pri	nt Fo
Jnv-14805	2	OTIFI (P	CATION	te of Nev OF ASBE O NJAC	ESTOS A	BATE	MENT	0	00	all	10	} <	3/1	7
Date of Notification (1)	14		Name of	Building (	Owner/Op	perator	(2)	TE	7	G	ΕÏ	W	B	100
9/27/19			The Ch	nurch of	St. Jar	nes		IIL	1)-	= 9 1		U		
Agencies Notified Type Notification	)		Street Ad	ddress				II	M.				t)- juma	
× EPA × Initial				Finley A		í				OCT	- 4	2019	-	1
DEP Amended			1 - 1990) : <b>5</b> 1 - 22 - 1990 (1991)	te, Zip Co				head	land.				1	man
X DOL Amendmer		-	The Contract of the Contract o	g Ridge	NJ 07	920		-	ottote process		2 2 2 1			
	)		Name of							1-56345			La	
DCA Cancellation	n			Lynch	DMATIC	N.		Lancaron		1-303-98	529	hand device the	nudadonnina	NUMBER OF
Name of Facility Where Abatement is Taki	ng Place (3	)	FACIL	LITY INFO	JKWATIC	JN _	Type of Fac	cility (4)						-
St. James School								l (K-12						
Street Address							Subch	apter 8	(Oth	er than K-1		Hara	tonomous	
200 South Finley Avenue							Other etc.)	(i.e. pri	vate 8	& commerc	cial build	dings,	nome	is,
City (5)							Square Fee	et	# 0	Floors	1000	ldg. A	ge	
Basking Ridge				2000000000	I I Santata III.		3500		1			0		
County (6)			County C	Code (7) ISE ONLY)			Current Use	e (Prior	if bei	ng demolis	shed)			
Somerset			-	-			building			(0)				-
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.			of Abatemer				C			
ABS Environmental Services, LLC Street Address Street Address														
Street Address Street Address 4 E Gate Drive, PO Box 483														
City, State, Zip Code						2 10 10 10 10 10	state, Zip Coo		JOX				Orași II-lea	
Oity, State, 219 Gode						2.5	wood, NJ		8					
Project Manager for Monitoring Firm			Telephor	ne No.			none No.			License	No.			
						973-	764-2276			703				
Start Date (10)	Schedule		mpletion [	Date (11)		Name	of OSHA Mo	nitor						
10/11/19	10/25/1	-1100												
Occupancy Status During Abatement (Che	eck Only On	e)				Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:						City, S	State, Zip Coo	de						
Scope of Work (Check All That Apply)									-					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	R X D	tenova emoli				>	Mini-End Gloveba	losure g Proce	dure	Negative				
						L	☐ Non-Exe	mpted	(*) an	d Non-Fria	ible Pro	1000000000	ement	
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Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Ashes		scription	n of Material (ACN	۸)	Δ	mount			т	
TO BE ABATED	100000000000000000000000000000000000000	intena Indial	nce/ Staff?	(i.e.	thermal:	system	s insulation,	"	(	Specify	Re	R	Encapsulate	Enc
In Facility (13)		(12)	In 1921		other m	ing, VA niscellar			Si	or LF)	Remova	Repair	psul	Enclosure
V.25.7/	Yes	No	N/A								<u> </u>	200	ate	re
Constitution	100	110	13013					-			+	-		
See attached								_			-	+	-	-
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		y 										-		
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Name of Registered Waste Hauler		40.00	NJDEP W Hauler ID		Cubic of Was				1000	ered Landf		التكلم ي		
Newark Carting		(	4509		TBD					al Sanita	агу ца	nutili		
City, State						sal Date		, State		۸				
Newark NJ	T-11				TBD	laur - t		n Arg	yı, P		)oto	-		
Completed by A. Scott Higgins	Title Pres	ident			S	ignatur	1	7		1 3	Date 9/27/1	9		
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### ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

St. James School 200 South Finley Avenue Basking Ridge, NJ

#### ASBESTOS REMOVAL



LOCATION	ASBESTOS MATERIAL	<u>AMOUNT</u>
First Floor Hallway	Floor Tile	20 SF
Third Floor Hallway	Floor Tile	8 SF
Gym Hall	Floor Tile	10 SF
Kitchen	Floor Tile	4 SF
Room 100 (storage)	Floor Tile	2 SF
Room 202	Floor Tile	2 SF
First Floor Hallway	2'x2' Ceiling	8 SF
ASI	BESTOS REPAIR	
Boiler Room	Pipe Elbows	2 LF

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A. PHONE FAX E-MAIL Web (877) 434-6041 (973) 764-9676 <u>absenv@warwick.net</u> www.absenvironmental.com

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VOCY)		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)		NE	C E	d.]	82					
Date of Notification (1) . 9/4/19	1		Name o	of Building	Owner/	Operato	r (2)					) (	1				
Agencies Notified Type Notification			Street	Address	x Nons	tantino	s & G	eorgia T	silios	<u> 0CT -</u>	4 20	)19_	arrange and a second	4			
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DEP Amended Amendment	#			ate, Zip C nope, No		Λ			ASE	BESTOS			Ŝt.	1			
DOH Emergency justification)		-	Name o	of Contact				Ілиманее	Te	lephone N		reconstant	Maso-Aliana	morried.			
DCA Cancellation				Sabatino		Ü											
Name of Facility Where Abatement is Takin Residence	g Place (	3)	FAC	ILITY INF	ORMAI	TON	Туре	of Facility	(4)								
Street Address	1		× 1	J	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,			
City (5) Stanhope	D	X V						re Feet	# 0	f Floors	Bidg. Age 60						
County (6) Sussex			STATE	Sode (7) USE ONLY	2/10	1		ent Use (Pr dence	ior if bei	ing demoli	shed)						
Name of Monitoring Firm Hired by Building (	Owner (8		ASC	1	10/1		of Aba	tement Co									
Street Address			<i>/</i>			ronment	al Serv	vices, LL	С								
		*0		V		Street PO E		ss 83,4E(	Sate D	rive							
City, State, Zip Code						City, S	tate, Z	ip Code						-			
Project Manager for Monitoring Firm			Telepho	ne No		Glen		l, NJ 07	418								
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	764-2			License 1	No.						
Start Date (10) 9/26/19	Schedul		pletion	Date (11)		Name	of OS	AA Monitor				-					
Occupancy Status During Abatement (Check	Only O	ne)	191	//7		Street	Addres	SS									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abatem / Hours	ament														
Scope of Work (Check All That Apply)												71885N					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renovai Demoliti				×	Mir Glo	I Containm ni-Enclosur ovebag Pro	e cedure								
	Is	Location	on			Last Control	1 110	n-Exempte	d (*) and	Non-Fria	ble Pro		e ement				
Location of Asbestos-Containing Material (ACM)		Normall d Solel			Des	scription	of				_	Ту	pe	-			
TO BE ABATED  In Facility		intenan todial S		Asbes (i.e.	tos Cont thermal	systems	insula	(ACM)		mount pecify	Re	71	Enc	<u> </u>			
(13)	(12)			other m	cing, VA	i, or eous)		SF	or LF)	Remova	Repair	Encapsulate	Enclosure				
	Yes	No	N/A				W 3 3 4 3 4 5 - W				<u> =</u>		ate	ге			
See Atttached Listing			X								х						
				-													
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic `	Yards		Name of	Regista	red Landfil							
Newark Carting		Ha	auler ID		of Was					l Sanitar		dfill					
City, State Newark, NJ					100000000000000000000000000000000000000	al Date		City, Stat	e .		,		-	-			
Completed by A. Scott Higgins	Title	dant			Si	gnature		A	571,17		ate						
7 Oook riiggilio	Presi	uent					K			9,	4/19						

ABS ENVIRONMENTAL SERVICES

ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DE

OCT - 4 2019 ASBESTOS CONTROL & LICENSING

Stanhope, NJ

#### ASBESTOS REMOVAL

	ASBESTOS MATERIAL	AMOUNT
RESIDENCE & SHED		
	Ix1 floor tile Linoleum Black sink undercoat	200 SF 500 SF 20 SF
	Window glazing Flooring material	300 SF 800 SF

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.

PHONE FAX E-MAIL Web

(877) 434-6041 (973) 764-9676 absenv@warwick.net www.absenvironmental.com

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

			NOTI	FICATIO	ON OF ASB	W Jers	ey S ARATE	MENT	MA	F3 ( 6)			-	No descriptions			
			NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										m				
Date of Notification (1)	2			Name	of Building	Owner	/Operato	r (2)	100			7	9				
9/4/19 - 9/5/6/19				Altha	anasios &	Kons	stantino	s & Geo	gial Tsilio	OS AAT	4		-				
Agencies Notified	Type Notification	1		Street	Address					UUL	- 4	2019	-	Land 1			
X EPA	× Initial												1				
DEP × DOL	Amended Amendmen	t #			tate, Zip Co					ASBESTO	S COA	TRO	2				
⊠ DOH	Emergency	(includin	g		hope, NJ	0787	74		Piz u remotencio		ENSIN		-				
DOH DCA	justification Cancellatio	)			of Contact Sabatino					Telephone	Number			E-CHERTSON.			
- Lond						00111	TI O LI										
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	CILITY INFO	JRIVIA	IION	Type of F	acility (4)								
Residence																	
Street Address								Sub	ool (K-12) chapter 8 (	Other than	K-12)						
0:1- (5)								Oth etc.	er (i.e. priva	ate & comm	ercial bu	ildings	, hon	nes,			
City (5) Stanhope								Square F		# of Floors		Bldg.	Age				
County (6)								2500		2		60	190				
Sussex				County	Code (7) USE ONLY)			Current Use (Prior if being demolished)									
Name of Monitoring Firm	Hisad by Buildin	0 (						residence									
Traine of Monitoring Pinn	miled by Building	Owner (8	5)	ASC	M No.			ame of Abatement Contractor (9)									
Street Address							-	3S Environmental Services, LLC									
							100000000000000000000000000000000000000	Address	150	<b>.</b> .							
City, State, Zip Code						-	-	Box 483, 4 E Gate Drive State, Zip Code									
								wood, N									
Project Manager for Monit	oring Firm	- 7.11		Telepho	one No.			one No.	01410	Licens	o No						
							0.0000000000000000000000000000000000000	764-2276	6	703	e IVO.	; 1NO.					
Start Date (10) 4 9-30-79					Date (11)		Name	of OSHA N	onitor				E (10-7)				
			-27	-19	1												
Occupancy Status During		**************************************					Street	Address									
Facility Closed/Vacate Abatement Performed	ed During Entire F	Period of	Abaten	nent													
Other - Describe:	- Outside of North	iai raciiit	y nours	5			City, S										
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf			Janava	£			TV.	1	ontainment with Negative Pressure								
× ≥160 sf or ≥260 lf			Renova Demolit				Ê	Full Cor Mini-En	ntainment v	ıre							
								Gloveba	g Procedu								
		Τ.		Kores			×	Non-Ex	empted (*)	and Non-Fr	iable Pro						
Location o	f		Locati Vormal			2	20 17						emen pe	t			
Asbestos-Containing M	laterial (ACM)	Use	ed Sole	ly by	Asbesto	Des os Cont	scription	of aterial (AC	M)	Amount		T					
TO BE ABAT In Facility			intenar todial S		(i.e. t	hermal	systems	insulation,	wi)	(Specify	R	7	Enc	m			
(13)			(12)		an e	other n	cing, VAT niscellane	r, or eous)		SF or LF)	Remova	Repair	apsı	Enclosure			
		Yes	No	N/A				/			val	=	Encapsulate	ure			
See Atttached	Listing																
00071111401104	Listing		X							Х							
Name of Registered Waste	Hauler			JDEP W	0.000	Cubic '		s Name of Registered Landfill									
Newark Carting				auler ID 1509	10	of Was	te			tral Sanita		dfill		H			
City, State				Disposal Date					State		- J Lui						
Newark, NJ				TBD Pen Argyl, PA								A.					
Completed by		Signature Date					Date										
A. Scott Higgins		Presi	dent	ent					~		9-2	6-19					
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Date of Notification (1) 9/27/19		100		A STANSACTOR	of Building ( Mrs. Roo			r (2)	Cit	In	E	GÍ		$\mathbb{V}$					
Agencies Notified Ty	ype Notification				Address						1				- 11				
EPA X	Initial										0	CT	- 4	2019	Office as and postporters				
DEP DOL	Amended Amendment	#		2010	ate, Zip Cod away NJ		86			bad (	-	200-11			E Owners				
X DOH	Emergency	(including			of Contact	070	00			I Te	leph6fie	NR THORS	S-CO	VTRO	2				
DCA C	justification) Cancellation				ey Seifer	t				11 10	терпошен		131		a W4				
					ILITY INFO		TION												
Name of Facility Where Aba home	tement is Takin	g Place (	3)					Туре	of Facility (4	1)									
Street Address									School (K-1, Subchapter		or than k	(-12)							
								×	Other (i.e. p				uildin	gs, hom	ies,				
City (5)				10-					etc.) ire Feet	# 0	of Floors		Bldg	. Age	-				
Rockaway								170		1			74						
County (6)					Code (7) USE ONLY)			Curre	ent Use (Pric	r if be	ing demo	lished	)						
Morris		0 (0)						hon											
Name of Monitoring Firm Hir	ea by Building	Owner (8)	)	ASC	M No.				atement Con ronmental			1.0							
Street Address				1				Addre		Sei	vices, L	LC	-						
									Drive, PO	Вох	483								
City, State, Zip Code							1 68		ip Code										
Desirat Manager for Market	-								d, NJ 074	18									
Project Manager for Monitori	ng Firm			Telepho	ne No.		1000	none N 764-2			License 703	e No.							
Start Date (10)		Schedul	ed Co	mpletion	Date (11)				HA Monitor		100								
10/7/19		10/18/			,														
Occupancy Status During At	patement (Chec	k Only Or	ne)	Street Address															
Facility Closed/Vacated Abatement Performed ( Other – Describe:	During Entire I Dutside of Norm	Period of A	Abater / Hour	City, State, Zip Code															
Scope of Work (Check All Th	nat Apply)									-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demoli				×	Mir	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				1150						
		le	Locat	tion				1 140	II-Exempled	( ) an	u Non-i i	lable r		atemen	t				
Location of		1	Vorma	lly		D	escription	of						Туре					
Asbestos-Containing Mat TO BE ABATE In Facility (13)		Ma	ed Sole iintena todial (12)	ince/ Staff?	(i.e. t	Description of tos Containing Materia thermal systems insul- surfacing, VAT, or other miscellaneous)				(5	amount Specify F or LF)	1 10011104	Repair	Encapsulate	Enclosure				
		Yes	No	N/A										ate	G.				
basement			х		pipe	e insula	tion		9	93 LF	x								
										77									
Name of Registered Waste H	lauler	-	4	JDEP W	Chicago and Control of the Control o		Yards		Name of F	Registe	ered Land	fill							
Newark Carting				Hauler ID 14509	140.	of Wa			Grand C	entr	al Sanit	ary L	andfi	11					
City, State Newark NJ						Dispo	osal Date		City, State Pen Arg		Α								
Completed by		Title		- 02-8			Signature	1	11.			Date							
A. Scott Higgins		Pres	ident	dent 9/27/19															

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

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D-1 (1) (6-4)				_	1 1 2	150 116				-++11		/		-				
Date of Notification (1)  9 /	26 /	19			none of the	of Building		ner/Operator (	2)	EGE			100					
Agencies Notified	Type Notifics	otification Street Address												1				
⊠ EPA	☐ Initial	10011					ncev	rille Road		0CT - 4	201	۵						
□ DOLWD   □	☐ Amended					State, Zip C				1 001 4	201	J	1	4				
⊠ DOH	Amendme					wrencevil		J 08648				-						
DCA (NJAC 5:23-8)	☐ Emergend justification		cluaing	l		of Contac				Telephone Num	DENTR	OL 8		+				
(110710 0120 0)	Cancellat				Wa	lter Eddy				609-896-508	0	column action	en mark					
					FA	CILITY IN	FOF	RMATION										
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)								
Rider University - L	incoln Hall								School (K-12	() 3 (Other than K-12)								
Street Address										rivate and comme		ilding	S,					
2083 Lawrenceville	Road								homes, etc.			200	:					
City (5)									Square Feet	# of Floors		dg. A	ge					
Lawrenceville									75,000	4		50						
County (6)					Cou	nty Code (7	)(STA	TE USE ONLY)		ior if being demolis	shed)							
Mercer									school									
Name of Monitoring Firm		ling C	)wner (	(8)	ASCM	No.	Name of Abatement Contractor (9)											
Health and Safety S	bervices				117		Plymouth Environmental Company, Inc											
Street Address PO Box 365						Street Address												
					,		923 Haws Avenue											
Berlin, NJ08009	y, State, Zip Code City, State, Zip Code  Berlin, NJ08009 Norristown, PA 19401																	
Project Manager for Mon	itorina Firm			Tel	ephone	No		ephone No.	A 19401	License No.								
James Proctor	itoring r iiiii			300	56-452		100	10-239-9920	î	0398								
Start Date (10)	S	ched	uled C	1000	etion Da			me of OSHA M						_				
10 /14 /					3 /	200			vironmental C	ompany, Inc.								
Occupancy Status During	g Abatement (0	Check	only o	one)			Stre	eet Address										
☐ Facility Closed/Vacate							9	23 Haws Av	enue									
Abatement Performed							City	, State, Zip Co	ode									
Time of Abatement: 7	:00AM- <u>3:30</u> P	/IVI/	P	VI	AM		N	lorristown, F	PA 19401									
Scope of Work (Check al	I that apply)							□ Full Cont	tainment with Ne	gativo Proceuro								
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure	gative Fressure								
≥160 sf or ≥260 lf			☐ De	molit	ion				g Procedure	n-Friable Procedu	ro							
			Is	Loca	ation	T		M MOII-LAG	impled ( ) and 140	in-i habie i focedo		atem	ent T	VDE				
Location	of		1	Norm	ally			Description of	ıf			_						
Asbestos-Containing		1)			lely by ance/			Containing Ma ermal systems		Amount	Removal	Repair	nca	nclo				
TO BE ABA				todia	Staff?	(1.6		surfacing, VAT		(Specify SF or LF)	oval	=	Encapsulate	Enclosure				
(13)			Vee	(12	1	-	ot	her miscellane	ous)				ate	LO .				
Yes     No     N/A       basement     □     □     wrap/cut pipe insulation									n	100LF								
b wing 1st floor storage room									"	80SF		П						
		K4.				1	_	d mastic		80SF								
a wing 1st floor mech b wing 2nd floor stor										()()								
SEE ATTACHED SHE	ET				NIDER			d mastic	Nome of De-	80SF		Ш	Ш	Ш				
Name of Registered Was Robinson Waste Di					NJDEP Hauler I		5000000	oic Yards of ste	Name of Regi									
City, State	- CPOSGI				1730	4		posal Date	City, State	w.IWIIII								
Voorhees, NJ 0804	3							0/31/19	Moorisvill	e, PA								
Completed By (Print or T		Title	9				1	Signature	71	<u> </u>	ate_ /		/	8				
James M. Kelly			ice Pr	esic	lent			1//	7//		9/	4/	19					
								///			-/-	1/						

1	1	Locat			1	Aba	ateme	ent Ty	ype
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole aintena stodial ( (12)	elý by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		4.	_	_		
Buing 2nd Floor Storage	X	Ш		floor tile and mastic	YOST		Ш	Ш	
Buing Ind Floor custochal Room	A			floor tibe and wastic	, 40sF				
Awing Int Floor storage	À			floor tile and mosta	805 F				
Burng 3rd Floor Storage	A			floortile and mostic	805 E				
9									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma Cus	Normal Normal ed Sole intena todial S (12)	ly ly by nce/ Staff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Ab Removal	Repair	t Encapsulate	e Enclosure
7 117	Yes	No	N/A	Α	1				
Buing 3rd Floor Storage	DX.			floortile and mostic	405F				
Buing 3' Floor custoclial room	X			floorfile and mostic	YOSF				
Auring 3rd Floor Storage	Á			floor tile and moster	405F				
Awing 3rd Floor storage	A	Ш		floorfile and mustic	805F		Ш	Ш	Ш
	100	Locat				Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  (13)	Use Ma Cus	Normal ed Sole intena todial s (12)	ly by nce/ Staff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
11.	Yes	No	N/A						
A Wing Hallway	Ż			tore buse mustic	6001F			Ш	
							Ш	Ш	
*									
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)	Use Ma	Locati Normal d Sole intenar todial S (12)	ly ly by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	e Enclosure
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	1			2		-			
Location of		Locat Normal		Description of			atem		
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)	Ma	ed Sole aintena todial ( (12)	nce/	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous	Amount (Specify Spor F)	Removal	Repair	Encapsulate	Enclosure
	П				4 2019				
					+ 4 2019 <u>  L</u>	X			
				The second secon	and the second	X			
				ASBESTOS LIGI	S CONTROL & ENUING				
				Concentration of the Content of the		M			1

Ch313	5		NOT		ATION		BE	STOS ABAT 8:60 and 5:1		1	X(	13	<del> </del>	\n		145			
Date of Notification (1)				*	Name	of Buildin	ng Ov	wner/Operator (	2)	1	T	也也	7 E	1	Y	E			
9/	26 / _	19			Ric	der Unive	ersit	у		100	3								
Agencies Notified ☑ EPA	Type Notifica	ation				t Address 33 Lawre	nce	ville Road		The state of the s		00	T -	4	201	9	Lean		
☑ DOLWD	☐ Amended	-			City,	State, Zip	Code	9	5			way to contract to	05-20-1276-04G	(Newson)	resonant and		-		
☑ DOH ☑ DCA	Amendm		oludina		Lav	wrencevi	lle,	NJ 08648	-			ASBES				OL 8	2		
(NJAC 5:23-8)	☐ Emergen justification		ciuain	d	Name	of Contac	ct			TE	elept	none N	LICE	101	MO	namer and	accession may		
V. 3 0 3 0 7 0 1 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0	☐ Cancellat				Wa	Iter Edd	٧			1 45.0	500000	-896-5							
							_	RMATION		_									
Name of Facility Where A	batement is 1	Γaking	Place	(3)					Type of Facility (	sility (4)									
Rider University - Li	incoln Hall								School (K-12										
Street Address										oter 8 (Other than K-12) e., private and commercial buildings,									
2083 Lawrenceville	Road								homes, etc.)		le ai	u comi	Hercia	Du	nan iç	5,			
City (5)			6.000						Square Feet	1 #	# of F	loors		Bldg. Age			_		
Lawrenceville							75,000 4 50												
County (6)					Cour	nty Code (	7)(ST)	ATE USE ONLY)	Current Use (Pric	or if	f beir	na dem	olishe	d)					
Mercer						T	**		school	se (Prior if being demolished)									
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	or (9)									
Health and Safety S							hm	nan	v Inc										
Street Address						117 Plymouth Environmental Company, Inc Street Address													
PO Box 365						923 Haws Avenue													
City, State, Zip Code								ty, State, Zip Co											
Berlin, NJ08009							1 22	Norristown, F											
Project Manager for Monit	oring Firm			Tol	phone	No		lephone No.	A 19401	License No.									
James Proctor	omig i iiiii				56-452			610-239-9920		1	o3								
Start Date (10)	S	Schedi	uled C	omple	tion Da	te (11)	Na	me of OSHA N	Ionitor	-	7,500								
10 /14 / .	19	1	0_/	_3	1_ / .	19	F	Plymouth En	vironmental Co	mı	pan	y, Inc.							
Occupancy Status During							Str	reet Address											
☐ Afrancia Seed/Vacated							6	23 Haws Av	enue										
Abatement Performed Time of Abatement: 7:	Outside of No	ormal	Facility	/ Hou M₋	rs - Des	cribe	Cit	y, State, Zip Co	ode										
		1011		VI		9	1	Norristown, F	PA 19401										
Scope of Work (Check all	that apply)								ainment with Neg	Negative Pressure									
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure		0	500010							
			☐ De	moliti	on				g Procedure mpted (*) and Nor	. Er	riable	Droco	duro						
			le	Loca	tion	T		□ NOTI-EXE	impled ( ) and Nor	1-1-1	laule	FIOCE	dure	۸ ۱-	. Francisco	- 4 T			
Location of	of			Norma				Description o	f				-			ent Ty			
Asbestos-Containing N	Material (ACM	1)		d Sol	ely by			Containing Ma	terial (ACM)		An	nount		Removal	Repair	Enc	Enclosure		
TO BE ABAT					Staff?	(i.e		ermal systems				pecify		VOL	air.	aps	losu		
(13)	у		14.55000000	(12)				surfacing, VAT, ther miscellane			51	or LF)		<u>a</u>		Encapsulate	re		
1 V25.7X2		1	Yes	No	N/A			aror imodoliario	343)							le			
stair tower						floor til	e an	nd mastic			60	0SF		X					
central stairway				floor til	e an	nd mastic			4	OSF	1	X							
			П	П										X	П	П			
			П										7			귀			
Name of Registered Waste	e Hauler				JDEP 1		Cui	bic Yards of	Name of Regist	ere	d l a	ndfill	- 1			Ц	_		
Robinson Waste Dis					lauler II	O No.	Wa	aste 30	GROWS La										
City, State					1100		-	sposal Date	City, State					-					
Voorhees, NJ 08043							1	10/31/19	Moorisville	, P	Α								
Completed By (Print or Ty	pe)	Title					1	Signature		_	_		Date	-/	/		-		
James M. Kelly		Vi	ce Pr	eside	ent								9	1/1	0/1	9			

Inv 14 Ch 348	773	1	NOTE (F	Station	of New OF ASBI	ESTOS	ABATE	MENT	-		) E C		T	y <sup>Pri</sup>	
Date of Notification (1) 09/26/19	Check #3455				Building on Se of Lir		perator	(2)		and	OCT		4 20	119	A L
Agencies Notified	Type Notification			Street Ac	ddress ort Hills	Ave					ASBEST		ONT		. &
DEP DOL	Amended Amendmen Emergency		_		te, Zip Co Hills, NJ		578	274							
DOH DCA	justification) Cancellation			Name of Leo	Contact						ephone Num 3-830-547				
Name of Facility Where St. Rose of Lima Street Address 52 Short Hills Ave City (5)	Abatement is Takir	ng Place (3	)	FACII	LITY INFO	ORMATI	ON	Squ	School (K-12 Subchapter 8 Other (i.e. pri etc.)	) 3 (Oth ivate		l build	lings,		ıs,
Short Hills County (6) Essex				County C	Code (7)	)		Curr	000+ rent Use (Prior	2 if be	ing demolishe		0+		
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM N/A	l No.		Carrier S		atement Conti	ractor	(9)				
Street Address N/A							Street 426								
City, State, Zip Code N/A									Zip Code rg, NJ, 070	93					
Project Manager for Mor N/A	nitoring Firm			Telephor N/A			Telepi 201-				License No 01074				
Start Date (10) 10/09/19		10/11/1	19	mpletion [	Date (11)		Sa	me	SHA Monitor	b	oul				
Occupancy Status Durin  Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Nori 6pm	Period of A	Abater	ment rs		_	City S		zip Code						
Scope of Work (Check A  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	NI That Apply)	The second secon	Renovi Pemoli					M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure	553				
Location	n of	10.70	Loca	500000		Des	scription	n of					Abate Ty		
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Ma	intena	Staff?		tos Cont thermal surfac	Description of ontaining Material (ACI) all systems insulation, facing, VAT, or r miscellaneous)		lation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement R	oom 004	100	X	10/3		Asbe	stos D	ebris	;	,	3 SF	X			
Name of Registered Was	ste Hauler		1	NJDEP W Hauler ID 19551		Cubic of Was	Yards ste		Name of R Minerva		ered Landfill eprise				

Disposal Date TBD

Signature

Title

Office Clerk

Date

09/26/19

City, State

Waynesburg, OH

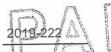
Completed by

City, State Guttenberg, NJ

Michael Fajardo

Inv-14917					8)		ME	CE		$\mathbb{V}$	FI			
Ch10781		NO	TEICATI	State of New Jers ON OR ASBESTO of to NJAC 8:60 a	SARATEME	NT		 OCT -	. 4 2	019				
Date of Notification (1) 9-28	-19	5	Name	of Building Owner	/ 1	Anna Anna				Lincon				
Agencies Notified Type Notificatio	n 1 1		Stree	D. V. I	Cons	+ RUGSHEETOS CONTEROL &								
□ EPA 🗶 Initial				77-	6 S	outh	Ave	LICE	VSINC	à 				
DOL Amended Amendmen	nt#		City, S	State, Zip Code	O.		A 1-	77	~					
DOH Emergency justification	(includi	ng ,	Name	of Contact	· Ma	ins	IVJ	01	0/	6				
□ DCA □ Cancellatio			1	on Ville	ane		Telephone Number 908 347 1181							
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITY INFORMA		pe of Facilit								
	we!		)		١,,	School (k	5/445.070							
Street Address	•		)			Subchapt	er 8 (Other that private & con	n K-12)	L 17.17					
City-(5)	٠,	1		100 C 100 C		etc.)					nes,			
Westfield		U		07090	5	uare Feet	# of Floo	rs	Bldg	Age Q	<del>-</del> -			
County (6)			County (STATE	Code (7) USE ONLY)			rior if being de	molished	i)	20				
Name of Monitoring Firm Hired by Building	Owner (	8)		M No. a	Name of Al	)ingle	ontractor (9)	y D	Mc	llin	5			
Street Address	) i e	15		N/A	EP	CTE	- 6	legi	25	T	nL			
P.O. Boy 3	77	9			Street Addr	400	227	9	6. B		96			
City, State, Zip Code	M:	7	09	533	City, State,		33 7	10	AA	<b>2</b> 5	9			
Project Manager for Month ril gr-irm	A .		Telepho		Telephone	den o	10.000	nse No.	78	300	15			
Start Date (10)		iled Cor	mpletion	758-3365 Date (11)	609 75 Name of OS			<u> </u>	9	17				
10-8-19	11	-	l' –	19			hnolog	ìoc	Tar	•				
Occupancy Status During Abatement (Chec					Street Addre	ess	~	.(						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abater y Hour	nent s		City, State,		. 337							
				*	New	Egypt	NJ	08	353	33				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	_		200247-57077			0 (8	700							
≥160 sf or ≥260 lf		Renova Demolit			M GI	ini-Enclosur ovebag Pro	nent with Negar e cedure d (*) and Non-			150				
	1	Locati					- ( ) 4.14 / (6.1	, nable i	Aba	temen				
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Des Asbestos Cont	scription of	I (ACM)		-	T	уре				
TO BE ABATED In Facility		intenar todial S		(i.e. thermal	systems insul	ation,	Amount (Specify	2	R	Enca	En			
(13)		(12)			ing, VAT, or niscellaneous)		SF or LF)	Nemova	Repair	Encapsulate	Enclosure			
Π	Yes	No	N/A				S	F	-	ate	re			
Throughout House		X		Plaster	Walls		800n-	+- x						
Basement	X			Pipe I	nsula	tion	801	FX	p					
1st Floor		X		Betwee	2 Stud		100 1	F X						
Name of Registered Waste Hauler		I N	JDEP W	aste Cubic	larda	I November 1	<del> </del>							
FOCT I	9		auler ID	No. of Was	te , .		Registered Lar		,	_				
City, State	an constant		1700	Disposa	40 al Date	City, State	e Manag	jene	it c	E K	M			
New Egypt /	VJ			Vario			isuille	PA						
Steve Schenker	Title Pize	Sich	1	Sig	gnature	500		Date	11	1.10	>,			

B & G proj. #:



Check # 9595

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

Date of Notification	(1)	Na			FOR	O F I	77	7 17	Para	7							
1 10 1/10 11	J/1 <u>1 19 1</u>		an Hafetz	Z	#11 (ALC) - 2 (ALC) (MILE)		2	ME	BE		E		111				
Agencies Notified   EPA	Type Notificati		eet Address				:T - 4	201	9	Appropriate forms	<u>  </u>						
DEP DOL	X Amenda		y, State, Zip Montclair,		)43			and the second s									
X DOH		Nar	ne of Conta	ct		OR PROPERTY.		Telephone Viniber CIVITAL &									
☐ DCA	Cancella	ation   .	Dan Hafe	tz									_				
				FACIL	ITY INFORMA	TION		,									
Name of facility wh	ere abatement i	s taking plac	e (3)					Type of Facility (4 School	) (K - 12)								
Dan Hafetz									pter 8 (Oth			2)					
Street Address								Bldgs./H	rivate/Cor lomes, etc			g. Age	Α				
O:h. (5)		Count	v (6)			Coun	ty Code (7)	Square Feet #	OT F1001S		Did	g. 7191					
City (5)  Montclair, NJ	07042	Ess					e use only)	Current Use (Pri	or if being	demo	lishe	i)					
Name of Monitoring	g Firm Hired by	Bldg. Owner	(8)		ASCM No.	TI	Name of Abatement	Contractor (9)									
	8						B & G Restorat	ion, Inc.									
Street Address							Street Address 105 Ryerson R	Road									
City, State, Zip Cod	e						City, State, Zip Code										
2522 A				Lincoln Park, NJ 07035  Telephone Number   License Number													
Project Manager for	r Monitoring Firn	ח	Pho	ne Numb	er		(973)696-686	9	003								
Scheduled Start Da	te (10)	ISched.	Completion	Date (11	)	=	Name of OSHA Mon										
10/01/2019	10 (10)		4/2019			-	B & G Restorat	tion, inc.									
Occupancy Status	During Abateme	nt (Check or	nly one)		A STATE OF S		105 Ryerson R	load					8				
Facility close		entire perio	d of abatem	ent. -			City, State, Zip Code Lincoln Park, N										
Other-Descri						<u>-    </u>						Že.	1				
Scope of Work (ch	neck all that app	ly) Renovatio	2				rap & cut ull Containment w/ne	gative pressure	Gloveb	ag pro	ocedu	re					
>3 sf or >3 lf		≥160 sf or					lini-enclosure		Non-fri	able p	roce	lure					
Location of asbestos-co	ntaining	Is location	normally us nance/custo		Description		sbestos-containing	Amount (Specify S	For	R e m o	R e p a	E n c	Enc				
material to b abated in fac		Yes	No	N/A	material (			ĹF)		v e	i	a p	L				
basement				X	VAT & ma		1	350 sf 75 lf	,	X	H	븜	ዙ				
basement	*			X	Pipe insul	ation	- and -	7311 7		X	片	H	峝				
					1					H		百	同				
Registered Waste B & G Restora	Hauler ation, Inc.		P Hauler II 19563		ubic Yards of \ 6	Waste	Name of Registere Grand Centra										
City, State Lincoln Park,	NJ			Disposal [ 10	Date 0/04/2019		City, State Pen Argyl, PA		.,								
Completed by (Prin		Title Secreta	ry/Treasu	rer	Signature		Gordana Luna	Date									

State of NJ of Ashestos Ahatement

B & G proj. #:	2019-222	i mari	No (Purs	tification uant to	n of Asbe NJAC 8:6	estos A 60-7 a	nd nd	tement 12:120-7)		Geck# 9	<u>5</u> 65	/ E			_			
Date of Notification (	1/1/19/	Dan F	Building ( Hafetz	Owner/Op	erator (2)					OCT	- 4 20	19			=-			
Agencies Notified	Type Notification	Street Ad	dress									201		_				
☐ EPA	X Initial								-	ASBESTO	ENSING	{UL (	4	+	-			
☐ DEP		City, Sta	te, Zip Co	de	·				Іонивникац	nymyteen syktypiäsiaka tavi for eto	and the state of t			100000000000000000000000000000000000000				
X DOL	Amendment		tclair, N	J 07043	)					Telephone N	lumber				-			
X DOH		Name of	Contact						1									
☐ DCA	Cancellation	Dan	Hafetz						1						=			
				FACILIT	Y INFORM	ATION									_			
	nere abatement is tal	king place (3)	-						Туре	of Facility (4) School (	K - 12)							
	iere abatement is ta	ting place (e)									ter 8 (Othe	r than	K-12	)				
Dan Hafetz										Other (P	rivate/Com			,				
Street Address										Bldgs./H	omes, etc.		Bldg. Age					
									Squa	re Feet #	of Floors		Diug.	ngo				
City (5)		County (6)						Code (7) se only)	Current Use (Prior if being demolished)									
Montclair, N	1.07042	Essex				(Stat	e us	se omy)	residential									
				1 A	SCM No.	<del>.</del> —	Nai	me of Abatement										
Name of Monitori	ng Firm Hired by Bld	g. Owner (o)		'			E	3 & G Restorat	ion, In	C.								
						-		eet Address										
Street Address		105 Ryerson Road																
City, State, Zip Co	de						City	y, State, Zip Code	NIOT	035								
Oity, Otato, 2,p			-	Lincoln Park,	142 07	033	License N	umbe	Г	-								
Project Manager for Monitoring Firm			Phone	Number			(973)696-6869 003											
							NE	ame of OSHA Mor	Monitor									
Scheduled Start I	Date (10)	Sched. Cor	mpletion [	Date (11)			B & G Restoration, Inc.											
10/01/2019	9	10/04/2	019				1	reet Address										
Occupancy Statu	s During Abatement	(Check only o	one)			105 Ryerson Road								147	_			
Escility clos	sed/vacated during e	entire period of	f abateme	ent.		City, State, Zip Code												
Abatement Describe:	performed outside of	if normal facili	ity Hours-					Lincoln Park,	NJ 07	035								
Other-Des	cribe:																	
Scope of Work	(check all that apply)							ap & cut I Containment w/n	egative	pressure	Gloveb	ag pro	ocedu	re				
Demolition		Renovation						ni-enclosure	-3		Non-fri	able p	roce	dure				
	<u>3</u> If	≥160 sf or ≥26		- 1lahi			10111	11 0110.000.0				R	R	E	E			
Location		Is location no by maintenar	ormally usince/custor	ed solely dial	Doggri	ntion of	i ach	pestos-containing		Amount		e m	e p	n	n			
asbestos- material to	containing be	staff(12)				al (ACN		303(05 GO), (G), (G)		(Specify S	SF or	0	a	a	C			
	facility (13)	Yes	No	N/A								е	r	р	1			
basement				×	VAT &	mastic	;				X	H	片	十				
basement												ዙ	H	片	卡			
									-			片	卅	計	扩			
-												計	情	盲	T			
				" 10	ubic Yards	of Was	ste	Name of Registe	red Lan	dfill			1	1	_			
Registered Was	ste Hauler		Hauler ID 563	<i>"</i>	5		10.75	Grand Cent	ral Lar	ndfill		DECEMBER 1	-					
City, State	oradori, irio.		4.000	Disposal I	Date	<u> </u>		City, State	Δ									
Lincoln Par	rk, NJ			1	0/04/2019		_	Pen Argyl, P			Date							
Completed by	(Print or Type) una	Title Secretary	/Treasu	rer	Signatur	-	(	Gordana Lun	09/20/2019									

3h1985	N	OTIFIC	ATION	te of New OF ASBE o NJAC 8	STOS AL	3ATE	MENT	villet spengere separately to anomaly to	B					Per	it Fo	
Date of Notification (1) 09/18/2019	72			Building C						0(	31-	- 4	201	9	langer.	
Agencies Notified Type Notification	1 5 0		Street Ad	Idress						ASBE	STOS	S CO	NTR	OL 8	E.	
EPA Initial  DEP X Amended  Amendment #	1	(	329 B South Main Street LICENSING City, State, Zip Code Doylestown, PA 18901													
■ Amendment #     ■ Emergency (ii     ▼ DOH			Name of		A 1090		Tel	ephone	Numb	oer			-			
DCA   Justinication			Jamie	Grazian		21	5-230	-808	0 ext	. 5						
N. Control Manager About and in Tables	DI (2)		FACIL	ITY INFO	RMATIO	N	Tyme	e of Facility	(4)						$\dashv$	
Name of Facility Where Abatement is Taking Street Address	Place (3)							School (K-Subchapte	12) r 8 (Oth	er than	K-12)				Į.	
1701 75th Street, North Building							×	Other (i.e. etc.)							3,	
City (5) North Bergen							2.80	are Feet 000	1 1	f Floors		50	ig. Ag )+	je		
County (6) Hudson			County C	ode (7) ISE ONLY)			1027	ent Use (Pr cant	ior if bei	ng dem	olishe	d)				
Name of Monitoring Firm Hired by Building C		ASCM	No.				atement Co velopmen		10.00	<del></del> с.						
Street Address		Street Address 189 Townsend Street														
City, State, Zip Code						200-		Zip Code nswick, N	J 0890	01						
Project Manager for Monitoring Firm	1	Telephone No.         Telephone No.         License No.           732 565-3655         01284														
Start Date (10)			npletion [	pletion Date (11) Name of OSHA Monitor EMCA												
10/14/19 Occupancy Status During Abatement (Check	12/30/		Street Address													
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm     Other – Describe:	eriod of A	batem	ent			City, S	State,	dith PI. Zip Code /ay, NJ 08	3854							
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	tenova emolit	tion ion				× G	ull Containn lini-Enclosu llovebag Pro lon-Exempte	re ocedure					9		
	Is Lo					cription		on Exempt	CG ( / and Home		Abatement Type					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/		tos Conta thermal s surfaci other mi	ining l system ng, V	Materi ns insu AT, or	ulation,	Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		A C B	1 4-6	h vi o			6 sf				w	x	
Interior ,base of the smoke stack			X	ACM debris						-	=				3000	
East room			X		ACN	/I del	oris		- 2	200 sf					X	
Name of Registered Waste Hauler		H	IJDEP W		Cubic Y			Name o			ndfill					
Nova Development Group,Inc.		N	IJ-807		10 Dispose	ol Dat	0	GRO\		,. 						
City, State New Brunswick, NJ				· -	Disposa	er 20	019		sville, F	PA	-					
Completed by	Title	ident			Sig	gnate	re 10/14	Men	1		Dat	te 9/30/2	2019			