Ch 7626		NOTIF (F	ICATIO	tate of New . N OF ASBES to NJAC 8:6	TOS ABATI	MEN 20)	ΙΤ	D	E	C	0 0		₽ PI	int F
Date of Notification (1) 10/4/19 ThV - 1510	3			of Building Ov fer Bonetti		300	ome		()CT -	- 0	20	119	The state of the s
Agencies Notified Type Notification EPA Initial Amended				Address					ASB	ESTOS LICE			ROL	&
DOL Amendmen		[ate, Zip Code onfield NJ					39					
DOH justification DCA Cancellation			Name of Jenn	of Contact				Tele	phone	Numbe	er			
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INFOR	MATION	TTV	pe of Facility (4)	51-12-7					
Jennifer Bonetti Fay Private Home		- /					School (K-1							
Street Address						×	Subchapter Other (i.e. p	8 (Othe			ouilo	dings,	hom	es,
City (5) Haddonfield NJ 08033						107	uare Feet 000 +	# of 2	Floors		100	ldg. A	ge	
County (6) Camden				Code (7) USE ONLY)		Cu	rrent Use (Pri	or if bein	ng dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.			batement Cor	tractor	(9)					
Street Address					Stree		ress 329							
City, State, Zip Code							Zip Code erlin NJ 080	91						
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telep 856		No. 3-9800		Licens		-			
Start Date (10) 10/22/19	Schedul 10/28/		npletion	Date (11)		of O	SHA Monitor		00.2					
Occupancy Status During Abatement (Chec	k Only O	ne)			Stree	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: HOME OWNER WILL BE	nal Facility	Abaten / Hours	nent		City,	State,	Zip Code					-1: <u>-</u> - <u>-</u> <u>-</u> <u>-</u>		
Scope of Work (Check All That Apply)						V-111-1-1-1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			5	1 0	Full Containme Mini-Enclosure Blovebag Prod Ion-Exempted	edure					9	
Location of	1	Locati	ly		Description	-		7 0.10	1101	TIGOIO I			ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	(i.e. the	Containing I ermal system surfacing, VA	Mater s inso AT, or	ulation,	(Sp	nount pecify or LF)	To the second se	Remova	Repair	Encapsulate	Enclosure
Danner	Yes	No	N/A										ate	ē
Basement			X		Floor Tile	Unly		130	00 SF	X				
Name of Registered Waste Hauler		l N	JDEP W	/aste C	Cubic Yards		Name of F	Panistar	ed Lan	dfill				
United Roll Off		Н	auler ID 2459	X705FF	f Waste		G.R.O.	9 7 99	eu Lan	unil				
City, State Elm NJ				D	Disposal Date 0/28/19		City, State		1906	 87		-1 V 1 C 1		
Completed by Anthony T Perna	Title Pres	ident			Signatur	2	1		,	Date 10/4/	/19	1		

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25 July 200	100000000000000000000000000000000000000	1000	0.000

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My to	JI J		NOTIFI	CATION	ate of Nev OF ASBI to NJAC	ESTO	ABATE	MEN	IT OP		10	, d		п	0.7	
Date of Notification (1)	4 150	07			f Building			•	CF	11	他	TIG	E		<u>W</u>	E
10/4/19	1-100	10		Lillian	& Jame	s Tu	cker P	riva	te Home	III	1					100
Agencies Notified	Type Notification			Street A	ddress					111		OCT	_	9	2019	
⊠ EPA	☐ Initial							2001			Lod	00.		0	-013	j.
DEP	Amended				te, Zip Co					-	and an owner or the		DEMONSTRA	No stantan	dauge reer	
DOL	Amendment Emergency		-		gboro No	080	46					BEST				L&
DOH DCA	justification) Cancellation			Name of Lillian	f Contact					Tel	ephone	Numb	er-IV	DIIA	a	
LI BOX	Caricellation		\perp		LITY INFO	DMA.	TION				- 4					_
Name of Facility Where A	batement is Takin	g Place (3	3)	IAUI	LII I INT	ZINIZ	IION	Ту	pe of Facility (4)						-
Lillian & James Tuc	ker Private H	ome						П	School (K-1	2)						- 1
Street Address				-				X	Subchapter Other (i.e. p etc.)	8 (Oth			build	ings,	home	s,
City (5) Willingboro NJ 0804	46							600	uare Feet	#0	f Floors	8	10000	dg. A	ge	
County (6)					Code (7)				rrent Use (Pric		ng dem	olished		390		\dashv
Burlington					USE ONLY)						S		of.			
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCN	No.		Name	of A	batement Con	tractor	(9)					
N/A							Perr	nac	o Inc.							
Street Address							Street									
									329							
City, State, Zip Code							0.50		, Zip Code erlin NJ 080	91						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		Licens 0072	se No. 27				
Start Date (10)				npletion I	Date (11)				SHA Monitor	and Sameters				0/		
10/5/19		10/8/1	<u> </u>				Sam									
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Add	Iress							
Facility Closed/Vaca Abatement Performe Other – Describe: _							City, S	State	, Zip Code							\dashv
Scope of Work (Check All	I That Apply)												ornius.			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т тас гъргуу	Simeonic 2	Renova Demolit						Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					9	
		Т.					- In		TYON-LACINPLEC	2 () an	d NOIT	TIGDIC	-	-	ment	\neg
Location	of	800	Locati Normal				escription	of.				L		Ту	ре	
Asbestos-Containing	Material (ACM)		ed Sole			tos Co	ntaining N	Mate	rial (ACM)		mount				m	_
TO BE ABA In Facilit			todial S		(i.e.		al system acing, VA				Specify or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	9		(12)				miscellar				, _ ,		lova	pair	sula	osur
		Yes	No	N/A									-		te	0
Throught	-out			х		Flo	or Tile	only	,	12	00 SF		x			
Name of Registered Was	te Hauler		12060	JDEP W		13.5000000000000000000000000000000000000	c Yards	-	Name of	Registe	ered Lar	ndfill				\neg
United Roll Off			18.55	lauler ID 2459	No.	of W			G.R.O.	er er er er er er						
City, State						U. C. S. S. S. C. C. C.	osal Date	1	City, State		A 400	27				
Elm NJ		marks.				10/8	3/19		Morrisv	niie P	A 1906					_
Completed by Anthony T Perna		Title Pres	ident	1)			Signature	e				Date 10/)	III.	

Inv-19	510%	2				c	toto of N			- Promo		7 П	Л	3 [-	21
2h3754	8		NOT	IFI	CA1	TION	COF ASI	ew Jersey BESTOS ABA C 8:60 and 5:	TEI 16)	MENT D	EGE	3 11 \	<u> </u>	7	
Date of Notification (1)					1	Name	of Building	g Owner/Operator	(2)		OCT -	- 9 21	119		4
10 /	04 /	19			-		sign Con			lad to	7	57	< <i>U</i>	d	
Agencies Notified	Type Notific	ation			- 5	Street	Address				ASBESTOS	CON	ROL	. &	-
⊠ EPA						45	Liberta D	rive			LICE	ENSING	1	E1902-A-15-100	
☑ DOH	☐ Amended				(City, S	State, Zip C	Code							
□ DCA	Amendm Emergen		cluding			Tor	ns River,	NJ 08757							
(NJAC 5:23-8)	justificati	on)	Judin	9	1	Name	of Contac	t			Telephone Nu	ımber			
	☐ Cancellat	tion				Geo	orge Poli	zzano			843-458-2	156			
						FAG	CILITY IN	FORMATION					71.02		
Name of Facility Where A	batement is 7	Гакіng	Place	(3))	50,500			Ту	pe of Facility (4	.)				
Residence									100	School (K-12)	.				
Street Address										Subchapter 8	Other than K-	12)			
										Other (i.e., priv homes, etc.)	ate and comn	nerciai t	ullain	gs,	
City (5)						§F	1097-	7-	Sc	uare Feet	# of Floors	E	ldg. A	Age	
Lavallette						-6	10/3	25		550 sf	1		65		
County (6)						Coun	ity Code (7)(STATE USE ONLY)	Cu	rrent Use (Prio	r if being dem	olished)			
Ocean										Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	A	SCM	No.	Name of Abatem	nent	Contractor (9)					
N/A								Guardian Co	ontra	acting, Inc.					
Street Address								Street Address							
								1889 Route	9, U	nit 61					
City, State, Zip Code								City, State, Zip C	Code						
								Toms River,	Nev	w Jersey 087	55				
Project Manager for Monit	oring Firm			Te	eleph	none l	No.	Telephone No.		-	License No.				
								732-349-993	2		00624				
Start Date (10)	5888						te (11)	Name of OSHA	Moni	tor					
10 /15 /	19	1	0_/	_	16	_ / _	19	E.M.S.L. An	alyti	cal					
Occupancy Status During								Street Address							
☐ Facility Closed/Vacate								1056 Steltor	1						
Abatement Performed Time of Abatement:								City, State, Zip C	ode						-
					IVI		AM	Piscataway,	Nev	v Jersey 088	54				
Scope of Work (Check all	that apply)				11113-057			Пп							
≥3 sf or ≥3 lf			☐ Re	nov	ation	1		☐ Full Cor		ment with Nega	tive Pressure				
≥160 sf or ≥260 lf			⊠ De	mol	ition			Gloveba	ag Pr	ocedure					
			lo	1 00	catio	_	1	⊠ Non-Ex	empt	ed (*) and Non-	Friable Proce				
Location	of				nally			Description	of			Α	_	ent T	ype
Asbestos-Containing N	Material (ACM	1)			olely		Asbes	stos Containing M		al (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABAT IN Facility			0.00000		nanc	200	(i.e.	, thermal systems		ılation,	(Specify	Removal	air	Encapsulate	Enclosure
(13)	,			(1				surfacing, VAT other miscelland		,	SF or LF)	<u> 80</u>		ula	Гe
			Yes	N	0	N/A				*				æ	
exterior							asbesto	s siding			550 sf				
									-					П	П
				П		П	1							1	
				П											
Name of Registered Wast	e Hauler			H			Vaste	Cubic Yards of	N	lame of Registe	ered Landfill				
Guardian Contractir	g, Inc.					uler ID 0223		Waste 3		T.R.R.F.					
City, State					_			Disposal Date	C	ity, State					
Toms River, New Je	rsey							10/16/19		Tullytown, F	ennsylvania	a			
Completed By (Print or Ty	pe)	Title						Signature	-	1		Date	i	ì	
Nicholas Fernicola		Pr	oject	Ma	nag	jer		h		<u> </u>	and the second second	10	4	119	2

Inv 15/0	20				×	propherency.	Ved bad kenson	- IF	7 E @	e n	7.77	F	b/
CL 3754	7	N	OTI		MOITA	OF AS	ew Jersey BESTOS ABAT C 8:60 and 5:10				W	<u> </u>	
Date of Notification (1)	/				Name	of Buildin	g Owner/Operator (2	2)	<u> Lij 001</u>	- 9 2	019		7
	04 / _	19			Me	rcer Man	agement & Deve	lopment	-	3.7	54	7	
Agencies Notified	Type Notifica	ation			Street	Address			ASBESTO			_&	
⊠ EPA	☐ Initial				456	9 South	Broad Street	The state of the s	LtC	ENSIN	3	or the speciment	CATHERINE
☑ DOLWD	☐ Amended Amendme				City, S	State, Zip 0	Code						
□ DCA	☐ Emergend		ıding	8 	Line Control	milton, N							
(NJAC 5:23-8)	justification	on)		tic		of Contac			Telephone Nu	mber			
	☐ Cancellat	ion			Chi	ris Verno	n		609-915-78	357			
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is T	aking P	lace	(3)				Type of Facility (-0.59				
Residence								☐ School (K-12 ☐ Subchapter 8		12)			
Street Address								Other (i.e., pr			ilding	S,	
City (E)								homes, etc.)	T				
City (5) Manahawkin						05	マケックハ	Square Feet 1100	# of Floors	- 11 - 2	dg. A	ge	
County (6)					Cour	ty Code /7	()(STATE USE ONLY)	Current Use (Pri			65		
Ocean					Cour	ity Code (i)(STATE USE ONLT)	Residence	or it being demo	nisneu)			
Name of Monitoring Firm	Hired by Build	ling Owi	ner (8)	ASCM	No.	Name of Abateme						
N/A	17.						has a military and the same and the	ntracting, Inc.					
Street Address						-	Street Address	<u> </u>					
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					- 0
							Toms River, I	New Jersey 08	755				
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)		chedule					Name of OSHA M	101010101010					
10 /18 /		10			_ / _	19	E.M.S.L. Anal	lytical					
Occupancy Status During	Children and the party of the con-						Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed						cribe	1056 Stelton						
Time of Abatement: _						AM	City, State, Zip Co		254				
Scope of Work (Check all	that apply)						Piscalaway, i	New Jersey 088	554				
)	triat apply)		_					ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_	-	novati molitic			☐ Mini-Encl						
							⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced	dure			
				Locat						Ab	atem	ent T	уре
Location Asbestos-Containing I		,		lorma d Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	En	E
TO BE ABA	TED			intena	nce/ Staff?		., thermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Gusi	(12)	Stall!		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure
, , , , , , , , , , , , , , , , , , ,		Y	/es	No	N/A		other modelianes	ous)				te	
exterior-house				\boxtimes		asbesto	os siding		1100 sf				
exterior-garage				\boxtimes		asbesto	os siding		600 sf		П	П	
exterior-bait house				\boxtimes		asbesto	os siding		1500 sf				
		Г	7	П					207007000,7400	П			
Name of Registered Wast	e Hauler		_		JDEP \		Cubic Yards of	Name of Regis	tered Landfill				ш
Guardian Contraction				1,000	lauler II	O No.	Waste	T.R.R.F.					
City, State			-		20223)	4 Disposal Date	City, State					
Toms River, New Je	ersey						10/25/19		Pennsylvania	1			
Completed By (Print or Ty	rpe)	Title			10.2		Signature	<u> </u>		Date	1	1	
Nicholas Fernicola		Proj	ject	Man	ager		1	(nduscon	101	41	10	

45276	1044 		CATI	ON O	F ASB	w Jersey ESTOS ABAT 8:60 and 12:1				12	5	-
Date of Notification (1)	0-3-20	119	11	Name o		ORDA/					•	Management Company
Agency Notified	Type Notification	[.]	+	Street A		ONDIN		U OCT	- 9 21	119		ment bearing
D EPA) Initial							VENL	IE	and the first of the contract	-0.0	-
DEP MOOL	Amended Amendment#			City, St	ate, Zip (DARK	ASBEST	DS CONT	79	3)
	D Emergency (includi	ing	-	Name o	of Contac		PARK,	1042	PUT		4	9"
DOH DCA	justification) ☐ Cancellation	ä		Ho		BRDAN) '	1				
				FACIL	JTY INF	ORMATION						
Name of Facility Where	batement is Taking Pla	ace (3)			•		Type of Facility	(4)				
H. 1015	DHN						☐ School (K-12		× 40)			
Street Address		A 1				\$9	Subchapter (i.e. pr	ivate & comm		ngs.		
City (5) 6	\sim	11	libelikoen	•	211		homes, etc.	# of Floors	Bidg	. Age	· ,	
MIDLA	IND PAR	2K		,	* 4	5.625.1	2000.	1.2	8	9	YK	6
County (6)	4 \	3		County ONLY)		(STATE USE	Current Use (P			-	-	-
Name of Monitoring Firm	Minad by Duild's 2		ASCM	7036		Nome of the		DEN	CE	_		_
(8)	naed by building OWN	er /	MUCH	140.			ment Contractor (1.79				
Street Address				ar	- Chair	Street Address			1	-		
City, State, Zip Code						450 Sou City, State, Zip	th River	St		-		_
							ack, N.J					
Project Manager for Mon	soring Farm	Te	lephor	e No.		Telephone No. 201-329	-7444 -	License No				
Start Date (10)	Scheduled C	ompleti	on Dat	te (11)		Name of OSHA		1 0030			=-	-
10-29-1	1 10	ك -	0 -	-19			Environm	ental				
Occupancy Status During			17	*		Street Address	uyler St					
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fac	of Abate	ement urs	-		City, State, Zip	Code), .	07/0/		-	
Scope of Work (Check a	8AM-5P	11/				S. Ha	ckensack	, N.J.	07606	-		_
© ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			/	Rend Dem	ovation polition	Mini	Containment with Enclosure rebag Procedure	Negative Pro	essure .			
		1 .					-Exempted (*) an	d Non-Friable	Procedure	I A	bate	91
		N	Locati Ionnal	ly	:					-	Ту	
1	g Material (ACM)	Mai	d Sole intenat	nce/		Description stos Containing M	laterial (ACM)		unt	-		-
. Location Asbestos-Containin		0	ustodi Staff?		(Le	thermal systems surfacing, VA	T, or	(Spe	CLF)	Removal	Repair	and and a second displacements
Asbestos-Containin TO BE A	海y	1			1	other miscellan	eous)			Val	-	-
Asbestos-Containin TO BE A	海y		(12)			20		12		1		-
Asbestos-Containin TO BE A	illy)	Yes		N/A	1-1-		, , , , , , , , , , , , , , , , , , ,			1	1	
Asbestos-Containin TO BE A	illy)	Yes	(12)	N/A	TH	FRMALIN	SULATION	9	5 LF	X		1
Asbestos-Containin TO BE AI IN Fac (13	illy)	Yes	(12)	N/A	TIH	ERMAL IN	SULATION	9	* +	X		-
Asbestos-Containin TO BE AI IN Fac (13	illy)	Yes	(12)	N/A X	TIH	FRMALIN	SULATION	9		X		
Asbestos-Containin TO BE AI IN Fac (13	ste Hauler	NJ	No DEP V	N/A X	T H	Cubic Yards of	SULATION Name of Regi		*	X		The same of the sa
Asbestos-Containin TO BE AI IN Fac (13 BASEMEA Name of Registered Wa Best Remo	ste Hauler	NJ	No DEP V No.	X	TH	Cubic Yards of Waste	Name of Regi	stered Landfil	*	AWI) F	The state of the s
Asbestos-Containin TO BE AI IN Fac (13 BASEMEA Name of Registered Wa Best Remo	ste Hauler val Inc	NJ ID	No DEP V No.	Vaste H	TH	Waste	Name of Regi	stered Landfil	DATY L	ANI	ンド	
Asbestos-Containin TO BE AI IN Fac (13 BASEMEA Name of Registered Wa Best Remo	ste Hauler	NJ ID	No DEP V No.	Vaste H	T	Waste	Name of Regi	stered Landfil	DATY L	ANI)F	The second secon

				2000			36					Pr	int Fo	rm
Ch 1815	ļ	(P	CATION ursuant	ate of New Jer LOF ASBESTO to NJAG 8:60	S ABATE and 12:12	0)	т	D		SE		<u> </u>	14	1
Date of Notification (1) 10/04/2019	298		Mark (e convenione cuo	er/Operato	r (2)			01	CT -	9 21	019	L	J
Agencies Notified Type Notification EPA Initial			Street A	ddress					ASBE	STOS			. &	
DEP Amended Amendment				ate, Zip Code wood NJ 07	631						And the year of	A STATE OF THE STATE OF		
DOH justification) DCA Cancellation			Name o Mark (f Contact Chan				Telep	hone N	lumher				
Name of Facility Where Abatement is Takin	a Place (3	3)	FACI	LITY INFORMA	ATION	Typ	e of Facility (4	1				***		
Sheffield Commons	9 / 1400 (·)					School (K-12	•						
Street Address						×	Subchapter 8 Other (i.e. pri etc.)	(Other	than K- commer	-12) rcial bui	dings,	home	es,	
City (5) Englewood						Squ 500	are Feet	# of F	loors		3ldg. A	\ge		
County (6) Bergen				Code (7) USE ONLY)			rent Use (Prior sidential	if being	demol	ished)				
Name of Monitoring Firm Hired by Building Turningpoint Contracting Corp	Owner (8)		ASCN	No.	10 10 - 22		oatement Contraction		•					
Street Address 1125 Cranbury Road					Street 1125		ess Inbury Road	d						
City, State, Zip Code Union NJ 07083							Zip Code I 07083							
Project Manager for Monitoring Firm Emeka Okeke			Telepho 201-92	ne No. 27-6225	Teleph 201-		No. 6225	1 555	icense 1238	No.				
Start Date (10) 10/15/2019	Schedule 10/17/2		pletion	Date (11)	- 1 - E 1 -		SHA Monitor alytical Lab	oratori	es					
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Addr	ess							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Abatement location	al Facility	Hours		od of abateme	City, S	State,	t 36th Stree Zip Code k NY 10018		101					
Scope of Work (Check All That Apply)					11000	1011		-	eroidia i	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti			×	M G	ull Containmer ini-Enclosure lovebag Proce	dure						
	le	Locatio	nn			J N	on-Exempted	(*) and N	lon-Fria	able Pro		e ement		
Location of	1	Normall d Solel	y		Description					-	Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenan odial S (12)	ice/	sur	ontaining N nal system: facing, VA r miscellar	s insu T, or	lation,	Amo (Spe SF or	ecify	Remova	Repair	Encapsulate	Enclosure	
11=:4# 47	Yes	No	N/A			,						ate	ė.	
Unit# 17 garage			X	Pipe/	joint insu	ulatio	on	50	LF	X				
Name of Registered Waste Hauler		l NI	JDEP W	aste Cub	ic Yards		Name of Re	agintore	d Land	50				
Tri-State Transfer Assoc.		Ha	auler ID N1896	No. of V	laste		Minerva				. Inc			
City, State Bronx, NY 10474				Disp	osal Date	^	City, State Waynesh	oura. O	H 446	588		-		
Completed by Emeka Okeke	Title Presi	dent			Signature	R	Lest		1	Date 10/04/2	2019			

	M#IU	191	14		State of Nev	w Jersey	9	MEG	E	1	7 [8	
CKC	MAPAI		' NO	TIFIC	ATION OF ASB (Pursuant to NJAC	8:60 and 12:20)	TEMEN				Nertico de Principal de Princip	The state of the s
Date of N 8/13/19	otification (1):	Nar SUI	ne of E	Building (Owner/Operator (2):			UU OCT		9 201	9	1
Agencies Notified	Type Notification	Stre	et Ado	lress:			-	Landan			-	1
(X) EPA	() Initial Notification			TH ARLI	NGTON AVE.		- 1	ASBEST	OS O	ONTR	OL 8	ž.
(X) DEP	(X) Amendment	EAS	ST OR	ANGE, N	vie. NJ 07017		_	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		211701	MEU COE	NaShartherran
(X) DOL	Notification () Emergency	Nan	ne of C	ontact:			Telephon	e Number: 973-	583-86	546		
(X) DOH () DCA	() Cancellation	MK	. МОН	IAMMEI)							
		Warne			FACILITY INFO	ORMATION						
Name of	f Facility Where	e Aba	itemen	t is 7	Taking Place (3):		(4):				-	
KESIDEN	TAL/APARTMEN	TS				() School (K-12						
Street Add	lress: 215 NORTH A	ARLIN	GTON	AVE.		() Subchapter 8 (X) Other (i.e., p	(Other than rivate & com	K-12) mercial buildings				
						homes, etc.)	aco ce com	meretai bananigs	,			
City & Sta	te (5): EAST ORAN	NGE, N	J			Square Feet: N	A	# of Floors: 3	3	Bldg.	Age:	NA
County (6)):			ounty Co		Current Use (P	rior if being	demolished):				
ESSEX					JSE ONLY)	RESIDENTAL	/APARTM	ENTS				
Name of Owner:(8)	Monitoring Firm	Hired	d by	Building		Name of Abate	ment Contr	actor (9):				
	ASSOCIATES				NA	GUILIANO E	ENVIRNM	IENTAL, LLC	:			
Street Add						Street Address:		,				
3 CROSS	WICKS STREET					PO BOX 112	4					
City, State,	, Zip Code:					City, State, Zip						
BORDEN	TOWN, NJ 08505					SAYREVILL		71				
	nager for Monitorin	g Firm:			Telephone No.:	Telephone No.:		License No.:				
MIKE					609-298-5520	(732) 238-7400		01342				
Start Date (8/27/19	North Control of the	Schedu 10/30/		mpletion	Date (11):	Name of OSHA	Monitor:	ENTAL, LLC				
Occupancy S	Status During Abateme	ent (Che	ck only	one)		Street Address:						20 60115
(X) Facility	Closed/vacated During	Entire	Period o	of Abatem	ent	P.O. Box 1124						
() Abateme	ent Performed Outside Describe:	of Norn	nal Faci	lity Hours		City, State, Zip SAYREVILLE	Code: NJ 08871					
Scope of Wo	ork (Check all that appl	ly):										
$(x) \ge 3 \text{ sf o} $ $(x) \ge 160$	or ≥ 3 If sf or ≥ 260 If				Renovation Demolition	4	(X) Mini (X) Glove	Containment with Enclosure bag Procedure riable Procedure	n Nega	tive P	ressur	e
			Loca		D		()		T		emen	t
	ocation of containing Material		Norma	lly ely by	Asbestos Conta	cription of ining Material (ACM)			Ty	ре	_
	(ACM)	Ma	intena	ance/	(i.e., thermal	systems insulating, VAT, or	ion,		R		E	四
	SE ABATED	C	Custod Staff			niscellaneous)		Amount (Specify	Removal	Repair	Encapsulat	Enclosure
Ir	N Facility (13)		(12)	f		,		SF or LF)	ova	air	sul	Sur
	<u> </u>	Yes	No	N/A							21	е
Bldg.#239-24 Bldg.#239-24	45 / BASEMENT		X		PIPE INSULATION	2000		400 LF	X			
SPACES	45/CRAWL		X		PIPE INSULATION	ON		1000 LF	X			
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	egistered Waste Hau CARTING, INC	ler:	,		NJDEP Waste Hauler ID No.: 04509	Cubic Ya of Waste:	rds	Name of Regis GRAND CEN				L L
City, State: NEWARK,			Disp 10/3	osal Date 0/19		City, State: PEN ARGL	Y, PA					
Sompleted (h/l)	By: Ju liano		L	Title:	aben T	Signature/	0.	Date: 10/03/19				

State of NJ Notification of Asbestos Abatement Proj. #: 19-211 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/0 7 1/1 9 9 2019 OCT Jaclyn 32 WNY, LLC. Agencies Notified Type Notification Street Address ☐ EPA Initial | Amended PO Box 142 DEP ASBESTOS CONTROL & City, State, Zip Code Amendment #: LIGENSING DOL. Emergency Hillsdale, NJ 07642 M DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation Eric Levine FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) 2,000 SF 05 70 (State use only) Current Use (Prior if being demolished) Jersey City, NJ 07307 Hudson Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 10/16/19 10/23/19 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E E asbestos-containing by maintenance/custodial e n Description of asbestos-containing Amount staff(12) n material (acm) to be m p C (Specify SF or material (ACM) C abated in facility (13) 0 а Yes No N/A ٧ p Basement Hallway Pipe Insulation 25 LF X Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill Cubic Yards of Waste KLOMAX, LLC 0038241 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 **TBD** TULLYTOWN, PA Completed by (Print or Type) Title Signature Date Paige Boylan Owner 10/07/19 Do not use this form for asbestos licensure exempted activities ASB-41

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\bigcirc	K 235	# 151 2PAII	D	NOTIF	ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MEN	T		E C				7 0
0.000	ate of Notification (1) 0/7/19					of Building		Operato	r (2)	US CONTRACTOR		OCT	9	201	9	Tr. domest
Ag	gencies Notified	Type Notification	ı			Address										
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П	DEP	Amended		1		ate, Zip C						L	CENS	ING	Photocritics	ness cerasion
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Ш	DCA	Cancellation	1			COrmic		1011								
Na	ame of Facility Where	Abatement is Takir	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	Tvp	e of Facility	(4)					
R	esidential Home									School (K-						
Str	reet Address								H	Subchapte	r 8 (Oth					
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	me of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			of Ab	atement Co	ntractor	(9)				
	roject Manager									s Abatem	ent					
Str	eet Address							Street			12:34					
Cit	y, State, Zip Code								_	lidland Av	е.					
-,-	y, otato, zip oode									Zip Code Irook, NJ	07663					
Pro	ject Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph		THE PROPERTY OF THE PARTY OF TH	07 000	License	No			
	5000							100000000000000000000000000000000000000		3184		01305	110.			
10	art Date (10) 0/16/19		10/21/	19	npletion	Date (11)		Name	of OS	SHA Monitor						
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×	Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Norn	Period of nal Facility	Abaten y Hours	nent			City, S	tate, 2	Zip Code						
Sco	ope of Work (Check A	II That Apply)			ie vi							1=21_32=01				
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	In Facili		Cus	todial S (12)	Staff?		surfa	cing, VA	T, or			or LF)	Remova	Repair	caps	nclo
	(13)			* *	T		other n	niscellan	eous)				oval	air	Encapsulate	Enclosure
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	Crawl Sp Baseme			X			HV	AC Du	ct			00 LF	×			_
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	ne of Registered Was			100	JDEP W		Cubic			Name of	Registe	red Landfi	II			
All	Stages Abatemer	nt		4 (100)	auler ID 036592		of Was	ste		Grand	Centra	l Sanita	ry Lar	ndfill		
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	ddle Brook, NJ						TBD			Pen Ar		4				
	npleted by		Title				S	ignature	A.	1	_		ate			
KIC	hard Cristofol		Pres	ident				100	1/10	1 ///	-	1	0/7/19	9		

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Date of Notification (1) 10/7/19					of Building	Owner/	Operator	r (2)		00	J j	2019		I face	1
Agencies Notified	Type Notification			Street A	Address					AGREG	STOS CO	NTR	21 &	3	
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DOL DOH	Amendment Emergency justification)	(including	,		New Yor	k, NJ	07093			Tal	ephone N	umbor			
DCA DCA	Cancellation				Kumar					1 ,0,	cpriorie (4	unibei			
Name of Facility Where A	Abatement is Takin	g Place (3)	FAC	ILITY INFO	ORMAT	ION	Туре	of Facility	(4)					
Office Building Street Address 5311 Kennedy Blvd	. E							N X	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	nes
City (5) West New York									re Feet	# of 2	f Floors	1000	3ldg. /		
County (6) Hudson					Code (7) USE ONLY)				nt Use (Pr		ng demoli	400			
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)	ASCN	M No.			of Abat	tement Co	ntractor	(9)				
Street Address							Street	Addres							
City, State, Zip Code							City, S	tate, Zi	p Code ook, NJ						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph).	07000	License 01305	No.			
Start Date (10) 10/9/19		Schedul		mpletion (Date (11)		Temperate a	16/14/19	IA Monitor		01305				-
Occupancy Status During	Abatement (Chec		9.00		-15-15-1-10-1		Street	Addres	s			-			_
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of a lal Facility	Abaten / Hours	nent			City, St	tate, Zip	p Code						_
Scope of Work (Check All	That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini	Containm i-Enclosur vebag Pro i-Exempte	e cedure				0	
		100	Locati	1200000						- () and	110111110	1	Abate	emen pe	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	d Sole intenar todial S (12)	ly by nce/	(i.e. t	os Conta hermal surfac	scription aining Massystems sing, VAT hiscelland	aterial insulat Γ, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	
		Yes	No	N/A		0010111	ilocora i					val	Ŧ	ulate	
Office			X				VAT			14	1 SF	х			
Name of Registered Wast All Stages Abatemen			Н	JDEP Water ID I	No.	Cubic Yof Was				0.00	ed Landfil I Sanitai		dfill		
City, State Saddle Brook, NJ			100	030392		2 YD Dispos TBD	al Date		City, Stat	e		, Lai	ann		_
Completed by Richard Cristofol		Title Presi	dent				gnature	ff _n	Pen Ar	yyı, PA	Da	ate 0/7/19			

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Inv# 150	75		86		-									Р	rint F
JK2350 PAII		NOTII	FICATIO	State of Ne DN OF ASB nt to NJAC	ESTO	SABATE	EMEN (0)	IT		E (5	E			0 0 0
Date of Notification (1) 10/7/19				of Building ur Meyer	Owne	r/Operato	r (2)			U.	CT	9	201	a	And the same of th
Agencies Notified Type Notification X EPA Initial	1		Street	Address					Track brank	01	01	J	401	J	- Land
EPA Initial Amended DEP Amended Amendmen	it # <u>1</u>			state, Zip Co twood, N		75			and a second	ASBE		S CO		UL	ئند گذ
DOH justification DCA Cancellatio)	g	Name	of Contact ard Meye					l Te	lenhone		-		***************************************	PRODUCTION OF THE PARTY OF THE
				CILITY INFO		TION				-		•			
Name of Facility Where Abatement is Takin Residential Home	ng Place	(3)					Тур	e of Facility							
Street Address							×	School (K Subchapte Other (i.e. etc.)	er 8 (Oth	ner than & comm	K-12 nercia) al buil	dings,	hom	es,
City (5) Westwood							Squ 21	are Feet	# 0	of Floors		1 8	8ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Cur	rent Use (Pesidential	rior if be	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	3)	ASC	M No.				patement Co		r (9)		34.0			
Street Address						Street	Addr								
City, State, Zip Code						City, S	tate,	Zip Code							
Project Manager for Monitoring Firm			Telepho	one No.		Sado		Brook, NJ No.	07663	Licens	se No).			
Start Date (10)	Schedu	led Cor	mpletion	Date (11)				3184 SHA Monito	r	0130	5				
10/8/19	10/12	/19				Nume	01.00	ojiiloivi Ai ik							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire	Period of	Abaten	nent			Street	Addre	ess	4.0					50 2	
Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	nal Facilit	y Hours	3			City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)						1									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	M	ull Containn ini-Enclosus lovebag Pro	re ocedure						
		s Locati				Lon	1 141	on-Exempte	au () an	a ivon-r	паріє		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	iy by	Asbesto	De os Cor	escription ntaining M	of ateria	al (ACM)	Ι Δ	mount			Тур		
TO BE ABATED In Facility (13)	TO BE ABATED In Facility Ma							lation,	(5	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			24 11 2 2 1 1 1 2 2						필		ate	ге
Basement	X				VAT			32	29 SF	-	X				
Name of Registered Waste Hauler		I NI	JDEP W	Vacto T	Cubin	Yards		No.	D		I ST				
All Stages Abatement	Н	auler ID 036592	No.	of Wa	ste		Name of Grand	5700			Lan	dfill			
City, State Saddle Brook, NJ					(50) n-6 n (50)	sal Date		City, Stat	te	-					
Completed by Richard Cristofol	Title Pres	ident				Signature	4	- SITA	gyi, F/		Date		8		
	1 100					111	25	10		منشنه	10/	7/19	ē		

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Date of Notification (1)	adinasir.		Name	of Building	Owner	/Operato	r (2)	Kent	E G	3	W	10	
10/07/2019			Mich	nele Broo	ks	•			5 6 6	= 4	<u>U</u>	<u> </u>	
Agencies Notified Type Notification			Street	Address			\$ \$	1					
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DOL Amendment	#			State, Zip Co Lawn, No		10	1	an probability				- STATE	
DOH Emergency justification)	(includin	ıg		of Contact	074	10			SEESTO	CON	URC	1 8	
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Name of Equility Where Abeter 11 7 11			FAC	CILITY INFO	ORMAT	ION							
Name of Facility Where Abatement is Takin Private residence	g Place	(3)		*			Type of Facili	ty (4)					
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City (5)							etc.)						105,
Fair Lawn							Square Feet	# 0	of Floors		Bldg.	Age	
County (6) Bergen			County	Code (7)			Current Use (F	Prior if be	ing demoli:	shed)			
Name of Monitoring Firm Hired by Building (Dumor (C				_								
January Commence by Building C	Jwilei (c)	ASC	M No.		Name	of Abatement C	ontracto	r (9)				
Street Address						_	Address	LLC					
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City, State, Zip Code							tate, Zip Code						1.02-2.0
Project Manager for Marita is 5	anager for Monitoring Firm						rson, NJ 075	502					
1 Toject Manager for Monitoring Firm			Telepho	one No.			one No.		License I	Vo.	-		
Start Date (10)	Schedu	led Cor	mpletien	Date (11)			400-8711		01332				
10/16/2019	10/21	/2019	npietion	Date (11)			of OSHA Monito e as (9)	or					
Occupancy Status During Abatement (Check							Address						
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			0410007	1441033						
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	3			City, St	ate, Zip Code			_			
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf	x					[v]							
× ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Containr Mini-Enclosu	ment with	Negative I	Pressu	re		
							Glovebag Pr	ocedure					
	le	Locati	on				Non-Exempt	ed (*) and	d Non-Friat	le Pro	Editor (CS)		
Location of		Normal	ly		Doc	cription o	-f					ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole intenar		Asbesto	s Conta	aining Ma	aterial (ACM)	A	mount			m	
In Facility		todial S		(i.e. th	nermal : surfac	systems ing, VAT	insulation,	(S	pecify or LF)	Rer	R	inca	Enc
(13)		(12)	_		other m	iscellane	eous)	01	OI LI')	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	re
Basement			х		Pipe	Insulati	ion	11	0 LF	х		х	
Basement	Basement							44	8 SF	x		х	
Name of Registered Waste Hauler													\neg
			JDEP Wa		Cubic Y of Wast		Name of	Register	ed Landfill				
Removal Safety LLC			037007		3	.0	Fairles	SS					
City, State Paterson, NJ					Disposa	al Date	City, Sta	te					
Completed by	T'AL				TBD		Morris	ville, P	4				
Lasko Veskov	Title Presi	ident			Sig	nature	1/	/	Da	-			
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State of New Jersey

B & G proj. #: 2

2019-236

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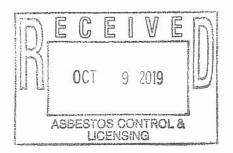
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Inv# 15123

Check # 9631

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Date of Notification (1)	11	Name of Bui	Iding Owr	ner/Operator (2)	partie of the	MEGI	E II W		17	-
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Agencies Notified Type Notifica	tion	Street Addre	SS			99-7 d 5144	TOO III	9 2019		1	
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X DOL Amend		Ramsey		446		Lucia	ASBESTO	S CONTRUENSING)L &		000
DOH Cancell		lame of Con	tact				Telephor		and the same of		
DCA Calife	ation .	Barbara	& Chai	rles Telfian							
			FAC	ILITY INFORM	ATION	1					
Name of facility where abatement	is taking pl	ace (3)					Type of Facility				
Barbara & Charles Telfian				40				ol (K - 12)	r tha	- V 11	.,
Street Address							1	apter 8 (Othe (Private/Com			2)
							Bldgs./	/Homes, etc. # of Floors		Bldg.	Age
City (5)	Cou	nty (6)			Cou	inty Code (7)	Square Feet	# 01 110015		Diag.	nge
Ramsey	Ве	rgen			0 987785	te use only)	Current Use (P	rior if being o	emoli	shed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement		- In the second			
						B & G Restorati	on, Inc.				
Street Address						Street Address					
						105 Ryerson R	080		-		
City, State, Zip Code						City, State, Zip Code Lincoln Park, I	V.I 07035				
Project Manager for Monitoring Firm	1	Pho	one Numb	per	-	Telephone Number	10 07 000	License Nu	mber		
						(973)696-686	9	0037			
Scheduled Start Date (10)	Sched	d. Completio	n Date (1	1)		Name of OSHA Moni			COL COMINGO	211841	
10/17/2019	10/	19/2019				B & G Restorat Street Address	on, inc.		-		
Occupancy Status During Abatemen	nt (Check o	only one)			-	105 Ryerson Re	oad				
Facility closed/vacated during						City, State, Zip Code					
Abatement performed outside Describe:	or normal	racility nours	5-		_	Lincoln Park, N	1.07025				
Other-Describe:					-	Lincoll Faik, N	07033				-1.1
Scope of Work (check all that apply Demolition						vrap & cut		_			
	Renovation					ull Containment w/neg	ative pressure [_ Glovebag			
> <u>3</u> sf or > <u>3</u> lf X	≥160 sf or					fini-enclosure	L	Non-friab			
Location of asbestos-containing	by mainte	n normally u enance/custo		1	n of o	sbestos-containing	Amount		6	R E	1 =
material to be abated in facility (13)	staff(12)	Γ		material (spesios-containing	(Specify S	For c		o c	C
abated in facility (13)	Yes	No	N/A			2	LF)	ų e	l i	p	1 L
lower level family room			×	VAT & ma	stic		265 sf	[2][
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Registered Waste Hauler	L NJD	EP Hauler ID	# C	ubic Yards of V	Vaste	Name of Registered	(Landfill		11	<u> </u>	<u> </u>
B & G Restoration, Inc.		19563		3		Grand Central					
City, State Lincoln Park, NJ			Disposal D 10	oate 0/19/2019		City, State Pen Argyl, PA					١
Completed by (Print or Type)	Title	- /T		Signature	(Gordana Luna		Date 10/07/2	040		
Gordana Luna	Secreta	ry/Treasu	rer			ziriwna Luna		10/07/2	019		

Inv#151	211										_		
CK577(PAID		NOTI	FICATIO	State of New ON OF ASBES nt to NJAC 8:	STOS A	BATE 12:12	MENT D)[[GE		E	n	The state of the s
Date of Notification (1) 10-7-19				of Building Ov			SS ACADE	1 0	CT 9	2019	270	IJ	***************************************
Agencies Notified Type Notification	on .			Address	110110		33 ACAUEI	MIT			-	and the same of th	100
EPA Initial			-	N. 8TH ST			and the same of th	ASBE	STOS C	ONTRO	La		Astronos
X EPA Initial X DEP X Amended X DOL Amendme	nt # 1			tate, Zip Code DEN, NJ 0				and was a page.	LICENS	SING			- Land
DOH justification	y (including]		of Contact	0104			I T	elephone	Number			
DCA Cancellati				E MILLMAN					67-232-				
Name of Facility Where Abatement is Tak	ing Place (3)		ILITY INFOR	MATIO	N	Type of Facil	ity (4)					
CHARLES SUMNER PUBLIC SO	CHOOL (VAC	ANT)				School (
Street Address 1600 S. 8TH STREET							Subchar	oter 8 (Ot	her than h & comme	<-12) ercial bui	ldings	, hom	ies,
City (5) CAMDEN							Square Feet 68,000	2	of Floors	11 3	Bldg. A	Age	
County (6) CAMDEN				Code (7)			Current Use (ing demo	1 '			
Name of Monitoring Firm Hired by Building	Owner (8)			M No.			SCHOOL						
TTI ENVIRONMENTAL	owner (o)		ASCI	W NO.			of Abatement (PER ENVIR			ERVIC	ES. I	NC.	
Street Address 1253 N. CHURCH STREET					S	Street	Address				•		
City, State, Zip Code							FRALEY S tate, Zip Code	TREET					
MOORESTOWN, NJ 08057					F	PHIL	ADELPHIA,	PA 19	137				
Project Manager for Monitoring Firm MICHAEL R. STOCKU			Telepho 856-8	one No. 40-8800	10.00		one No. 533-5155		License 01166				
Start Date (10)				Date (11)			of OSHA Monit	or	01100	,			
9-9-19 Occupancy Status During Abatement (Che	10-31-						NVIRONME	ENTAL					
			nent				Address N. CHURC	H ST.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 24 HRS IF NECES	mal Facility	Hour	8				ate, Zip Code RESTOWN	NIOS	057				
Scope of Work (Check All That Apply)						1100	TLOTOWIN	, 145 00	037				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Contain Mini-Enclos Glovebag P	ure rocedure	477.7				
	Is	Locati	ion				Non-Exemp	ted (*) an	d Non-Fri		cedure Abate		
Location of	N	lormal d Sole	ly	Very an	Descrip	ption o	of				Ty		
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenai	nce/	Asbestos (i.e. the	Containi rmal sys	ing Ma tems	aterial (ACM) insulation,	(9)	mount Specify	Z Z		Enc	щ
In Facility (13)	Ousi	(12)	otan ;	s	urfacing ner misc	, VAT	, or		or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				,			/ <u>a</u>	=	ılate	ure
				*SEE A	TTACH	HED	SHEET**			1			
													\neg
Name of Registered Waste Hauler													
SERVICE TRANSPORT GROUP		1 1 1 1 1 1 1 1	JDEP Wauler ID	100000	ubic Yard Waste	ds			red Landf	fill			
City, State				Die	sposal D	lato	MINE						
LANGHORNE, PA					Dogai L	ale	City, St	ate DN, OH					
Completed by JENNIFER NIVEN	Title	OE O	PERA	TIONS	Signa	Hure		25		Date / Ú - 7	7	12	
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Date of Notification (1) October 7, 2019	15112	· .	Name Atlan	of Building tic City E	Owner/O	perato	(2) anv			0	Cī	- 0	20	19	
Agencies Notified Type Notifi	fication		Street	Address						ASBE	STO	2.01	30176	201	
EPA X Initia				Harding tate, Zip Co		ıy		THE STATE OF THE S		noot		ENS		104	X moons
Emer	ndment #	_	Mays	Landing		330									
DOH justifi	cation)			of Contact O'Donne	ell				F1000000	ephone					
				ILITY INFO	15-90	N				1-000	7-02				
Name of Facility Where Abatement i Atlantic City Electric Compan	s Taking Place (1y, power pole	3) es					Тур	e of Facility							
Street Address	11-1							School (K-1 Subchapter	8 (Othe	er than	K-12)		34	
Oxford St, Rutgers Ave, and City (5)	University Av	/e					×	Other (i.e. petc.)			- 000,000,000		31001 00 .50		es,
Bridgeton			08	300	in the second		NA	are Feet	# of NA	Floors	S		Bldg. A NA	Age	
County (6) Cumberland				Code (7) USE ONLY)				rent Use (Pri			nolish	ed)			
Name of Monitoring Firm Hired by Bu Vertex	uilding Owner (8))	ASCI	M No.			of Ab	patement Cor ces, LLC	F 400 ST 500						
Street Address 700 Turner Industrial Way						Street		ess ational Roa		3000					
City, State, Zip Code								Zip Code	10						
Aston, PA 19014						Extor	n, PA	A 19341							
Project Manager for Monitoring Firm Dave Turotsy			Telepho 610-5	ne No. 58-8902		Teleph 484-8				Licen 0116	se No 31).			
Start Date (10) 10/17/19	Schedul 10/18/		npletion	Date (11)	1000	Name EMS		SHA Monitor							
Occupancy Status During Abatement		9.500			1	Street			250						
Facility Closed/Vacated During R Abatement Performed Outside of Other – Describe: Work in segre	of Normal Facility	Abaten / Hours	nent			City, S	tate, 2	e 130 Nor	th						
Scope of Work (Check All That Apply						Cinna	amır	nson, NJ							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor 1	Renova Demolit				×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	155				e	
		Locati							() () ()		1.00.	7.	Abate	ement	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	:M) Use Ma	Normali d Sole intenar todial S (12)	ly by nce/	(i.e. t	Desc os Contai thermal sy surfacir other mis	ystems	ateria insul I, or	lation,	(Sp	nount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									a	7	late	ire
Public right of way		Χ			Transit	e con	duit		25	SF		X			
				(on p	ower p	ole, 5	sf e	each)							
lame of Registered Waste Hauler			JDEP W		Cubic Ya			Name of F	Register	ed Lan	ndfill				
lydrochem PSC		H	auler ID		of Waste 2			Atlantic	72.00						
ity, State Vaterworks, NJ					Disposal TBD	Date		City, State Egg Har		ownsh	hip 1	L.V			
completed by ack Bally	Title Sr Pr	niect	Manag		Sign	nature	5 .	1.0	COSES.		Date	•	.7 (2010	
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Date of Notification		751	10						er / Opera		-	\prod	OCT	- 9	201	9	1
Agonoica Natifical	10/4/2019		U	IN.	۸r. ۱	_ee	Wass	ermar	1	(2)		had but			201	9	1-
Agencies Notified EPA	Type Notifi	cation		S	Stree	et Ado	dress				İ	ASE	BESTO	os co	INTE		2
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□ DOL □ DOH □ DOH		ended		N	/line	Hill e	, NJ 0	7803									
DCA DCA		ergency ncellation					Contact Nasse	t ermar	1				Те	lepho	one N	umb	oer
					FΔ				MATION								
Name of Facility Williams Mr. Lee Wassern	nere Abatem	ent is Taking F	Place	e (3)		01121			ype of Fac								
Street Address	nan							_	School								
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City (5)		County (6)		Cou	nty	Code	(7)	\dashv	1400	- 1	# 01 [100]:	1	Bid	g. Ag	e 109		
Rockaway		Morris						C	urrent Use		being den	nolished)			103		
Name of Maritaria	Cienc I Part	h. D. T. T.						C	ommerci	ial							
Name of Monitoring Health & Safety S	Firm Hired	by Building Ow	ner	(8)		AS	CM No		ame of Ab	atement	Contracto	r (9)					
Street Address	oci vices			02.0			-	R	esource reet Addre	Manage	ement G	oup, LL	C.				
P.O. Box 365						115 Hami		enue Si	iite 202								
City, State & Zip Co					Ci	ty, State &	Zip Cod	le	1116 202								
	erlin, NJ 08009								enton, N	J 08619							
Jim Proctor	wontoring	-irm				Nun 2432			elephone N			Licens	se Nun				
Scheduled Start Dat	e (10)	Scheduled Co							9-914-42 ame of OS		itor			0118	5		
10/18/201	9	7	10/2	24/2			' /		S Enviro			atories	Inc				
Occupancy Status D	uring Abate	ment (Check o	nly c	one)				St	reet Addre	ess	ui Luboii	4101103,	iiio.		579-15-7		
Abatement F	ed/Vacated	During Entire F	Perio	d of	Aba	ateme	ent		33 Route								
8am to 5pm	renonnea.	Operating hou	rs in	iclu	ding	wee	kends	s- Cit	ty, State &	Zip Cod	е						
Describe:								Ur	nion, NJ	07083							
Facility Occu	pied During	Abatement															
Scope of Work (Che	ck all that ap	oply)															
≥3 sf or ≥3 lf			\boxtimes	7	Ren	ovati	on				Full Contai //ini-Enclos	nment wit	h Neg	ative	Pres	sure	1
≥160 sf ≥260) If					nolitic	0.000				Blove Bag		29				
											lon-Exem			riable	Proc	edu	re
	cation of os-Containin	a.	100	s Lo					Descriptio	n of		Amoun	it		teme		
Mate	rial (ACM)	Э			ely b	Jsed y			estos-Cor //aterial (A			(Specify SF or LF				- TT	Γ
	E ABATED		Ma	inte	nand	ce or		(i.e.	thermal s	systems		OI OI LI	,	Re	R	Encapsulate	Enc
in	Facility (13)		Cus		ial S 12)	staff?			tion, surfac					Remova	Repair	nsqu	Enclosure
	()		Yes		No	N/A		OI OU	ner miscell	ianeous)				<u>a</u>	7	late	lïe
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Resource Manage	ment Gro	ıp, LLC			003	521	8	TBD			Landfill						
ity, State renton, NJ 08619								Dispo TBD	sal Date	City, St	ate ville, PA			endre be			
completed By (Print of					Title			Signa	trire	INOTIS	Vine, PA		15	ot-			
/Ir. Brian Hane						side	ent	J	1 00	/\/	MI.		1-	ate	201	0	
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Pursuant to NJAC 500 and 12 NN NJAC 52 12) Date of Notification (1): Name of Building Owner(Operator (2) Newski Public School Notified Classified Company of the Notified C	JIN	14418	7	NOT (Pur	IFIC	ATION OF AS	ew-lerseyr	ватеме	NT D	E	G [E D	VE
Section Sect	Date of N	otification (1):				bal .		Q 7:26-2.17					
Notified Class City State 2, Epc doe: County (6):	9/25/2019			Newark P	ublic S		2)			C	CT .	- 9	2019
ASSESTOR													
DEP Amendmental: Name of Contact: Mr. Benjamin Olagadeyo P3-733-7200 P3-7333-7200 P3-7333-7200 P3-7333-7200 P3-7333-7200 P	₩ÉPA	WH - 197777					209			ASBE	STOS	100	TROL (
September Country Co				Newark, N	JJ 0710	8			January 1980	The state of the s	LICE	NSIN	G
Street Address:	ВФОН	(including justification)								-			
Name of Facility: Newark Vocational High School						FACILITY INF	ORMATION						
City (5) Newark Essex County (6): O7103 Square Feet: # of Ploors: Squar	Name of F	acility: Newark	Vocationa	ıl High Scl	nool			ity (4):					
County (6): County (6): County (6): County (6) County (6): C	301 West I	Kinney Street											
Name of Monitoring Firm Hired by Building Owner: ASCM No.: O0110 ASCM No.: O0110 Apex Development, Inc.		C	ounty (6):		Con	inty Code (7):	☐ Other (i.e. r	8 (Other than I	(-12)	homes	ata \		
Name of Monitoring Firm Hired by Building Owner: WHITMAN Apex Development, Inc.	Newark	197.3578									, etc.)		
Name of Monitoring Firm Hired by Building Owner: WHITMAN Street Address: 17 Pleasant Hill Road 7 City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Steet Address: 1 Telephone No.: 732-644-5418 Start Date (10): 10/07/19 Scheduled Completion Date (11): 10/07/19 Separation of Cocupancy Status During Abatement (Check only one) Facility Closed/wacated During Entire Period of Abatement Backity Hours Scrope of Work (Check all that apply): Safor 2 3 If Separation Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) To Be ABATED IN Facility (13) To Be ABATED IN Facility (13) Saff FLOOR CORRIDOR X ACOUSTICAL CEILING PLASTER 9,500 SF * I * ACOUSTICAL CEILING PLASTER 10 City, State: 30 City State: 40 Cit									# of Flo	oors:			
Name of Abatement Contractor (9): Apex Development, Inc.								School					
Street Address: Street Address: License No.: (973) 350-0101 01215 Start Date (10): Id/07/19 I	Name of M	Ionitoring Firm F	lired by E	Building O	wner:				ractor (9):				
Street Address: 17 Pleasant Hill Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Project Manager for Monitoring Firm: Telephone No.: 732-644-5418 Telephone No.: 732-644-5418 Telephone No.: 732-645-5418 Telephone No.: 733-645-5418 Telephone No.: 745-645-5418 Telephone No.: 745-645-6418 Telephone No.: 745-645-6418 Telephone No.: 745-645-6418 Telephone No.: 7	WHIIMA	.N				00110			10.00				
City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): 1007/19 Start Date (10): 11007/19 Occupancy Status During Abatement (Check only one) Describe: Competence of Work (Check all that apply): Competence of Work (Check all that a													
City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): Start Date (10)	1 / Pleasar	it Hill Road					250 D						
Cranbury, NJ 08512 Project Manager for Monitoring Firm: Telephone No.: 732-644-5418 Organization O	City, State,	Zip Code:											
Project Manager for Monitoring Firm: Telephone No.: Revin Lovely T32-644-5418 T264-5418 T32-644-5418 T32-644-541	Cranbury,	NJ 08512					TIEMANES DV 1 SAND						
Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: Metro Analytical Laboratories	Project Mar	nager for Monito	ring Firm	:		Telephone No.:			License No :				
Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: Metro Analytical Laboratories		-							25 /5 5550				
Street Address: 255 West 36th Street, Suite 203	10/07/19		10/31/	19		Date (11):	Name of OSF	IA Monitor:					
Describe:							Street Addres	s:					
Other Describe: Scope of Work (Cheek all that apply): Staff St	□ Abatement	Performed Outside	of Norma	I Facility H	itement ours		City, State, Zi	p Code:					
Scope of Work (Check all that apply): Sope of Work (Check all that apply): Sope of Work (Check all that apply): Some of Work (Check all that apply): Some of Work (Check all that apply): Soft of ≥ 260 If	1200220011000		100.00	0-1			New York, N	ew York, 10	018				
Safor ≥ 3 If	The same and the s	ls (Chaple all that -											
Location of Asbestos-Containing Material (ACM) (Ise., thermal systems insulation, surfacing, VAT, or other miscellaneous) Staff? (12) Yes No N/A 3RD FLOOR CORRIDOR X ACOUSTICAL CEILING PLASTER 9,500 SF * * * 2ND FLOOR CORRIDOR X WALL CERAMIC TILE AND MORTOR Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Signature: Date: 9/25/2019 19			рргу):		6			E Full C	ontainment with	n Nega	tive Pr	essure	
Location of Asbestos-Containing Material (ACM) (ACM) (Lex., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Abatement Type	□≥160 sf ō	r ≥ 260 lf			Demoli	ition		⊔ Mını-l ☑ Glovel	enclosure pag Procedure				
Asbestos-Containing Material (ACM) (ACM)						De	scription of						ıt
TO BE ABATED IN Facility (13) Staff? (12) Yes No N/A ACOUSTICAL CEILING PLASTER \$\$750 FLOOR CORRIDOR \$\$X\$ ACOUSTICAL CEILING PLASTER \$\$9,500 SF ** ** ** ** ** ** ** ** ** **	Asbestos-(Asbestos Cont	aining Materia	al (ACM)			T	T	
3RD FLOOR CORRIDOR X ACOUSTICAL CEILING PLASTER 9,500 SF * * ACOUSTICAL CEILING PLASTER 9,500 SF * * * 3RD FLOOR CORRIDOR X ACOUSTICAL CEILING PLASTER 9,500 SF * * * * * 2ND FLOOR CORRIDOR X WALL CERAMIC TILE AND MORTOR X WALL CERAMIC TILE AND MORTAR 8,000 SF * * * 2ND FLOOR CORRIDOR X WALL CERAMIC TILE AND MORTAR 8,000 SF * * * * * * * * * * * * *	TO E		1	Custodia	al/	surfa	cing, VAT, or		Amount	Rer	R	Enc	Enc
3RD FLOOR CORRIDOR X ACOUSTICAL CEILING PLASTER 9,500 SF * * ACOUSTICAL CEILING PLASTER 9,500 SF * * * ACOUSTICAL CEILING PLASTER 9,500 SF * * * * * * * * * * * * *	Π					other i	niscellaneous))	-	nov	epai	apsı	losı
X ACOUSTICAL CEILING PLASTER 9,500 SF * * *	2RD EL OOD (Ye		N/A				SF or LF)	a	-	ılat	лге
X ACOUSTICAL CEILING PLASTER 9,500 SF * * * * 3 RD FLOOR CORRIDOR X WALL CERAMIC TILE AND MORTOR 8,000 SF * * * 2 ND FLOOR CORRIDOR X WALL CERAMIC TILE AND MORTAR 8,000 SF * * * 2 ND FLOOR CORRIDOR X PIPE INSULATION 5,000 SF * * * Name of Registered Waste Hauler: No.: 04509 ST * * * Name of Registered landfill: Of Waste: 30 State: Of Waste: 30 State: City, State: Pen Argyl, PA 18072 City, State: Disposal Date: Signature: Date: 9/25/2019				X		ACOUSTICAL CE	ILING PLASTE	ER	9,500 SF	*			*
X WALL CERAMIC TILE AND MORTOR 8,000 SF * *				X		ACOUSTICAL CE	ILING PLASTE	ER	9,500 SF	*			*
X WALL CERAMIC TILE AND MORTAR 8,000 SF * * * Name of Registered Waste Hauler: Newark Carting, Inc. No.: 04509 Disposal Date: No.: 04509 Disposal Date: Name of Registered Indfill: Of an Central Sanitary Landfill City, State: Pen Argyl, PA 18072 Completed By: Title: Signature: Date:9/25/2019				X		WALL CERAMIC	TILE AND MO	RTOR	8,000 SF	*			*
Name of Registered Waste Hauler: Newark Carting, Inc. City, State: Hillside, NJ 07205 Completed By: X PIPE INSULATION S,000 SF * * * * Name of Registered Waste Hauler ID No.: 04509 Name of Registered landfill: Gran Central Sanitary Landfill City, State: Pen Argyl, PA 18072 City, State: Pen Argyl, PA 18072				X		WALL CERAMIC	TILE AND MO	RTAR	8,000 SF	*			*
Newark Carting, Inc. No.: 04509 Of Waste: 30 Gran Central Sanitary Landfill City, State: Pen Argyl, PA 18072 Completed By: Title: Signature: Date:9/25/2019				X					5,000 SF	*			*
City, State: Hillside, NJ 07205 Completed By: Title: City, State: Pen Argyl, PA 18072 Disposal Date: City, State: Pen Argyl, PA 18072 Date:9/25/2019	Name of Reg Newark Carti	istered Waste Ha	uler:				ID Cubic You of Waste						
Ol: 1 0 1 Date: 9/25/2019	City, State: Hillside, NJ ()7205		Dispo		Maria Salatan				anitar	y Lanc	11111	
THE PROPERTY OF THE PROPERTY O							Signature:		Date:9/25	5/2019			

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Date of Notification (1)				_==		ing Owner/Operator	· 1	004 - 10			automan.	
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i in the state of	ided Idmont #			City	, Sinte, Zip	Code	- George					_
□ DCA ⊠ Emer	dency (le	ncludi	ng	W	podstow	n, NJ 08098	WAL	VER AP	PROT.	Th		
(NUAC 5:23-8) justifi	cation)				no of Conta			Telephone		1,000,000	- accorde	_
Canc	nantou	_	-	THE OWNER WHEN		Paolone	40					
Name of Facility Where Abatement	in Takin	= Dia	44 (7)	F	ACILITY	NFORMATION						
Paciono Residence	is rakin	gra	PB (3)		•		Type of Facility					
Street Address							School (K-1 Subchapter Other (i.e., p	8 (Other than	K-12)	build	lnos	
C1(4 (9)							homes, etc.	1				-
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County (6) Salem	-0.0			Cou	mty Code	(7) (STATE USE DALY)	Current Use (Pr	1 (2.8%)	malished		-	
Name of Monitoring Firm Hired by B	raileita - a		10-	1000			Rosidence			•		
Management & Enviro. Cons	widing (wither	Sen.	(0)	ASÇA	NO.	Name of Abatom					-	
Street Address	Section 18	OC1 7	1000			Shade Enviro	onmontal, LLC		_			
PQ Box 341						623 Cutter A	VORUM					
City, State, Zip Code		-				City, State, Zip Co				_		
Chesterfield, NJ 08515						Maple Shade						
Project Manager for Monitoring Firm Bill Weisgarber				lophone		Telephone No.		License N	la.			
Start Date (10)	Schar	uind (OFFICE	09-29	3-4070 ste (11)	856-755-0099		00842				
10 / 04 / 19	1	0	/ 0	7 7	19	Name of OSHA M EMSL Analyt				-	- re-colony	The second
Occupancy Status During Abatemon	(Check	vino :	ana)			Street Address	real, int.					
E Facility Closed/Vacated During E	Stirn Por	last at	Ahnh	mont		200 Route 13	0 North					
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Scope of Work (Check all that apply)				-	,ANI	Cinnaminson	, NJ 08077					
20 of or ≥3 if 1 ≥160 of or ≥260 if			inova molli			☐ Mini-Enci	sinment with Neg osum Procedure noted (*) and No					
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Basement			×		Dina I-	sulation				-	-	_
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Nama of Casalana data												
Name of Registered Waste Hauler Freehold Cartage				JDEP V		Cubic Yords of Waste	Name of Regist			1-	1-	-
City, State				15939		_1	Fairless La	ndfill				
Freehold, NJ						10/07/2019	City, State	-	-			
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conintrolan by (SIMI of 1866)						Signature	1		Dale		177	
Completed By (Print or Type) Christina Fay	100000000000000000000000000000000000000	e Pre	pside	nt of	poration	1 / Barrier	H . 1		10/	200		- 1

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Agencies Notified ☐ EPA ☐ DOLWD	Type Notific	ed				Stree 10	t Address 1 Sulliva State, Zip	n W	ay			ASBE	STOS	CO	NTR NG	OL &	1
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						FA	CILITY II	NFO	RMATIC	N			A PHASE OF	7000			
Name of Facility Where A The Village Charter		Takin	g Place	e (3))						Type of Facility School (K-1)	2)					
Street Address 101 Sullivan Way											Subchapter Other (i.e., p	rivate and con	K-12) nmerci	al bu	uilding	js,	
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Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	AS	SCM	No.	Na	ame of Ab	ateme	ent Contractor (9))		10000	-		
Epic Environmental Street Address	Services,	LLC								nviro	onmental, LLC						
1930 Brown Road								10000	623 Cutl								
								-	ty, State, 2								
Newfield, NJ 08344											, NJ 08052						
Project Manager for Monit	oring Firm			Te	eleph	one	No.	Te	lephone N	10.		License No),	200			
Jim Eberts					856-	205	-1077	1	856-755-	0099		00842					
Start Date (10)			uled C				te (11) 19		me of OS EMSL Ar		onitor ical, Inc.						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf .			⊠ Re □ De	moli		214			☐ Min ☐ Glo	vebag	osure Procedure npted (*) and No	n-Friable Proc	edure				
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Name of Registered Waste	Hauler			F	NJD	FP V	L Vaste	Cut	oic Yards	of	Name of Regis	tered Landfill					
Freehold Cartage					Haul		No.	Wa 2	ste	01	Fairless La						
City, State Freehold, NJ								N 33	posal Date 0/18/201		City, State Morrisville	, PA		410.00			K-100
Completed By (Print or Typ	ne)	Title							Signatur	Θ	L.,		Date				
Christina Fay	3.8 ₫		ce Pr	esic	dent	of C	Operation	าร	NW	to	Dfay/			13.	19		

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☐ Cancellatio			Gr	egory An	dricsak		, ciopilone va	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Name of Facility Where Abatement is Ta	king Plac	e (3)				Type of Facili	ty (4)				
Andricsak Residence						School (K					
Street Address							er 8 (Other than K-		11-11		
						homes, et	, private and comm	nercial t	oullair	gs,	
City (5)						Square Feet	# of Floors	T F	Bldg. /	Age	-
Cherry Hill						2,557	2	1	52	,50	
County (6)			Cou	nty Code (7)(STATE USE ONLY)		Prior if being demo	liched)		-	
Camden				inty Godo (i	MOTHTE GOL GIVET)	Residenc		nisneu)			
Name of Monitoring Firm Hired by Buildir	na Owner	(8)	ASCM	l No	Name of Abatem	L					
Management & Enviro. Consultir			AOON	i NO.	And the second of the second o						
Street Address	ig oci v	1003	L			onmental, LL					
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Chesterfield, NJ 08515					City, State, Zip C						
Project Manager for Monitoring Firm		T		NI-	Maple Shade	e, NJ 08052					
Bill Weisgarber			lephone		Telephone No.		License No.				
			09-298		856-755-0099		00842				
10 / 12 / 19	heduled (Section (Victorial)		Accession in the contract of t	Name of OSHA N						
			4_ /	19	EMSL Analyt	tical, Inc.					
Occupancy Status During Abatement (Ch					Street Address						10000111
Facility Closed/Vacated During Entire					200 Route 13	0 North					
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	_F 1VI/			_AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)					⊠ Full Con	tainment with N	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti			☐ Mini-End ☐ Gloveba	losure g Procedure	Non-Friable Proced	lure			
		s Loca						A	baten	nent T	ype
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TO BE ABATED	10000	ainten			, thermal systems		Amount (Specify	Removal	Repair	Encapsulate	100
IN Facility	Cus	stodial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	7	Insc	Enclosure
(13)	Yes	No			other miscellane	ous)				ate	
Foyer		\boxtimes	П	Linoleu	m	· 1960	120 SF		t_{\Box}	\downarrow_{\Box}	\vdash_{\Box}
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		+						1			
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Name of Registered Waste Hauler Freehold Cartage City. State Freehold, NJ		100	Hauler II	O No	Waste 1 Disposal Date 10/14/2019	Fairless I	Landfill le, PA				
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ	itle	ŀ	Hauler II 15939	O No	Waste 1 Disposal Date 10/14/2019 Signature	Fairless I	Landfill le, PA) ate			

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Date of Notification (1) 10/03/19				of Building tview Ha			r (2)			0	CT -	<u>. 0</u>	201	9	
Agencies Notified Type Notification				Address I. Charle	es St. S	Suite 22	20			ASBE	STOS			OL	&
DEP Amended Amendment		7		ate, Zip C		1				.,		17(0)	IVCI		
➤ DOH justification) DCA Cancellation		3		of Contact						lephone		er			
News of Facility 188			FAC	ILITY INF	ORMAT	ION						_			
Name of Facility Where Abatement is Takin Former Cost Cutters (Vacant)	g Place (3)					Тур	e of Facility (10000						
Street Address 1139 Hamburg Turnpike							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			uildi	ngs, h	ome	s,
City (5) Wayne							Squa 75,0	etc.) are Feet 000	# 0	f Floors		Blo	ig. Ag	е	
County (6) Passaic				Code (7) USE ONL)	n			ent Use (Pricant-Form							
Name of Monitoring Firm Hired by Building Emilcott Environmental Health & S	Owner (8) afety		ASCI	M No.			of Ab	atement Cor nvironme	tractor	(9)		-			
Street Address 190 Park Avenue						Street	Addre				, 1110.				
City, State, Zip Code Morristown, NJ 07960						City, S	tate, 2	Zip Code II, PA 195			19-E3-111-			_	_
Project Manager for Monitoring Firm David Tomsey			Telepho 973 53	ne No. 38-1110		Teleph 610 9	one N	lo.		License 00836					
Start Date (10) 8/12/2019	Schedule 10/07/2		-			Name	of OS	HA Monitor nvironmer	ntal Se						
Occupancy Status During Abatement (Chec		300				Street	Addre				, 1110.				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	baten Hours	nent			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)						Glibe	risvi	le, PA 19	525						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	enova				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				dura		
Location of	1.0	ocati			D			ii Exempted	() and	2 14011-1 1	lable I		batem Type		
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	No	N/A								1 =		200	5	ē	
See Attached Spreadsheet			X	See	Attach	ed Spr	eads	heet			Х	1			
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No. (5)		,								2	-				
Name of Registered Waste Hauler Newark Carting, Inc.		Н	JDEP W auler ID 1509		Cubic of Was		ds.	Name of R WM - Gr	·····			fill	3		
City, State Newark, NJ						al Date		City, State Pen Arg						1.6000	
Completed by Pat Larney	Title Project	t Ma	nager		Si	gnature	- JA				Date 10/03	/20	19		

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Date of Not	ification (1)			1)	Math	of Building	A Maria		1	Ch	K	雅	d	准-		// [3 [
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DOH DCA		Emergency justification)			of Contact					I Te	elephon				enidonau.		-
DCA		Cancellatio	n			as Roet		ION										_
		Abatement is Takin	ng Place (3)	FAC	ILIT IN	UNIVIAI	ION	Тур	oe of Facility	(4)							1
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Otreet Addit	C33								×	Other (i.e. p					dings,	home	es,	
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County (6) Union						Code (7) USE ONLY	ı	_	Cui	rrent Use (Pri	or if be	eing der	nolish	ed)				
Name of Mo	onitoring Firm	Hired by Building	Owner (8))	ASC	M No.	Marie VI			batement Co								1
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Oli CCI Addit	033									th 5th St.								
City, State,	Zip Code									Zip Code						.5-17-		1
Project Man	ager for Mon	nitorina Firm			Telepho	ne No		Teleph		h, NJ 0720	ь	Licer	nse N	2				-
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Start Date (*10/02/20**			Schedul 10/12/2		mpletion	Date (11)		5.03		SHA Monitor ronmental		ratorio						
		g Abatement (Che						Street			Labu	ratorie						
☐ Facility	Closed/Vac	ated During Entire	Period of	Abaten	nent			2333	Ro	ute 22 We	st	100						
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	In Facil		Cus	todial ((12)	Staff?	,,,,,,	surfa	cing, VA niscellar	T, or	-		F or LF		Remova	Repair	Encapsulate	Enclosure	
	(10)		Yes	No	N/A		Other	nisociiai	icou	3)				/al	Ξ.	ılate	ıre	
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Jeymy Dor	nneys		Own	er				- HL	M	1 las			10	/01/2	2019			
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Date of Notification (1) October 2, 2019	TI	71/-16	510/0	Name of Building The Valley I		ator (2)		OCT -	- 9 201	9	胆	
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X DEP			ncy (including	Ridgewood	, NJ 0745	0-273	6		an angertadores de l'union	TITTE SAFEKING	Evidence operate as	
x DOH		justific	ation)	Name of Contac	t		Teler	phone Num	iber			
X DOH		1	<i>f</i> 0	William Stas	iak			1-447-814				
			FACILITY	INFORMATION			20					
Name of Facility Where Abaten	nent is Ta	king Place (3)		Type of Facility (4	1							
Former Offices				School (K-12)	1						4	
				Subchapter 8 (-thth 1/ 41	0)						
Street Address							(2778)	120 97	12			
676 Winters Avenue		1	OPIONO	Other (i.e.	private & comm	nercial bu	ıildings	, homes, etc	c.)			
070 Willers Avenue		ţ.,	11400	Sq. Feet: Un	known <u>#</u>	of Floor	<u>s:</u> 1	Bldg. Age	<u>:</u> 70+ y	/ears	S	
City (5)	County (6	3)	County Code (7)									
I Carlo Committee of the Committee of th	Berger		(State Use Only)	Current Use (prid	or if being den	nolished)	: Hos	spital				
	_0.90.	a .										
Name of Monitoring Firm Hired	hy Blda (Owner (8)	ASCM No.	Name of Contracts	/0\							
Colden Corporation		OWNER (O)	ACCIVITIO.			ENT C	ONICI	II TANITO	INIO			
Coluen Corporation				GREENWOOD	JABATEIN	ENIC	JNSU	JL I AN I S	, INC.			
Street Address	71-1			Street Address								
131 Varick Street # 93	0			The state of the s								
	9			511 MAIN ST								
City, State, Zip Code				City State, ZipCoc	market .							
New York, NY 10013				Butler, NJ 074	7.00							
Project Manager for Monitoring	Firm	Telephone N		Telephone Number	er		Licen:	se Number				
Jim Miades		347.435.		973-492-0477			0084	40				
Scheduled Start Date (10)		Scheduled C	completion Date (11)	Name of OSHA M	onitor							
October 14, 2019		Novembe	er 8, 2019	EMSL inc.							1	
Occupancy Status During Aba	atement (Check only or	ne)	Street Address								
▼ Facility Closed/Vaca	ted Durin	ng Entire Perio	od of Abatement	1056 Stelton	Road							
Abatement Performed (Outside o	of Normal Facil	lity Hours -									
Describe			57.	City, State, Zip Co								
Other - Describe: Vaca	nt			Piscataway, N	JJ 08854							
Source of Work (Check all that	annlu)											
Source of Work (Check all that a	apply											
. 2 . 5 2 . 5			F-71					with Negativ	/e Pressu	re		
\geq 3 sf or \geq 3 lf			⊠ Renov	ation		Mini-Enc	losure					
□≥ 160 sf or ≥ 26	0		Demolitic	on	Glov	ebag Pro	cedure	е				
					xNon	-Exempt	ed (*)	and Non-Fr	riable Pro	cedu	re	
Location of Asbestos-Containing	g		lormally Used Solely	Description of Asbest		Amount		Abatemen	nt Type			
Material (ACM) in Facility (13)			stodial Staff? (12)	Containing Material (A		(Specify	/ SF	Domovo E	Repair Enca	o En	nologo	
		YES N	NO NA	thermal systems insul		or LF)		Keniove K	tepair Elica	D E11	ICIUSE	
	surfacing, VAT, or other miscell.)											
Basement, 1st & 2nd Flo	asement, 1st & 2nd Floors											
2 nd Floor		1		Sheet rock joint co	mpound	250 s	f					
N (B W) II												
Name of Reg. Waste Hauler			e Hauler ID #	Cubic Yards of W	aste:			of Register		1		
See Hauler Below # 1 & 2		See Below			80			ess Landfil				
TT 1 //1\ 0								d Central La	andfill			
Hauler #1) Greenwood Al	batemer	nt Consultai	nts, Inc. – Butler, NJ	J 07405	0 2520	10000				S. 165		
NJ DEP # 1256	61				Novemb	er 8,				risville	e,PA	
Hauler #2) Newark Carting	g, Inc	Newark, NJ (04509, NJ DEP # 1955	1	2019					200		
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Completed by (Print or Type)	Т	<u> Fitle</u>		Signature								
Marin Graure	_		CT MANAGER	10000000				her? ?	019			
				Marin Gras	ne		0010	1001 2, 2	010			
	Auler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Nuler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551 Disposal Date November 8, 2019 City. State FL-1000 New Ford Rd, Mor 19067 Permit#18072 GCL-1963 Pen Argyle Rd, FA Argyle, PA 18072 Permit # 100265 Disposal Date November 8, 19067 Permit#18072 GCL-1963 Pen Argyle Rd, FA Argyle, PA 18072 Permit # 100265									1		

GAC # 2019-690- Note Changes: New start and completion date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:420)

		C		W		For
		OCT	- 9	2019		W
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Те	epho	ne Nur	nber			
1)			_			

Agencies Notified Type Notification Initial Amended Amendment # Emergency (including justification) DCA Telephone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Chatham County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING City, State, Zip Code Chatham NJ 07928 Name of Contact Brad Williams Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) County (5) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
City (5) Chatham County (6) Morris City (state, Zip Code Chatham City, State, Zip Code Chatham Telephone Number Telephone Number Statistical Telephone Number Statistical Type of Facility (4) Code (K-12) Subchapter 8 (Other than K-12) City (5) Chatham Square Feet # of Floors Bldg. Age Chatham County (6) County (6) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) Code (7) Code (7) Current Use (Prior if being demolished) Code (7) Cod
Name of Contact Brad Williams
DOH DCA
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, homes, etc.) Square Feet
Name of Facility Where Abatement is Taking Place (3) Residence Street Address Street Address City (5) Chatham County (6) Morris Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1,892 2 100 Current Use (Prior if being demolished)
Street Address Street Address Street Address Street Address Street Address Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1,892 2 100 County (6) Morris County Code (7) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
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County (6) Morris County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
Morris (STATÉ USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
A Coine Lighthouse Colutions
A. Seine Lighthouse Solutions Street Address Street Address
PO Box 354 1256 Liberty Avenue
City, State, Zip Code City, State, Zip Code City, State, Zip Code
South Orange, NJ 07079 Hillside, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No.
Sarah Calandra 201-349-2666 844-462-7465 01316
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/10/2019 A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One) Street Address
Facility Closed/Vacated During Entire Period of Abatement PO Box 354
Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code South Orange, N.I. 07070
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply)
X ≥3 sf or ≥3 lf
≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement Normally Possistion of
Aphastas Catalogia Mataial (ACM) Used Solely by Ashada Catalogia (ACM)
TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) Other miscellaneous)
Yes No N/A
Family Room X 9"x9" floor tile 200SF x
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Newark Carting Hauler ID No. 0f Waste Waste Management Landfill Waste Management Landfill
City, State Disposal Date City, State
East Orange, NJ Penn Argyle, PA
Completed by Alison Lamers Title Signature 09/30/2019

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,,	Cancella					GΑ	RY FLEY	SH	MAN				193130					
			-10-2-70		- /	FA	CILITY IN	FO	RMATION									
Name of Facility Where A	Abatement is	Taking	Place	e (3)						Type of Fac								
Same Street Address										School (han K-	12)				
										Other (i. homes,	e., pri	vate and	d comm	nercia	bu	lding	S,	
City (5)										Square Fee	t	# of F	loors			g. Ag	ge	
County (6) HUDSON		dan delle dod te				Cour	nty Code (7))(ST	ATE USE ONLY)	Current Use Residen		or if bein	g demo	olished	l)			
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	AS	CM	No.	Na	ame of Abateme	ent Contracto	r (9)							
A.E.S.L					0	02	1	(CPR Environ	mental Ser	vice							
Street Address 2200 PATTERSON	DI AMA ID	T 7							reet Address	- 01					717			
City, State, Zip Code	LANK ON						<u> </u>		8421 Hegerm ty, State, Zip Co						10.1			
	State, Zip Code ORTH BERGEN NJ 07047								Philadelphia									
Project Manager for Moni	toring Firm			Te	lepho	one	No.		lephone No.			Licens	se No.				-	
CARMELO ALTAMO				1			4056		215 333-5117			013	28					
Start Date (10)		Schedu 1(ite (11) 19		me of OSHA M Same	onitor			H					
Occupancy Status During					neesini o			Str	reet Address									
□ Facility Closed/Vacate □ Abatement Performed							cribe		Same									
Time of Abatement: _	AM	PM		_PI			AM		y, State, Zip Co Same	ode								
Scope of Work (Check all	that apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re						☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer	Procedure				lure				
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City, State					S2	431		Dis	posal Date	City, State					500			
YAPHANK NY									2.5	WAYNE	SBU	RG OF	ł					
Completed By (Print or Ty	pe)	Title				57260			Signature	1				Date				-
ANTHONY JONES		PR	OJE	CT	MAN	AG	ER		Anth	ony Jo	ni	2)		10	2	. /	9	

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Date of Notification (1)			ł,	- Cross	Name of Building O MERCK SHARP & D	wne	r/Operator (2	2)		() E			
10 / 4 /201	9				Street Address					OCT	- q	201	9
Agencies Notified Type Noti					126 E. LINCOLN AVI	ENU	E		الما	001		201	
EPA Initia	al Notifica ended No	tificat	ion #2	L	City, State, Zip Code RAHWAY, NEW JEF	RSE'	Y 07065	-	ASE	BESTO	S CC	NTR	OL&
DOH On	icellation Hold ERGENC		TIFIC	ATIO	Name of Contact N KINNARI PATEL			Telepho 732-594	ne Numb	er LIC	ENG	INCA	
				FA	CILITY INFORMATION								_
Name of Facility Where Abatement	is Takin	g Pla	ce (3)		Ту	pe of Facility School (K-						
MERCK SHARP & DOHME CORPO						X	Subchapte Other (ie.	er 8 (Oth private 8	commcl.	bldgs.	, hom	es, et	c.)
Street Address 126 EAST LINCOLN AVENUE - BUI	LDING 8	0 N					Square Feet 40,000		Floors 1		Bldg. 57	77	
City (5)	unty (6) ION				County Code (7) (STATE USE ONLY)	R	irrent Use (Pr ESEARCH LA	ABORAT	ORY AND	OFFI	CE FA	ACILI	
Name of Monitoring Firm Hired by	Building	g Owr	ner (8)	ASCM No.	Na P	ame of Abate	ment C	ontractor L CORPC	(9) RATIO	N		
ENVIRONMETAL HEALTH INVEST	IGATION	IS, IN	J.		104	St	reet Address	<u> </u>					
Street Address 655 WEST SHORE TRAIL							3 SPOOK RO		AD				_
City State 7in Code			->/ 07	074		C	ty, State, Zip UFFERN, NE	W YOR	< 10901				
	A, NEW J	IERSE IT	elent	one I	Number	T	elephone Nun	nber	Lice	nse Nu	mber		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		_		29-56			45-369-7500		110	1			
Expected State Date (10)	- 1	Sched			ion Date (11) 31 /19	N	ame of OSHA MERISCI LA	A Monito	r DRIES INC	2	#1	1480	
10 / _ 7 /19	•	Mon	12 /		31 /19 Day Year				Zi ii E G ii i i				
Occupancy Status During Abateme	nt (Check	only	one)			S	treet Address	U OTDE	ET				
X Facility Closed/Vacated Abatement Performed O	During Er	ntire P	eriod	of At	oatement Hours - Describe:								
X Other - Describe: Me	ONDAY -	FRID	AY 7A	M-3:	30 PM			W YOR	K, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply	y)						ment with Ne	gative Pr	ressure				
Demolition	X	Renov	vation	i	Mini End Gloveba		rocedure						
x >3SF OR LF >160 SF OR 260 LF							Procedure	(EXTE	RIOR)	1			
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Asbestos-containing			nally u		Containing Mate (ie. Thermal	erial evet	(ACIVI)		mount Specify	REMOVAL	EP.	ENCAPSUL	NC
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in Facility (13)			aff (1		or other misce			1		P		Ë	S
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825 HIGHWAY 33			1593	9	Disposal Date		City, State				,	,	
City, State FREEHOLD, NEW JERSEY					9/9/19-12/31/19		MONTGOME	RY, PA	17752	ate, a	1,	11	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIR	ECTO	R OF	OPE	Signature Signature	1	40			70		7//)

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		(P	ursua			-7 and 12:1		/Operator (2					
Date of Notification (1)						SHARP & D						123 10		
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9 / 6 /201 Agencies Notified Type Notif		-				aress NCOLN AVI	ENITE			-				
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DCA EME	RGENCY	NOTI	FICAT	ION KINN	VARI	PATEL			732-59	4-6352				
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Name of Facility Where Abatement	is Taking I	Place	(3)				Тур	of Facility						
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MERCK SHARP & DOHME CORPOR	ATION						X	Subchapte				aa ba		ata \
Street Address								Other (ie.		Floors	CI. DIQ		g. Age	
126 EAST LINCOLN AVENUE - BUIL	DING 80 N	1						40.000	1 "01	1		100	57	
City (5) Cou	nty (6)		_	Cour	tv Co	ode (7)	Curr	ent Use (Pr	ior if bei	na dem	olishe	d)	-	
RAHWAY UNIC	N					ONLY)		EARCH LA					FACIL	1
Name of Monitoring Firm Hired by E			(8)		A	SCM No.		ne of Abate				71.0 kg / 74.0 kg . 17		
ENVIRONMETAL HEALTH INVESTIG	SATIONS,	INC.				104	_	ENVIRON	MENTAL	CORF	PORAT	ION		
Street Address 655 WEST SHORE TRAIL								et Address	OCK DO	A D				
City, State, Zip Code				-				SPOOK RO		40				
	NEW JER	SEY (7871					FERN. NEV		10901				
Project Manager for Monitoring Firm				Number				phone Num		cense	Numbe	er	\neg	
WILLIAM S. KERBEL, CIH		973-	729-5	649			845-	369-7500		11	01			
Expected State Date (10)	Sch	ed. Co	omple	tion Date	(11)		Nam	ne of OSHA	Monitor					
9 / 9 /19		12	/	_ 31		/19	AME	RISCI LAB	ORATO	RIES IN	1C	#	11480	
Month Day Year Occupancy Status During Abatement		onth	\	Day		Year	Ctro	at Addraga						
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Scope of Work (Check all that apply) Demolition	[∇] _{Pop}	ovatio	n		_	Full Conta		nt with Nega	ative Pre	ssure	L			
× >3SF OR LF	X Ren	ovalio	П		-	Glovebag		edure						
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Location of	Is	Locat	tion		Descr	iption of As	besto	S-	ľ	-		Abatem	nent T	vpe
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	Yes	No									Н	+	4	-
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Name of Registered Waste Hauler	NID	EP W	aste	Cubic Yar	ds of	Waste	Nam	ne of Regist	ered Lar	dfill				\vdash
FREEHOLD CARTAGE, INC.	FREEHOLD CARTAGE, INC. Hauler ID No. 40							OMING CO			RCE N	IANAG	EME	T SE
825 HIGHWAY 33		1593	580000		: ACTIO		447	ALEXANDE						
City, State	1			Disposal D		av.	City,	State	ese mesente pro-	3.2500000				
FREEHOLD, NEW JERSEY	IT:H-			9/9/19-12/			HAIO	ALEQMEN'	Y , PA 17	7752	ata -	,		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPE	RATIONS	Sign	ature /	8			Da	ate T	16,	119	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE Q EPA Initial Notification City, State, Zip Code Amended Notification RAHWAY, NEW JERSEY 07065 DEP DOL Cancellation DOH On Hold Name of Contact Telephone Number LICENSING 732-594-6352 **EMERGENCY NOTIFICATION** KINNARI PATEL DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 40.000 126 EAST LINCOLN AVENUE - BUILDING 80 N City (5) County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI UNION RAHWAY ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) AMERISCI LABORATORIES INC #11480 /19 12 / 31 /19 9 / Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Renovation Mini Enclo, Demolition Glovebag Procedure >3SF OR LF >160 SF OR 260 LF Non-Friable Procedure (EXTERIOR) Description of Asbestos-Abatement Type Is Location Location of Containing Material (ACM) Amount Asbestos-containing normally used REMOVAL REPAIR ENCAPSU **ENCLOSUR** solely by (ie. Thermal systems (Specify Material (ACM) insulation, surfacing, VAT, SF or LF) TO BE ABATED Maint/Custodial or other miscellaneous) in Facility (13) Staff (12) Yes No N/A

EXTERIOR SOUTH SIDE			Χ	WINDOW GLAZING CAUL	_K	63 SF	X		
EXTERIOR NORTH SIDE			Х	WINDOW GLAZING CAUL	_K	62 SF	X		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	10000	IDEP Wauler ID 15939	No.	Cubic Yards of Waste 40		tered Landfill DUNTY RESOUR ER DRIVE/ROUT		NAGEM	ENT S
City, State FREEHOLD, NEW JERSEY				Disposal Date 9/9/19-12/31/19	City) State MONTGOMER	Y , PA 17752		, 1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF	OPE	RATIONS Signature	$\langle \rangle$	Da	te 8	128/	9
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	IN	- A		Name	of Puild	Atomic Company				Check # 22	37			
0	ctober 4, 20				tina Rai		r / Operato	or (2)	[Francis	EPE	7 1	// [1	3 1	Delta-C
Agencies Notified EPA DEP	Type Notific	ation		Street	t Address	S		i		<u> </u>	U V			
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				FA	CILITY	INFOR	MATIO	V						
Name of Facility Where Residence	Abatement	is Taking F	Place (3)				Type of Fa	acility (4) ol (K-12)						
Street Address							_	hapter 8 (Other t	han K-12)					
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City (5)							Square Fe	et # of	Floors		g. Age		,	
Margate						ŀ		D28 se (Prior if being	2 demolishe	d)	8	7 yea	irs	
County (6) Atlantic			ounty Co				Residenc	<u> </u>						
Name of Monitoring Fire	m Hired by B				ASCM			batement Contra	ictor (9)				-	
Street Address							Synatech, Street Add	ress						
City, State & Zip Code							329 Radio	Road & Zip Code						
Drain at Manager for Ma	· · -					- 1	ittle Egg	Harbor, NJ 080	87					
Project Manager for Mo				elephone N			Felephone 809-296-69			License Numb	oer 0081	7		
Scheduled Start Date (1 October 15, 20	019		Nover	tion Date (11) 0 1 9		Name of O Synatech,	SHA Monitor		-				
Occupancy Status Durin Facility Closed	ng Abatemer	nt (Check o	nly one)				Street Addi 329 Radio	ress						
Abatement Per					ıt	-	difference is the street into	& Zip Code						
Other – Descri		patement						Harbor, NJ 080	87					
Scope of Work (Check a														
≥3 sf or ≥ 3 lf				Renovation	ND.		[Full Containm	nent with N	Negative Pressu	ıre			
≥160 sf or ≥260 l	f			Demolitio				✓ Mini-Enclosur ✓ Glovebag Pro						
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TO BE A	BATED	ionij		odial Staff				Containing II (ACM)	Amot	unt (Specify SF or LF)				
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26						0	r other mis	scellaneous)			Ren	Re	ncar	Encl
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Name of Registered Wa	ste Hauler		NJDEP Hauler II		Cubic \	Yards of V	Vaste	Name of Reg	gistered La	andfill				
Synatech, Inc.			A CONTRACTOR OF STATE	7429	2		<u> </u>	Atlantic Cou	ınty Utilit	ies Authority				
City, State					Dispos	al Date		City, State			11-3-2			
Little Egg Harbor, NJ					Novem	ber 15, 2	019	Egg Harbor	Townshir	o, NJ				
Completed By		Title			Signatu	ire .	0		Date	160-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Diane Aloia		Executiv	e Admini	strator		Vane	alon		Octobe	r 4, 2019				

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343464		NOTIF (P	ICATION ursuam	tate of Ne NOF ASE to NJAC	BESTOS 8:60 ar	ABATE nd 12:12	0)	ΙΤ		E				<u> </u>	5
Date of Notification (1) 10/02/19 Check #3464		4		of Building the Kin				gh School		·)CT	- 1	1 2	019	
Agencies Notified Type Notification EPA Initial	1			Address Voodside	e Ave					ASB			ONT		. &
DEP Amended DOL Amendmen				ate, Zip C rk, NJ, C					-						and a de
DOH justification Cancellatio)		Name of Chris	of Contact					5.555.00.00	ohone -247-					
	M.,		FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taki Christ the King (Cristo Rey) High	ng Place (School	3)					_	oe of Facility (4							
Street Address 239 Woodside Ave							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			ouild	ings,	home	es,
City (5) Newark								uare Feet ,000+	# of F	loors			dg. A	ge	
County (6) Essex				Code (7) USE ONLY	0			rrent Use (Pric	or if being	g demo	olished)		0.0	
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name EA S		batement Con	ntractor (9)						
Street Address						Street 426									
City, State, Zip Code						City, S	State,	Zip Code NJ, 07203							
Project Manager for Monitoring Firm			Telepho	ne No.	***	Telepi	none	No.		Licens					-
Start Date (10) 10/14/19	Schedul 10/16/		npletion	Date (11)				-1700 SHA Monitor		01074	+				
Occupancy Status During Abatement (Che						011	A 27 A								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 9am	Period of	Abaten	nent s			Street City, S	100000	Zip Code					- 722		
Scope of Work (Check All That Apply)												_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	process	Renova Demolit				in James IX	i N	Full Containme Mini-Enclosure Blovebag Proc Ion-Exempted	edure	•				e	
Location of	1	Locati			D-				Si .				Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/		tos Con thermal surfa	scription taining M I systems cing, VA miscellar	Mater s insi		(Spe	ount ecify or LF)		Remova	Repair	Encapsulate	Enclosure
Panamant Mainht Panam	Yes	No	N/A	100	NA 0					_				ite	CD.
Basement Weight Room	X			AC	IVI Spr	ayed o	n C	eiling	3 1	LF			X		
Name of Registered Waste Hauler		10000	JDEP W			Yards		Name of F	Registere	ed Land	dfill				
EA Services			auler ID 9551	NO.	of Wa TBD			Wiinerva		orise					
City, State Guttenberg, NJ					Dispo:	sal Date		City, State Waynes		DΗ					
Completed by Michael Fajardo	Title Office	e Cler	·k		5	Signature	7	N			Date	2/1	9		

INV-14934	Sta	ate of Ne	w Jersey	ſ					
Ch 3025 NOT	IFICATION Pursuant to	OF ASB	ESTOS	ARATE	MENT I	TE (CE	ΠΝΛ	Er
Date of Notification (1)	had	La lab	Li L	ast of	0)		y G	U W	
10/02/2019	Name o	of Building O	wner / Opera	ator (2)		Ni			
Agencies Notified Type Notification	Street A	ealty Serv	ices			1 0	CI - C	2019	
☐ DEP ☐ Initial		oomfield A	venue					20,0	loan
☐ DEP ☐ Initial ☐ Amended	City, Sta	ate & Zip Co	de			ASRE	TAC A	ON ITEM O	
☐ DOH ☐ Emergency	West C	aldwell, N	J 07006			AODE	LICENS	ONTRO	L&
□ DCA □ Cancellation		f Contact njamin Bre	enneis				Telepho	one Nui	mber
Name of Eacility Whore Abel	FACI	LITY INFO	RMATION						
Name of Facility Where Abatement is Taking I PNC Bank-Restrooms	Place (3)		Type of Fa	cility (4)					
Street Address				ol (K-12)					
200 (200)			Subch	apter 8 (O	ther than K-	12)			
16 Highwood Avenue			Square Fee	(i.e. private	& commer				.)
City (5) County (6)	County Cod	de (7)	1.70	1		1	Bldg. Ag		
Tenafly Bergen		()			eing demoli	ichod)		68	
Name of Marita is as			Commerc	ial	cing demon	isrieu)			
Name of Monitoring Firm Hired by Building Ow Health & Safety Services	ner (8)	SCM No.	Name of Al	patement C	contractor (9	3)			
Street Address			Resource	Manager	ment Grou	ip, LLC.			
P.O. Box 365			Street Addr	ess					
City, State & Zip Code			2115 Ham City, State	o Zin Carl	nue, Suite	202			
Berlin, NJ 08009/			Trenton, P	d'i use10					
Project Manager for Monitoring Firm Jim Proctor	Telephone Nu	ımber	Telephone i	Number		License N	lumber		
	856-839-243		609-914-4	279		LIGOTISC I	0118	15	
40/0/0010	mpletion Date (*10/11/2019		Name of OS	SHA Monito	or				
Occupancy Status During Abatement (Check of	nly ana)		J&S Envir	onmenta	Laborato	ries, Inc			
Lighty Closed/Vacated During Entire P	eriod of Ahaten	nent I	2333 Rout		÷				
Abatement Performed Outside of Norm	al Hours		City, State 8						
Describe: 5pm to 11pm Facility Occupied During Abatement			Union, NJ	07083					
Scope of Work (Check all that apply)									
200 CB 4						888			
≥3 sf or ≥3 lf	□ Renova	ition			II Containm	ent with N	egative	Pressur	re
\[≥160 sf ≥260 lf	☐ Demolit				ove Bag Pro				
Location of				□ No	n-Exempted	d and Non	-Friable	Proced	iuro
Asbestos-Containing	Is Location		Description	on of		Amount		tement	
Material (ACM)	Normally Used Solely by	A	sbestos-Cor Material (A	ntaining		Specify		1	7
TO BE ABATED	Maintenance of		e., thermal s	svstems	S	F or LF)	20	_ =	7 0
in Facility (13)	Custodial Staff	? insu	llation, surfa	cing, VAT			Remova	Repair	1Clo
(10)	Yes No N/A	or	other miscel	laneous)			oval	Repair	Enclosure
Restrooms		,	2:					9	1
			Pipe Insula	ation		10 LF			
	 						4		
								닉빌	1
Nama of Dagieta IIII								러님	++1
Name of Registered Waste Hauler	NJDEP	Waste Cul		Name of	Registered	Landfill	الحل		
Resource Management Group, LLC.	Hauler 00352		Vaste	1					
City, State	00352			Grows I	Service and Control of the Control o				
Trenton, NJ 08619		TB	posal Date	City, Stat					
Completed By (Print or Type)	Title		nature	Morrisv	iiie, PA				
Mr. Brian Haney	Presid	ent olgi	VI a a	Mar			Date	001	
		11] [[]/ [11 (181	14		10/2/2	2019	
		W)		1 1	^_				

									Protection		·			Pr	int F
CK 7625	N	IOTIFI (P	CATION	tate of New NOF ASBE to NJAC 8	ESTOS	ABATE	MEN	т			<u> </u>	G I	EI	\mathbb{V}	E
Date of Notification (1) 10/8/19	Del			of Building (0	CT	- 9	201	9
Agencies Notified Type Notification	7	•	Transferrences	fer Kram	er Pr	ivate H	ome	9							
			Street A	Address						A	SBE	STO	s co	NTR	S JC
EPA Initial Amended		-	City, Sta	ate, Zip Co	de			****	L	-	HIMINA	LIGI	NSH	VG_	mountage
DOL Amendmen Emergency		_	Delan	100 NJ 08	8075										
DOH justification)				f Contact					Tel	ephon	e Nur	nber			
DCA Cancellation	1		Jenn	ILITY INFO	DMAT	ION			_						
Name of Facility Where Abatement is Takir	ng Place (3))	FACI	ILII T INFO	KWAI	ION	Тур	e of Facility (4	.)	-2 - 3 - 2					
Jennifer Kramer Private Home								School (K-12	2)						
Street Address								Subchapter of Other (i.e. pretc.)	(Oth				dings	home	es,
City (5) Delanco NJ 08075							2000	uare Feet	10000000	f Floor	S	11 6	Bldg. A	Age	
County (6)			County	Codo (7)			C 52772	00 +	2		11-1		35+		
Burlington				Code (7) USE ONLY)				rent Use (Prio	i ii dei	ng der	nolish	ied)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	A No.		Name	of Al	patement Cont	ractor	(9)					
N/A						Perr	nacc	Inc.							
Street Address						Street									
City, State, Zip Code						POI									
only, onto, hip oddo								Zip Code erlin NJ 080	91						
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	V	Programme and the second		Licer	se N	0.			
						856-	753	-9800		007	27				
Start Date (10) 10/22/19	Schedule 10/29/1		pletion	Date (11)		Name Sam		SHA Monitor						H-E-C-214	
Occupancy Status During Abatement (Chec						Street		229							
Facility Closed/Vacated During Entire		30 . 55	ent			00000	, 1001	000							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours			_	City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	N G	ull Containme lini-Enclosure Blovebag Proce	edure					ar.	
	le l	Locati	on				<u> </u>	lon-Exempted	() an	J INOII-	rnab	P10		e ement	
Location of	N	ormall	у		De	scription	of							ре	
Asbestos-Containing Material (ACM) TO BE ABATED		i Solel ntenar			os Con	taining N	later	ial (ACM)		mount		_		m	т
In Facility	Custo	odial S (12)	staff?	(1.6.)	surfa	systems cing, VA	T, or			pecify or LF		Removal	Repair	caps	Enclosure
(13)					other r	niscellan	eous	5)				oval	air	Encapsulate	sure
	Yes	No	N/A							77				О	
kitten & Living Room	-		Х			oor Tile				00 SI	=	х			
Closet 2nd floor			Х		FI	oor Tile	9			SF		X			
Name of Registered Waste Hauler		1,020,00	JDEP Wauler ID	2771	Cubic of Wa	Yards ste		Name of R		red La	ndfill				
United Roll Off	<u> </u>	173353	2459		5			G.R.O.V	V.S.						
City, State						sal Date		City, State		0 220					
Elm NJ Completed by	Title				10/29	0.088	77	Morrisvi	ile P	190	-				
Anthony T Perna	Presid	dent				Signature	1				10	te /8/1	9		
							1				1				