Child J	NV 19	5205	Notific (Pursu	State of Nevation of Asb ant-to N.J.A.C. 8	estos Abatement 60/7 and 12: 120-7)		EG		$\overline{\mathbb{V}}$		
Date of Notification (1)			0		Name of Building Owne	er/Operator (2)	OCT	18	2019		
10/14/2019 Agencies Notified		Notification	Type	270	Joseph Perone Street Address	land land	001		2010	- -	
						•	ASBEST	09.00	NTRO	12	
☑ EPA □ DCA		☐ Initial Not ☐ Amended			City, State, Zip Code Bloomfield NJ 070	03		CENSI			
☑ DOL □ DEP				cation (including	Name of Contact		Telepho	ne Nun	nber		
⊠DOH		☐ Cancelle			Joseph Perone		1				
				FACILITY INF	ORMATION	\$					
Name of Facility Where Abate Private House	tement is T	aking Place (<u>3)</u>		Type of Facility (4) ☐ School (K-12)						
Street Address				******	☐ Subchapter 8 (other		3140 N	52	929		
011 (5)					XOther (i.e. private & c Sq. Feet: # 980 of Floo	ommercial buil rs:1 Bldg. Ac	dings., hon e: 58 year	nes, etc s old)		
1	ssex			y Code (7) Use Only)	Current Use (prior if bei						
Name of Monitoring Firm Hire	ed by Bldg	. Owner	ASCM	No.	Name of Contractor (9)						
	- U				BL Contracting Inc.						
Street Address					Street Address 5 Marguerite Lane						
City, State, Zip Code					City State, Zip Code Towaco NJ 07082						
Project Manager for Monitoria	ng Firm	Telephone I	Number		Telephone Number		License	Numbe	r		
			20.00		973-901-0153		01265				
Scheduled Start Date (10) 10/16/ 2019		Scheduled (10/29/2019	Completi	on Date (11)	Name of OSHA Monitor BL Contracting Inc	ing					
Occupancy Status During Ab					Street Address						
☐ Facility Closed/Vacated Do ☑Abatement Performed Out					5 Marguerite Lane City, State, Zip Code					-	
Describe					Towaco NJ 07082						
⊠Other – Describe: Monda	y-Sunday	7AM-4;30 PN	П			<					
Source of Work (Check all the	at apply)										
≥ 3 sf or ≥	3 If			⊠ Renovat	17.18 (J.	☐ Mini-Enclosu					
X≥ 160 sf or	≥ 260 If			☐ Demolition		⊒Glove-bag Pr ☑ Non-Friable					
Location of Asbestos-		cation Norma	illy		bestos Containing Materia			Abate	ement T	ype	
Containing Material (ACM) in Facility (13)	Main	f Solely by /Custodial St	aff (12)	surfacing, VAT, o	nal systems insulation, or other misc.)	LF)	ify SF or	Remove	Repair E	ncap Er	nclose
Exterior Walls	YES	NO NO	NA 🗵	Transite Shingle	es	1500	SF	X			T
Name of Reg. Waste Hauler		NJDEP Was 0036784	ste Haule	er ID #	Cubic Yards of Waste		Name of		ered La	indfill	***************************************
BL Contracting Inc		0030764			10		100000000000000000000000000000000000000				
						Disposal D	<u>ate</u>	Ci	ity, State	<u>e</u> n, PA	
Completed by (Brief or Turns)		Title			Signature	10/29/2019	Date 1				
Completed by (Print or Type) Nedo Vasilic	Į.	Title Project Mar	nager		Signature West Vas	Ac	Date 1	JI 141 ZU	13		

INV 15310

NOTIFICATION OF ASSESTOS ABATEMENT Rursuant to NJAC 8:60 and 12:120)

CIL 7887

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Date of Notification (1)	9		Na	MR.	Building . Ja	Owner/Operator	ALI CE		2 11 /		ור	NA STATEMENT
Agency Notified	Type Notification		St	reet Ad	dress			700	10 20	140	1	
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DEP ZDOL	☐ Amended		Ci	ty, State	e, Zip C	ode .	.10.	11 28			1	
Z DOL	Amendment# Emergency (including)	nq	_		Contact	40h /	NJ. 0	Telephone Numb	PUNT	HOL	Š.	\exists
Z DOH	justification)		Na	ame of	Contact II	SCALIC		[Temphonic :			-	-
DCA	☐ Cancellation	*	Ь.				-					٦
		· 400		ACILI	IY IMPO	RMATION	Type of Facility	(4)				\dashv
A .	Abatement is Taking Pla				•		-					
	JOHN SCAU	رحى					School (K-12 Subchapter 8	(Other than K-12)				
Street Address						;	DOther (i.e. pri	ivate & commercial	building	s.		
				"			homes, etc.) Source Feet	# of Floors	Bldg. A	ge		-
City (5)	. —						2200.	1	19	45		
	Mont		10			(STATE USE		rior if being demolis	shed)			-
County (6)	ERGEN			NLY)	200e (/)	(SIAIE USE		SIDENCE				
_		1 4	SCM N		-1	Name of Abaton	nent Contractor (S					
Name of Monitoring I'm (8)	n Hired by Building Own	a ^	SCHR IV	10.	1		moval In					
Street Address						Street Address						
Street Address				t 81		450 Sou	th River	St				
City, State, Zip Code	`					City, State, Zip						
City, State, 24 Occ			77				ack, N.J	. 07601				
Project Manager for Mo	nitorina Firm	Tel	ephone	No.	-	Telephone No.		License No.				
s soften summed or sea and						201-329	-7444 -	00388				
Start Date (10)	Scheduled, C			(11)		Name of OSHA						
10/31/19	11/2	2/19) 				Environm	ental				_
Occupancy Status Duri	ng Abatement (Check on	tly one)	138	×		Street Address	1 0+					
☐ Facility Closed/Vaca	ted During Entire Period	of Abate	ment			City, State, Zip	uyler St				_	-
D Other - Describe:	d Outside of Normal Fac このないての	Sity Hou	PM	-				,N.J. 07	606			
Scope of Work (Check										Carlandon.	15001	
□≥3sfor≥3ff			4	Reno	vation		Containment wat Enclosure	n Negative Pressur				
_225 a or ≥ 260 ff				2 Demo	100000000000000000000000000000000000000	D Glos	rebac Procedure	AND Sinkle Door	andrito.			
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	tion of	Use	d Soleli	y by		Description stos Containing M	of	Amount			m	_
	ing Material (ACM) ARATED		ntenan ustodi		(i.e	thermal system	s insulation,	(Specify		Repair	Encapsulate	nolo
	acility	1 7	<u>9=6?</u>		197	surfacing, VA		SF or LF)		obir	Bule	JINB
(13)		(12)			·	,				10	
		Yes	No	N/A					4	x	-	-
BASEMENT	=			N	V	ATT	TASTIC	415	+	1	+	┞
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Name of Registered V	laste Hauler	1		Vaste H	lauler	Cubic Yards of	Name of Reg	istered Landfill				
Best Rem	oval Inc	ID	No.	109		Waste 2 loe	Almora	LAND COUN	TY LA	NDF	الما	L
·.			т/.	TOA		Disposal Date		THE COOK	1 41			
City, State	ck , N.J. 0	7601				11/4/19	NEWBUR	COH PA.	1724	Q_		
Completed by	Title	7001				Signature /	11000 000		Date	1 ,	1	_
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ASB-41	*Don			n for as	bestos l	censure exempts	dactivities			€		

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Check#3460		NO.	TIFIC	AFTE	on of	ASBE	60 a	ABATE nd 5:16)	= IVI E 	NI					Ш
		-110-110-1	(1	11	F &	Building Ov		and y		- 1	n oct	1 8 20)19	1000	베
Date of Notification (1)	1.5 1	0	1							1	1 [001	1021	110	1-	
	15 / 1			Zie	gler C	hemical&	Miner	ral Corp.			204000000000000000000000000000000000000			0	prista estimata
Agencies Notified	Type Notification Initial	n		1			2			0	ASBESTO	S CONT ENSING	HOL	. CI	
☑ EPA ☑ DOLWD	Amended			600	Pros	ect Aver	nue								
☑ DHSS	Amendment	#	_	71		ay, NJ 08					4				
☐ DCA	Emergency (ng			Contact	034				Telephone Numb	er			
(NJAC 5:23-8)	Cancellation			Ch	ip Zie	gler					732-752-4111				_
						ITY INFO	DRMAT	ION							
Name of Facility Where	Abatement is Tak	ing Pla	ce (3)			XXXXXIX XXIIIX			7.50	of Facility (4					
Commercial building									□ S	chool (K-12)	(Other than K-1 2)				
Street Address									X	ther (i.e., pri	vate and commerc	cial buildi	ngs,		
600 Prospect Avenue							2.40			nomes, etc.)	T# of Floors	Blda	Age		
City (5)									Squ	are Feet	# of Floors	Diag.	rigo		
Piscataway, NJ 08854						Code (7) (S	FATE HS	E ONI VI	Curr	ent lise (Pri	or if being demolis	hed)		- 19	\dashv
County (6)				1	County (Jode (7) (5	IAIEUS	E ONL I)	Our	G11 000 (1 11)	o, 2 c g				
Middlesex Name of Monitoring Firm	a Hisad by Buildin	a Own	er (8)	TAS	CM No) []	Name o	f Abateme	ent Co	ontractor (9)				-VIII.V	
Name of Monitoring Fift	in filled by buildin	ig Own	01 (0)	1	0141 140		Gr Tech								
Street Address							Street A								
Street Address						5	76 Va	lley Rd #	#283						
City, State, Zip Code							City, St	ate, Zip C	ode						
			992					, NJ 074	70		License No.		-		
Project Manager for Mo	nitoring Firm			Teleph	one N		Telepho				01127				
					5			6-3511 of OSHA	Monit	or	01127				
Start Date (10)		chedule 10			in Date /	10									
10 /24	62-50 W		-		_ ′ —			Vision C Address	onsu	ltants,Inc					
Occupancy Status Duri	ng Abatement (C	neck o	niy on d of A	e) batem	ent				v Ro	ad, Bldg .#	35E				
C Abatament Perform	ed Outside of No	rmal Fa	acility	Hours	 Desc 	ribe		tate, Zip		au, 2148 **_			55550		
Time of Abatement:	AM	PM/_		_PM			Fair La	wn, NJ	0741	0					
Scope of Work (Check	all that apply)	-						Clean	up an	d decontami	nation with negative gative Pressure	ve pressi	ıre		
		15	Z Ren	ovatio	n				CONTRACTOR OF THE PARTY OF THE			o Drose	ıre		
>3 sf or >3 lf > 160 sf or >260 lf		Ĺ		nolition			H	Glovet	ag Pr	rocedure L ted (*) and N	Tent with Negation on-Friable Proced	ure	ı		
			la.	Location	20			HOIT E					ateme	nt Ty	/pe
Locati	ion of		N	Iormali	у			escription				D.	Re	En	En
Asbestos-Containii	ng Material (ACM	1)		d Solel ntenar		Asbe	stos Co	ntaining Nal system	Materi	al (ACM)	Amount (Specify	Remova	Repair	cap	Enclosure
TO BE A				odial S		(1.6	sur	facing, VA	AT, or		SIF or LF)	val	7	Encapsulate	ure
(1		-		(12)			other	r miscella	neous	5)				te	
			Yes	No	N/A			•			500 SF	\boxtimes	П	П	
Changing deck				Ш	\boxtimes	Mixing	tank in	sulation			300 31				П
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														Ш	
Name of Registered	Waste Hauler			NJE	DEP Wast	e Hauler ID No	Cubic	Yards of V	Vaste	Name of Re	gistered Landfill				
Gr Tech LLC				(0337	85		BD	-	T.R.R.F. Ir	nc				
City, State			11				Dispo	osal Date	1	City, State					
Wayne, NJ 07470							T	BD	-	Tullytown,	PA	Date			
Completed By (Print	or Type)	Title	9					Signature	H	who we	0	10/15/1	0		
N.Jevtic		Owi	ner						//e	wie We	nad	10/13/1	,		
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Date of Notification (1) 10/14/19	05			Building C k Restor			(2)			0	CT	18	2019)	
Agencies Notified Type Notification X EPA Initial		100	Street Ad 801 Ea	ddress ast Clem	ents	Bridge	Rd.			ASBE	STO	S CO	NTRO	S JC	
DEP Amended Amendmen			75000	te, Zip Coe mede N		078		loss	ne man ment		Card Card	INC. SOCESSON	AND DESCRIPTION		
☐ Emergency justification ☐ DCA ☐ Cancellation)	100	Name of Vince	Contact					100000	elephon					
			FACI	LITY INFO	RMA	TION									
Name of Facility Where Abatement is Taki Raritan Fire House	ng Place (3)						of Facility (4	0.00						
Street Address	+						S	School (K-1 Subchapter	8 (Oth						2020
16 Anderson Street							e e	Other (i.e. p							es,
City (5) Raritan NJ 08869		High Mark					1000	···	1	of Floor		5	ildg. A	ge	
County (6) Somerset			County C	Code (7) ISE ONLY)	2011		Currer	nt Use (Prio	or if be	eing der	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.		The state of the s		ement Con	tracto	r (9)					
N/A Street Address							Address	N. W. C.							
							Box 32								
City, State, Zip Code							tate, Zip t Berli	o Code n NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.		1	one No 753-9			Licer 007	nse N 27	0.			
Start Date (10) 11/4/19	Schedule 11/15/1		pletion [Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Che	ck Only On	e)				Street	Addres	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	batem Hours	ent			City, S	state, Zip	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ R	enova emoliti	tion ion			<u> </u>	Mini	Containme i-Enclosure vebag Prod i-Exempted	e edure	9				e	
	1 7 7 7	Locati			V.E								Abate	ement pe	:
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormall d Solei intenar odial S (12)	ly by nce/		os Co therm surf	escription ntaining N al system facing, VA miscellar	viaterial s insula AT, or		(Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						8		_	-		(b)	
Storage & office area		V ₁	Х		Floo	r Tile M	astic		1	000 S	F	X	-		
1 work area												-	-		
												-			
Name of Registered Waste Hauler		101676	I IJDEP W lauler ID		0.000	ic Yards		Name of			andfil				
Two Brothers Con		1 3 3 3 3	7512		4		-0.	G.R.O.							NT-PO SHIP
City, State Totowa NJ						osal Date 15/19)	City, Stat Morrisv		PA 19	067		11,172		
Completed by Anthony T Perna	Title Pres	ident				Signatur		•			1 235	ate 0/14/	19		

Print Form

Lhv 15	00	H NO			TION		ES	OS ABAT		ENT) E G	E		V [M
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Date of Notification (1)	14 /	19				of Building		er/Operator (2	2)		U OCT	1 8	3 21	019	-	ᆀ
				4							_				_	
Agencies Notified ⊠ EPA	Type Notificat	ion		- 1	Street /	Address					ASBEST				&	
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⊠ DOH	Amendme	nt #	_			ate, Zip Co		. NI 00100								
☐ DCA	☐ Emergence		ng	-				ip, NJ 08108			Telephone N	umhai			21722	-
(NJAC 5:23-8)	justification Cancellation					of Contact j <mark>amin Gif</mark>					Telephone N	umber				
					FAC	ILITY IN	FOR	MATION		•						
Name of Facility Where A	batement is Ta	aking Plac	ce (3)					-	Туре	e of Facility (4)					
Giffen Residence										School (K-12)		12)				
Street Address										oubchapter 8 Other (i.e., pri	(Other than K ivate and com	(-12) mercia	al bui	ldings		
										nomes, etc.)						
City (5)									Squ	are Feet	# of Floors		Bld	g. Ag	е	
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County (6)					Count	y Code (7)	(STAT	TE USE ONLY)	Curr	ent Use (Prid	or if being den	nolishe	ed)			
Camden									R	esidence						
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	P	SCM I	No.	Nan	ne of Abateme	ent Co	ontractor (9)						
Management & Env	iro. Consult	ing Serv	rices	5			S	hade Enviro	onme	ental, LLC						
Street Address							Stre	et Address								
PO Box 341							62	23 Cutler Av	venu	е						
City, State, Zip Code			100-				City	, State, Zip Co	ode							
Chesterfield, NJ 08	515						M	laple Shade	, NJ	08052						
Project Manager for Mon	itoring Firm		T	elep	ohone l	No.	Tele	ephone No.			License No).				
Bill Weisgarber				60	9-298-	4070	8	56-755-0099)		00842					
Start Date (10)	S	cheduled	Com	plet	ion Dat	e (11)	Nan	ne of OSHA N	/lonito	r						
10 /23 /	19	10	/_	25	_ / _	19	Е	MSL Analyt	ical,	Inc.						
Occupancy Status During	Abatement (C	heck only	y one)			Stre	et Address								
☐ Facility Closed/Vacate					nent		20	00 Route 13	80 No	orth						
☐ Abatement Performed	Outside of No	rmal Fac	ility H	ours	s - Des	cribe	City	, State, Zip Co	ode							
Time of Abatement: _	AM	PM/	F	PM		AΜ	С	innaminsor	n, NJ	08077						
Scope of Work (Check al	I that apply)								7,							
N - 2 - f - + - 2 f			Reno	unti.	00						ative Pressure	Э				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Demo					Gloveba	g Pro	cedure						
								☐ Non-Exe	empte	d (*) and No	n-Friable Proc	edure				
57 WAS 1995	725		Is Lo					_					Aba	ateme	nt Ty	_
Location Asbestos-Containing	10700	, u			ly by	Asbe	stos (Description of Containing Ma		(ACM)	Amount		Rer	Repair	Encapsulate	Enclosure
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IN Facili	ity			12)	Stan?			urfacing, VAT ner miscellane			SF or LF)	<u>a</u>		ulat	ıre
(13)		Ye		No	N/A		Oti	ici misociiane	,000,						æ	
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Name of Registered Was	ste Hauler			N	JDEP 1	Naste	1,550,550	oic Yards of	Na	ame of Regis	stered Landfill		Vocalities.			
Freehold Cartage				Н	15939		Wa:			Fairless La	andfill					
City, State					10005		A STREET, SQUARE, SQUARE,	posal Date	Ci	ty, State						
Freehold, NJ							1	0/25/2019		Morrisville	, PA					
Completed By (Print or T	vne)	Title				-		Signature				Date	e			
Christina Fay	,,,	20000000	Pres	ide	ent of	Operation	ns	() Son	La	1	\supset	10	14	11	9	

HTLAH	N	OTIFI (Pt	CATION	ate of Ne FOF ASB to NJAC	ESTOS /	ABATE	MEN	T	D,-	E C			V		nt.F
Date of Notification (1) 10/14/19	りろ	1.	Name o Danie	f Building I Greenl	Owner/O	perator	(2)	ne		00	T 18	3	2019)	Ш
Agencies Notified Type Notification X EPA X Initial			Street A						1	SBES	TOS C	ON	ITRO G)L &	
DEP Amended Amendment Emergency		_		ate, Zip Co gat Ligh		006		100	APPENDING.	-					
X DOH justification) DCA ☐ Cancellation		- 1	Name of Penny	f Contact					Tel	ephone	Numbe	er			
Name of Facility Where Abatement is Takin	g Place (3)		FACI	LITY INF	ORMATIC	ON	Typ	e of Facility	4)						
Daniel Greenberg Private Home Street Address								School (K- Subchapter Other (i.e. p	12) 8 (Oth			uilo	lings,	home	es,
City (5) Barnegat Light NJ 08006		87					2000	etc.) uare Feet 00+	# 0	f Floors			dg. A	ge	
County (6) Ocean			County (Code (7) USE ONLY)			rent Use (Pri	or if bei	ng demo	olished))			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	l No.				oatement Cor Inc.	ntractor	(9)					
Street Address						Street					to the	220	A. 44 S.		
City, State, Zip Code						City, S	state,	Zip Code erlin NJ 080	091						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph 856-		No. -9800		Licens 0072					
Start Date (10) 10/24/19	Schedule 11/8/19		pletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Chec						Street	Addr	ess	•						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of Allial Facility	batem Hours	ent		_	City, S	tate,	Zip Code				-			
Scope of Work (Check All That Apply)								4-74-1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					M G	ull Containm lini-Enclosure lovebag Pro-	e cedure						
	- N. C. C.	ocatio	5000				<u> </u>	lon-Exempte	ı (*) anı	u Non-F	riable F	_	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall I Solel ntenan odial S (12)	y by ice/	Asbes (i.e.	tos Conta thermal s	systems ing, VA	Materia s insu T, or		(5	mount Specify or LF)	Neilloyd	Remove	Ty Repair	Encapsulate	Enclosure
5.1.	Yes	No	N/A											ate	e)
Exterior Siding			Х		Exteri	or Sic	ling		14	00SF	Х	-			
Name of Registered Waste Hauler United Containers		Ha	JDEP W auler ID 2459		Cubic Y of Wast			Name of G.R.O.		red Land	dfill				
City, State Elm NJ					Disposa 11/8/1			City, State Morrisv		1906	7				
Completed by Anthony T Perna	Title Presid	dent			Sig	gnature	2	(Date 10/14	4/1	9	=2000	

TM1152	N				OF ASB				Γ	Check	# 25	996		
UN VUU	مل ال		6) <u>L</u>	to NJAC	LJ {	Carles &			In E		3 1	1///	E', I
Date of Notification (1) 10/15/	2019			Name o	f Building	Owner/(Operator		armelin		<u> </u>	э U	[,]	
Agencies Notified	Type Notification			Street A	ddress						OCT :	18	2019	of the second se
EPA DEP	X Initial Amended			City, Sta	ate, Zip Co	ode			- E	lans ages.				- 1
X DOL	Amendment Emergency (Ch	erry Hi	II, N.	J 08034	ASE	ESTOS	CON	TRO	2
Ĭ DOH	justification)	iricidaling		Name o	f Contact Suzar					Telephone				markers
☐ DCA	Cancellation			EACI	Suzar									
Name of Facility Where		Place (3)	FACI	LITINE	JKIVIAT	ION	Тур	e of Facility (4	4)		-		
Reside	ential								School (K-12	2)				
Street Address								×		8 (Other than rivate & comm		ildings	, home	es,
City (5) Cherry H	lill, NJ 08034								are Feet 560	# of Floors		Bldg.	Age	
County (6) Camden					Code (7) USE ONLY)			Curr	rent Use (Prio	r if being dem	olished)		777	
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCN	ΛNo.				atement Cont Environme		es, Inc.			
Street Address PO Box 341							Street PO E							
City, State, Zip Code Crosswicks, N.	J 08515								Zip Code n, NJ 0850	1				
Project Manager for Mor Bill Weisgarbe				Telepho 609 29	ne No. 98-4070		Teleph 609 2	none l	No.		se No.			
Start Date (10) 10/25/2019		Schedul		npletion 31/201	Date (11) 9		Name MEC		SHA Monitor					
Occupancy Status Durin	g Abatement (Check	c Only Or	ne)				Street	Addre	ess			25-16-		
× Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent			PO E							
Other – Describe:	ned Outside of Norm 8 am to 4 pm	al Facility	y Hours	3					Zip Code eld, NJ 085	515				
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 if × ≥160 sf or ≥260 if			Renova Demolit				×××	M G	ull Containme ini-Enclosure lovebag Proce	edure			220	
		1	Locati	on				J 14	on-Exempted	() and Non-r	TIADIE F		ement	:
Location	n of	1	Normal	ly		De	scription	of				T	уре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma	ed Sole intena todial S (12)	nce/		tos Con thermal surfa		Materia s insu T, or		Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A									(D)	
Attic	2		X			Ve	rmiculi	te		1100 sf	Х	-		
Name of Registered Wat	ste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of B	Registered Lar	odfill			
Stevens Environmen			100	lauler ID 18292	No.	of Wa			Fairless	- N	MIII			
City, State Allentown, NJ							sal Date 0/31/20		City, State Morrisvil					
Completed by Mahlon E. Stevens		Title Proje	ect Ma	anager		5	Signature	1			Date 10/1	6/201	9	

State of New Jersey

			State	of Ne	Jersey			Check	# 16	735	
INV 1530		NOT:	IFICATION	OF ASI	BESTOS ABATEMENT	The same of the sa	F C	0 E	n 7/7	7 6	
Date of Notification	(1)		Name of	Buildi	ng Owner/Operato	r)(2)	im b	GE	U W	L	
10/14/2019			Joyc	e Asl	hurst				ø.		
Agencies Notified	Type Notifica	ation	Street A	Address	ACCORDING TO A STATE OF THE STA			CT 18	201	Q	
[]EPA	[X]Initial						11 11 0	OI IC	LUI	3	1
[]DEP	Notific	ation	City, St	tate, Z	ip Code				puntomento	-	
[X]DOL	[]Amended Notific				1,NJ,07040	96	ASBE	STOS C		OL 8	<u> </u>
[X] DOH	NOCILIO	ation	Name of	Contac	t	Telepho	one Number	LIOUING	JII Y CA		CONTRACTOR OF THE PARTY OF THE
[]DCA	[]EMERGENC				nurst	. 1		50.5			
	[]Cancella	tion		FACILIT	Y INFORMATION						
Name of Facility Whe	re Abatement	is Taki				Type of Faci	lity (4)				
Joyce Ashurst						[]School	(K÷12)				
							pter 8 (Oth	er than	K-1	2)	
Street Address							(i.e., priv				
							buildings,	- 00			
Ci ha						Square Feet	# of Flo	ors B	idg.	Age	
City		County		- 1	County Code (7) (STATE USE ONLY)						
Maplewood			Essex		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Current Use	(Prior if b	eing de	molis	shed)
Name of Monitoring F:	irm hired by			No	Name of Abato	ment Contract	or (9)				
Owner (8) N/A	and marca by	D 4114111	g moun			ianagemen'	맞으는 사이 얼굴했습니다.				
Street Address					Street Addres	s					
					86 Chris	topher St	- .				
City, State, Zip Code	9				City, State, Montclai	Zip Code .r, NJ 070)42				
Project Manager for N	Monitoring Fi	rm Te	lephone N	Number	Telephone Num			License	Numl	per	
		N,	/A		(973) 744			003	71		
Scheduled Start Date	The second secon	NAME OF STREET	letion Da			Monitor					
10 24 19				19	N/A						
Month Day Ye Occupancy Status Duri				(ear	Street Address	s					720
[X] Facility Clos	kananga manananga sapatanga atau	ring Er	tire Per	iod							
of Abatement []Abatement Per		le of No	ormal Fac	ilitv	City, State,	Zin Code					
Hours - Descr	ibe: «OffHours	Descri	pt»		City, State,	arp code					
[]other - Descr			Descrip	t»							
Scope of Work (Check	all that app	ly)			וויים ו	Containment w	ith Necativ	e Press	nire		
[X]>3 sf or	>3 lf	E	X]Renova	tion		Enclosure	au nogaua	0 22000			
[]≥160 sf o	r ≥260 lf	E]Demoli	tion		bag Procedure riable Proced					
		T	Is		I JHOII-E	TIMPLE LIOCEG	T	Ab	ateme	nt I	Зуре
Location			ocation Tormally		Description		1 .	R		E	E
Asbestos-Cont			Used Solely		Asbestos-Con Material (0.000	Amount (Specif	E	R	C	C
Material (TO BE ABA		E	y Main-		(i.e., thermal	18 (1. Vol. 19. Vol.	SF or	0	PA	A P S	L O S
In Facili			enance/ ustodial		insulation, surfa		LF)	VA	I	S	S
(13)		Yes	aff (12)	/A	or other misce	Llaneous)	1	L	R	L	R
Basement		1 200	X		pe Insulati	on	90 LF	X			
					•						
							1				
Name of Registered Wa	ste Hauler	N.	JDEP Wast	e l	Cubic Yards	Name of Reg	istered Lan	dfill			
AZTECH MANAGE		r Ha	auler ID	33500	of Waste 1.0	Tri - S					
City, State		12	7020		Disposal Date	City, State					
Montclair, NJ	07042				10/28/19		NY, 104	74			
Completed By (Print o	or Type) Tit	16			Signature		1/	Date			
Constantine Vi		eside	ent		1/20	starting	/ Win		4/20:	L9	
						CHUVEL TOU	1				

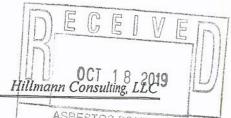
K7645	N	OTIFIC (Pu	MOITA	OF ASBE	STOS AB	ATEN 2:120	MENT)							
Date of Notification (1)	2	1 10		_	Owner/Ope Private H		• •		0	CT 18	2015)		
Agencies Notified Type Notification			Street Ad						ACRE	STOS CO	ONTR	OL &	1	+
X EPA X Initial			Dib. Otal	a Zin Cou	de			Levisionistism	HODE	LICENS	ING		distribution of	أحبي
DEP Amended Amendment		- 1	0.500	e, Zip Cod ity NJ 08										
			Name of						Tele	phone Nur	nber			
DCA Cancellation			Larry											
Name of Facility Where Abatement is Takir	ng Place (3)	FACIL	ITY INFO	RMATION		Type of	Facility (4	4)			7.4	8011185-s-	-
Larry Barnes Private Home	, ,	•						nool (K-1	50.00					
Street Address								ner (i.e. p		er than K-12 commerci		lings,	home	èS,
City (5)		F.5					Square	Feet		Floors	233	dg. A	ge	
Surf City NJ 08008)1 - (7)			1000 -		2			5+		
County (6) Ocean		(County C	ISE ONLY)		-	#			ng demolish	ieu)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abater naco Inc		tractor	(9)				
Street Address							Address Box 329)		• .				
City, State, Zip Code					100		tate, Zip		75.500					
							t Berlin	NJ 080	91	I income a	lo.			
Project Manager for Monitoring Firm			Telephor			856-	one No. 753-98	72.5.7		License N 00727	10.			
Start Date (10)	Schedule	d Com	pletion [Date (11)		lame Sam	of OSHA I e	Monitor						
Occupancy Status During Abatement (Che	ck Only On	e)			S	treet	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Amal Facility	Abatem Hours	ent		_	City, S	state, Zip	Code						
Scope of Work (Check All That Apply)						-								1,50-0
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti				×	Mini-l Glove	Enclosure bag Prod	e cedure	Negative I			е	
	ls	Locati	on										ement pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		Descr tos Contair thermal sy surfacin other mis	ning N stem: g, VA	Material (A s insulation T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						v				Ф	
1st Floor			х		Floo	or Til	le		6	00 SF	х			
2nd Floor			х		Floo	or Til	le		1	00 SF	Х			
											-			-
Name of Registered Waste Hauler United Roll Off		H	IJDEP W lauler ID 2459		Cubic Ya of Waste			G.R.O.	1000	ered Landfi	H			
City, State Elm NJ					Disposal	Date		City, Stat Morris		A 19067				
Completed by Anthony T Perna	Title	ident				nature	e l			D /s	ate 2/15/	19		

CK/25	3	N	IOTIF (P	ICATION	ate of Ne OF ASB to NJAC	ESTOS	ABATE	MEN			C	4	4	12	25	3
Date of Notification (1)	10 18	2 1/2			f Building			(2)			5 6	5		M		M
10/16/2019	TVIDE	14/		AGA (Constru	ction L	LC '			Lar /					2 2 2	
Agencies Notified	Type Notification			Street A							AAT	4.0	2	046	(8)	
EPA	× Initial				OX 338				į.	JL	OCT	18	2	019	A Section 1	-
DEP × DOL	Amended				ate, Zip Co											
	Amendment Emergency		-		am Park	, NJ 0	7932				SBEST				_&	
DOH DCA	justification)				f Contact				. Longer	NOVEMBER OF STREET	ephone	White was an and	ALABAMA AND	i Na esement	etythologic ann A	1914 J
_ DCA	Cancellation	1		Andy	I ITY INTE	00144	1011			97	73-222	-1867				
Name of Facility Where A	batement is Takir	ng Place (3)	FACI	LITY INF	ORMATI	ION	Typ	e of Facility ((4)			_			
Private home		3 (-	6					,,,,		51						
Street Address					100			H	School (K-1 Subchapter		er than k	<-12)				
								×	Other (i.e. p	private	& comm	ercial b	uild	ings,	home	es,
City (5)							_	Sai	etc.) are Feet	1 # 0	f Floors		RI	dg. A	ao.	
Florham Park								Oqu	are rece	" "	1110013		Di	ug. A	ye	
County (6)			Т	County (Code (7)			Cur	rent Use (Pri	or if bei	na demo	olished)			-
Morris		15		(STATE I	USE ONLY)			,				,			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		Name	of At	patement Cor	ntractor	(9)	4-12-5				
							Rem	nova	Safety LL	C	3000					
Street Address							Street	Addr	ess						_	
							8 Cr	osby	y Ave							
City, State, Zip Code							53.60		Zip Code							
		9					Pate	ersor	n, NJ 0750	2						
Project Manager for Moni	toring Firm			Telephor	ne No.		Teleph				Licens	e No.				
									-8711		0133	2				
Start Date (10)		Schedule		npletion [Date (11)		100000000000000000000000000000000000000		SHA Monitor	ž	10					
10/26/2019		11/02/2					Sam									
Occupancy Status During		658					Street	Addr	ess							
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norn	Period of A nal Facility	baten Hours	nent S			City, S	state,	Zip Code							
Scope of Work (Check All	That Apply)									-			_			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		enova emolit				×	M G	ull Containm lini-Enclosure llovebag Prod on-Exempted	e cedure					à.	
		ls	Locati	on										Section and the second	ment	
Location	of	N	ormal	ly		Dec	scription	of						Ty	ре	
Asbestos-Containing I			d Sole			tos Cont	taining M	/ateri	al (ACM)	Α	mount				т	
TO BE ABA In Facilit			odial S		(i.e.	thermal	systems cing, VA		llation,		Specify or LF)		Ren	Re	Encapsulate	Enclosure
(13)			(12)				niscellar		s)	31	OI LF)		Remova	Repair	psul	osu
		Yes	No	N/A								1	<u>n</u>	-	late	re
First flo	or			х		FI	oor tile	S		12	00 SF	3				
First flo	or			х		1	Mastic			12	00 SF		-			
	2.12			-			viaotio			14	00 31	3	+	_	_	
		-			-								_			
Name of Desister 1100																
Name of Registered Wast			12,400	JDEP W auler ID		Cubic of Was			Name of	Registe	red Lan	dfill				
Removal Safety LLC				037007		9	310		Fairles	S						
City, State						Dispos	sal Date		City, Stat	е						
Paterson, NJ						TBD			Morrisv		Α					
Completed by		Title				Ş	ignature	20	1//	,	201	Date				
Lasko Veskov		Presi	dent			h	Tanl	65 85 - 18 <u>4</u> 20	1/206	,97		10/1	6/2	010		

Louis	つろり	10				State of N	lew Jersey	, ,	F C	D IF	ם י	7.77	[-]
1,010	The state of the s	N	ЮТ	FIC	ATIO	N OF AS	BESTOS ABA	TEMENT	In) E	2 6		\mathbb{W}	L
2111							G 8:60 and 5:4	그게 된다. 이렇게 한번째 하시네.					
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	1111 00	T 1	Q	2046	
	16 /	19				Tim Ber	F E E LAD	#1910-2500 C		1 1	8	2019	1
					4	***	, , , ,	5 # 10 10 ±000 C					
	Type Notifica ☑ Initial	ation			Stree	t Address		.22	ASBES				16
	Amended	d			Oit	01-1-7:			Investor and the second	LIUE	VSIN	G	Principles
☑ DHSS	Amendm	ent #			1	State, Zip (-				
	☐ Emergen		uding			milton, N			-				
(NJAC 5:23-8)	justification ju				1 0000	of Contac			Telephone Numl	oer			
	☐ Caricellat	tion	_			. Tim Ben	10.70		3		_		
Name of Facility Where Ab	atament is T	Takina F	lana	(2)	FA	CILITY IN	IFORMATION	1=					
Residential Property		aking F	riace	(3)				Type of Facility					
Street Address	(1)							School (K-12	i) 3 (Other than K-12)	,			
Street Address								Other (i.e., pr	rivate and commer	cial bu	uildin	gs,	
City (5)								homes, etc.)		-			
Hamilton						1781	1010	Square Feet	# of Floors	- 1	dg. A	ge	
County (6)				_	Cour	ty Codo /7)(STATE USE ONLY)	1608	2		91		
Mercer					Cou	nty Code (7)(STATE USE UNLY)		or if being demolis	nea)			
Name of Monitoring Firm H	lired by Ruilo	dina Ow	ner (8)	ASCM	No	Name of Abeteur	Residential					
Finog Environmenta		ang Ow	ner ()	MOCIVI	IVO.	779855155555555511 1	ent Contractor (9)	- 0				
Street Address			_				Street Address	d Mold Service	s, corp.			100 H	
617 Stokes Rd #4-31	8						1835 Underw	rood Blud					
City, State, Zip Code							City, State, Zip C	220		_			
Medford, NJ 08055							Delran, NJ 08						
Project Manager for Monito	ring Firm			Tele	phone	No	Telephone No.	5075	License No.				
Rebecca Rubnitz				1000	. Ti	96-9994	609-702-0400)	00862				
Start Date (10)	S	Schedule	ed Co	15.9	and the same		Name of OSHA M		00002				_
10/ 29/						19	EMSL Analyt						
Occupancy Status During A							Street Address						
□ Facility Closed/Vacated					ment		200 U.S. Rou	to 130 North					
☐ Abatement Performed C	outside of No	ormal Fa	cility	Hou	rs - Des	cribe	City, State, Zip Co		115-2-11-1				_
Time of Abatement:	AM	PM/_	1888	_PM		AM	Cinnaminson						
Scope of Work (Check all the	nat apply)			77			Ommaninison	1, 140 00077					
1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11-27	_					☐ Full Conf	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rer Der				☐ Mini-Enc ☐ Glovebac						
			1 00.	i Olitic					n-Friable Procedur	е			
				Locat						Ab	atem	ent T	ype
Location of				orma	lly ely by		Description o				_		
Asbestos-Containing Ma TO BE ABATI		'	Maii	ntena	nce/		stos Containing Ma , thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		'	Custo		Staff?	1	surfacing, VAT,	, or	SF or LF)	val	=	Encapsulate	Enclosure
(13)			'es	(12) No	NI/A	-	other miscellane	ous)				ate	CD
Basement			-		N/A	-	144 11 =				_		_
basement			_			Transite	Wall Panels		430 SF				
Basement]		\boxtimes	Pipe Ins	sulation		3 LF				
									7.77	П	П	П	П
			7										-
Name of Registered Waste	Hauler				JDEP \	Naste T	Cubic Yards of	Name of Regist	arad Landfill		Ш	Ц	
Waste Management				1828	auler I		Waste	Grand Cent					
City, State					17273	3	5 Disposal Data		udi		147		
Lafayette, NJ							Disposal Date 10/30/19	City, State	o BA				
	2) 1	T:41-					1 "	Penn Argyl	2.00.00.00.00.00				
Completed By (Print or Type Kim Trumbetti	=)	Title	we4.		n		Signature		Dat		, ,		
		Ope	ratio	ons (Coordi	nator	MX	A		1-16	-19		
ASB-41 MAY 11		* Do	not i	ise th	is form	for ashest	os licensure exemo	fed activities					

My Lots	3	NO	TIFIC	CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	TEMENT	thu off	helia	d	米	
Date of Notification (1)				Nan	ne of Ruildi	ng Owner/Operator	(2)	ME CE		W	E	Tour name
8 /	22 /	19				Country Club		1908-2479 Chk.	#A1 A		L	
Agencies Notified	Type Notifica	tion		THE CONTRACT			7 300 7	1300-24/9 Chk.	#NA			
⊠ EPA	☐ Initial	tion			et Address			0CT 1	8	2019		$\ U\ $
⊠ DOLWD				-		field Avenue		had brown				imman
☑ DHSS	Amendme	nt #3			State, Zip		-		nanomento.	ROSE PRODUCES	Name and	
☐ DCA	☐ Emergenc	y (includir	ng		70	NJ 07090		ASBESTOS)L &	
(NJAC 5:23-8)	justification			Nam	e of Conta	ct	les-	Telephone Num		n-To-rependen	нирения	
	☐ Cancellation	on		Jo	hn Lesh	er		908-233-914	17			
				F/	CILITY I	NFORMATION						
Name of Facility Where A		king Plac	e (3)				Type of Facilit	y (4)				
Echo Lake Country	Club						School (K-	12)				
Street Address							Subchapte	8 (Other than K-12	2)			
515 Springfield Ave	nue						homes, etc	private and comme	rcial b	uildin	gs,	
City (5)					=		Square Feet	# of Floors	B	ldg. A	ne	
Westfield							20000	2		191:		
County (6)				Cou	nty Code (7)(STATE USE ONLY)		rior if being demolis	(had)	101	_	
Union						//	Residentia		sileu)			
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCN	l No.	Name of Abateme		-				
Hillmann Consulting						Asbestos and	하는 집에 어떻게 하면 가게 되었다.	AND THE RESERVE OF THE PERSON				
Street Address		20-22-0-3				Street Address	a Word Servic	es, corp.				
1600 Rte 22 East						PO Box 1239						
City, State, Zip Code						City, State, Zip Co						
Bordentown, NJ 085	05					Delran, NJ 08						
Project Manager for Monito			Tele	ephone	No	Telephone No.	075	I Carana N				
Mark Perlmutter	3				3-7800	609-702-0400		License No.				
Start Date (10)	Sch	neduled C				Name of OSHA M		00862				
9/_3_/		10 /										
Occupancy Status During				_ ′		EMSL Analyti	cai, inc.					
☐ Facility Closed/Vacated				mont		Street Address						
☐ Abatement Performed (Outside of Norn	nal Facilit	v Hou	nieni s - Des	cribe	200 U.S. Rout	and the state of t					
Time of Abatement:	AM	PM/_	_PM		AM	City, State, Zip Co						
Scope of Work (Check all t	hat annly				• MAX. 10 (1)	Cinnaminson	, NJ 08077					
	пасарріу)					M Full Contr	ninment with No	gative Pressure		14		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re				☐ Mini-Encl	osure	gative Flessure				
<u>24 ≥ 100 SI OI ≥200 II</u>		☐ De	molitic	n		☐ Glovebag	Procedure	on-Friable Procedure	_			
		Is	Locat	ion		M Moli-Exel	ripted () and No	n-Friable Procedur	1	600 i		
Location of		1	Vorma	lly		Description of			Ab	atem	ent T	уре
Asbestos-Containing M	aterial (ACM)		d Sole intena		Asbes	stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABAT	<u>ED</u>		odial		(i.e.	 thermal systems in surfacing, VAT. 		(Specify	Removal	air	aps	Enclosure
(13)			(12)			other miscellaneo		SF or LF)	<u>n</u>		Encapsulate	ure
		Yes	No	N/A			,				te	
SEE ATTACHED SCOP	E SHEET			\boxtimes	SEE AT	TACHED SCOPE	SHEET	ATTACHED			П	
Phase 2 - Starts 10/15/	19							ATTACTIED				
										П	П	Ш
Phase 1 - Windows 9/3												
Ph 1A - cleanup debris	from				pipe ins	ulation		12 LF		П	П	П
Name of Registered Waste	Hauler		1000163	JDEP V		Cubic Yards of	Name of Regis			_	_	_
Waste Management			H	auler ID	C 41 E 43 E 53 E 5	Waste	Grand Cer					
City, State				17273		5 Disposal Date	City, State					
Lafayette, NJ						10/30/19		lo DA				
Completed By (Print or Type	a) T:	tle					Penn Argy	normal control				
Kaysi Gruner	360	7347	as!			Signature		Dat			a	
SB-41		Office A	SSIST	dill		CIXI	1)-ji	1-10	1	
AY 11		* Do not	ise th	s form	for achoes	s licensure exempte	X officials				-	
		_ 0 .100	-00 1111	5 101111	or danesic	o licenshie exemple	activities.					

Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

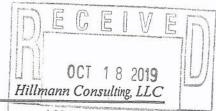
BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL	/ BASEME	NT	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling long the West Wall, and in the N/West Side of the locker Area "C", and Hall loward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		.\$
ocker Area "B' and Hall by ath and Attendee Station, and N/West part of Locker rea "C", and entire Locker rea "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
	MAIN LE	VEL		
eception, South Wall	Window Glaze	30 LF		\$
onald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		<u></u>

Hase 1 -: (clone)

Name of Contractor:	Signature: Cos Coll is
Printed Name: JUNUSMUII GYJUU	Date:

Page 3 of 3



			AS	BESTOS CONTRO
	UPPER L	EVEL	Investory and analysis	Management of Authorities and
2 nd Floor Women's Locker Room	Gold Mastic and Carpet* and Tar Paper* on Plywood (Tar Paper is only in Hall by West Side Exit to Stairs)	900 SF		\$
2 nd Floor Women's Lounge	Mastic and Carpet* on top of Floor Tile 9"x9", Gray and Black in pattern and associated Mastic on Wood Substrate.	500 SF		\$
	ROOF	FS		•
Roof North and Northeast Side: Sloped and Flat Roof (Except part of the Roof above the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		_
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		
Roof North Side Ducts by HVAC Units	Duct Seal (Tar)	160 SF		
	Electric Panel	Connect/D	isconnect Cost:	
		Proj	ect Filing Fees:	_
		Base Bi	d 1 Total Cost:	;

Name of Contractor:AMJ	Signature: ton a [] / will[]
Printed Name:	Date: 11-21-19

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 NJTA / Job #1710-2243 Chk. #NA Agencies Notified Type Notification ASBESTOS CONTROL & LICENSING Street Address **⊠** EPA ☐ Initial 1 Turnpike Plaza □ DOLWD City, State, Zip Code ☑ DHSS Amendment #1 Woodbridge, NJ 07095 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Womelsdorf 732-442-8600 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJTA MUB - E - Hightstown School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Milepost 67 S - NJ Turnpike homes, etc.) City (5) Square Feet # of Floors Bldg. Age East Windsor/Hightstown 20,000 1 unkown County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Trades Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave or Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 8 / 19 9 / 16 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☐ Mini-Enclosure ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ⊠ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Trades Building П \bowtie Pipe Insulation 1300 LF X Trades Building Roof A, E, D П X Roof Flashing 350 LF \boxtimes Trades Building C X Roof Tar Paper 2000 SF X SEE ATTACHED П \boxtimes SEE ATTACHED for Add'I SOW ATTACHED X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage **Grand Central** 02265 5 City, State Disposal Date City, State Freehold, NJ 11/8/2019 Penn Argyle, PA Completed By (Print or Type) Signature Date Kaysi Gruner Office Assistant 10-1h-

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) MARUDA MR. ROBERT Type Notification Street Address Agency Notified El Initial D FPA City, State, Zip Code D DEP ☐ Amended Φ7989BESTOS CONTROL & WHIPPANY . NJ. Amendment # ☐ Emergency (including Name of Contact ET DOH justification) MANION MR. D DCA ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MR ROBERT MARION C School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Ja Other (i.e. private & commercial buildings. homes, etc.) Bldg. Age # of Floors Square Feet City (5) WHIPPANY 950 2500. Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) Mornis ONLY) RESIDENCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 10/25/19 11/5 19 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St □ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abdrement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8:00 44 TO 5:00 6H S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) D'Full Containment with Negative Pressure A Renovation ☐ Mini-Enclosure **□≥3**sfor≥3¥ □ Demolition ☐ Glovebag Procedure D ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Encapsulate Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Removal (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial surfacing, VAT, or SF or LF ... IN Facility Staff? other miscellaneous) .. (13) (12)Yes No NA 1000 SF BASEMENT + F ASTIC Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Hauler Waste Best Removal Inc CUNBERLAND COUNTY LANDFILL 17109 Disposal Date City, State 17240 11/2/19 Hackensack, N.J. 07601 NEWBURGH Completed by Title Signature

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Do not use this form for asbestos licensure exempted activities.

J. MAIORANO

Estimator

State of New Jersey

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Agencies Notified Type Notification			Street A	ddress						ASB	ESTO		ONT	ROL	&
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Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	11 0		f Contact chwartz					l Tel	enhone	e Num	ber			
			FACI												
Name of Facility Where Abatement is Taking House	Place (3)					Тур	e of Facility (
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Oth				lings,	home	es,
City (5) Ridgewood							Squ N/A	are Feet	etc.)						
County (6) Bergen				Code (7) USE ONLY)	<u> </u>	Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.	V12.	Name of Abatement Contractor (9) D&S Abatement, Inc.									
Street Address						Street 11 R		ess ngren Avei	nue						
City, State, Zip Code							Zip Code NJ 07512								
Project Manager for Monitoring Firm		Γelephor	ne No.		Teleph 973-3				Licen 0131	se No					
Start Date (10)	Schedule	d Com	pletion [Date (11)				SHA Monitor Itement, In	c.						
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× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	percent	enovat emoliti													
						Non-Exempted (*) and Non-Friable Procedu									
Location of		Locatio			Des								Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenan odial S (12)	ce/	(i.e. t	os Cont hermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or eer miscellaneous)			(8	mount Specify or LF)	X	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									#		ate	œ.
2nd floor closet		X				VAT			1(00 SF		X			
Name of Registered Waste Hauler		10/0000	JDEP W		Cubic			Name of	Registe	red La	ndfill				
Itlantic Carting			Hauler ID No. of Waste TBD				D Grand Central								
City, State Vayne, NJ		Disposal Date City, State TBD Pen Argyl, PA													
Completed by Diver Hegedis	Title Projec	ct Ma	nager		S	ignature	1/	1			Date 10/		019		

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Date of Notification (1)	(5)			N	ame of E	Building Ov	wner/Operator (2	()		III)	400	0040		U		
10 /	11 /	19			FD Lot	9, LLC				∐ ∐ OCT	182	2013	Constitution			
Agencies Notified EPA	Type Notification	ation		S	treet Add	dress stings Dr	rive		,	ASBESTOS CONTROL & LICENSING						
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□ DHSS □ DHS	Amendm Emerger	The second second	ding		Tenafl	y, NJ 076	670	Talashara Number								
☐ DCA (NJAC 5:23-8)	justificat		unig	N	lame of					Telephone Number 201-876-9400						
**	☐ Cancella	ition					as agent for o	wne	r	201-070-3400				-		
					FACIL	ITY INFO	ORMATION	T	e of Facility (4	1)				-		
Name of Facility When N/A Street Address	e Abatement is	Taking P	lace (3)					School (K-12)		ial build	ings,				
282 Pine Street					i-	-7 10	. 1	1	are Feet	# of Floors		Age				
City (5) Jersey City					()	100	$\mathcal{C}_{\mathcal{C}}$		4,700	1		+ yr	s.	_		
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Hudson Name of Monitoring F	irm Hired by Bu	ilding Ow	ner (8)	I A	SCM No	o. I	Name of Abatem	ent C	contractor (9)							
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							Garfield, NJ Telephone No.	070	20	License No.				\neg		
Project Manager for I	Monitoring Firm			Tele	phone N		973-931-329			01365						
Start Date (10) 10 / 25	/ 19_				tion Date	(, , , ,	Name of OSHA Same as ab	tor								
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	-ffice area					Floor T	ile			150 SF	\boxtimes					
Ground Fl. s.w.	office area		-	片			nsulation			50 LF						
Boiler Room				10		ripe II	isuiation									
Name of Registere	d Waste Hauler				NJDEP		Cubic Yards o	f		gistered Landfill						
Newark Cartin					Hauler I		Waste 80 yds.		G.R.O.W	.5., INC.						
City State				120070			Disposal Date		City, State							

ASB-41 MAY 11

City, State

Newark, NJ

Kiril Nestorov

Completed By (Print or Type)

Title

Project Manager

Nov. 2019

Signature

Morrisville, PA

Date

^{*} Do not use this form for asbestos licensure exempted activities.

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Name of Facility Where Above at 1. Tallian	DI /		FAC	ILITY INFO	ORMAT	ION									
Name of Facility Where Abatement is Taking Brittany Bucceroni Private Home	Place (3)					_	of Facility (4							
Street Address			-	7- 0-1				School (K-12 Subchapter 8	(Oth	er than I	K-12)				
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City (5) Glendora NJ 08029		30	*				Squar 1000	re Feet	3230	Floors		2 785	ldg. A	ge	
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Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASC	I No.		t		tement Contr	ractor	(9)		-			
Street Address							Addres	MATER					100-25		
							Box 3	T7							
City, State, Zip Code						552.0		p Code		-102-11					
Project Manager for Monitoring Firm			Telepho	na Na				in NJ 0809	91						
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10/15/19	10/17/					Sam									
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	Yes	No	N/A									<u>a</u>	7	ate	Ге
Family Room lower level			х		Floor	Tile o	nly		40	0 SF		х			
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City, State Elm					Dispos 10/17	al Date		City, State Morrisvill	e PA	1906	7				
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Anthony T Perna	President									10/	14/1	9			

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Date of Notification (1) 10/14/19	1		Penny	Building Own Cranmer		-			OCT	18	2019	On the Party of th	2		
Agencies Notified Type Notification		5	Street Ad	ldress				A	SBESTO	S COL	NTRO	L &	-		
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☐ Emergency (inc	cluding	1	Name of	TO DESCRIPTION OF THE PARTY OF				Tele	ephone No	umber					
DCA Cancellation			Penny	ITY INFORM	IATION										
Name of Facility Where Abatement is Taking F Penny Cranmer Private Home	Place (3)					Туре	of Facility								
Street Address								ochapter 8 (Other than K-12) ner (i.e. private & commercia				home	s,		
City (5) Pemberton NJ 08068		7				Squa 100	are Feet	# of	Floors		ldg. A	ge			
County (6)			County C	Code (7)		0.0000000000000000000000000000000000000	ent Use (Pr	ior if bei	ng demoli	shed)					
Burlington Name of Monitoring Firm Hired by Building Ow	ner (8)	П,	ASCM	:	Nam	Hou e of Aba	atement Co	ntractor	(9)				-		
N/A						Inc.		0.07.6							
Street Address					77777	Box 3									
City, State, Zip Code					1		Zip Code rlin NJ 08	091							
Project Manager for Monitoring Firm			Telephor	ne No.	Tele	phone N	No.		License 00727		25.725				
Start Date (10)	chedule	d Com	pletion [Date (11)			SHA Monito	r	00727						
10/24/19 10/24/19 Cocupancy Status During Abatement (Check Control of the Control	11/8/19					me et Addre	988					200			
X Facility Closed/Vacated During Entire Pe	riod of A	batem	ent												
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			City,	Zip Code									
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Dealer St.	enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e					
	5.70	Locati	70.000								Abate	ement pe			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	ormall d Sole ntenar odial S (12)	ly by nce/ Staff?	(i.e. the	Description Containing The system of the surfacing, \ The surfacing of the	Materia ms insu AT, or	ılation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
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Exterior Siding			X		- Alenor C	oluling		1.	40001	1	-				
Name of Registered Waste Hauler United Containers		Н	JDEP W lauler ID	No. o	ubic Yards f Waste	3		of Regist D.W.S.	ered Land	Till					
City, State		2:	22459 4 Disposal Date				City, St	ate			-				
Elm NJ	Title			1	1/8/19	uro.	Morris	sville P	A 19067	-					
Completed by Anthony T Perna	Title Presi	ident			Signatu	Date 10/14/19									

Print Form

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Date of Notification (1)	-0				Nan	ne of Build	ling (Owner/Operator	(2)		للن	8	201	9	1 1-0
10 /	15 /	19			1	arry Bido		1	\- /	1 3-	75	6	0	5	
Agencies Notified	Type Notific	cation			Stre	et Address	s			ASBE	-:		4. 1. 2. 2	OL 8	
⊠ EPA									•		LICE	ISI	VG.		
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(NJAC 5:23-8)	☐ Emerger justificat	ncy (in tion)	cludin	g		ne of Conta				Telephone N	Vumber				
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					F	ACILITY	INF	ORMATION							
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility	(4)					
Residence									School (K-1	2)					
Street Address									Subchapter Other (i.e., p	8 (Other than I	<-12)	Lbu	ildina		
		-15							homes, etc.)	mercia	I DU	lialitiç	J S,	
City (5)				23277	£.	78A	K	/>	Square Feet	# of Floors	8	Blo	dg. A	ge	
Manahawkin					_(1000)()	2400	2		1	65		
County (6)					Co	unty Code	(7) <i>(</i> S	TATE USE ONLY)	Current Use (P	rior if being der	nolishe	d)			
Name of Monitoring Firm	Hired by Ruil	ldina C	hunor	/0\	ASC	4 No	-	I (A)							
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Street Address			-				-		ntracting, Inc.						
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Project Manager for Monit	oring Firm			Te	ephone	e No	+	elephone No.	New Jersey uc						
	5				орнон	7110.		732-349-9932	,	License No 00624).				
Start Date (10)		Sched	uled C	ompl	etion D	ate (11)	N	lame of OSHA N		00024					
10 /25 /			0 /			19		E.M.S.L. Ana							
Occupancy Status During	Abatement (Check	only	one)			S	treet Address	.,	11					_
□ Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ement			1056 Stelton							
Abatement Performed	Outside of N	ormal	Facilit	у Нос	ırs - De	scribe	C	ity, State, Zip Co	ode			_			
Time of Abatement:	AM	PN	1/	_PN		_AM		시민이었는 보이로 여겨들이가 하는 150~00 전원	New Jersey 08	854					
Scope of Work (Check all	that apply)										3====	_			_
≥3 sf or ≥3 if≥160 sf or ≥260 if			□ Re ⊠ De	nova molit				☐ Mini-End	tainment with Neg closure g Procedure mpted (*) and No						
	120			Loca						-		Aba	ateme	ent T	ype
Location o Asbestos-Containing M		1)		Norma	ely by	Ach	ooto	Description of				1	_		
TO BE ABAT	ED	''			ance/			s Containing Ma nermal systems		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Staff?			surfacing, VAT,	, or	SF or LF)		val	7	Sul	sure
(13)		Ī	Yes	No	N/A		(other miscellane	ous)					ate	
exterior			П			asbest	tos s	sidina		2400 sf	F	A			
								o.u.i.g		2400 51	k	2			
			_								L	亅	Ш	П	Ш
						-					[
Name of Bosistered Wests	111		Ц					Artist Company							
Name of Registered Waste Guardian Contracting					NJDEP Hauler I	Waste D No.	7.00	ubic Yards of aste	Name of Regis	tered Landfill					
City, State	y, 1116.			I.	2022			3	T.R.R.F.						
Toms River, New Jer	sey						1	sposal Date 10/28/19	City, State Tullytown	Pennsylvan	ia				
Completed By (Print or Typ		Title						Signature	A Sily town,	. Cimisyivali		_			
Nicholas Fernicola			oject	Man	ager		1	Gignatule	4		Date	Contraction.	-/	1 =	7

Inv 15200 MO#25974684235

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

AMENDED	#	2	
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						نگ ك	E.B					-		
Date of Notification (1)					Name	of Building	Owner/C	Operator (2	2)	NEGE				
	14 /	19	_		Mr 8-1	Mrs. Stev	a Maran					<u>'- </u>		
Agencies Notified	Type Notifica	tion		_		Address	e iviciali	us	111	31				
⊠ EPA	☐ Initial				Ollock	Madicos				OCT 1	8 2019	$\parallel U \parallel \parallel$		
☑ DOLWD					0: 0					TI OCI I	0 2013			
☑ DHSS	Amendme		2		City, S	state, Zip C	ode			And the second				
☐ DCA	☐ Emergeno	y (incl	uding		Monte	lair, NJ 0	7042		-	ASBESTOS	CONTROL	8		
(NJAC 5:23-8)	justificatio				Name	of Contact	act Telephone Number G							
	Cancellati	on			Gary 7	Toriello			- Egyptonion			Market Company of the		
					30000800	CILITY IN	FORMA	TION				-		
Name of Facility Where A	batement is T	aking F	Place	(3)) L	OTTAL	1101	Type of Facility	(4)				
		u.u.ig i	1400	(0)					1. <u> </u>					
Private house Street Address									School (K-12	;) 3 (Other than K-1	2)			
Street Address										rivate and comm		S.		
									homes, etc.)					
City (5)									Square Feet	# of Floors	Bldg. Ag	je		
Montclair, NJ 07042														
County (6)					Count	y Code (7) (STATE US	SE ONLY)	Current Use (Pr	or if being demo	lished)			
Essex								50						
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8	3)	ASCM	No.	Name o	f Abateme	nt Contractor (9)					
ABS Environmental Se	rvices LLC						Gr Tech		(4)					
Street Address		-	A500				Street A	ACCOUNT WAY COME TO SEE						
PO Box 483														
City, State, Zip Code								6 Valley Rd #283 ty, State, Zip Code						
							10000000 0000							
Glenwood, NJ 07418								NJ 0747	0					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telepho	ne No.		License No.				
Scott Higgins				877-	434-60)41	973-356	5-3511		01127				
Start Date (10)					tion Dat		Name o	f OSHA M	onitor					
08 / 21 /		_11		_21	/	19	Envirov	ision Co	nsultants,Inc					
Occupancy Status During	Abatement (C	Check o	only o	ne)			Street A		iisuitaitis,iiic					
☐ Facility Closed/Vacate					ment				n 1 n11 11	255				
Abatement Performed						cribe	City St	vagaraw ate, Zip Co	Road, Bldg .#	33E				
Time of Abatement:	AM-	PM/		_PM_		AM						-		
							Fair Lav	wn, NJ 0'	7. 27.70.00					
Scope of Work (Check all	that apply)						A		and decontamir ainment with Ne	nation with negati	ive pressure			
		D	X Re	novati	оп		A	Mini-Enc	locure					
≥ 160 sf or ≥260 lf		Ì		molitic				Glovebag	Procedure	Tent with Negati	ve Pressure			
							Ш	Non-Exe	mpted (*) and No	n-Friable Proced	dure ,			
The control Management		- 1		Local							Abateme	ent Type		
Location Asbestos-Containing		,		Vorma	ely by			scription o		11 A 2 11 21 1 1 2 2 2 2 2 2 2 2 2	고 고	m m		
TO BE ABA		'		intena					terial (ACM) insulation,	Amount (Specify	Remova	Enclosure Encapsulate		
IN Facili			Cust		Staff?	,		cing, VAT.		SIF or LF)	ova lair	sur		
(13)		-		(12)	_	-	other r	niscellane	ous)	C-9600 C-500-1-500#	=	late		
			Yes	No	N/A									
First floor-dining room					\boxtimes	Walls&c	eiling n	laster		800 SF				
			П		+									
First floor-entering foy	floor-entering foyer \square \square Walls									100 SF				
			П	П	П									
Name of Pagistared Man	to Haules			K11		Houles ID No	Cubi- Vi-	rdo of IMI	all Name of Deci	24050 d 1 5 = d511				
Name of Registered Was	ere namer			NJ	uer waste	nauler ID NO.	Cubic Ya	iras of vvast	e Name of Regi	stered Landfill				
Gr Tech LLC					003378	35	TBI	D	T.R.R.F. Inc	· 8				
City, State							Disposa	al Date	City, State					
Wayne, NJ 07470							ТВІ	D	Tullytown, P	A				
Completed By (Print or T	ype)	Title						gnature /	1. 4.1.) 10 1111, 1		Date			
	#0.000.00	00.000.000					- 1		dic Wenad	n				
N.Jevtic		Own	er					//eu	o. wenad		10/14/19			

NOTIFICATION OF ASSESTOS ABATEMENT

)) fal	MATTER PREPAR	44	11							iiic			
T. 11501	2	1	NOTIF	STATION	ate of New OF ASBE	Jersey	/ ABATEÑ	AENT		(heck #	259	93					
MV NUT		to NJAC 8:	Tr	BECFIVER														
Date of Notification (1) 10/14/	2019			Name of	Name of Building Owner/Operator (2) The Lawrenceville School										Constant or the last			
Agencies Notified	Type Notification			Street A	ddress	2500		OCT	1 8	201	9	· ·						
EPA DEP	Initial Amended		City, State, Zip Code											und on Admitty (TVA	1			
× DOL	Amendment Emergency		_		0.000	Lawr	encevi	ille, N	08648	08648 ASBESTOS CONTROL &								
☑ DOH □ DCA	justification) Cancellation	,			Contact es Kesilr	man				Те	ephone Ni	895-2055						
	Caricellation				LITY INFO	von tilbrot (vil).	ON				(000)	095-2						
Name of Facility Where	Abatement is Takir rench outside G							Туре	f Facility (4)								
Street Address		russ na	11						chool (K-1		er than K-	12)						
2500 Main	Street							X O			& commer		dings	home	38			
City (5) Lawrencev	ille , NJ 08648							Square		# 0	f Floors	Bldg. Age						
County (6) Mercer				County C	Code (7) JSE ONLY)			Curren	t Use (Pri	or if be	ing demoli	shed)						
Name of Monitoring Firm MECS	n Hired by Building	Owner (8)		ASCM No. Name of Abatement Stevens Environ						ment Contractor (9) vironmental Services, Inc.								
Street Address PO Box 341		Street Address PO Box 322																
City, State, Zip Code Crosswicks, N.		City, State, Zip Code Allentown, NJ 08																
Project Manager for Mor Bill Weisgarbe		Telephor	ne No. 8-4070	Teleph	one No 259-96			License 00493	No.			_						
Start Date (10) 10/15/2019		mpletion [/16/2019		Name of MECS		A Monitor												
Occupancy Status Durin	ie)	Street Address					3				1		_					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr								Code	545					_			
Scope of Work (Check A							Ches	terfiel	a, NJ 08	515					_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тастрыу,		enova emoli				×	Mini Glov	Enclosure ebag Prod	e cedure	n Negative			e.				
	Locat	050000000000000000000000000000000000000						() =			Abat	ement						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility		Use Mai	intena	ely by ince/ Staff?	(i.e. th	s Conta nermal surfac	systems cing, VAT	g Material (ACM) ems insulation, VAT, or			Amount (Specify SF or LF)		Repair	Encapsulate				
(13)		Yes	No	N/A	10	other m	niscellan	eous)				Removal	air	ulate				
Exterior T	rench		X		The	rmal l	Pipe In	sulatio	lation		30 If	Х						
						(Wra	ap & C	ut)										
															-			
Name of Registered Was Stevens Environmer			11 12	NJDEP W Hauler ID 18292	No.	Cubic of Was			Name of Registered Landfill Fairless Landfill									
City, State Allentown, NJ				11.07.0		Dispos	al Date 0/16/20	19,	City, State Morrisv		Α							
Completed by Mahlon E. Stevens		Title Proje	ct Ma	anager		S	ignature	1	7			ate 10/14	1/201	9				

NEOCIVED 10/13/2019 04:16PM 2013297440

INV 153 Ch 1116		(Purs	State ication of As uant to NUA	OCT 18 2019												
Date of Notification (1)	11		ner/Operator (2	2)		0.00		CON	TDOL	2.						
Agencies Notified Type Notificat		Woodswortl Address	1			AOI	BESTOS	JOIN JOIN	100	. OL	Name and Post of the Party of t					
DEP Amended																
☐ Amendment #:		tate, Zip Code														
DOH Emergency (including		king Ridge, 1	NJ 07920													
DCA justification)			t est	Telepho	ne Numbe	er										
Cancellation	Jean	n Woodswort														
Name of facility where abatement is	taking along (2		CILITY INFORM	IATIC	N											
	s taking place (3)			Type of Facility (4) School (K - 12)											
Residential Street Address						☐ Subc	hapter 8 (0	Other	han k	(-12)						
Officer Address						Other (Private/Commercial Bldgs./Homes, etc.										
City (5)	County (6)					Square Feet	# of Floo	CA10.50		ldg. A	ge					
Oity (5)	County (6)				unty Code (7) ate use only)	1,400 SF 01 60 Current Use (Prior if being demolished)										
Basking Ridge, NJ 07920	Morris		ASCM No.			Residential	Prior it beir	ig den	demolished)							
Name of Monitoring Firm Hired by B	Ildg. Owner (8)		Name of Abatement Contractor (9)													
N/A Street Address		_	KLOMAX, LLC Street Address													
30A004 (53A (34A) 55A00					ve											
City, State, Zip Code					de											
Project Manager for Monitoring Firm		I Dhana N		_	Hopatcong, NJ 07843											
i i ojost Managor for Monitorning i iiiii		Phone Numb	per		Telephone Number 833-455-6629		License Number 02007									
Start Date (10)	Sched. Com	oletion Date (1	1)	_	Name of OSHA Monitor											
10/29/19	11/05/19	,			KLOMAX, LLC Street Address											
Occupancy Status During Abatement		e)		-	309 W. End Ave											
Facility closed/vacated during e Abatement performed outside of	entire period of a	batement.			City, State, Zip Code				_							
Describe: NORMAL HO		nours-		_		70.40										
Scope of Work (check all that apply)				-	Hopatcong, NJ 0											
V >2 of or > 2 16	Renovation					Full Containment v Mini-enclosure	v/negative	press	ure							
≥160 sf or ≥260 lf [Demolition					Glovebag procedu Non-Exempted (*)		friabla								
	ls location normaby maintenance		1			Ton-Exempted ()	and Non-	R	R	E	E					
material (acm) to be	staff(12)	Custoulai	Descriptio material (A		sbestos-containing	Amount (Specify S	SF or	e m	e p	n c	n					
abated in facility (13)	Yes No	N/A	material (/	(Olvi)		LF)		0 V	a i	a p	L					
Basement	X		Pipe Insulat	ion		30 LF		e	r	\Box						
Basement			Boiler Insula	ation		35 SF		X	히	一	古					
				harana and a												
						-			믜	무	片					
Registered Waste Hauler	NJDEP Hau		Lubic Yards of W	/aste	Name of Registered					Ш	Ш					
KLOMAX, LLC City, State	0038241	Disposal D	yds ate		TULLYTOWN, I		COVER	Y			-					
Hopatcong, NJ 07843		TBD			City, State TULLYTOWN,	VN. PA										
D-1 D 1	itle Owner		Signature	E.			Date 10/14/1	10								
ASB-41 * D	o not use this fo	rm for asbesto	s licensure exe	moted	dactivities		10/14/	. 7			-					

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D.	int		rm
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161150			NOT	S	tate of No	ew Jerse	у 📗	Married Annual Property and Pro	r	28			_							
			NOT	Pursuan	N OF ASE	8:60 an	ABATE d 12:120	MEN D)	5) /	راجاً.	耳	P. F.		W	E	Page"				
Date of Notification (1)	NEO-	10			of Building	2000	KLP NEWS	National Property		129	# 1	2124	_الر	U		1				
10/12/2019	WID ZE	1/			oeth Ga		operator	(4)								and the same				
Agencies Notified	Type Notification	1	-	Street A	Address						0	CT 1	8 2	019	- 1	+				
☐ EPA	× Initial													٠						
DEP DOL	Amended Amendmer	nt #			ate, Zip C rset, NJ		,				ASBE	STOS	CON	TRO	L&					
Ĭ DOH	Emergency	(including	9		of Contact	200	,			1 7-1-		LICE	NSIN			-				
DCA	justification Cancellatio				ael Rodi				Telephone Number											
Name of Facility and				1	ILITY INF	_	ION					-	-			1				
Name of Facility Where A Residential Propert	Abatement is Taki v	ng Place	(3)					Тур	e of Facility (4	1)						1				
Street Address	,					-			School (K-12 Subchapter		r than K	12)								
								×	Other (i.e. pr				ildings	, hom	es,					
City (5)			-					Squ	etc.) are Feet	T# of	Floors	- T	Bldg. /	\ae		-				
Somerset							1	1,9		1	1966									
County (6) Somerset					Code (7)	0		Curr	ent Use (Prio	r if bein	g demol	ished)				1				
Name of Monitoring Firm	ASCI				-6 41															
Trains of mornioring 1 min	ASCI	VI INO.		Name of Abatement Contractor (9) Danvic Contracting LLC																
Street Address					reet Address															
				240 5	Sout	n 5th St.	St.													
City, State, Zip Code					, State, Zip Code															
Project Manager for Mon	Telepho	no No			zabeth, NJ 07206 ephone No. License No.															
- reject manager for mon	releprio	rie IVO.		100000000000000000000000000000000000000	08-906-4123 01355															
Start Date (10)	led Co	mpletion	Date (11)		Name	me of OSHA Monitor														
10/16/2019	1			Iris E	nviro	nmental L	aborat	tories,	Inc.											
Occupancy Status During		7					Street													
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hour									te 22 Wes	<u> </u>			9			-				
X Other - Describe: C	CCUPIED	mar a donn	y 1 100						Zip Code I 07083											
Scope of Work (Check Al	I That Apply)																			
≥3 sf or ≥3 lf			Renov				×	Fu	II Containmer	nt with I	Vegative	Pressi	ıre							
≥160 sf or ≥260 lf			Demol	ition			-	Mi	ni-Enclosure ovebag Proce											
								No	n-Exempted	(*) and	Non-Fri	able Pro	ocedur	e						
			Loca						1											
Location Asbestos-Containing		Use		ely by		scription of taining Material (ACM)			Amount			Τ',	Туре							
TO BE ABA In Facili	TED		aintena todial	ance/ Staff?		thermal	systems insulation,			Amount (Specify		Re	R	Ence	Enc					
(13)	ty		(12)				cing, VAT niscellane			SF	or LF)	Remova	Repair	Encapsulate	Enclosure					
Yes				N/A								<u>a</u>		ate	re					
Laundry R	Room			X	Duc	ctwork	Expansion Joint			15	SF	X	-							
		_		1								+	\vdash							
												+	+							
			-								VII. 3-41 - 5-50	+								
Name of Registered Was	te Hauler			NJDEP W		Cubic	Yards		Name of R	egistere	ed Landf	FII								
Danvic Contracting L	LC			Hauler ID	No.	of Was	ste	Fairless Landfill												
City, State							al Date		City, State											
Elizabeth, New Jerse	² y					TBD			Morrisvill	e PA										
Completed by		Tit/e				S	ignature		M	7	1	Date								
Jeymy Donneys		Own	er 				<u> </u>	1	MK	/\	/ 1	0/12/	2019			-				
ASB-41 (R-06-08)							Tologo	1	this form for a	Shar	licono	IFO 0	nntad	2011-11	ioo					
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CK 1151		NOTIF	CATION	N OF ASB	ESTOS	ABATE	MENT	-	CA	2012	1		151	3 [5	anvar _{e,}	
Date of Notification (1) 10/14/2019	3			of Building ael Rodr		Operator	(2)	.	D)r		臣					
Agencies Notified Type Notification	<i>U</i>		Street A					OCT	1 8	3 2	019		IJ			
EPA Initial Amended		-		ate, Zip Co			tend 600%									
X DOL Amendment =				Twp, No	0782	5			ASBESTOS CONTROL &							
DOH justification) Cancellation				ael Rodr	igues	l _m	Telephone Number NG									
			FAC	ILITY INF	ORMAT	ION								_		
Name of Facility Where Abatement is Taking Storage Barn	3)					of Facility School (K-	ol (K-12)									
Street Address 335 Delaware Rd.							×	Subchapte Other (i.e. etc.)				uildi	ngs, ho	mes	S,	
City (5) Hope Twp			1.				re Feet	# of Floors Bldg. Ag								
County (6) Warren	unty (6)							nt Use (Pr	ior if bei	ng demo	lished)					
Name of Monitoring Firm Hired by Building C)						ne of Abatement Contractor (9) nvic Contracting LLC									
Street Address			ress th 5th St.													
City, State, Zip Code				p Code												
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	lephone No. Licen 08-906-4123 0135					nse No.					
	ed Con 2019						e of OSHA Monitor Environmental Laboratories, Inc.									
Occupancy Status During Abatement (Check	Only O	ne)			ss	10/										
Facility Closed/Vacated During Entire Polyabetement Performed Outside of Normal Other – Describe:					state, Zi	oute 22 West e, Zip Code NJ 07083										
Scope of Work (Check All That Apply)					07003				_			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoliti	ition Mini-Encl Glovebag						ntainment with Negative Pressure iclosure ag Procedure rempted (*) and Non-Friable Procedure								
	27/27	Locati										Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normall ed Solel intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	Material s insula T, or	(ACM) tion,	Amount (Specify SF or LF)		Neilloval	Domonia	Repair		Enclosure		
	Yes	No	N/A									1	- "	1		
Storage Barn			X		Trans	site Pa	nels		6,620				+	1		
														1		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yarde		Name of	Regista	red I and	Hill				_	
Century Waste Services LLC		H	auler ID 2797		of Was			Fairless	s Land							
City, State Elizabeth, New Jersey					City, State Morrisville, Pa											
Completed by Jeymy Donneys						Signature					Date 10/14/2019					

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