

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK #1758

Date of Notification (1) 10/16/2018	hami		Name BAB	of Building T BULLO	Owner/O	perato	r (2)						
Agencies Notified Type Notification	1			Address					; C	E		TE	3 1"
DEP Arnended Amendmer		 1	City, St BRID	tate, Zip Co)GETON	de NJ 083	302			OCT	1 0	20	10	Transfer briggs and and a second and a secon
DOH justification Cancellation)	,		of Contact T BULLO	CK			Telepr	none Nu	mber		10	- Lives
Name of Facility Where Abatement is Taki RESIDENTIAL	ng Place (3)	FAC	ILITY INFO	ORMATIO	ON	Type of Facility		BEST(JS U ÆRS	THIF		
Street Address			-				School (K Subchapte Other (i.e.	-12) er 8 (Other t private & co	han K-1 ommerc	2) ial bui	ldings	s, horr	nes,
City (5) BRIDGETON							Square Feet 1000	# of Fid	oors		3ldg 60+	Age	
County (6) GLOUCESTER				Code (7) USE ONLY)			Current Use (P RESIDENT	rior if being i	demolis	ned)			
Name of Monitoring Firm Hired by Building STRATEGIC ENVIRONMENTAL	Owner (8))	ASCI	M No.		Name ASS	of Abatement Co URED ENVIR	ontractor (9) RONMEN	TAL SI	ERV	CES	INC).
Street Address 1634 SOUTH DELAWARE STRE	ET						Address CLEMS RUN						
City, State, Zip Code PAULSBORO NJ 08066				6			tate, Zip Code LICA HILL No	J 08062					
Project Manager for Monitoring Firm ED KEEGAN	-		Telepho 856-4	ne No. 23-5711			one No. 304-4676	7 TO THE TOTAL TOT	cense N	0.			
Start Date (10) 10/17/18	Schedule 10/20/	ed Cor	mpletion	Date (11)		Name EMS	of OSHA Monitor	r					
Occupancy Status During Abatement (Che			2				Address RT. 130 NOR	———— ТН			-	22.5.187	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: RESIDENTIAL.	nal Facility	Hours	nent 		-	City, Si	tate, Zip Code NAMINSON N						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	₩ B	lenova	ition			V	Eull Containe			. 2000-00-00-00-			
≥160 sf or ≥260 lf		emolit					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				6	
Location of	310	Locati Iormal						a () dila re	n-i nab	110	Abate	ement /pe	t .
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by nce/	(i.e. ti	s Contai	ystems	aterial (ACM) insulation, r, or	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
KITCHEN	Yes	No	N/A X		The tends of	1.00	DINIO			=		ate	6
BASEMENT			X		HEET F			110 S 576 S		X	<u> </u>		
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Name of Registered Waste Hauler		Ni Ni	JDEP W	aste	Cubic Ya	ardo	Ma	D- V	1 1				
ASSURED ENVIRONMENTAL		H	auler ID 1 034895	No.	of Waste 30		1	Registered ERLAND		ITY (COM	IPLE	X
City, State MULLICA HILL NJ	14	-			Disposal 10/22/2		City, Stat	e IELD TW	/P.		•		
Completed by RON SWANSON	Title GENI	ERAL	MANA	AGER	Sign	nature	Kanel Du	CUI POU	Dat 10		2018		

18/16/261B 18:638M 1856224B799

ASSURED SERVICES

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Date of Natification (1) 10/16/2018 Agencies Notification Type Notification			DA	BULLOCK	enconerate	1 (2)			J.U. 1.			·
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Name of Feeling Where Abelement is Tall RESIDENTIAL	ing Piec	s (2)		ACK ITY INFORE	ATION	Type c	Facility (4)			**********		
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CRY, State, ZIS Code PAULSECAC NJ 08088		Name (St. amprilate			SAVE.	LICA H	LL NJ 08	082	-conjugation			
Project Namager for Association Firm EO KEEGAN		-	Teleph 855-	ione No. 423-5711	Telaph	304-48"		License 01148				
Sian Data (10) 10/17/18	147	116	Prophetice.	P26 (11)		CSHA.		01143				
Occupancy Status During Assistment (Choice Facility Clased/Ventice During Entire)		200	·····	I		100	NORTH				·	white and
Other - Describe: REDITENTIAL	nsi Fapili	ty Haus	enens C		G557, 84	ste. Zio (· .		THE O PERSON	-	
Scope of Work (Check All That Apply) 3 88 of or 28 N	12				Process			-	- I PROPERTY			
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Location of Asbetto-Gontaining Material (ACM)	1	s Lécai Normai ad Sols	Se .		escription o		311,013017	ent reon-ris	ple Pro	Abai	enstani Vpe	1
ID BE ABATED IN FACILITY (12)	Cup	einterna Itadiai 8 (12)	100	Astemos Co (i.e. thems	taining his	terial (4) neuletko	.	Amount (Spaciny SF or LF)	PARMES	(IBASAR)	Warre Stevens	AMBOGRES.
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V. State ULLICA HILL NJ.	-			Dispa 10/E	18 Date 1/2018		ERFIEL				- Entro	
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Date of Notification (1) 10/16/2018	the contract of the contract o	Small States		Name	e of Building	g Owner evelope	Operators LLC	r (2)	00	Ţ	19	201	8
Agencies Notified □ EPA	Type Notification)			t Address Route 70	, Suite	2000		The state of the s			on the second	- Leven
⊠ DEP ⊠ DOL	☐ Amended Amendme	nt #		City, S Lake	State, Zip C wood, Ne	ode w Jerse	y 08701	k.	AOREST	S C EAS	ONTE ING	101.8	St.
☑ DOH □ DCA	Emergency justification Cancellation		g	Name Maur	of Contactice Zakari	t ia			Telephone Nur 732-961-811				
Name of English What				FA	CILITY INF	ORMAT	TION						
Name of Facility Where A Fabric Store	Abatement is Takii	ig Place	(3)					Type of Facility	/ (4)				
Street Address 855 Route 22								☐ School (K-1☐ Subchapter☐ Other (i.e. p	2) 8 (Other than K-12) private & commercial	bldg	s, hon	nes, e	etc.)
City (5) North Plainfield, New C	lersey 07060							Square Feet 30,000	# of Floors 1	1	Bldg. /	Age 5+	
County (6) Somerset				Count	y Code (7) E USE ONL	0		Current Use (P	rior if being demolish	ned)			
Name of Monitoring Firm Lis Consulting Service	Hired by Building s LLC	Owner (8)		CM No.	/	Name Lilich	of Abatement Co Corporation	ail Bldg ontractor (9)				
Street Address 134 Bennington Parkw	ay	-					Street 606 M	Address IcBride Ave					
City, State, Zip Code Franklin Park, New Jer	sey 08823			- 3			City, S Wood	tate, Zip Code land Park, Nev	v Jersey				
Project Manager for Monit Krzysztof Lis	toring Firm				one No 52-1119			one No. 25-8400	License No 01104	0.			
Start Date (10) 10/26/2018		Schedu		mpletion 31/2018	n Date (11)			of OSHA Monitor	r aboratories, LLC				
Occupancy Status During	Abatement (Chec	k Only O	ne)	-				Address					
☐ Facility Closed/Vaca ☐ Abatement Performe ☐ Other – Describe:	ted During Entire d Outside of Norm	Period of al Facility	Abater / Hours	ment s			City, St	Route 22 West rate, Zip Code NJ 07083					
Scope of Work (Check All □≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf	That Apply)		enovati					Full Containme Mini-Enclosure		essur	е		
					_		X	Non-Exempted	(*) and Non-Friable	Proc	edure	6	
Location		1	Locat	lly		De	scription	of				ement pe	t
Asbestos-Containing N TO BE ABAT In Facility (13)	ED	Ma Cus	d Sole intena todial s (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	aining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ower Level Section		Yes	_No_	N/A X	Roofing	Mater	ial		16,400 SF	Χ		ē	W .
7													
			29										
Name of Registered Waste	Hauler		7/5/15	JDEP V		Cubic '	A11 (A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Name of	Registered Landfill				
_ilich Corporation City, State			100000	18724	INU.	of Was		Fairless L					
Noodland Park, New Je	rsey					Dispos 12/31	al Date /2018	Çity, Stat Morrisvil	e o				
Completed by Adriana Olejarova		Title Presid	ent				gnatule	1	Date Date	16/2	018		
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Date of Notification (1) 10/16/18	ond fad	lame.	Nar	me of Building	Owner/Operat	or (2)			OCT	19	201	8
Agencies Notified Type Not	ification		All	led Group	Renovation I	Expe	rts	Persolities				
EPA X Initia				eet Address 09 Heck Av	venue			AS	BESTO	08 00	INTR	OL &
DEP Ame	ended		City	, State, Zip C	ode				LIC	ENS	NG_	Parameters
Eme	ndment # rgency (include	ding		ptune, NJ (• •			
justii	ication)	J		ne of Contact eresa				Teleph	one Nun	nber		
			- 1000	ACILITY INF	ORMATION			732-2	257-077	4		
Name of Facility Where Abatement 206 Highway 71, Spring Lak	is Taking Plac	ce (3)			OTHIATION	Тур	e of Facility (4)		10200		
Street Address	o ricigiits,	140					School (K-1	2)				
206 Highway 71						×	Subchapter Other (i.e. p	8 (Other th	nan K-12) ! []]		
City (5) Spring Lake Heights							etc.) are Feet	# of Flo				
County (6)						Joqu	are reet	# 01 F10	ors	Blo	dg. Ag	е
Cumberland			Coun (STAT	ty Code (7) TE USE ONLY)		Curr	ent Use (Prio	r if being d	emolishe	ed)		
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)		CM No.		Hor	me					
Street Address					AAA	LEA	atement Cont D PROFES	tractor (9)	S			
Outdet Address					Street	Addre	ess					
City, State, Zip Code							DOVE CO	URT				
					City, S	tate, Z	Zip Code OD, NJ 08	701				
Project Manager for Monitoring Firm		1	Teleph	none No.	Teleph				ense No.			
Start Date (10)	Cohed	l1 O			732-6	668-9	078	120				
10/26/18	10/30)/18	mpletio	n Date (11)	Name	of OSH	HA Monitor	_				
Occupancy Status During Abatement					Street	-	PROFES	SIONAL	S			
Facility Closed/Vacated During E	ntire Period o	f Abate	ment				DOVE COL	JRT				
Abatement Performed Outside of Other – Describe:	Normal Facil	ity Houi	'S		City, St	ate, Zi	p Code					
Scope of Work (Check All That Apply)					- LAKE	WOO	DD, NJ 087	701				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion		×	Glov	Containment i-Enclosure vebag Proced	lure				
		s Locat	ion.	T		Non	-Exempted (*) and Non-	Friable F	roceo	ure	
Location of		Norma	ly		Description o						ateme. Type	nt
Asbestos-Containing Material (ACM TO BE ABATED	Ma	ed Sole aintena	nce/	Asbestos	Containing Ma	terial /	(ACM)	Amount				
In Facility (13)	Cus	stodial 8 (12)	Staff?		ermal systems i surfacing, VAT,	or	ion,	(Specify SF or LF)		2 2	Encapsulate	Enc
	Yes	No	N/A	01	ther miscellaned	ous)			lova	Repair	sula	Enclosure
INTERIOR	103	140	N/A		FLOOR TILE						ate	(e)
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me of Registered Waste Hauler		N.	IDEP W	aste C	ubic Yards	- 1	Name of Da	inter-1	161:			
WARK CARTING		uler ID 509		Waste	100	Name of Reg IESI	istered Lan	atill				
, State WARK, NJ			sposal Date		City, State							
npleted by)/30/18		Sity, State BETHLEHE	EM PA				
SEPH PERLSTEIN	Title OWN	ER			Signature				Date			
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CV 3514		The		Pursu	ØN OF A Jant to N	SBESTOS ABA JAC 8:60 and 5:	ATEMENT	110) E	0 [3	\mathbb{W}	Ŀ
Date of Notification (1)								Imil				
10 /	16 /	18			me of Build Halidon, L	ding Owner/Operato	r (2)	00	3	51	2018	>
Agencies Notified ⊠ EPA	Type Notificati	on		Str	eet Addres	S				- '		
⊠ DOLWD	☐ Amended			2	05 Old C	orlies Avenue		ASBES	TOS	CON	TRO	L
⊠ DOH	Amendmen	t #		Cit	y, State, Zi	o Code		L	LIUE	NSIN	3	1100
DCA	☐ Emergency	(includ	ing			NJ 07753						
(NJAC 5:23-8)	justification Cancellation				me of Cont			Telephone Nu	mber	8		-
	L Cancellation	1		C	hris Frev	v		732-991-0				
Name of Facility Whore Al				F	ACILITY	INFORMATION						-
Name of Facility Where Al Residence	patement is Tal	ting Pla	ce (3)				Type of Facility	(4)				
Street Address							School (K-12	2)				
							Other (i.e. p	(Other than K-rivate and comm	12)	buildi		
City (5)							homes, etc.)		lercia	Dullai	ngs,	
Lavallette							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	untu Codo	(7) (CTATE 110E CANA	1100 sf	1		65		
Ocean				00	unty Code	(7)(STATE USE ONLY)		or if being demo	lished	1)		
Name of Monitoring Firm H	lired by Building	Owne	r (8)	ASCI	M No	Name of Abet	Residence					
N/A			(-2	1,00			nent Contractor (9)		504			
Street Address						Street Address	ontracting, Inc.					
						1889 Route S	9 Unit 61					
City, State, Zip Code						City, State, Zip C						
						5-2-2-3	New Jersey 087	755				
Project Manager for Monito	ring Firm		Te	ephone	e No.	Telephone No.		License No.			_	_
Start Date (10)						732-349-9932	2	00624				
10 /31 /					ate (11)	Name of OSHA N						
	_	11_		1 /	18	E.M.S.L. Ana	lytical					
Decupancy Status During A Facility Closed/Vacated	During Entire D	ck only	one)			Street Address						_
Abatement Performed O	utside of Norma	eriod of	Abate	ement	oorib e	1056 Stelton						
Time of Abatement:	AMF	PM/	PM		AM	City, State, Zip Co						_
cope of Work (Check all th						Piscataway, I	New Jersey 088	54				
] ≥3 sf or ≥3 lf						☐ Full Cont	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf		∐ Re	enovat emoliti	ion on			losure	ave i ressure				
						☐ Glovebag ☑ Non-Exe	procedure mpted (*) and Non-	-Friable Procedu	re			
Location of			Loca Norma							batem	ont T	1/0
Asbestos-Containing Mai	terial (ACM)	Use	ed Sole	ely by	Asho	Description of	f			1		T
TO BE ABATE IN Facility	D	Ma	intena todial	nce/	(i.e	stos Containing Mai	nsulation	Amount (Specify	Removal	Repair	Encapsulate	
(13)		Cus	(12)	Stall?		surfacing, VAT,	or	SF or LF)	ova	=	psu	
		Yes	No	N/A		other miscellaned	ous)				late	1
terior					asbesto	s siding		4400 6		-		_
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me of Registered Waste H	lauler											Г
Guardian Contracting,			11/2/20	JDEP V auler IE		Cubic Yards of Waste	Name of Register	red Landfill			-	
y, State				20223		3	T.R.R.F.					
oms River, New Jerse	Υ				8	Disposal Date	City, State					-
mpleted By (Print or Type)						11/01/18	Tullytown, Pe	ennsylvania				
licholas Fernicola	1	roject	Mana	ao-		Signature	/ /	Dat	te /	1		
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CK 35130			(Pu	rsuar	it to NJA	/C 8	:60 and 5:	16)		31						Charitan	or distance of the same of the
Date of Notification (1)				Name	of Buildin	g Ov	ner/Operator	(2)	1	1	(CT	13	1 2	118		1)
	18			Ler	tch Wred	kin	g & Dispos	al		L. Santa		2	7	51	3	4	and a
Agencies Notified Type Notifi	cation		1	Street	Address					- Î	5.000	الر. ************************************	30.0		eno.	0	
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☑ DOLWD☑ Amende☑ DOH☐ Amende	5000			City, S	State, Zip (Code			· ·			and the same	in team on a filter	A Secretary resident last	GENT 100F	MATERIAL SAME	WINDS THE T
□ DCA □ Emerge		ding		Far	mingdal	e, N.	J 07727										
(NJAC 5:23-8) justifica		- 5			of Contac	t				Te	elepho	ne Nu	umbe	r			
Cancella	ation			Dou							732-6	81-0	206				
Name of Facility Where Abeternet is	T.I. D			FA	CILITY IN	IFO	RMATION										
Name of Facility Where Abatement is Residence	Taking P	lace (3	5)					1 22	ype of Facility								
Street Address									School (K-12 Subchapter l		ther th	an K-	-12)				
oli oct / hadross									Other (i.e., p	rivat				al bu	ilding	S,	
City (5)						-		0	homes, etc.) quare Feet	-	of Fla			DI	J= A.		
Brick									1000	#	of Flo	oors		100	ig. Aq 55	je	
County (6)				Cour	ity Code (7)(STA	TE USE ONLY)		urrent Use (Pr	ior if		demi	olishe	1			
Ocean									Residence		Jonig	dom	0110110	<i>,</i>			
Name of Monitoring Firm Hired by Bui	lding Own	ner (8)	A	SCM	No.	Na	me of Abatem	nent	Contractor (9)					_			
N/A						(Suardian Co	ontr	acting, Inc.								
Street Address							eet Address										
0.4. 0.4. 7. 0.1						-	889 Route										
City, State, Zip Code							y, State, Zip C										
Project Manager for Monitoring Firm		17	Tolon	hana	Na			, Ne	w Jersey 08		<u> </u>						
roject Manager for Monitoring Fifth			elep	hone	NO.	1.175.00	ephone No. 32-349-993	2		L	icense	-200-00-00-00-00-00-00-00-00-00-00-00-00					
Start Date (10)	Schedule	d Corr	nleti	on Dat	te (11)		me of OSHA		itor		0062	24					
10 / 30 / 18					18	0.00	.M.S.L. Ana		2004								
Occupancy Status During Abatement				_ % _			eet Address	u., c.						_			
☐ Facility Closed/Vacated During Ent				ent		2000000	056 Stelton	1									
☐ Abatement Performed Outside of N	lomal Fa	cility H	lours	- Des	cribe		, State, Zip C										
Time of Abatement:AM	PM/_	F	PM		AM				w Jersey 08	854							
Scope of Work (Check all that apply)								97 63	No. 1000 1000		9 - Feb u = 72-4						
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Reno	vatio	n I			☐ Mini-En☐ Gloveba	clos ag P	ment with Neg ure rocedure ted (*) and No				dure				
		Is Lo											T	Aba	ateme	ent Ty	ре
Location of Asbestos-Containing Material (ACI	M)	Used S	mally Solely	5000	Asha	etne	Description Containing M	of	iol (ACM)		Λ		Ī	R	Re	m	щ
TO BE ABATED	100	Mainte			(i.e	., the	rmal systems	insi	ulation,		Amo (Spe			Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			12)	lall?			urfacing, VAT ner miscelland				SF or	LF)		val	•	sula	sure
	Y	es I	No	N/A		Ott	ioi iiiisociiaiii	cous	"				- 1			te	
exterior] [2			asbesto	os si	ding	5-5-5			1000) sf			П	П	П
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Name of Pogistered Wests 11		1 L	1			-				e.							
Name of Registered Waste Hauler Guardian Contracting, Inc.			1	DEP V uler ID	A 57 TO TO	Cut	oic Yards of ste	1	Name of Regis	tere	d Land	dfill					
City, State				20223		3			T.R.R.F.								
Toms River, New Jersey							oosal Date 0/31/18	10	City, State	р.							
Completed By (Print or Type)	Title					1			Tullytown,	Per	ınsyl				,		
Nicholas Fernicola		ect M	ana	ner			Signature	_	11	1			Date		1	110	-
SB-41		301 W	aria (901			V	1	-101				10) /	16	1/3	

CX 35138	PA	7	NOT		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:		DEG	E]	
				U									WALTER
Date of Notification (1)	16 /	18			200		ng Owner/Operator cking & Disposa			2 4	7 ZO 5 1	18	V. February
Agencies Notified	Type Notific	cation			Stree	et Address					7	٠	10
⊠ EPA					51	15 Belma	r Blvd.		ASBEST	OS O	DNTI MG	ROL.	රිෑ
☑ DOLWD	☐ Amende Amendn				City,	State, Zip	Code		Contract to the second section of the			We a CLASSIC	Miles Marie Marie
DCA	☐ Emerger	-		- а	Fa	rmingdal	e, NJ 07727		• •				
(NJAC 5:23-8)	justificat	tion)		7	Name	e of Contac	it .		Telephone Nur	nber			
	☐ Cancella	ation			Do	ug			732-681-02	06			
				-20110-0	FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is	Taking	Plac	e (3)				Type of Facility					
Residence								School (K-12		2.0			
Street Address								Other (i.e., p	8 (Other than K-1 rivate and comme	2) ercial b	uilding	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Lakewood								900	1	1	65	3-	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Ocean								Residence					
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.		ent Contractor (9)					
N/A Street Address							Guardian Co	ontracting, Inc.					
Street Address							Street Address	25/2009 - 60/200 - 01					
City, State, Zip Code							1889 Route 9						
Oity, State, Zip Code							City, State, Zip C						
Project Manager for Moni	torina Firm			Tel	ephone	No		New Jersey 08					
, , , , , , , , , , , , , , , , , , , ,	tornig r mitt			101	ерноне	140.	Telephone No. 732-349-9933	2	License No.				
Start Date (10)	15	Schedu	uled C	ompl	etion Da	ate (11)	Name of OSHA		00624				
10 /29 /					1 /		E.M.S.L. Ana						
Occupancy Status During	Abatement (Street Address	,					
□ Facility Closed/Vacate	d During Enti	re Peri	od of	Abate	ement		1056 Stelton						
Abatement Performed	Outside of N	ormal l	Facilit	y Hou	rs - Des	scribe	City, State, Zip C						
Time of Abatement:		PM	/	PM		_AM		New Jersey 08	854				
Scope of Work (Check all	that apply)						75-46-5	tainment with Neg					
 ≥3 sf or ≥3 if ≥160 sf or >260 if 			☐ Re				☐ Mini-End	closure	alive Flessule				
23 2 100 31 01 2200 II		1	M De	moliti	on		☐ Gloveba 図 Non-Exe	g Procedure empted (*) and No	n-Friable Procedu	ire			
j.t.				Loca				()			atem	ent T	vne
Location of Asbestos-Containing N		.		Norma	ally ely by		Description of				_		
TO BE ABA		')	Ma	intena	ance/	Asbes (i.e.	stos Containing Ma , thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility	У		Cus	todial (12)	Staff?	(surfacing, VAT	, or	SF or LF)	ova	=	Encapsulate	Enclosure
(13)		t	Yes	No	N/A	1	other miscellane	ous)				ate	CD
exterior-garage						asbesto	s siding		900 sf		П	П	П
			П] [
										1			
			<u> </u>		+=					\perp \sqcup	Ш	Ш	Ш
Name of Registered Waste	. Haulas			Ц,									
Guardian Contractin				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IJDEP \ lauler II 20223	O No.	Cubic Yards of Waste	Name of Regist T.R.R.F.	tered Landfill				
City, State					20223	,	Disposal Date	City, State					
Toms River, New Je	rsey						10/31/18		Pennsylvania				
Completed By (Print or Ty	oe)	Title					Signature	//		ate /	- 1		
Nicholas Fernicola		Pro	oject	Man	ager		1	1.1	/	10/	6/	15	

CK 35137-15		ИОТ	IFIC	ATIC	N OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:	TEMENT		E			חחח
Date of Notification (1)						ing Owner/Operator		<u> 11 11 OCT</u>	10	20	10	- Care
	/18	_		L	ertch Wre	ecking & Disposi	al	2	. 5	12	1	71
Agencies Notified Type N ⊠ EPA ⊠ Initi	lotification			1 2 2 2 2 2	et Address			ASSEST			COL	ं। ें।
☑ DOLWD ☐ Amo	200			-	115 Belm			LIU	EKS.	NG	W. C. S. S.	(O) Pro-
	endment #_			200	, State, Zip							
DCA Eme	ergency (inc	cluding	į.			le, NJ 07727						
	ification) cellation				ne of Conta	ct		Telephone Nun	ber			
L Call	Cellation				oug			732-681-02	06			
Name of Engility Where About				F	ACILITY I	NFORMATION						_
Name of Facility Where Abatement Residence	nt is Taking	Place	(3)				Type of Facility	y (4)				
Street Address							School (K-1	12)				
Officer Address							Subchapter	8 (Other than K-12 private and comme	2)		4000	
City (5)							homes, etc	c.)	rciai	oullair	igs,	
Lakewood							Square Feet	# of Floors	E	Bldg. /	Age	-
County (6)							2000	2		65		
Ocean				Cou	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)	_		
							Residence				ii.	
Name of Monitoring Firm Hired by N/A	Building Ov	vner (8	3)	ASCN	/I No.	Name of Abatem						
Street Address						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
City, State, Zip Code						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Project Manager for Monitoring Fire						Toms River,	New Jersey 08	3755				
r roject manager for Monitoring Fire	m		Tele	phone	No.	Telephone No.		License No.				
Start Date (10)	101.11					732-349-9932		00624				
	Schedule					Name of OSHA M						
				/	18	E.M.S.L. Ana	lytical					
Occupancy Status During Abateme	nt (Check o	only on	e)			Street Address						_
☐ Abatement Performed Outside of	Entire Perio	d of Al	bate	ment	Personalisas es	1056 Stelton						
Time of Abatement:AM-	PM/	acility i	PM-	s - Des	scribe AM	City, State, Zip Co	ode					
					_/\\VI	Piscataway, N	lew Jersey 08	854				
Scope of Work (Check all that apply	/)						W					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Rend Dem				☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedure	_			
			ocat				,		-	otom	ant T	
Location of Asbestos-Containing Material (A	CM)	No Used	rmai Sole			Description of				atem		1
TO BE ABATED		Maint	ena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Licioadia
IN Facility (13)		Custoc	dial 8 12)	Staff?		surfacing, VAT.	or	(Specify SF or LF)	ova	≝·	psu	000
(1.5)	Y		No	N/A	1	other miscellaneo	ous)	0.000 kg = 14400 kg 0 kg € 11	_		ilate	a
xterior			<u> </u>		ashosto	s siding						
2nd floor		-						2200 sf	\boxtimes			
>Ne 1100:					ashes	tos floor t	ne	100 51				
amo of Posisters 114] []								П	Г
ame of Registered Waste Hauler			100000	DEP V		Cubic Yards of	Name of Regist	tered Landfill				_
Guardian Contracting, Inc.				uler ID 20223		Waste 3	T.R.R.F.					
ity, State						Disposal Date	City, State			_		_
Toms River, New Jersey						10/31/18		Pennsylvania				
ompleted By (Print or Type)	Title					Signature	1	/) Date	. /		1	_
Nicholas Fernicola	Proje	ect Ma	ana	ger			\ \ \	ν		, 1	18	
B-41 N 13		not use	- 050608	ACC .	G. 507	V	1- Tr		0/1	16 1	(0)	

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



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

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10/12/	10-170
CREAL	10151
	10101

Date of Notification (1) 10/16/18				of Building	Owne	r/Operato	r (2)		NUC		01	٠,		
Agencies Notified Type Notification				Luvera							(3)		-	
EPA Initial Amended Amendment Emergency		_	City, St West	Address tate, Zip Co field, NJ		90				<u>E</u>	G B		2018	TTTT
DOH justification) DCA justification	a a con-pro- vivos e s -si			of Contact _uvera					Telè	phone I	Number			relative Transfer
Name of Facility Where Abatement is Takin home	g Place (3))	FAC	ILITY INFO	ORMA	TION	Туре	of Facility (4	()	ASBE	STOS			L &
Street Address City (5)							×	School (K-1: Subchapter Other (i.e. pretc.)	8 (Othe	r than K comme	(-12) ercial bu	ildings	, hom	es,
Westfield							200		2	Floors		Bldg. 62	Age	
County (6) Union				Code (7) USE ONLY)	_		Curre	ent Use (Prio ne	r if bein	g demo	lished)	tiva ese		
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.				tement Con ronmental			LC			
Street Address							Addres	ss 83, 4 E Ga	ate Dri	ive				
City, State, Zip Code	34							ip Code , NJ 074	18					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-	one No 764-2		100	License	No.			
Start Date (10) 10/25/18	11/1/18		npletion	Date (11)		Name	of OSH	HA Monitor						
Occupancy Status During Abatement (Check	Only One	:)				Street	Addres	SS						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: basement	eriod of Al al Facility I	oaten Hours	nent		_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	nova molit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure				re	
Location of	No	ocati ormal	ly		D	escription				1		Abat	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenar	nce/	(i.e. t	os Cor herma surf	ntaining M al systems acing, VA miscellan	aterial insula T, or	(ACM) tion,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement			х		pipe	e insulat	ion		75	LF	х			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubir	c Yards		Name of R	ogiotar-	d	-			
Freehold Cartage		H	auler ID 5939	No.	of Wa	aste		Western						
City, State Freehold NJ				2	Dispo TBD	sal Date		City, State Birdsbore	о РА					
Completed by A. Scott Higgins	Title Presid	ent				Signature		D.		11 12	Date 10/16/	18		



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

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	The contract of the contract o	101_	10

Date of Notification (1)										NUCK	- 1	0	1_	X)
10/16/18					of Building e Dean F			r (2)							
Agencies Notified T	ype Notification	n			Address	.avci	1011								
☐ EPA 🗵	Initial									1111	E C		5		
DEP	Amended			1 1000000000000000000000000000000000000	State, Zip C					1147	ene santo e la c		mun o — P	N country	track there are
	Amendmer Emergency	it #	1		nfield, NJ	0706	33			The state of the s	A 0				
DOH DCA	justification) -	,		of Contact					Telephor	ne Numi	o'er	19	20	10
L DOA	Cancellatio	n	_		hael Rodi	1550									
Name of Facility Where Aba	tement is Taki	ng Place (3)	FA	CILITY INF	ORM/	ATION	Tv	oe of Facility (4)	L	SECS	10	i O		101
home		3. 3 .0.000.000.000.000.000.000.000.000.000						1 1 1		1	1	JC	ENS	NG	en contact
Street Address									School (K-12 Subchapter 8) (Other that	n K-12)				
								×	Other (i.e. pri	vate & com	mercial	buil	dings	s, hon	nes,
City (5)								Sq	etc.) Jare Feet	# of Floor	'S	TE	Ilda.	Age	
Plainfield								20	00	2	·m		0	, 190	
County (6) Union				County	Code (7)			Cui	rent Use (Prior	if being der	molishe	d)			
		0 10				′ —		110015	me						
Name of Monitoring Firm Hir	ed by Building	Owner (8		ASC	M No.				patement Contr						
Street Address									vironmental	Services,	LLC				
							Street			- D ·					
City, State, Zip Code									483, 4 E Ga Zip Code	te Drive					
									zip Code od, NJ 0741	R					
Project Manager for Monitori	ng Firm			Telepho	one No.		Teleph	1.			nse No.				
									-2276	703					
Start Date (10) 10/17/18				mpletion	Date (11)		Name	of OS	SHA Monitor						
		10/24/		50											
Occupancy Status During Ab							Street	Addr	ess			>===			
Facility Closed/Vacated Abatement Performed (Jutside of Norm	Period of A	Abater	ment			011								
X Other - Describe: base	ment	rai i aciiity	rioui	3			City, St	tate,	Zip Code						
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf		X R	enova	ation			×	1 -							
× ≥160 sf or ≥260 lf		Participant	emoli					M	ull Containment ini-Enclosure	with Negat	ive Pres	ssur	е		
								G	lovebag Proced	ure		_			
		le	Locat	ion				I IN	on-Exempted (*) and Non-I	-riable i				
Location of		N	orma	lly		D		- (,		emen vpe	į.
Asbestos-Containing Mat TO BE ABATE			d Sole ntena	ely by	Asbesto	os Cor	escription on taining Ma	or ateria	al (ACM)	Amount					
In Facility	2	7.0	odial S	Staff?	(i.e. t	herma	al systems acing, VAT	insu	ation,	(Specify		RA	R	nca	Enc
(13)			(12)			other	miscellane	eous)		SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							3	=	7	late	re
Basement				X		nine	insulati	ion		10 LF					
			-			Pipe	modiati	1011		10 LF	Х				
						-									
				-											
Name of Registered Waste Ha	aulor		1	IDEE											
reehold Cartage	aulei		0.0000	JDEP W auler ID	CONTRACTOR OF THE PARTY OF THE	Cubic of Wa	Yards iste		Name of Reg						
			100	5939		TBD	-,-		Western E	Berks Lan	dfill				
City, State Freehold NJ						100	sal Date		City, State						
Completed by		T				TBD			Birdsboro	PA					
A. Scott Higgins		Title Presid	lant			5	Signature	/	7		Date				
		i iesic	CIIL					LA			10/16	5/18	3		



PAI		N	OTIFICA	State of	f New Je	rsey					org.	Pri
Date of Notification (1)		.2025	(Fursi	uant to NJ	JAC 8:60	and 12:12	20)	leck	- 18	3/3	34	
10/15/18			Po	orraro Ho	mes	er/Operato	ır (2)	Loven				
Agencies Notified Type Notificat	ion			eet Addres:	7.5				16	G		D.
EPA X Initial				Box 88								
X DOL Amended	d ent#			, State, Zip				- 111		OT		
Emergen	cy (includ	ding		d Bank,		701				CT	19	201
DCA justification Cancellat				ne of Conta				Telepho	ne Num	ber		
Nome of Early Man				ACILITY II		TION		908-2	29-215	5TOS	00	VTR
Name of Facility Where Abatement is Ta home	king Plac	e (3)		MOILITT II	NI OKINA	TION	Type of Facility			LICE	NSI	G
Street Address City (5)							School (K-Subchapte		an K-12) nmercial	 buildin	ıgs, ho	omes
Point Pleasant							Square Feet	# of Floo	rs	Bldg	g. Age	
County (6)			Coun	ty Code (7	')		2400	2		66		
Ocean			(STAT	TÉ USE ONL	ĹY)		Current Use (Pri	or if being de	molishe	d)		38
Name of Monitoring Firm Hired by Building	g Owner	(8)	AS	CM No.		Name	of Abatement Cor	tractor (0)				
Street Address						ABS	Environmenta	Services	LLC			
						Street /	Address					-
City, State, Zip Code						POB	ox 483, 4 E G	ate Drive				
							ate, Zip Code					
Project Manager for Monitoring Firm			Teleph	none No.			vood, NJ 074	18				
Stort Det. (10)			P.			Telepho	ne No. 64-2276		ise No.			30
Start Date (10) 10/24/18	Sched	uled C	ompletion	n Date (11))		OSHA Monitor	703				
Occupancy Status During Abatement (Che	11/8/	18					- Committee					
Facility Closed Alexand D	ck Only (One)				Street A	ddress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: basement	Period of nal Facili	f Abate ity Hou	ment rs			City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov Demol				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted (dure				
		s Locat						Janu Non-F	nable Pi		re emen	
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	lly ∍lv bv		Des	cription of					уре	L
TO BE ABATED In Facility	Ma	aintena todial	nce/	Asbest (i.e.	tos Conta thermal s	iining Mate systems in	erial (ACM)	Amount			Е	63-25
(13)		(12)	Jian :	+	surfaci	ng, VAT, o	or .	(Specify SF or LF).	Rem	Re	ncar	Encl
	Yes	No	N/A		other mi	scellaneo	ns)		Removal	Repair	Encapsulate	Enclosure
Basement	1.00	140							_		ate	o,
Garage roof			X		flo	or tile		900 SF	x			
30.001			X		ro	ofing		50 SF	х			
me of Registered Waste Hauler		1.							_			
3S Environmental Services, LLC			JDEP Wa		Cubic Ya	ards	Name of Reg	istered Land	fill			_
y, State		111111111111111111111111111111111111111)4248		TBD		Chrin Brot			ndfill		
enwood, NJ					Disposal	Date	City, State	-5.70	,	, Grill		
mpleted by	Tiu -				TBD		Easton PA	Č.				
Scott Higgins	Title				Sign	nature			Date			

CK7092-PA	And the state of t	NOT F	CATIO	State of New 9 ON OF ASBES of to NJAC 8:	TOS ABATE	EMEN	IT		CE		W T	7.5	ant F
Date of Notification (1) 10/16/18				of Building Ov				1	OCT 1	9 2	118	11.	4
Agencies Notified Type Notification				n Fiedler P	rivate Hom	ie	Bentletine	Petraction				- Application	Na econom
			Street	Address			- Architecture	ASE	ESTOS (&i	d) region (d)
EPA Initial Amended		ŀ		tate, Zip Code			Landana	Company of the Party of the Par	FICEIN	onva	ITA PARAMENTAL	N Pillanghadrah	
DOL Amendmen Emergency		_	Love	ladies NJ 0	8008								
DOH justification) Cancellation			Name of Bryan	of Contact				Tel	ephone Nu	ımber			
Name of Facility Where Abatement is Takir	Disease (20)	FAC	ILITY INFOR	MATION								
Bryan Fiedler Private Home	ig Place (3)				Тур	e of Facility	51.051 20022					
Street Address		-				H	School (K- Subchapte	12) r 8 (Oth	er than K-1	(2)			
						X	Other (i.e. etc.)	orivate 8	& commerc	ial bui	dings	, hom	es,
City (5)						Squ	uare Feet	# of	Floors	E	Bldg. /	Age	
Loveladies NJ 08008 County (6)							+000	1			35+	001	
Ocean				Code (7) USE ONLY)			rent Use (Pri ouse & Gar		ng demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		of Al	batement Cor		(9)				
Street Address					Street		Inc.						
					PO								
City, State, Zip Code					City, S	State,	Zip Code						
Daily M. Committee Committ			Managaria and		Wes	st Be	erlin NJ 080	91					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 856-		No. -9800		License N 00727	Vo.			
Start Date (10) 10/25/18			npletion	Date (11)			SHA Monitor						
Occupancy Status During Abatement (Chec	11/2/1				Sam	10-00	w						
Facility Closed/Vacated During Entire F			ont		Street	Addr	ess						
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hours	ient i		City, S	tate,	Zip Code						\neg
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				•	
	Is	Location	on					· \) and	Tron That	1	Abate		
Location of	1	Normall d Solel	У		Description						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	intenar todial S	ice/	(i.e. the	Containing N rmal systems surfacing, VA	s insu	al (ACM) lation,	(S	neunt pecify or LF)	Rer	Re	Encapsulate	Enc
(13)		(12)		ot	her miscellan	eous)	01	of LI')	Removal	Repair	psula	Enclosure
Exterior Cidina II 2. O	Yes	No	N/A									te	Φ
Exterior Siding House & Garage			X	E	xterior Sic	ding		190	00 SF	х			
										-			
										-			_
Name of Registered Waste Hauler		N.	JDEP W	/aste C	ubic Yards		Name of F	Register	ed Landfill				_
United Roll Off		Ha	auler ID 2459		Waste		G.R.O.		ou canuill				
City, State				1975	sposal Date		City, State			·			
Elm NJ	T ====			11	1/2/18		Morrisv	ille PA	19067				
Completed by Anthony T Perna	Title Presi	ident			Signature	9	ACCORDING TO SERVICE OF THE PERSON OF THE PE		Da 10	te)/16/1	8		

LIC 3265 PA			FICATIO	State of New J ON OF ASBES nt to NJAC 8:6	OS ABATI	EMEN	VT		CE				Print I
Date of Notification (1) 10/12/18 Check #3265			Name	of Building Ow	ner/Operato	or (2)			OCT 1	9	2018		
Agencies Notified Type Notificatio	n			dsor Prep Ac	ademy			Ì			•		
EPA Initial	1.10			V. Midland A	/enue		Tipe and a second	ASB	ESTOS	007	VTRC)L &	5
DEP Amended Amendmer	nt#			State, Zip Code			1		last Contract	(OH)	G.	STARTER IS	F.Stational Property
☑ Emergency	(includir	ng		of Contact	52				74				
DOH justification Cancellation			Andr						hone Nur 795-45				
Name of Facility Where Abatement is Taki	as Diana	(0)	FA	CILITY INFORM	IATION				700 40	70	1000		
Windsor Prep	ng Place	(3)				-	e of Facility (4	2 5					
Street Address						M	School (K-12 Subchapter		han K-12	2)			
60 W. Midland Avenue						d	Other (i.e. pretc.)	ivate & c	ommercia	al bu	ildings	s, hom	nes,
City (5) Paramus, NJ			17-217			1000000	uare Feet	# of FI	oors	T	Bldg.	Age	
County (6)			County	Code (7)			,000	2		100	50+		
BERGEN			(STATE	USE ONLY)			rent Use (Prior	r if being	demolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.	Name	of At	patement Cont	ractor (9)		1,011,040			
Street Address						_	ices Corpor	ation					
-					Street 426	- C - C - C - C - C - C - C - C - C - C	ess Street						
City, State, Zip Code							Zip Code						
Project Manager for Monitoring Firm					Gutte	enbe	erg, NJ 0709	93					
roject Manager for Monitoring Firm			Telepho	one No.	Teleph 201		No. ·1700		cense No).			
Start Date (10)	Schedu	led Cor	mpletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor	0	1074				
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Scope of Work (Check All That Apply)													
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ri-State Transfer, Inc		Ha	auler ID 9551		ic Yards aste		Name of Re Minerva E						
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Contractive.				[X]Other	(i.e., priv	vate &	comme	er-	
				cial	buildings,	homes,	etc.)	
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Name of Monitoring Firm hired by	Building ASCM	No	Name of Thet	Ш					
Owner (8) N/A			Name of Abate	MANAGEMEN	cor (9)				
Street Address					I, Inc.				
			Street Addres						100000
City, State, Zip Code				stopher S	t.				
, outle, hip code			City, State,						
Project V			Montclai	r, NJ 07	042				
Project Manager for Monitoring Fi		Number	Telephone Numi	ber	1	License	e Numi	per	
	N/A		(973)744	-8800		003			
Scheduled Start Date (10) Sched	d. Completion Da	ate (11)	Name of OSHA	Monitor					
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or Abatement		- 1							
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Asbestos-Containing	Normally		Description	ı of		1200	Cemer	E	E
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TO BE ABATED	By Main- tenance/	(i.e., thermal		(Specify SF or	M	E	A P	LO
In Facility (13)	Custodial	inst	ulation, surface	cing, VAT,	LF)	V	AI	S	S
	Yes No N/		r other miscel	laneous)		A	R	U	UR
Basement	X	Pipe	Insulatio	n	160 LF	77		-	E
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ame of Registered Waste Hauler	NJDEP Waste	Cut :	a Vanda	hr					
AZTECH MANAGEMENT, INC	Hauler ID N		c Yards Taste 1.5	Name of Regi		fill			
City, State	17040			Tri-Sta	te				
Montclair, NJ 07042			osal Date	City, State					
		10	/28/18	Bronx, 1	NY, 1047	4			
00141, NO 0/042									
AO FARENCE CONTRACTOR				,					
ompleted By (Print or Type) Title	sident		Signature	- / //		Date 10/16			

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٠	1st Floor		k		PIPE		60 LF	6			
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Date of Notification (1)				g Owner/Operator (2				001 13	2010		\$ £4200	1
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				ounty Plaza			I AS	LICENSIA	G	7 E., OL	38	1
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■ DOL			of Contact	k, NJ, 07601				~				
□ DOH justification)		1200000000					Telephone Number					
✓ DCA ☐ Cancelation		SCOLL	Luna				201-336-680)4				
			FA	CILITY INFORM	IATION					-		_
Name of Facility Where Abatement is Taking Place (3)						pe of Facility (4)						_
Bergen County Justice Center Courthou	ise					School (K-1	.2)					
Street Address							r 8 (Other than K	-12)				
10 Main St.							private & Commo		nome	s. etr	c.)	
City (5)		_			-			_			•	
Hackensack						uare Feet	# of Floors	Bldg. Age				
County (6)			County	Code (7)		12,797 rrent Use (Prior if b	5	1957		_		
Bergen			1.0	USE ONLY)		ourthouse	eing demolished)					
Name of Monitoring Firm Hired by Building Owner (8)				Lance								
Omega Environmental Services, Inc				ASCM No.	1950	me of Abatement (
Street Address				00120		nicorn Contrac	ting Corp.			_		
280 Huyler Street						eet Address						
						Willow Way						
City, State, Zip Code South Hackensack, NJ, 07606					1000	y, State, Zip Code						
Project Manager for Monitoring Firm			L			oodland Park,	NJ 07424					
Alex Palets			Telepho		1	lephone No.		License No.				
Alex I diets			201-4	81-6209	9/	73-333-9176		01331		_		
Start Date (10)		Schedul	ed Compl	letion Date (11)	Na	me of OSHA Monito	or					
5/7/18		4/20/	2019		Er	virovision Cor	sultants, Inc.					
Occupancy Status During Abatement (Check Only One)					Str	eet Address						
☐ Facility Closed/Vacated During Entire Pe	riod of Ab	atemer	nt		20	0-21 Wagaraw	Rd., Bldg. 35-E					
■ Abatement Performed Outside of Norm	al Facility	Hours			Cit	y, State, Zip Code						
Other - Describe: 08:00pm - 04	30am				Fa	ir Lawn, NJ 07	410					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf		X	Renova	ation	×	Full Contain	ment with Nega	tive Pressure				
≥160 If or ≥260 If			Demol	ition	X	Mini-Enclos	ure					
					X	Glovebag P	rocedure					
					×	Non-Exemp	ted (*) and Non-	Friable Procedu	re			
		s Locatio								Abate		t
Location of Asbestos-Containing Material (ACM)	ils	Normally ed Solely				escription of			-	Ty	/pe	
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(13)		(12)	Ι		othe	r miscellaneous)			Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						val	air	ate	ure
Please See Attached												
	-							-				
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Name of Registered Waste Hauler				ler ID No.		oic Yards of Waste		Name of Reguster				
Unicorn Contracting Corp.		00358	44			+ CU YD		Fairless Hills I	.andf	ill		
City, State						posal Date	1	City, State				
Woodland Park, New Jersey	I				ТВ		///	Morrisville, P	_			
Completed by	Title					Signature	/ 1	1	Date		TD	
Dimo Golcev	Gener	al Man	ager			1 ///	71/1/	/	110/	16/1	18	

Date of Notification (1) 10/16/18	AII		Pursuar Name	State of Ne DN OF ASE of to NJAC	8:60 and	12:12 perato	0)	See amelijas s	The second secon	0CT		2018		rint F
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DOL Amendmen			200	ladies N										
DOH justification Cancellatio)	g	Name Howa	of Contact					Tel	ephone N	umber			
			and the second	CILITY INF	ORMATIC	IAC			-		_			
Name of Facility Where Abatement is Takin	ng Place	(3)	170	JILIT IN	OKWATIC		Тур	oe of Facility	(4)					
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Street Address							X	Subchapte Other (i.e.	er 8 (Other private 8	er than K-	12) cial bu	ildings	, hom	es.
City (5)						-		etc.) uare Feet		Floors		175.0		16
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Name of Monitoring Firm Hired by Building	Owner /9	1	Transaction	M No.		Ne		ouse & Ga	1000	/a1				
N/A	Omilei (0	'/	MOU	IVI INO.		Name Perr		batement Co	ontractor	(9)				
Street Address						Street							-	
O'the Out of the Out o						PO								
City, State, Zip Code								Zip Code						
Project Manager for Monitoring Firm			Telepho	one No				erlin NJ 08	8091					
			rotophic	one ivo.		Teleph 856-		-9800		License I 00727	No.			
Start Date (10)			mpletion	Date (11)		Name	of Os	SHA Monito	r					
10/25/18	11/2/1					Sam								
Occupancy Status During Abatement (Chec	0.53				1	Street .	Addr	ess						
X Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facility	Abater y Hour	nent s		_	City, St	tate,	Zip Code				•	-	
Scope of Work (Check All That Apply)														_
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	Yes	No	N/A					10			3		ate	ē
Exterior Siding House & Garage			х		Exterio	or Sid	ing		250	0 SF	x			
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lame of Registered Waste Hauler Jnited Roll Off		H	JDEP Wauler ID	No.	Cubic Ya of Waste 5	rds		Name of G.R.O.		ed Landfill				
City, State Elm NJ					Disposal			City, State	Э	4000				
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Anthony T Perna	Presi	dent			Sign	Aure		The second second second second		Da 10		8		

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Name of Facility Where Abatement is Tak Marc Kushner Private Home	ing Place (3	3)				Тур	oe of Facility						
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.		Name		ouse & Ga		(9)				
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City, State, Zip Code							Zip Code	004					\dashv
Project Manager for Monitoring Firm		Tele	ephone No.		Teleph	none l		091	License	No.		3-11-12-2	
Start Date (10)			tion Date (11)	100.000		-9800 SHA Monitor		00727				
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Anthony T Perna	Presid	dent			(e_			10	lu li	6		

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Date of Notification (1) 10/16/18				Nam	e of Buildir vid Rose	ng Owne	er/Operato	or (2)			# PE	UCI	13) 21	118	Part and Comment
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				1000	CILITY IN	FORMA	TION			- 9			_			
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David Rosenzweig	Private Home	9							9	30.00						
Street Address								H	School (K Subchapt	(-12) er 8 (Off	her the	n K 1	2)			
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City (5)	50.000					-		Sa	etc.) uare Feet							(1975, ST.)
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Occupancy Status During	Abatement (Chec	k Only C	ne)				Street A		966							
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United Roll Off			2.3325	2459	140.	of Wast	ie.		G.R.O.1	N.S.						
City, State						Disposa	al Date									
Elm NJ						11/2/1		W	City, State Morrisvi		1000	7				
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Anthony T Perna		Presi	dent			0	gridaine G	2				Date		0		
								0000000	THE REAL PROPERTY.			10/	16/1	Q		

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Date of Notification (1) 10/16/18					of Building ael & Ch				Private Hon	ne l	And the second s	OCT	1 9	20)18
Agencies Notified EPA	Type Notification Initial			Street	Address					- of motifications	AS	BEST(08.0	TINC	ROL
DEP DOL	Amended Amendment Emergency	(includin		Bead	tate, Zip C ch Havei	n Gard	lens N.	J 080	800	L		**	P English Co	TVG.	aller a land et en en e
DOH DCA	justification) Cancellation			Mike	of Contact					Tel	ephone N	lumber			
				FAC	ILITY INF	ORMAT	TION			- A		-			
Name of Facility Where A Michael & Christine	Abatement is Takin	g Place	(3)					Тур	e of Facility (4	4)					
Street Address	Rustrup Filva	ale noi	ne		-				School (K-1: Subchapter Other (i.e. p	8 (Oth	er than K- & commer	·12) cial bui	ldings	, hom	ies,
City (5) Beach Haven Gard	lens NJ 08008	l							etc.) are Feet 00+	# of	Floors		35+	Age	
County (6) Ocean				County (STATE	Code (7)	?		Curr	ent Use (Prio	r if bei	ng demoli				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.		Name	of Ab	atement Con		(9)				
Street Address				1			Street	Addre	ess						
City, State, Zip Code							City, S	tate, 2	Zip Code rlin NJ 080	01					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	one N		31	License 00727	No.			
Start Date (10) 10/29/18		Schedu 10/2/1		npletion	Date (11)		-	of OS	HA Monitor		00121				
Occupancy Status During	Abatement (Chec			11010			Street		ess						
X Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F d Outside of Norm	Period of al Facilit	Abaten y Hours	nent			City, S	tate, Z	Zip Code	*		1			
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Location	of		Locati Normali	ly		De	scription						Abate	ement pe	t
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United Roll Off	o riadiei		H	auler ID 2459	600000000000000000000000000000000000000	Cubic of Was 4			Name of R G.R.O.V		ed Landfi	II			
City, State Elm NJ						Dispos 11/2/	sal Date 18		City, State Morrisvil	le PA	19067		- 14450V		
Completed by Anthony T Perna	0	Title Pres	ident			S	ignature	_			D	ate 0/16/1	18		

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Date of Notification (1) 10/16/18	0			Name Keit	of Buildir	ng Owner	Operato	r (2)	1000		0(T	1-9	201	}	Legins
Agencies Notified Typ	e Notification	1			Address	110	1 1011	iie								
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DOL DOL	Amended Amendmer				tate, Zip Beach	Code 1 Haven	N.I na	กกล		- Life in congress on	er e manufactur (gran versity)	ni comandiani	- agriculture	NAMES AND ADDRESS OF THE PARTY	ductrialities	40.000
DOH DOH	Emergency		g		of Contac		140 00			1-	Telephon	o Nu	nher			
DCA	Cancellatio			Keith						1	l	400	TIDEI			
Name of Facility Where Abate	ment is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	LTvr	e of Facility	. (4)						
Keith Desena Private F	lome		/					1 1 1 1		A 10						
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City (5) North Beach Haven NJ	08008							3353	are Feet	10 10 10 10 10 10 10 10 10 10 10 10 10 1	of Floor	S	111 2	3ldg.	Age	
County (6)				County	Code (7)	1		1. 3. 6	00+ rent Use (P	Prior if h				35+		
Ocean					USE ONL				use		enig der	nolisi	lea)			
Name of Monitoring Firm Hired N/A	by Building	Owner (8	3)	ASC	M No.		Name Perr		atement C	ontract	or (9)					
Street Address							Street									
City, State, Zip Code							PO									
ony, otate, zip oode							1 2		Zip Code rlin NJ 08	2001				1-117.75		
Project Manager for Monitoring	Firm			Telepho	ne No.		Teleph			3031	Licer	se No).			
Ot 1D 1 (10)		28					856-	753	-9800		007					
Start Date (10) 10/25/18		11/2/1	8	mpletion	Date (11)	Name Sam		SHA Monito	r						
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Facility Closed/Vacated Di Abatement Performed Out Other – Describe:	uring Entire	Period of nal Facilit	Abater y Hour	ment s			City, St	tate,	Zip Code							
Scope of Work (Check All That	Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M G	ull Containn ini-Enclosu lovebag Pro on-Exempte	re ocedure	Э				a	
		1	Locat											Abate	ment	t
Location of Asbestos-Containing Materi	al (ACM)	Use	Norma ed Sole	ly by	Achor	Des	scription	of	1 (4 0 1 1)					Ту	ре	
TO BE ABATED In Facility (13)	a. <i>(</i> 1011)	And Richley Ville	intena todial ((12)		(i.e		systems systems sing, VAT niscellane	insul , or	ation,		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									=		ate	ė.
Exterior Siding House &	Garage			х		Exter	rior Sid	ing		1	900 SF		х			
		-		-												
Name of Registered Waste Hau	ler		l N	JDEP W	asto	Cubic \	Vorda		I Mana			15:				
United Roll Off			Н	auler ID 2459		of Was	and the state of t		Name of G.R.O			idfill				
City, State Elm NJ						Disposa 11/2/1			City, Stat		Δ 1004				- 10	
Completed by Anthony T Perna		Title Pres	ident				gnature	9	INIOITIS	VIIIG F	7 1906	Date	16/1	8		

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OK 33 (LO) Date of Notification (1)			ICATIO Pursuan	t to NJAC 8	Jersey STOS ABAT :60 and 12:1	20)	NT	R	LU L	G OCT		2018	
10/15/2018			NJSD		when Operati	JI (Z)				001	1 3	2010	N-100000-A
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X EPA X Initial DEP Amended X DOL Amendment	·-#	1	City, St	ate, Zip Cod	le				and the same of the same of	LICE	NSI	VG	writestrange.
Emergency	(including	_		of Contact	08625			Tal		Nivers bear			
DCA justification Cancellation				SASSIN	E				9 858	Number 5168	er.		
Name of Facility Where Abatement is Takir	ng Place ((3)	FAC	ILITY INFO	RMATION	Tv	pe of Facility (1)					
WOODLAND ELEMENTARY SCH	IOOL					×	School (K-1						
Street Address 730 CENTRAL STREET							Subchapter Other (i.e. p etc.)	8 (Othe			uilding	js, hom	ies,
City (5) PLAINFIELD						Sq	uare Feet	# of	Floors		Bldg	. Age	
County (6) UNION				Code (7) USE ONLY)		Cu	rrent Use (Pric	r if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Building WHITMAN CO.	Owner (8)	ASCI	M No.			batement Con ROTHERS (ΓING,	INC.		
Street Address 7 PLEASANT HILL ROAD					Stree 11 \		lress ELAND AVE	ENUE					
City, State, Zip Code CRANBURY, NJ 07812					1 10 10 10 10 10 10 10 10 10 10 10 10 10		, Zip Code /A, NJ 0751	2					-
Project Manager for Monitoring Firm KEVIN LOVELY	7			90-5858	Telep 973		No. 6-8700		Licens 0049				
Start Date (10) 10/25/2018	9/14/2	019	mpletion	Date (11)			SHA Monitor AS (9) ABO	/E					
Occupancy Status During Abatement (Chec		22			Stree	t Add	ress						
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Abatement Performed Outside of Norm X Other – Describe: VACANT	Period of an all Facility	Abaten y Hours	nent		City,	State,	, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				1 0	Full Containme Mini-Enclosure Glovebag Proc	edure					
	Is	Locati	on			<u> </u>	Non-Exempted	(*) and	Non-Fr	riable P		ure itemen	t
Location of Asbestos-Containing Material (ACM)	1	Normal ed Sole	ly		Description				Thomas and		_	Гуре	
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	(i.e. th	s Containing I ermal system surfacing, V/	S ins	ulation,	(Sp	nount pecify or LF)	Kemova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	C	other miscella	neous	5)			oval	. ^{ar}	ulate	sure
SEE ATTACHED													
Name of Registered Waste Hauler		N	JDEP W	aste (Cubic Yards		Name of R	egister	ed Land	dfill			
WO BROTHERS CONTRACTING		Н	auler ID 8743	No.	of Waste 500 +/-		WASTE				G.R.	O.W.	S.
City, State OTOWA, NJ		1.		0	Disposal Date 9/14/2019		City, State	SVILL	E, PA				
Completed by //VECA RAMOS	Title	IECT	0005	בי אונות	Signature	9			Ť	Date	10.7		
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1293-0	ZN	00	K					TOS ABAT :60 and 5:1		An Age and appropriate	DI		<i>b</i> [\mathbb{V}
Date of Notification (1)					Name	e of Buildin	g Ow	ner/Operator (2)			07			
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☑ DCA	☐ Emerger	ncy (in				wrencevil	300-30	NJ 086	548				_		
(NJAC 5:23-8)	justificati Cancella				1 0.0000000	of Contac				1	one Nu				
	L Carloena	llion				lliam McE				609	530-71	39			
Name of Facility Where A	hatement is	Taking	Place	(3)	FA	CILITY IN	VFOR	MATION	T of Facility	(4)					
WOODBURY ARMO		lanny	Flace	(3)					Type of Facility (☐ School (K-12)	0.00					
Street Address	14.								Subchapter 8	Other t	han K-1	12)			
658 NORTH EVERG	REEN AVE	NUE							Other (i.e., pr homes, etc.)	ivate and	d comm	nercial b			
City (5) WOODBURY									Square Feet	# of F	loors	В	ldg. A	ge	
County (6)					Cour	oti Codo I7	N/OTA	TE LICE ONLY	66000	2			68	-	
GLOUCESTER					Cour	ity Code (/	()(31A)	TE USE ONLY)	Current Use (Pri	or it being	g demo	lishea)			
Name of Monitoring Firm	Hired by Buil	ding C	Owner ((8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
TTI Environmental,			10				1 1900	ELTA/BJDS							
Street Address					24111 X S S H S			et Address	,						
1253 North Church	Street						13	345 INDUST	RIAL BLVD.						
City, State, Zip Code							City	, State, Zip Co	ode						
Moorestown, NJ 080							S	OUTHAMPT	ON PA 18966						
Project Manager for Monit	toring Firm			1 200	phone		18.68	phone No.		Licens					
Start Date (10)	L.	O-bod	1240	1 1000	6 840			15 322-2900		007	83				
10 /18 / _	18	_1	1_ /	30	tion Da	ite (11)	1013/00	ne of OSHA M /A	lonitor						
Occupancy Status During							- 22	et Address		- 11-2-00-519					
☐ Facility Closed/Vacated☐ Abatement Performed						oriba	N/								
Time of Abatement: 7/	AM- <u>4</u> PM/	PN	1	_AM	5 - Dec	Cribe	City,	State, Zip Co	ode						
Scope of Work (Check all	that apply)					-									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novatio molitio								lure			
Leveller			23.5	Locati Vormal				7076 22 34 5				Ab	atem	ent T	уре
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TO BE ABAT	TED			intenar todial S			., ther	mal systems in	nsulation,	(Spe	ecify	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste SERVICE TRANSPO		,		Ha	JDEP V auler ID 20990	No.	Cubi	c Yards of te	Name of Regist						
City, State					20330		Disp	osal Date	City, State			S. 12-11-1			
58 PYLES LANE NEV	W CASTLE	DE							WAYNESBU	JRG, OI	HIO				
Completed By (Print or Type CHRISTINE DEL VIS		Title		ADMIN	NISTR	ATOR		Signature	7-1	01/1	D	Date	··	70	69.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 22 New Jersey Department of Miltary & Veterans Agencies Notified Type Notification Street Address ☐ Initial 101 Eggerts Crossing Road **⊠** DOLWD IS CONTRO **⊠**Amended City, State, Zip Code **⊠** DOH Lawrenceville, NJ DCA ☐ Emergency (including 08648 (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation William McBride 609 530-7139 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODBURY ARMORY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 658 NORTH EVERGREEN AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age WOODBURY 66000 68 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) **GLOUCESTER** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. DELTA/BJDS, INC. Street Address Street Address 1253 North Church Street 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057-1136 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856 840-8800 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor (49 - 1/24 - 1/4 -<u>10</u> / <u>31</u> / 18 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement N/A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code N/A Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Asbestos Containing Material (ACM) Enclosure Removal Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A BOILER RM X **BOILER LAGGING** 250 SF M П П П **BOILER RM** X П PIPE INSULATION 15 LF M BOILER RM M П JOINTS A/W PIPE INSULATION 4 LF X П BOILERRM PLASTER CEILING 880 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Title Signatur Date CHRISTINE DEL VISCIO ASST. ADMINISTRATOR 14-2018

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) 8 22 18 New Jersey Department of Miltary & Veterans Agencies Notified Type Notification Street Address **⊠** EPA 101 Eggerts Crossing Road **⊠** DOLWD ☐ Amended ASBESTOS CONTROL City, State, Zip Code LICENSING **⊠** DOH Amendment # Lawrenceville, NJ 08648 Emergency (including ☑ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation William McBride 609 530-7139 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODBURY ARMORY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 658 NORTH EVERGREEN AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age WOODBURY 66000 2 68 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) GLOUCESTER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc DELTA/BJDS, INC Street Address Street Address 1253 North Church Street 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057-1136 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856 840-8800 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>9</u> / <u>6</u> / 18 <u>10</u> / <u>31</u> / <u>18</u> N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement N/A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-___AM N/A Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Repair Asbestos Containing Material (ACM) Encapsulate Amount Maintenance/ TO BE ABATED closure (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BOILER RM X **BOILER LAGGING** 250 SF \boxtimes BOILER RM \boxtimes PIPE INSULATION 15 LF X **BOILER RM** X П П JOINTS A/W PIPE INSULATION 4 LF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature Date CHRISTINE DEL VISCIO ASST. ADMINISTRATOR

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 5 / 18 Verizon Communications / Job #1810-5387 Check #10611 Agencies Notified Type Notification Street Address X EPA ☑ Initial 100 Greenwood Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Jenkintown, PA 19046 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Carol Soukup 856-429-2231 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon-Woodbury CO School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 24 Curtis Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodbury, NJ 08096 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental** AbateTech, Inc. Street Address Street Address 8436 Enterprise Ave. 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __5 / _18 <u>11</u> / <u>12</u> / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Penthouse Roof Silver Paint Roof Flashing П M П 440 LF Penthouse Roof \boxtimes Gravel Stop 75 SF \boxtimes

Main Roof X Sliver Paint Roof Flashing 1,252 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 11/12/18 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwendolyn Trumbetti Operations Coordinator 1015/18

ASB-41 MAY 11

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

CK 10707			NOT	IFIC (P	ATIO ursua	State of N N OF AS nt to NJ	lew BE AC	Jersey STOS ABA 8:60 and 5:1	TEMENT 6)		G [<u>J</u>	E
Date of Notification (1)	16 /	18	B					wner/Operator ‡ 1809-5381	(2) Check #1	0707	OCT	1	7 30	718	a to The Charles and the State of the State
Agencies Notified ☑ EPA ☑ DOLWD	Type Notific				40	et Address 00 Hadle	3//			ASS	BESTO LIC	S (CONT	RO	_ &.
☑ DHSS ☐ DCA	Amenda Emerger	nent#		-	100000000000000000000000000000000000000	State, Zip				The second district of the second					
(NJAC 5:23-8)	justificat		iciuairi	g		e of Contac				Telephone N	Number				-
	☐ Cancella	ation			Ke	n Carmel	lia			609-410-					
					FA	CILITY IN	NFO	RMATION							
Name of Facility Where A	batement is	Taking	Place	e (3)	31,000				Type of Facilit	v (4)		_			-
PSE&G- Central Ga	s Plant								School (K-	12)					
Street Address			Ne take				-		Subchapte	r 8 (Other than I	<-12)				
164 Silver Lake Ave	enue								homes, etc	private and con	nmercia	bui	ildings	5,	
City (5) Edison, NJ									Square Feet	# of Floors		Bld	lg. Ag	е	
County (6)					Cou	ntu Codo /	71/07	ATE USE ONLY)	0 111 /						
Middlesex					Cou	nty Code (/	()(51.	ATE USE ONLY)	Gas Plant	Prior if being der	nolished	i)			
Name of Monitoring Firm	Hired by Buil	lding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			2.5		
Health & Safety								AbateTech, I	nc.						
Street Address		AbateTech, Inc. Street Address													
PO Box 365							;	30 Maple Ave	e. PO Box 25						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Berlin, NJ 08009							1	_umberton, N	NJ 08048						
Project Manager for Monit James Proctor	toring Firm			Tele	ephone	No.		lephone No. 309-265-2107		License No 00529).				
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)		me of OSHA M		00529		_			_
	18	_1	0_/	_ 2		18		EMSL Analyti							
Occupancy Status During							Str	eet Address							
☐ Facility Closed/Vacated ☐ Abatement Performed	d During Enti	re Per	iod of	Abate	ment		2	200 Route 13	0 North						
Time of Abatement:	AM-	ormai PN	гасіііі; 1/	y Hou PM	rs - Des	AM		y, State, Zip Co							
Scope of Work (Check all							(Cinnaminson	, NJ 08077					000-2111	
	tnat apply)		⊠ Re	novat	on			☐ Full Cont	ainment with Ne	egative Pressure)				
⊠ ≥160 sf or ≥260 lf				molitic				☐ Glovebag	Procedure	on-Friable Proc	adura				
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Location of Asbestos-Containing N		.		Norma ed Sole				Description o				T			-
TO BE ABAT		")	Ma	intena	nce/			Containing Matermal systems in		Amount (Specify	Kelnova		Repair	Encapsulate	Enclosure
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(13)		ŀ	Yes	No.	N/A	1	ot	her miscellaned	ous)	80			8	ate	0
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Name of Registered Waste	Haules					0/2-1-	0		T.,		[
Environmental Trans		р		1000	JDEP \	No.	Wa		G.R.O.W.S	stered Landfill S. Landfill					
City, State		71.71			พปบบ	006920	Dis	oosal Date	City, State						
Flanders, NJ								0/25/18	Morrisville	e. PA					
Completed By (Print or Typ	oe)	Title						Signature)			Date	_			_
Gwendolyn Trumbet	ti	Op	oerati	ons (Coordi	nator		CX	ut		IÓ	11	الها	18	

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

CK 1391)				(Pt	ırsuaı	It to NJA	4C 8	:60 and 5:1	6)			1	9 01	NIQ.
Date of Notification (1)					Name	of Buildin	g Ow	mer/Operator (2)	1 201 201	0.00			710
10 /	16 /	18	_		Me	tro Real	Esta	te Compani	es			Acres and	PER 1991 1995	e the comment
Agencies Notified	Type Notifica	ation			Stree	Address			- Andrew - Control	A	COLOT LI	00.5	2017	HOL
The state of the s	☐ Initial				2 B	road Str	eet,	Suite 400			[_[211/10/3	·
						State, Zip (
☑ DOH ☐ DCA	Amendm		سمائت		423-240-250-0	omfield,								
(NJAC 5:23-8)	☐ Emergen justification		aing			of Contac				Telephone N	umber			
	☐ Cancellat				Wa	rren Spra	ake			973-429-7				
								RMATION						
Name of Facility Where Ab	atement is T	Taking P	lace (3)		OILITT III	0.	WILL THOR	Type of Facility	(4)		_		
Commercial			0.5	ž.					School (K-12					
Street Address									Subchapter 8	(Other than K	(-12)			
169 Minnisink Road									Other (i.e., p homes, etc.)	rivate and com	mercial b	uildin	gs,	
City (5)									Square Feet	# of Floors	I F	ldg. A	ne	
Totowa									oquare r cet	# 011 10013	-	nug. /	igc	
County (6)					Cour	ntv Code (7	YSTA	TE USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Passaic							M. T.	/		ioi ii boilig doll	ionorica)			
Name of Monitoring Firm H	lired by Build	ding Owr	ner (8	1	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Bio Terra Solutions		Ĭ					20		NAGEMENT L					
Street Address								eet Address						
P.O. Box 1224							1	7 Outwater	Lane					
City, State, Zip Code	-						-	, State, Zip Co						
Union, NJ							1 .	arfield, NJ						
Project Manager for Monito	oring Firm			Tele	phone	No.	_	ephone No.		License No				
Rick Eustaquio	•				3-494		100.000.000	73-928-4888		1188	•			
Start Date (10)	18	Schedule	d Cor	nple	tion Da	te (11)	Nar	ne of OSHA M	lonitor	1.00				-
09/04/					1	180 8	1000		NAGEMENT L	LC				
Occupancy Status During A	Abatement (0	Check or	nlv on	e)			Stre	eet Address				_		
☐ Facility Closed/Vacated					nent		102.0	7 Outwater	ane					
☐ Abatement Performed C	Outside of No	ormal Fa	cility I	lour	s - Des	cribe		, State, Zip Co						
Time of Abatement:	AM	PM/_		PM-		AM		arfield, NJ						
Scope of Work (Check all ti	hat apply)											_		
									ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Rend					☐ Mini-Enc ☐ Glovebag						
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TO BE ABATI		'	Main	tena	nce/			Containing Ma rmal systems i		Amount (Specify	Removal	Repair	nca	nclo
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Meese Building] [\boxtimes	Pipe Ins	sulat	tion- Wrap 8	Cut	50 LF				
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Name of Registered Waste	Hauler		- L		JDEP \	Naste	Cub	ic Yards of	Name of Posis	torod I andfil				
ATC	. Iddioi				auler I		Was		Name of Regis					
City, State					SW-2	4310		s Needed	Minerva Er	iterprises				
Shirley, NY								oosal Date	City, State	0				
							- 11	BD	Waynesbu	rg, OH				
Completed By (Print or Typ	e)	Title						Signature			Date			
Allen Monchik		Proj	ect N	lana	ager			Allen	Monchik	2	10/16	3/18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 16 / 18 CenterPoint South Brunswick LLC ASSESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING **⊠** EPA 1808 Swift Drive **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ Oak Brook, IL 60523 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **Brendan Warland** 201-221-1904 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 27 Distribution Way homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Brunswick County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>27</u> / <u>18</u> __11__ / __30__ / __18 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or >260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normaliy Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation. (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Boiler Room \boxtimes Boiler Packing Material b/w plates 225 SF M П П Boiler Room П X Boiler Plate Gasket Seal 165 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill ATC Hauler ID No. Waste Minerva Enterprises

Completed By (Print or Type) Allen Monchik

As Needed

Signature

City, State

Allen Monchik

Waynesburg, OH

Date

10/16/18

Disposal Date

TBD

SW-24310

Title

Project Manager

City, State

Shirley, NY

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

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

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		OCT	1)	20	18
nership ,II	NC ASE	BEST)S ()	JIJ.	nOI
		<u>[] [</u>	EP-3	11 5 Cl	Ada e restric
of Facility (4	4)				
Subchapter Other (i.e. p	8 (Other than K-	12) cial buil	dings,	, hom	es,
	# of Floors N/A	E	Bldg. A N/A	\ge	
nt Use (Pric	or if being demoli	shed)	*********		
ement Con TEMENT	tractor (9)				
	EET				
	524				
		No.			
	LLC		-		Helio de
	EET			-	
p Code					
11,110,070) <u></u>		-		
i-Enclosure vebag Proc	edure			e	
Telephone Number 856-497-6708 of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) re Feet # of Floors Bidg. Age N/A Int Use (Prior if being demolished) VATE HOUSE tement Contractor (9) ITEMENT LLC IS KLIN STREET p Code DN,NJ,07524 D. License No. 01274 IA Monitor TEMENT LLC IS KLIN STREET p Code DN,NJ,07524 Containment with Negative Pressure i-Enclosure vebag Procedure I-Exempted (*) and Non-Friable Procedure Abatement Type Amount			ř		
	(Specify	Removal	Repair	Encapsulate	Enclosure
1	60sf	к			

CK500			nt to NJAC 8:60			The state of the s)CT	1.9	20	18
Date of Notification (1) 10/16/2018		Name Gate	of Building Own	er/Operato inity Atior	r (2) n Partnership ,IN	C ASB	-Sit)S ():);;;T	ROL
Agencies Notified Type Notification X EPA Initial			Address Cohansey St	reet		, nous	LIC	ENS	##G	Ada e ne re "Tito" i
X DEP Amended X DOL Amendment			tate, Zip Code geton,NJ,080	32						
DOH justification) DCA Cancellation			of Contact Fim Finch			Telephone Nu 856-497-67				
No. of the second		FAC	CILITY INFORM	IATION		1				110
Name of Facility Where Abatement is Takin Private House	g Place (3)				Type of Facility (4) School (K-12)		2000			
Street Address					Subchapter 8	(Other than K-1) vate & commerci		dings	, hom	es,
City (5) Bridgeton					Square Feet N/A	# of Floors N/A		Bldg. A N/A	\ge	
County (6) Cumberland			Code (7) USE ONLY)		Current Use (Prior PRIVATE HOL		ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASC	M No.		of Abatement Contr V ABATEMENT					
Street Address	11100100				Address RANKLIN STRE	EET				
City, State, Zip Code					State, Zip Code ERSON,NJ,075	24	- A-4/-			
Project Manager for Monitoring Firm		Telepho	one No.		hone No. -333-5144	License N 01274	0.			
Start Date (10) 10/26/2018	Scheduled C 10/28/201		Date (11)		of OSHA Monitor V ABATEMENT	LLC		-		
Occupancy Status During Abatement (Check	(5)				Address RANKLIN STRE	ET	-			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: OCCUPIE	eriod of Abate al Facility Hor	ement urs		City, S	State, Zip Code ERSON,NJ,075					
Scope of Work (Check All That Apply)							-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition		×	Mini-Enclosure Glovebag Proce	t with Negative F dure *) and Non-Friab			•	
	Is Loc	ation			- Non Exempled) and Non-i hab	T		ement	
Location of	Norm	ally		Description	of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ I Staff?	Asbestos C (i.e. there	ontaining N	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A							te	
Basement	Х		Du	ıct insula	tion	60sf	х			
						22 A TO STATE OF THE STATE OF T	<u> </u>			
Non- (D. ideal)										
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP V Hauler ID 003709	No. of \	bic Yards Naste A	Name of Re Tri State	egistered Landfill Transfer				
City, State PATERSON,NJ			Dis TE	posal Date	City, State Bronx,N	Υ ,				
Completed by Victor Espíritu	Title Project N	Vanage	r	Signature	L Wh	Da 10	te 0/16/	2018		
				0		//	-			

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/16/2018 Gateway Community Ation Partnership .INC Agencies Notified Type Notification Street Address LICENSING 110 Cohansey Street EPA Initial × DEP City, State, Zip Code Amended DOL Bridgeton, NJ, 08032 Amendment # Emergency (including X DOH Name of Contact justification) Telephone Number MR Tim Finch DCA Cancellation 856-497-6708 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Bridgeton N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) Cumberland (STATE USE ONLY) PRIVATE HOUSE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHW ABATEMENT LLC Street Address Street Address 89 FRANKLIN STREET City, State, Zip Code City, State, Zip Code PATERSON, NJ, 07524 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-333-5144 01274 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/26/2018 10/28/2018 EHW ABATEMENT LLC Occupancy Status During Abatement (Check Only One) Street Address 89 FRANKLIN STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: OCCUPIE City, State, Zip Code X PATERSON, NJ. 07524 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf × Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement **Duct insulation** X 60sf x

NJDEP Waste

Hauler ID No.

0037095

Project Manager

Cubic Yards

Disposal Date

Signature

of Waste N/A

TBD

Completed by
Victor Espíritu

ASB-41 (R-06-08)

PATERSON, NJ

City, State

Name of Registered Waste Hauler

EHW ABATEMENT LLC

Date

10/16/2018

Name of Registered Landfill

Tri State Transfer

City, State

Bronx, NY

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Date of Notification (1) 10/16/2018				Name Gate	of Building way Con	Owner/ nmunit	Operator ty Ation	(2) Pa	rtnership ,If	VC	The second secon	_()C _		9 2019	3
Agencies Notified EPA	Type Notification	1			Address Cohansey	y Stree	et			And Children	F	SBI			ONTR	OL 8
EPA DEP DOL	Amended Amendmen Emergency				tate, Zip Co jeton,NJ,		!			- Law			1-1	71.00	2:1 2 01	ee-manna
DOH DCA	justification Cancellatio)	J		of Contact im Finch	ı				Telephor 856-49						
Name of Facility Where Private House	Abatement is Takin	ng Place (3)	FAC	ILITY INFO	DRMAT	ION	Тур	pe of Facility (4	1)				200		
Street Address									School (K-12 Subchapter	8 (Other tha	n K-12	2)				
City (5)	· · · · · · · · · · · · · · · · · · ·							Sai	Other (i.e. pretc.) uare Feet	# of Floor		2222	ldings Bldg.		nes,	
Mellville County (6)				County	Code (7)			N/	Ά	N/A			N/A	-ge		
Cumberland	- 1 li d l D - 11 li			(STATE	USE ONLY)		_	PF	rrent Use (Prio RIVATE HO	USE	molish	ed)				
Name of Monitoring Firm N/A	n Hirea by Building	Owner (8)	ASCI	VI No.		Name	of Al	batement Cont BATEMENT	ractor (9) LLC						
Street Address							Street / 89 F		ress NKLIN STR	EET	500 BRO					
City, State, Zip Code		***					City, St	tate,	Zip Code SON,NJ,075	24		-				
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Telepho	one	20-1		nse No),			\dashv	
Start Date (10) 10/27/2018		Schedul 10/28/	ed Co 2018	mpletion	Date (11)		Name o	of OS	SHA Monitor BATEMENT		./4				\dashv	
Occupancy Status During	g Abatement (Chec						Street A	Addr	ess							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of A	Abater Hour	ment 's		_	City, St	ate,	NKLIN STRI Zip Code SON,NJ,075			7)		050		
Scope of Work (Check A	Il That Apply)	222.23												-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 2	Renova Demoli				×	M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure				•		
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In Facilii (13)		Cust	odial (12) No	Staff?		surfac	systems ing, VAT iscellane	, or		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Baseme	ent	163	X	NA		Duct i	nsulatio	on		60sf		x		to		
								-			-					
Name of Registered Wast EHW ABATEMENT L			H	JDEP Waler ID 037095	No.	Cubic Y of Wast N/A			Name of Re Tri State		ndfill					
City, State PATERSON,NJ						Disposa TBD	al Date		City, State Bronx,N	······································					\dashv	
Completed by /ictor Espíritu		Title Proje	ct Ma	anager		Sig	nature	1	1/1/100	11	Date 10/		2018		-	

PAID

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

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CK407				(Pursuar	nt to NJAC 8:60	and 12:12	20)		A	et.	1 0	001
Date of Notification (1) 10/16/2018				Name Gate	of Building Owner way Commur	er/Operato	or (2) n Partnership ,II	NC	U	UI	1 9	201
Agencies Notified EPA	Type Notification	n			Address Cohansey Str	eet			ASBE	STOS LICE		
X EPA X DEP X DOL	Amended Amendmer Emergency			City, S Bridg	tate, Zip Code geton,NJ,0803	32		li nacin himomagnipuson ja	- Control of the Cont		Can a Caral Cara	AUSTICATE .
DOH DCA	justification Cancellatio)	ig		of Contact Fim Finch			Telephone N 856-497-				100
Name of Facility Where Private House	Abatement is Taki	ng Place	(3)	FAC	CILITY INFORMA	TION	Type of Facility (4)				
Street Address			-				Other (i.e. p	2) 8 (Other than K- rivate & comme	-12) rcial bu	ildings	, hon	nes,
City (5) Westville							etc.) Square Feet N/A	# of Floors N/A		Bldg. N/A	Age	
County (6) Gloucester		1100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			Code (7) USE ONLY)		Current Use (Pric	I or if being demol USE	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.	Name EHV	of Abatement Con V ABATEMENT	tractor (9)				
Street Address						Street 89 F	Address RANKLIN STR	EET				
City, State, Zip Code						City, S	State, Zip Code ERSON,NJ,075	524				
Project Manager for Mon	itoring Firm			Telepho	one No.		none No. 333-5144	License 01274	No.			
Start Date (10) 10/25/2018			led Co /2018		Date (11)	Name EHV	of OSHA Monitor V ABATEMENT	LLC				
Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Pariod of	Abatar	ment 's		89 F	Address RANKLIN STRI tate, Zip Code					
Scope of Work (Check Al						PATI	ERSON,NJ,075	24				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Security	Renova Demoli			×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure			0	
Location	of	14	s Locat Normal					<u> </u>	1	Abate	ment	:
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Ma Cus	ed Sole aintena stodial s (12)	nce/ Staff?	Asbestos Con (i.e. therma surfa	escription ntaining M Il systems acing, VAT miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No	N/A	Duct	insulati	on	60sf	x		te	co .
						-		-				
Name of Registered Wast EHW ABATEMENT L			H	JDEP Wauler ID I	No. of Wa	Yards ste	Name of Re Tri State	egistered Landfil Transfer				
City, State PATERSON,NJ						sal Date	City, State Bronx,N	/				
Completed by /ictor Espíritu		Title Proje	ect Ma	anager	S	Signature	he Wils	/ Da	ite 0/16/2	2018		

CK490 PA	AII	NOT	IFICATION	State of New ON OF ASBE Int to NJAC 8	STOS ABAT	EMI 20)	ENT				G OCT	-	Punt 6
Date of Notification (1) 10/16/2018			Name	of Building O eway Comr	wner/Operat nunity Atio	or (2 on P	artnership,I	NC		-		-	
Agencies Notified Type Notification	on			t Address Cohansey	Street					ASE	EST(OS C DEN	ONTH SING
X DEP Amended Amendme	nt#_		City, S Brid	State, Zip Code geton,NJ,08	e 8032						7		
DOH Emergency justification Cancellation	n)	ıg	Name MR	of Contact Tim Finch					phone N 5-497-6		г		
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INFOR	RMATION	TT							
Private House Street Address City (5)							Subchapter	2) 8 (Other	than K- commer	12) cial bu	ıilding	s, ho	mes,
Penns Grove							quare Feet I/A	# of F N/A	loors		Bldg. N/A	Age	
County (6) Salem			County (STATE	Code (7) USE ONLY		C	urrent Use (Prio PRIVATE HO	or if being USE	g demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (B)	ASC	M No.	Name EH'	e of A	Abatement Cont BATEMENT	tractor (9	9)			War-Line	\neg
Street Address					Stree 89 I		dress NKLIN STR	EET	<u> </u>				
City, State, Zip Code					City,	State	e, Zip Code SON,NJ,075						
Project Manager for Monitoring Firm			Telepho	one No.	Telep	hone		1	icense N	Vo.		-	
Start Date (10) 10/25/2018	Schedu 10/27	led Co	mpletion	Date (11)	Name	of C	OSHA Monitor		01274				_
Occupancy Status During Abatement (Che	A CHARLES				Street		BATEMENT	LLC					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: OCCUPIE	Period of mal Facilit	Abater y Hour	nent s		City, S	State	NKLIN STRE						
Scope of Work (Check All That Apply)					PAT	ER	SON,NJ,075	24					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×		Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure					
		s Locati Normal					Ton Exempled) and N	ion-Fran	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	ed Sole	ly by nce/	Asbestos (Description Containing N	later	ial (ACM)	Amo	unt	-	1)	ре	
In Facility (13)		todial S (12)		s	mal systems urfacing, VA ner miscellan	T, or		(Spe		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	Di	uct insulat	ion		60s	f	x		te	
					***				7.85 3.35.55 14.75	-			
	+												
Name of Registered Waste Hauler EHW ABATEMENT LLC		Ha	JDEP Wauler ID 037095	No. of	bic Yards Waste 'A		Name of Re						
City, State PATERSON,NJ				Dis	sposal Date		City, State Bronx,NY	,				-	
Completed by Victor Espíritu	Title Proje	ct Ma	nager		Signature	1	11/1/1	1	Dat 10	e /16/2	2018	()	

UK 493	PAID)	NOT	IFICATION	ON OF A	New Jers SBESTO: AC 8:60 a	SARATE	EMEI	NT	D		G		V	Prime
Date of Notification (1) 10/09/2018				Name	of Buildi	ng Owner	/Operato				1 0	CT -	19	2016	3
Agencies Notified	Type Notification	on		Street 317	Address Rosevi	lle Aven	iue			-	ASBE	STOS	3 CO	NTR	01.8
DEP DOL	Amended Amendme	nt#		City, S New	State, Zip rark ,NJ	Code ,07107				- Louise		LICE			ecurtostana
DOH DCA	Emergence justification Cancellation	n)	ng	Name Cris	of Conta Pagan	ct					lephone N 73-485-		r		
Name of Facility Where	Abatament in Tal	ia - Di	(0)	FA	CILITY IN	FORMAT	TION						-		
Private House	Abatement is Tak	ing Place	(3)					Ту	oe of Facility	(4)		10 Year 10 C	=30//500		
Street Address								X	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial bu	ıilding	s, hor	nes,
City (5) Newark								Squ N/	uare Feet	# c	f Floors A	T	Bldg. N/A		
County (6) Essex				County (STATE	Code (7) (Y)		Cur	rent Use (Pri ivate Hous	ior if be se	ing demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.		Name EHV	of Al	patement Co BATEMEN	ntractor T LLC	(9)				
Street Address							Street 89 F	Addr	ess NKLIN STI	REET		***************************************			
City, State, Zip Code							City, S PATE	tate, ERS	Zip Code ON,NJ,07	524					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	one l			License 01274		- 4		
Start Date (10) 10/10/2018		10/11	/2018	mpletion	Date (11)	Name	of OS	SHA Monitor ATEMENT	FLIC		-			
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street /								
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of nal Facilit	Abater y Houn	nent s			89 FI	RAN ate, 2	IKIN STRE						
Scope of Work (Check All	That Apply)						PATE	:HS	ON,NJ,07	524					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1500000	Renova Demolit	1170773.71	2		XXX	GI	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure				224	
			Locati					.,,,		() asiu	NOII-FIIA	DIE PIO		emeni	
Location of Asbestos-Containing M	of	lise	Normal ed Sole	ly ly by		Des	cription o	of						ре	
TO BE ABAT In Facility (13)	ED	Ma	intenar todial S (12)	nce/	Asbes (i.e.	thermal: surfactorher m	aining Ma systems ing, VAT iscellane	insul:	I (ACM) ation,	(S)	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								/al	7	ılate	ure
Basemer	•		Х		В	OILER I	NSULA	TIC	N	40	SF	X			-
BASEMEN	NT .		Х			PIPE IN	SULAT	ION			LF	X			
Name of Registered Waste EHW ABATEMENT LL	Hauler _C		Ha	IDEP Water ID I 037095	No.	Cubic Y of Wast N/A			Name of R						-
City, State Paterson, NJ, 07524					9	Dispose TBD	I Date		City, State						\dashv
Completed by /ictor Espíritu		Title Proje	ct Ma	nager			nature	1	Bronx ,N	1	/ Da	te 0/09/2	010		\dashv

P	AI	D	TIFICA	State of	New Jer	sey			140) E	C	E		W	Pi
Date of Notification (1)		140	(Purs	TION OF A	AC 8:60	S ABAT and 12:1	EME 20)	NT			Mar. Province of		Washington Marriage	***************************************	
10/16/2018	20022		Na:	me of Build viva Fried	ing Owne Iman	r/Operate	or (2)		San and San an	The state of the s	OCT		9 2	018	-
Agencies Notified Type Notifical	tion		Stre	eet Address					and the land	1		00.	200		
X DEP Initial Amende	ed		City	, State, Zip	Code					ASE	BEST LI	OS (JON SINC	TRO 3	L &
Emerger	ncy (includ	ding	Hi	llside,NJ,	07205						ν,		S.A. D. 184799		
DOH justificati	ion)	J	Nan	ne of Conta	ct man	Control of the second				Teleni	none N	lumh	er		
Name of Facility Where Abatement is To	ekina Plac	20 (2)		ACILITY IN		TION						_			
· ····································	aning Flat	æ (3)					Тур	pe of Facil	SATISFICATIONS.						
Street Address							H	School Subcha	pter 8	(Other ti	han K-	12)			
City (5)							×	otner (i.	e. priv	ate & co	mmer	cial b	uildin	gs, h	omes,
Hillside County (6)							Squ N/	are Feet A		# of Flo	ors		Bldg N/A	. Age	
Union			Coun (STA	ty Code (7)	Ŋ		Cur	rent Use (Prior in	heing o	lemoli	shed		1	
Name of Monitoring Firm Hired by Buildir N/A	ng Owner	(8)		CM No.		Mamo	FF	NVAIL	HOU:	SE					
Street Address				Mar		EHW	VAB	atement (NT L	ctor (9) LC					
13 E-99-5-64 (2004) (2004) (3						Street 89 F	Addre	ess KLIN S	TDE						
City, State, Zip Code				****		City, St	tate. 2	Zip Code							
Project Manager for Monitoring Firm			Teleni	none No.		PATE	ERS	ON,NJ,	7524	Į.					
Start Date (10)						Telepho 973-3	one N 333-	lo. 5144	5-0-		ense N 274	10.			
10/18/2018	Schedi 10/19	uled Co 9/2018	mpletio	n Date (11)		Name o	of OS	HA Monito	or					-	
Occupancy Status During Abatement (Che	eck Only C	One)				Street A		ATEMEN	NT LL	.C			u-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	nent			89 FF	RANI	KLIN ST	REE	Т					
Abatement Performed Outside of Nor Other – Describe: OCCUPIE	mai raciii	ty Hour			_ [City, Sta	RSC	ip Code DN,NJ,0	7504						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	Pirmon							314,140,0	1524						
≥160 sf or ≥260 lf		Renova Demolit				×	Glo	l Containn i-Enclosui vebag Pro	re ocedur	9					
	ls	s Locati	on				Non	n-Exempte	d (*) a	nd Non-	Friabl	e Pro			J
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solei	y by	Anhant	Desc	ription of	f							emen /pe	t
In Facility	Cus	intenar todial S	ce/ taff?	Aspest (i.e. i	os Contai thermal s	vstems in	rsulat	(ACM) tion,		Amount Specify		R		Ē	m
(13)		(12)			other mis	ng, VAT, scellaneo	or ous)			F or LF		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A									/al	ir	ılate	ure
	-	Х			Pipe In	sulatio	n			5 LF		К			
ame of Registered Waste Hauler HW ABATEMENT LLC			DEP W		Cubic Ya			Name of F	Registr	ered I ar	าสถิแ				
		00	uler ID 37095	NO.	of Waste N/A			Tri Stat			·				
ty, State ATERSON,NJ					Disposal TBD	Date		City, State							_
ompleted by ctor Espíritu	Title					ature /	1	Bronx,N	VY /		Det				
	Proje	ct Mar	nager		1	rod	1	MIN			Date 10/	16/2	012		7



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

Chk #3450

Date of Notification (1)						Owner/Operator (2	2)	5_000 V 10-00#######				
	16 / _	18		Veri	zon Con	nmunications		FA	F	n n	n G	= -
Agencies Notified EPA	Type Notificat ☑ Initial	tion			Address East Ma	in Street		DEC	[// Li	
□ DOLWD	☐ Amended			City, S	tate, Zip C	ode		IIII				- September
□ DOH	Amendme	500 B - 10 - 10 V W				, NJ 08057		III III OCT	1 0	20	18	100
□ DCA	☐ Emergenc		g		of Contact			Telephone Numb	er	103		1
(NJAC 5:23-8)	justification Cancellation				rlie Mes			(91 7) 992-13 5		(4) magazinare (
	Cancellation							ASSEST	<u>OS O</u> CENS	TIMO	BOL	&
				FAC	ILITYIN	FORMATION	T	Contraction of an experience of	OLIV.	11100	and the state of t	NOT A PARK TO
Name of Facility Where			e (3)				Type of Facility (
Verizon Moorestov	vn Central Of	fice					School (K-12)	(Other than K-12)				
Street Address 105 East Main Stre	et						Other (i.e., pri	ivate and commerc	ial bui	ldings	S.,	
City (5)			11-0-00-00				Square Feet	# of Floors	Bld	g. Ag	е	
Moorestown, NJ 0	8057						25,977	3	+	-75		İ
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Burlington					5 350		Verizon					
Name of Monitoring Firm	n Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)		10-1-1-1			
TTI Environmental		mig o iiiioi	(-)			participation for sectional control of the control of the	VIRONMENTAL	INC.				
Street Address	,					Street Address						
1253 North Church	Street					1123 BEAVE	R STREET					
City, State, Zip Code	100000			-		City, State, Zip C						
Moorestown, NJ 0	9057					BRISTOL, PA						
Project Manager for Mo			Tol	phone	No	Telephone No.	. 10001	License No.				
Kris Smith	illitoring Firm		310	09-313		215-788-6040)	00509				
		cheduled				Name of OSHA	· ·				-	
Start Date (10)				/ /			VIRONMENTAL	INC				
							VIICONIIIENTAL					
Occupancy Status Durin						Street Address	D OTDEET					
☐ Facility Closed/Vaca	2416 (H.H.)				cribo	1123 BEAVE						
Abatement Performe Time of Abatement:					Cribe	City, State, Zip C BRISTOL, PA						
Scope of Work (Check a	all that apply)		-	_		1						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoliti				g Procedure	pative Pressure n-Friable Procedu	re			
	W		ls Loca	tion	T				Ab	ateme	ent Ty	уре
Locatio	n of		Norma	ally		Description	of					_
Asbestos-Containing			sed So lainten			estos Containing M		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE AE		13.5-5		Staff?	(1.6	e., thermal systems surfacing, VA		SF or LF)	oval	=	nso	sure
(13)			(12)	1	other miscellan					ate	(b)
	W. 1875	Yes	No	N/A								
1st Floor Frame Are	a			\boxtimes	VAT/M	astic		16 SF				
1st Floor Telco Area					VAT/M	astic		26 SF			Ш	닏
1st Floor Open Area					VAT/M	astic		12 SF				닏
										Ш		
Name of Registered War		P, INC.		NJDEP Hauler I	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill LANDFILL				
City, State				2099	U	Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESE	BURG, OH				
Completed By (Print or	Type)	Title				Signature	Λ	/ Do Di	ate	1 2	1 ~	2
Dillan DeCaro		Estim	ator			Dilla	n De Caro	184	10-	16	18	