CKI	4172	_										Γ	P	rint Fo
Inv# 1	5413	NOT	IFICATION	ON OF A	New Jers SBESTOS AC 8:60 ar	ABATE	EMEN 20)	т	(D)	E C	E			
Date of Notification (1) 9/25/19			Name	of Buildi PMC	ng Owner	Operato	or (2)		The same of the sa	00	T 2 2	2 20	19	E Transment
Control	e Notification			Address /est Sta	ate St., 9	th Floo	or		) had 1-2 1	Diana da insuliativo ( res	/n-m	survivo espiri		l new
EPA DEP DOL	Amended Amendment #_ Emergency (including			State, Zip ton, NJ	Code 08625-0	0034				ASBES L	ICENS		(f.)} {	<u>Š</u> ratisus-r
DOH DCA	justification) Cancellation	ig	Regi	of Conta na Brur	10			TOTAL STATE STATE OF		ephone 1 9-433-				
Name of Facility Where Abate	ment is Taking Place	(3)		CILITY IN	IFORMAT	ION	Typ	e of Facility	(4)					
Former Residence, BLU Street Address 335 Madison Street	E ACRES DEMO	DLITIC	DN				×	School (K- Subchapte Other (i.e.	-12) er 8 (Oth	er than K & comme	(-12) ercial bu	ildings	, hom	es,
City (5) Linden, NJ 07036	1						Squ 390	etc.) are Feet	# 0	f Floors		Bldg. i	Age	
County (6) Union County				Code (7			Curr	rent Use (Pr andoned,	for if bei	ng demo	lished)			
Name of Monitoring Firm Hired n/a	by Building Owner (8	3)	ASC	M No.		Name Yanr	of Ab	atement Co Group, Ir	ntractor					
Street Address						Street	Addre							
City, State, Zip Code				nest		City, S	tate, 2	Zip Code NJ 0740						
Project Manager for Monitoring	Firm		Telepho	one No.		Teleph 908-2	none N	No.		License 01228	(1) Chemic			
Start Date (10) 10/11/19	10/12/	19	mpletion	Date (11	)			HA Monitor Group, Ir						
Occupancy Status During Abate						Street	Addre	SS						-
Facility Closed/Vacated Di Abatement Performed Out Other – Describe:	ring Entire Period of side of Normal Facilit	Abaten y Hours	nent s			City, S	tate, Z	elon Road Zip Code				w. +		
Scope of Work (Check All That	Apply)					Kinne	eion,	NJ 0740	5	***********	the section of annual			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit		1		x	Mi Gle	II Containment- ni-Enclosure ovebag Prod on-Exempted	e cedure				e	Andrews and the second second second second second
Location of		Locati Normal			-							Abate	ement pe	Transcription of the last
Asbestos-Containing Materia TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/ Staff?		stos Conta thermal surfac		ateria insula r, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Pool	Yes	No	N/A X	N/A Non Friable Soil					700	r or			te	
					NOILE	ilable			39	0 SF	X			
ame of Registered Waste Haul	er		JDEP W		Cubic Y			Name of F	Register	ed Landf	ill			
annuzzi Group, Inc.	Manager and Standard		auler ID 467	No.	of Wast			Grows F	-airles					
nnelon, NJ					Dispose 10/12/			City, State Morrisvi						

Title AHERA Project Designer

Signature

Completed by

John Mucha

Date 9/25/19

CK# 9/12											Γ	P	rint F
CK# 4172 In # 15412	)	NOTIFIC	CATIC	State of New Jer N OF ASBESTO It to NJAC 8:60	SABATE	MEN	т <u>П</u>	EC	E		$\overline{\mathbb{V}}$		
Date of Notification (1) 10/02/19		1	Name NJDF	of Building Owne	r/Operator	r (2)	1	001	2 ;	2 21	019		
Agencies Notified Type Notification  EPA Initial				Address est State St.,	9th Floo	ır		1	7000	/\ i.i.s		. 0	1,32,5
DEP Amended Amendment				tate, Zip Code on, NJ 08625	-0034			ASBEST	US C			E G	سيديد يديد ج
DOH justification) Cancellation		0 333		of Contact na Bruno				Telephone					
Name of Equiliby Mileses Abottometic Table			FAC	ILITY INFORMA	TION								
Name of Facility Where Abatement is Takin Former Residence, BLUE ACRES	ig Place (3	ITION				Тур	e of Facility (4)						
Street Address 1433 New Church Street	DEMOL					×	School (K-12) Subchapter 8 Other (i.e. priv	Other than	K-12) percial	huildi	inas	hom	es
City (5) Rahway, NJ 07065							etc.) are Feet	# of Floors			dg. A		
County (6) Union County		C (S	ounty	Code (7) USE ONLY)		Curr	ent Use (Prior i	f being dem	olished	1 -	, 1"		
Name of Monitoring Firm Hired by Building ( n/a	Owner (8)		ASCI	M No.	Name Yann	of Aba	atement Contra Group, Inc.		_0			/	
Street Address					Street	Addre	20				-		
City, State, Zip Code					City, S	tate, Z	Zip Code NJ 07405						
Project Manager for Monitoring Firm		Te	elepho	ne No.	Teleph 908-2	one N	lo.	Licens 0122		-			
Start Date (10) 10/29/19	Scheduler 11/04/1	9	letion	Date (11)			HA Monitor Group, Inc.						
Occupancy Status During Abatement (Check		0.5 1.0			Street A	Addre	SS						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility I	batemer Hours	nt		City, St	ate, Z	lon Road ip Code	-		2000			-
cope of Work (Check All That Apply)					Kinne	elon,	NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovation emolition	975		×	Mir	II Containment ni-Enclosure ovebag Procedi n-Exempted (*)	ure					
Location of	No	ocation ormally Solely b		De	scription	of		and Non-	nable i			ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Main Custo	itenance dial Staf (12)	e/		taining Ma systems cing, VAT miscellane	insula , or	(ACM)	Amount (Specify SF or LF)		Domova	Repair	Encapsulate	Enclosure
	Yes	No I	N/A			-1			1	2	Ŧ	ılate	ure
Exterior Garage			X	Wind	ow Glaz	zing		50 LF	X		-		
Exterior Siding			X		site Sidi			4300 SF	X	+	+		-
Third Floor			Х		c Floor			1200 SF	X	+	1		
(6)										1	1		
ame of Registered Waste Hauler annuzzi Group, Inc.		27.00	EP Wa er ID I		Yards ste		Name of Reg Grows Fair		dfill				
ity, State nnelon, NJ		1			sal Date		City, State Morrisville,						
ompleted by hn Mucha	Title				ignature /		1// /		Date				

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

CK# 4172

Print Form

= 4 15411		NOTIF	CATIO	State of N	ew Jerse BESTOS	ey S ARATE	MENT		Va t proportion	***********************	essentation			
In # 15411		(F	Pursuan	t to NJAC	8:60 ar	nd 12:12	0)		E (	G E		$\mathbb{V}$		
Date of Notification (1) 10/02/19			Name NJDF	of Building PMC	Owner/	Operator (	(2)		^	07 /	)	2.2.4		Mariana anti-
Agencies Notified Type Notification				Address	~ C+ .0	M- CI		14 15	U	<u> </u>	2	2019	-	11.
EPA X Initial Amended		-		est Stat		in Floo	r				401.10			
X DOL Amendment				on, NJ (		0034			ASBE	STOS	CO	NTRO	)L. 8	à
DOH Emergency ( justification)	incluain	9		of Contact				Te	lephone	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	-	A STATE OF THE PARTY OF THE PAR		
DCA Cancellation				a Bruno				60	9-433	-874	5			
Name of Facility Where Abatement is Taking	Place	(3)		ILITY INF	ORMAT	ION	Type of Facility	(4)						
Former Residence, BLUE ACRES	DEMC	LITIO	N				School (K-							
Street Address 499 Central Ave							Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12) nercial	build	ings, h	ome	es,
City (5) Rahway, NJ 07065							Square Feet 1750	# 0	of Floors		100	dg. Ag	е	
County (6) Union County				Code (7) USE ONL	0		Current Use (Pr Abandoned,	rior if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building C n/a	wner (8	3)	ASCI	M No.			of Abatement Co uzzi Group, I	ontracto						
Street Address			1			Street	Address Kinnelon Road			t.				
City, State, Zip Code						City, S	tate, Zip Code							$\dashv$
Project Manager for Monitoring Firm			Telepho	no No			elon, NJ 0740	5						
	<u> </u>					908-2	one No. 218-0880		0122	se No. 8				
10/11/19	10/17/	19	npletion	Date (11)			of OSHA Monitor uzzi Group, Ir					58		
Occupancy Status During Abatement (Check    X   Facility Closed/Vacated During Entire P.		0000000					Address (innelon Road	1						
Abatement Performed Outside of Norma	eriod of al Facilit	Abatem y Hours	ent				ate, Zip Code					-		
Other - Describe:						Kinne	elon, NJ 0740	5						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	П.	_				_							7.50	
× ≥160 sf or ≥260 lf		Renova Demoliti				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure						
	16	Location				<u> </u>	Non-Exempte	d (*) an	d Non-F	riable		edure Abaten	ont	-
Location of		Normall	у		De	scription	nf					Тур		
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	ed Solel aintenar	ice/	Asbes	tos Cont	aining M	aterial (ACM) insulation,		mount		_		<u></u>	m
In Facility (13)	Cus	todial S (12)	itaff?	(1.0.	surfa	cing, VA7	, or		pecify or LF)		Remova	Repair	caps	Enclosure
(1.5)	Yes	No	N/A		outern	niscellane	eous)				val	air	Encapsulate	sure
Foyer			X		VAT	& Mas	tic	26	80 SF	Х				
First Floor		X		VAT	& Mas	tic	59	95 SF	X	T				
Exterior			X		Chim	ney Ma	stic	7	'SF	X		$\top$		
Basement			Х		Wind	dow Ca	ulk	5	0 LF	X				
Name of Registered Waste Hauler Yannuzzi Group, Inc.		100	JDEP Wauler ID		Cubic of Was		Name of			dfill				
		17	467		20	*******	Grows		SS					
City, State Kinnelon, NJ		Dispos 10/17	al Date /19	City, Stat Morrisv		4								
Completed by John Mucha	Title AHE	RA Pro	oject D	esigner	S	ignature	L M.J			Date 10/0	2/19	9		

Do not use this form for asbestos licensure exempted activities.

Print Form

State of New Jersey

Inv# 15400	property of the second	NOTI	FICATIO	State of N ON OF AS of to NJAC	BESTOS	ABATE	MENT	E /	0 F	п п	CONTRACTOR OF THE PERSON OF TH		**Song
Date of Notification (1) 10/02/19				of Building				<u>E (</u>	GE	<u>U</u>	E		Distance Separates
Agencies Notified Type Notification			Street	Address	o Ct 0	#b Fl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	CT 2 2	2019			Common Common
EPA Initial Amended Amendment			City, S	est Stat	ode		- f l		d grown have and	- Company of the Comp		formuna)	ACT TO SERVICE
DOH Emergency justification)	(includin	g	Name	on, NJ (		)034	and a second		TOS CO LICENSI lephone t	VICE	W.000.518	Tilbag was	27/42
DCA Cancellation				na Brund		ION			9-433-8				
Name of Facility Where Abatement is Takin Former Residence, BLUE ACRES	g Place DEMC	(3) LITIC					Type of Facility  School (K	3/10/		X		12.50	
Street Address 993 Main Street							Subchapt  Subchapt  Other (i.e. etc.)	er 8 (Oth	ner than K & comme	-12) rcial bu	ildings	s, hom	nes,
City (5) Rahway, NJ 07065							Square Feet 1700	# c	of Floors		Bldg. 50+	Age	
County (6) Union County			County (STATE	Code (7) USE ONL	n		Current Use (P Abandoned,	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building on/a	Owner (8	)	ASCI	M No.			of Abatement Co uzzi Group, I	ontractor					
Street Address						Street	Address (innelon Roa						
City, State, Zip Code						City, St	ate, Zip Code elon, NJ 0740		<del></del>		-		
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No.		License	No.			
Start Date (10) 10/23/19	Schedul 10/29/		mpletion	Date (11)		Name o	18-0880 of OSHA Monito		01228				
Occupancy Status During Abatement (Check						Street A	uzzi Group, I	nc.					-
X Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten y Hours	nent				innelon Road ate, Zip Code	t ———					
Other – Describe:  Scope of Work (Check All That Apply)					_		lon, NJ 0740	5			1000		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of	1	Locati	ly		Doo	orintina :					Abate	ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbesi (i.e.	tos Conta thermal surfac	cription of aining Ma systems sing, VAT aiscellane	iterial (ACM) insulation, , or	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X		Dino	Inquiati				1		te	(D
Basement		X	P	- 220	Insulati			5 LF 1 EA	X				
								•		1			
Name of Registered Waste Hauler										1			
Yannuzzi Group, Inc.		H	JDEP Wauler ID I 7467		Cubic Y of Was		Name of Grows		red Landfi S	II			
City, State Kinnelon, NJ					Disposi 10/29/		City, Stat Morrisv		<u> </u>				
Completed by John Mucha	Title AHEF	RA Pr	oject D	esigner	Si	gnature	MI		D	ate 0/02/	19		

£ 100				State of B	lour lane						- 4		
15408-IN		NOT	IFICATION	State of N ON OF AS nt to NJA	BESTOS	SABATE	101 Emmed L		E D	P. 0	-		
Date of Notification (1) 10/02/19			Name N.ID	of Buildin	g Owner	/Operato	r (2)	C	EI	$\mathbb{V}$		**	
Agencies Notified Type Notification	n			Address				OCT	7.0	-	Calendary (2)	1	
EPA Initial			_	Vest Sta		th Floo	or Maria	001	22	2019			
DEP Amended Amendmen	nt #			State, Zip ( ton, NJ		0034	AS	BESTO	S CON	77.57.1			
DOH justification	1)	ng	100000000000000000000000000000000000000	of Contac				T	elephone	Numbe	ž L	- Charles	
Garicenauc			1	na Brun CILITY IN		1011		6	09-433	-8745	- The state of the	الست	
Name of Facility Where Abatement is Taking Former Residence, BLUE ACRES	ng Place	(3)		OILIT IN	PURIVIA	ION	Type of Facility	(4)					
Street Address	DEIVIC	JLI110	JN				School (K	-12)					
926 Jefferson Ave							Subchapt Other (i.e	er 8 (Otl . private	her than & comm	K-12) ercial bu	ıilding:	s, hon	nes.
City (5) Rahway, NJ 07065	A HEAT COLD COLD CO.			2			etc.) Square Feet		of Floors	Т	Bldg.		
County (6)			Count	Code (7)			1750	1 .	1/2		50+	.30	
Union County	4.41.		(STATE	Code (7)	n		Current Use (P Abandoned,	rior if be BLUE	ing demo	olished) ES			
Name of Monitoring Firm Hired by Building n/a	Owner (	8)	ASC	M No.		Name	of Abatement Co nuzzi Group, I	ontracto					
Street Address						Street	Address						
City, State, Zip Code							Kinnelon Roa	d					
Droinet Manage 6 M 11	(3)						elon, NJ 0740	)5					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 218-0880		Licens 01228				
Start Date (10) 10/17/19	Schedu 10/23	lled Co	mpletion	Date (11)		Name	of OSHA Monitor		01220		-		
Occupancy Status During Abatement (Chec							uzzi Group, I	nc.					
Facility Closed/Vacated During Entire	Period of	Ahator	ment				Kinnelon Road	d					
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	s				ate, Zip Code	-					- 37-
Scope of Work (Check All That Apply)						Milite	elon, NJ 0740	5		-		-	
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	1	Locat					Non Exemple	u ( ) and	ווייים ווייים	lable Pro	12/20 25	e ement	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Achoo	Des	cription (	of			-	Ty	rpe	
TO BE ABATED In Facility (13)	90000	todial 3 (12)		(i.e.	thermal s surfac	systems ing, VAT iscellane	aterial (ACM) insulation, , or eous)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	-	late	ıre
Garage			X			ow Ca		20	0 LF	x			
Exterior		X			ite Sid		145	50 SF	Х				
Exterior Roof		X	Roc	of & Chi	mney l	Flashing	15	5 SF	X				
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Y	arde.	Manage	<del></del>					
Yannuzzi Group, Inc.		Н	auler ID 467		of Wast		Name of Grows			fill			
City, State			101		Disposa	al Date	City, State						
Kinnelon, NJ Completed by	T:41-				10/23/		Morrisv		1				
John Mucha	AHE	RA Pr	oject D	esigner	Sig	nature	M		0.00	Date 10/02/1	19		

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

CK 41/2

### CK# 4925

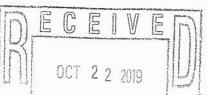
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The same of the sa	Salar Sa	OCT	2	2	2019		
grapher to a pro-	Charles to Academic Systems	OCT	2	2	2019		Market I II

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) INELAMOS 10-18-19 Street Address Type Notification Agencies Notified DEPA DEP City, State, Zip Code Amended Amendment # SEA **英**DOL Emergency (including elephone Numbe Name of Contact DOH DCA justification) FRAMI Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDEALCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings. Street Address homes, etc.) Bldg. Age Square Feet # of Floors City (5) 1500 Current Use (Prior if being demolished) County Code (7) (STATE MACHAIT County (6) USE ONLY) CAPE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner 141 LW. N( Street Address 369 Street Address City, State, Zip Code MAPLE City, State, Zip Code License No Telephone No Telephone No. Project Manager for Monitoring Firm 856-7 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 0-28 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City. State. Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure \_\_\_≥3 sf or ≥3 lf \_\_\_≥160 sf or ≥260 if Demotrion Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Used Solely by Asbestos Containing Material (ACM) Amoun! Location of (Specify Maintenance/ (i.e., thermal systems insulation, Asbestos-Containing Material (ACM) Custodial SF or LF) surfacing, VAT, or TO BE ABATED Staff? other miscellaneous) IN Facility (12)(13)N/A Yes No TRANSITE 3250 SF SIDIN Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauter of Waste 14.5C. MIL HOUSE DING City. State & WOODBINSE KLEMCO Disposal Date-City. State Signature Title SUP Completed By

1	CK" 4925	TID		ATION	OF ASE	ew Jersey BESTOS ABATEM 8:60 and 12:120		OCT 22	201:		0.00	The second secon
	Date of Notification (1)	3,2,52	T	Name	of Buildin	Owner/Operator	(2) STIP I) CT	ASSESTOR CO	NTR	S.JC	_5 1	Descriptance.
	Agencies Notified Type Notificat	ion	$\dashv$	Street	Address			10IN TAN	A men	Designation of the last of the	LATTICE OF	4
	□ BPA 🔯 Initial			Oit . C	P. O	. Box 3	6			متحني		=
	DEP Amended Amendmen		-	City, S	MO0	RESTOU	IN N.	7 0805				_
	DOH justification Cancellation	n)		Name	of Contac	Who was a		Telephone Number	ſ			
				FAC		ORMATION						
	Name of Facility Where Abatement is Ta	king Place	(3)			·	Type of Facility					
	RESIDEN	(E_			•		School (K-12	8 (Other than K-12)	s. didi	200		
	Street Address						homes, etc.)		and the second		-	4
	City (5)	1110					Square Feet	# of Floors	-	g. Ag		
	County (6)		-	Coun	ty Code (	7) (STATE	Current Use (Pr	ior if b ng demolish	ied)			
	CAPE MAY			USE ASCM I	ÓNLY)	Name of Ahatem	ent Contractor (9	CAUT				=
	Name of Monitoring Firm Hired by Buildin (8)	ng Owner	'	-SCW	NO.	KLEW						_
	Street Address					Street Address	S. Spru	CE AUE				
	City, State, Zip Code .					City, State, Zip C	ode		Cor			7
•						MAPLE Telephone No.	SHADO	License No.	४०८	_	_	=
	Project Manager for Monitoring Firm		Telep	ohone I	NO.	856-779	1-0472	0041	14			_
		heduled Co	omplet	ion Dat	te (11)	Name of OSHA N	Monitor N I A.					
	0ccupancy Status During Abatement (C		00e)	- 19		Street Address	N A.					=
	Facility Closed/Vacated During Entire	Period of	Abaten	nent					_		_	=
	Abatement Performed Outside of Nor Other - Describe:	mal Facility	Hour	S		City, State, Zip C	ode	<sup>02</sup> 0				
	Scope of Work (Check all that apply)					- Full Cor	ntainment with Ne	gative Pressure				
	□ >3 sf or >3 lf	Re	novatio	n		☐ Mini-End	closure an Procedure					
	≥160 sf or ≥260 lf	Dei				Non-Exe	empted (*) and No	on-Friable Procedur	e A	bater	nent	$\dashv$
		No	ocation ormally	i		Description of				Тур		
	Location of Asbestos-Containing Material (ACM)	Main	Solely	œ/	Asbes	stos Containing Mat , thermal systems i	terial (ACM)	Amount (Specify	R		Enc	Ē
	TO BE ABATED IN Facility	5	stodia staff?		(i.e.	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)	-	(12) No	N/A		Other Trasocalarios	3007		al		ate	ГВ
47.00		Yes	140	X		TRAWSI	TE	2000 SE	X			
	SIDING	-		^		1,20,000						
												-
			I A	JDEP V	Nade	Cubic Yards	Name of Reg	istered Landfill				
	Name of Registered Waste Hauler		1000	auler IC	No,	of Waste	C.1	M.C.M.	U.	A		
	City, State		=14			Disposal Date-	City, State	OBINE				
	MAPLE SHADE	Title	ر.			Signature	1.000	Date 10-	10	-10	9	
	Completed By WI'CHAEL CLUMM	Su	P.			- Mu	UU IC-	= 10-	10		_	=

# Inv# 15299 PAID

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



	10 11 1 259	1		(1 4			. 0.00 and 12.12		. [				1
	Date of Notification (1)	18-19			Nam	e of Buildir	ng Owner/Operator	EXCAU	ATTINGS CON	TRO	<u>.</u> &		+ the newsers
	Agencies Notified	Type Notification	n		Stree	et Address 27		AN TR	AIL RD.	-		P.S. Aprel and an	] _
-	DEP.	Amended Amendment			City,	State, Zip	Code	COLAT	HOUSE NU		ን <i>አ</i> ገ	210	
	Ø DOH	Emergency ( justification)	includin	g	Name	e of Conta	ct	COOK	Telephone Number	er	-	-	
	□ DCA	Cancellation			_	JER				_			=
ſ					FA	CILITY IN	FORMATION		70. 745				$\dashv$
	Name of Facility Where	Abatement is Takin	ng Plac UCE	e (3)				Type of Fac					4
1	Street Address						75	Other (i.e. homes,	e., private & commercial	build			
1	City (5)	APE MA	H (	OU	RT	HOUS	SE	Square Fee		5	lg. Ag		
-	County (6)	WAY			Cou	nty Code (	7) (STATE		(Prior if being demolish	ned)			
1	Name of Monitoring Firm		Owner	=	ASCM	No.	Name of Abatem	ent Contracto	or (9)				
1	(8) A1	10					KLEMIC	DINC	<u> </u>				_
-	Street Address	-					Street Address	Spano	ie Auf				
							City, State, Zip C		C ACE	_			=
	City, State, Zip Code						MAPLE			25	_	_	_
1	Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No. 856 - 779	7-047	License No. 3	7.1	_		_
-	Start Date (10)	Sche	duled C	comple C —	etion Da	ate (11)	Name of OSHA	Monitor W	la		1		_
ŀ	0ccupancy Status During	g Abatement (Che	ck only	one)			Street Address						
1	▼ Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment		0'- 0-4- 7'- C	ada -	<u> </u>			_	_
	Abatement Performed Other - Describe:	Outside of Norma	y Facul	ty Hou	ıs		City, State, Zip C	ode	- 1-s			<u>.                                    </u>	
1	Scope of Work (Check a	I that apply)					☐ Full Cor	ntainment with	Negative Pressure				
	≥3 sf or ≥3 lf ✓ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End ☐ Gloveba	a Procedure	d Non-Friable Procedure	е			
-	<del></del>		Isl	Locatio	20	1	1 NOTE OF	Stripted ( ) a.s.			bater		Name of the
	***		N	ormally	′		Description of				Туг	e —	_
	Location of Asbestos-Containing M			i Solel ntenan		Asbes	tos Containing Mat	erial (ACM)	Amount			En	ш
	TO BE ABAT	ED		ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Remova	Repair	cap	Enclosure
	IN Facility (13)			(12)			other miscellaned	ous)		oval	air	Encapsulate	sure
	3.78		Yes	No	N/A							е	_
-	SIDIM	6			X		TRAWSIT	F	2000 SC	Х			_
1										-	-	_	_
-										-	-	-	-
-								T N	Pagistared Landfill				
1	Name of Registered Was	te Hauler			UDEP I		Cubic Yards of Waste	Name of I	Registered Landfill	9 L	٨		
	KLEMCD	INC			790			City, State	M. C. M. U	, 1	_		
	City, State	1/1.0:	1 5				Disposal Date	Uly, State	ODBINE A	J . 7	Γ_		
L		Title	AL.)				Signature	/	Data	_	10		
	Completed By MicHAEL KLE	NIL _	S	UP.	ic Garage		_ M.J	Le-	<u> </u>	18-	11		=

Ln	1#159	40/	ę.	tate o	f Now	Jersey						
ONIMA	GPAT	D				(SE)	-	Fig. E	Check	# 1		house
W 1017		(Purs	uant i	O NJA	C 8:60	STOS ABATEMENT 0-7 and 12:120-7	7)	MEC		W		
Date of Notification			Name	of Bu	ildin	g Owner/Operato	r (2)	nest!		d		4
10/17/2019						ierson		<b>      00</b>	1 2 2	2.10	•	
Agencies Notified	Type Notific	ation	Stre	et Add	iress					1-10-1-20		
[ ]EPA	[X] Initial Notific	ation						Lawrence 6 O O TO	TOTAL TOTAL		**************************************	,
[ ]DEP	[ ]Amended					p Code		1 151 - h 1 -	JOENSIN			
[X] DOH	Notific	ation				NJ,07933				····		HO2 1. 1 - 1778 - 19 - 1
[ ]DCA	[ ]EMERGENC	x		of Co		ierson	Telep	hone Number			200	
[ ]DCM	[ ]Cancella	tion	150	L-L-C	ik P.	terson	7.5					
				FAC	ILITY	INFORMATION						
Name of Facility Whe Patrick Piers	re Abatement	is Taki	ng Pl	ace (3	3)		Type of Fac	cility (4)				
raction riets	)II							ol (K-12)	٠			
Street Address							[ ]Subch	apter 8 (Otl	ner than	K-1	2)	
							cial	buildings,	homes,	etc.	)	
CILV		70			- 1-		Square Feet	# of Flo	ors Bl	ldg.	Age	
	ſ	County				unty Code (7) TATE USE ONLY)						
Gillette		Morris	3				Current Use	(Prior if b	eing de	moli	shed	()
Name of Monitoring Fi	rm hired by I	Building	J ASC	M No.		Name of Abate	ment Contrac	tor (9)		-	_	
Owner (8) N/A						AZTECH M						
Street Address						Street Address	-					
						86 Chris	topher S	t.				
City, State, Zip Code	1					City, State, 2						
Project Manager San M						Montclai		042				
Project Manager for M	onitoring Fir	m Tel		e Numb	oer	Telephone Numb			License		per	
Scheduled Start Date	(10) School	. Compl		Doha	/11)	(973) 744			0037	1		
	9 11	4	7	19	(TT)	Name of OSHA M	onitor					
Month Day Yea		th D	ay	Vest								
Occupancy Status Duri [X] Facility Close	ng Abatement ed/Vacated Du	(Check ing Ent	only tire E	one) Period		Street Address						
of Abatement [ ]Abatement Perf	ormed Outside	of Nor	mal E	aci li								
Hours - Descri	be: «OffHours	Descrip	ot»		C.Y	City, State, Z	ip Code					
[ ]other - Descri			Descr	ipt»								
scope of work (check :	all that apply	Ā.)				[ ]Full C	Containment w	with Negative	Pressi	re		·
[X]>3 sf or > [ ]>160 sf or				vatior litior		[X]Mini-E	nclosure					
		L		CTOI			ag Procedure					
Location	of		Is catio			Description	of.		Aba	teme	nt T	
Asbestos-Conta	-		rmall Used	·		Asbestos-Cont	aining	Amount	RE	R	ENC	E N C
TO BE ABAT	ED	By	olely Main	- 1		Material (A (i.e., thermal		(Specify	7 M	E P A	A	010
In Facilit	EY .	Cus	nance	1		sulation, surface	cing, VAT,	LF)	VA	I	S	S
		Yes	ff (1 No	N/A	,	or other miscell	Laneous)		I L	R	L	R
Basement				K	Duct	work		20 LF	X			
Name of Posistant	he West					,						
Name of Registered Was AZTECH MANAGEN		Hau	EP Wa ler I		1727588	oic Yards Waste .5	1	istered Land	fill			
City, State		17	040				Tri - S					
Montclair, NJ (	7042					posal Date 1/08/19	City, State	NY, 104	7.4			
						-/00/23	DE OSLAS,	M2, 10%	1 %			
Completed By (Print or Constantine Viv						Signature	2.1.	1/:	Date	2021/01/01		-
	ran rie	siden	سا ا			Cos	atrell	Man	10/17/	/201	9	
599 Long Hill Rd												

### In# 540-PAID

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

CK 7880

100						THE RESERVE OF THE PARTY OF THE			-
Date of Notification (1)				g Owner/Operator	FILAND	WE C			Th
Agency Notified Type Notificati			et Address	700	0		and the second second		$\parallel$
D EPA D Initial					and the same of th		0 0 0010		
DEP DAmended	*	City	, State, Zip	Code .	3 1-8	1.41	E T 4013		hand
Z DOL Amendmen	t#	1 1	) Alina	I. NJ.	22083	i			
☐ Emergency			ne of Contac		0,000	Telephone Num	NA TURNATURA	and the	-
IZ DOH justification		1443		F. LAND	10	- FRE BREARA	-	LI P.	
D DCA Cancellation	1		175.	TI WIND	40		)	ut gates,	A CONTRACTOR OF THE PARTY OF TH
		FA	CILITY INF	ORMATION					
Name of Facility Where Abatement is Ta					Type of Facility	(4)			
MS JUDY FI	LANDRE	2			School (K-12	3			
Street Address				<del></del>	☐ Subchapter	(Other than K-12)			
				•		ivate & commercial	buildings.		f
			46	_ • '	homes, etc.	# of Floors	Bldg. Age		-
City (5)			<i>i</i> (1)	•••			185	-^	1
COINO .					.1800.	1		0	
County (6)		Con	unty Code (7	) (STATE USE	Current Use (P	rior if being demolis	shed)		
UNION		ON	LY)	- 1	RES	IDENCE			
Name of Monitoring Firm Hired by Buildin	od Owner   A	SCM No		Name of Abates	nent Contractor (				
(8)		83			moval In	•			
Street Address				Street Address				- 1	-
Street Address		38	¥.			<b>~</b> .			
	<u>-</u>				th River	St			-
City, State, Zip Code				City, State, Zip		07/01			
	<i>(</i> )	¥3		1	ack, N.J				
Project Manager for Monitoring Firm	Tek	ephone l	<b>√o.</b>	Telephone No.		License No.			
				201-329	-7444 -	00388			
Start Date (10) Sche	duled Completio	n Date (	11)	Name of OSHA			_	•	
11/4/19	11/5/	19		Omega	Environm	ental			
Occupancy Status During Abatement (C	heck only one)			Street Address	36				
☐ Facility Closed/Vacated During Entire	Dorinal of Aboto	mont		280 H	uyler St	030			
Abatement Performed Outside of Non			,	City, State, Zip		y .	7.5		
D'Other - Describe: 8: 20 AK To		-		S. Ha	ckensack	,N.J. 07	606		
Scope of Work (Check all that apply)				-					
		-	Renovation			Negative Pressum	2		
12 ≥ 3 sf or ≥ 3 lf 12 ≥ 160 sf or ≥ 260 lf			Demolition		-Enclosure rebag Procedure				
2 100 St 01 2 200 a						d Non-Friable Proc	edure		
	le l	Location					Ab	aten	
		omally		,			-	Тур	<u> </u>
. Location of	Used	Solety t	у	Description		Amount	1	1.	
Asbestos-Containing Material (ACM TO SE ABATED	1	ntenance	/ Asbo	estos Containing M e., thermal system	c insulation	(Specify	공	20 5	2 5
IN Facility		ustocial Staff?	100	surfacing, VA		SF or LF)		9	100
(13)		(12)		other miscellan	eous)		Removal	Rephir	Enclosure
	<u> </u>			U S		40		18	5
	Yes		WA				<del>,                                      </del>	+	-
FIRST FLOOR BEDRE	Ma			VAC		2604		-	+
FIRST FLOOR MAIN ENT	RANCE	10	/	UAT		25.6	7. ×	_	
				•			,		
Name of Registered Waste Hauler	NJ	DEP Was	ste Hauler	Cubic Yards of	Name of Reg	stered Landfill	. 1		
Best Removal Inc	IDI	No.		Waste /	٠				
		1710	09	31/20	ACUMBERL	AND COUNT	Y LAND	FIL	-l
City, State				Disposal Date	City, State		1		
Hackensack , N.J	. 07601			11/5/19	NEWBUR	6H. PA. 1	724Q_	•	
Completed by Title				Signature	1	,	Date /	1	^
J. MAIORANO	Estimat	or		1	oisrou	9	10/0	7/1	9
ASR-41			or achaetne l	censure exempte				1	-11

					114EN 10/17/20	U19 U3:5/PM			
11 2000 05;29AM NJ Asb	estos Cor	itrol 609.6	633,0664	4 バススス	page 1	MEC	EIV	V E	
< 41043		LY	N#	State o			and the second section of the second sections of the second section section sections of the second section section section sections of the second section section section sections of the section s	*******	
R & 12 mras st. 2019-244	OII 1	A THE			stos Abatement 60-7 and 12:120-7)	00	T 2 2 20	17/3	
8 2 4 p. 0 j. w.		ALLE.	ruisuei	*** EMERG	ENCY ***	Check :	9643		l-pag
Date of Notification (1)	111	Kame of Buil	ding Own	ar/Operator (2)		ASSES	LUDAY	ROL.	5) (
1101/17/19		Newark F	ublic Sc	chools			<b>ICENSING</b>		
Agancies Notified   Type Notific	ation 13	Street Addres							1
DEP E Initial	- 11	2 Cedar					TL	1	-
☑ DOL ☐ Amen	dment	City, State, Z Newark,		ñê .		,	1		1.
₽ DOH	19	ema of Con		40		VIAR IT	12121 s.Js		
DCA Canc	Hation					Telephoni			
		Paulinus		11 177 / 1147 00 144		973-73	3-7355		
Name of facility where abatemen	r in taking n	Immo /31	PAU	ILITY INFORMA	TION	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
McKinley Elementary Sch		inco (of				Typs of Facility (-	(K - 12)		
Street Address			A ROBINS		The Residence of the	7 1 _	pter 8 (Other th		2)
1 Colonnade Place			**		*		Private/Comme Homes, etc.	rcial	
City (5)	I Co	inty (5)				Square Feat	of Floors	Bld	. Age
SECULATION OF CONTRACT OF STATES					County Cods (7) (State use only)	Gurrent Use (Pr	lov M heing dam	olishad	1
Newerk, NJ 07112 Name of Monitoring Firm Hired b		Sex				High School	iz: ii bung uti		,
TTI Environmental	y biog. User	er (p)	.	ASCM No. 0003	I I	ent Contractor (9)			
Street Address			-		B & G Resto	ration, Inc.		-	Mary Service
1253 North Church Stre	et				105 Ryerson	n Road			
City, State, Zip Code Moorestown, NJ 08057				VIIII HEIDER	City, State, Zip Co	də k, NJ 07035		-	
Project Manager for Monitoring Fil	'n	Pho	ne Numb	er	Telephone Number		License Numb	20	ويجمعه
James A Gullardi			S-84Q-86		(973)698-6	868	00378		
Schaduled Start Date (10)	1	d. Completio	n Date (1	1)	Name of OSHA N B & G Resto				
10/17/2019	1 223	19/2019			Street Address				
Coupancy Status During Abatem Facility closed/vacated during	to entire cer	lod of abater	nent.		105 Ryerson				
Abetement performed outside Describe:	a of normal	facility hours	l-		City, State, Zip Co	da			
Other-Describe;					Lincoln Park	, NJ 07035			
Scope of Work (check all that ap	ply) Renoveti				7		_		- Vier
22 >3 af or >3 if	] ≥160 afor			1/1	Full Containment with Mini-englosure		Glovebag pr		
Location of		n normally u	sed solely		E WINTENDIO COLO		Non-frieble		E \ _
asbestos-containing material to be	by meint staff(12)	enance/cust	odlel	Description	of asbestos containing		e 6	8	n E
abated in facility (13)	Yes	No	NA	material (A	CIVI)	(Specify St	For 0	P a	a
Room 100			R	pipe insula	ion	216		-	P .
				-		211			計는
- Charles and the same of the									11
tegisteric Waste Hauler B & G Restoration, Inc.	סנאן	EP Hauler II	S#   C	Ubic Yaros of VV	sata Name of Registe	red LandRil		<u> </u>	-11
City, State			Disposal C		City, State	Centrel Landfill			
Lincoln Park, NJ Completed by (Print or Type)	Titte		1	0/19/2019 Signatura	Pen Ar	gyle, PA			
Gordana Luna		ary/Treasu	irer	Paliteria.	Gordeno Lun	a	Date 10/17/20	18	

Title Secretary/Treasurer

B & G proj. #: 2019-244

### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

				EIVIER	GEN	CY	Chec	k #9043				
Date of Notification	50770.078	Name	of Building Ow	ner/Operator (2	2)		m E (	E	W	15	100	- Land
11 10 1/11 17		Nev	vark Public S	chools					Tank Santanan (1974)	to contraining	-	Parket Line
Agencies Notified	Type Notifica	tion Street	Address							-	1 1	11
☐ EPA	Initial		edar Street					T 22 2	019	L. (7) The showing	البيدا المصد	and a model
DOL DOL	☐ Amend	Imana I	state, Zip Code				Page 12 A STATE OF THE STATE OF		em militarion	فسيد	7111	246.0
₩ DOH	ш	II Ne	wark, NJ 071	06				STOS CONT LICENSINO		L. Ei	- 12	Shillander
_	☐ Cancel		of Contact					ne Number	(Apt leterants		** 19** 194 10**	
☐ DCA			ulinus Egu				973-7	33-7355				
				ILITY INFORM	MATIO	N						
Name of facility wh	ere abatement	is taking place (3	3)				Type of Facility					
McKinley Elen	nentary Scho	ool					¥ Scho	ool (K - 12)		76		
Street Address							1	hapter 8 (Oth			12)	
1 Colonnade l	Place						Bldgs	(Private/Con ./Homes, etc	nmer	cial		
City (5)		County (6	1		T 0		Square Feet	# of Floors	1	Bld	g. Ag	ge
	7440		6			unty Code (7) ate use only)	Current Use (I	Dries if boing		liobo	41	
Newark, NJ 0		Essex				.,	High School		Jenno	HISHE	۵)	
Name of Monitoring		Bldg. Owner (8)		ASCM No.	T	Name of Abatement	Contractor (9)					
Street Address				0003		B & G Restora	tion, Inc.					
1253 North C	hurch Stree	+				Street Address 105 Ryerson F	Pood					
City, State, Zip Code					_				_			
Moorestown,					1	City, State, Zip Code Lincoln Park,						
Project Manager for	Monitoring Firn	1	Phone Numb	er		Telephone Number		License No	umbe	er		
James A Gui	lardi		856-840-8	800	- 1	(973)696-686		003				
Scheduled Start Date	e (10)	Sched. Con	pletion Date (1	1)		Name of OSHA Mor			·.			
10/17/2019		10/19/20	)19			B & G Restora	tion, Inc.					
Occupancy Status D					-	105 Ryerson F	Road					
Facility closed	/vacated during	entire period of of normal facility	abatement.			City, State, Zip Code					_	
Describe:		or normal facility	nours-									
Other-Describ					_	Lincoln Park, N	NJ 07035					
Scope of Work (che			9	1	545.50							-
	X	Renovation			∐ F	ull Containment w/ne	gative pressure	<b>✗</b> Glovebag	pro	cedur	е	
>3 sf or >3 lf		≥160 sf or ≥260			X	Mini-enclosure		Non-friab	le pr	oced	ıre	
Location of asbestos-cont	ainina	Is location norm by maintenance	nally used solely	1				33 C D S	3	-	E ·	Е
material to be	- Vector 4 Dec. <del></del> -	staff(12)		Description material (/		sbestos-containing	Amount (Specify 5	-	n	e p	n c	n
abated in facili	ity (13)	Yes N	o N/A	material (/	ACIVI)		LF)	51 01		a	a	L
Room 100			X	pipe insula	ation		0 15			-	Р.	<del></del>
7,0011 100				pipe irisule	ation		9 If		× [		+	H
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									7	計	5	一
5									510	STI	5	
Registered Waste Ha B & G Restorati		NJDEP Ha 1956		ubic Yards of W	Vaste	Name of Registered Grand Ce	Landfill ntral Landfill				-41	
City, State			Disposal D			City, State	* ****	BOOKS WEST AND SOCIETY	and the same of		-	
Lincoln Park, N			-1	0/19/2019		Pen Argyl	e, PA				×	
Completed by (Print of Gordana Luna	or type)	Title Secretary/Tr	easurer	Signature	(	Gordana Luna		Date 10/17/2	2010	3		
								1 10/1/1/2	-010	•		

Inv#									IY	11/	十	1	54	01	) F	Print Fo
Date of Notification (1)	D	NOTI (	FICATION Pursuar	State of N ON OF AS nt to NJA	BESTOS C 8:60 a	ABATE nd 12:12	20)	IT		E	C			$\mathbb{V}$		A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1)			Name Robe	of Buildin ert Ober	ng Owner	Operato	or (2)		1		OCT	2	2 1	2019	and district	
Agencies Notified Type Notification	on			Address	nauei					-			۵ ،	2010	-	Ensure !
X EPA X Initial											alia jihada ay jabob		*****	and the second		
DEP Amended				state, Zip (						ASB	EST	OS ( CEN	SIN	<u>iimu</u> G	L.G	
☐ Emergend	ent # cy (including	_		mus, No							TO THE PERSON NAMED IN		-	a mentitud	COMMAN	أ, مستحددون
DOH justification Cancellation	n)			of Contac						Telep	phone	Nun	nber			
				CILITY IN		ION										
Name of Facility Where Abatement is Tall Private Residence	king Place (3	3)			· Ortilizati	ion	Тур	e of Fac	ility (4)	-					-	
Street Address								School	(K-12)							
							×	Subcha Other (	apter 8	(Other	than	K-12	l) al bui	ldinas	hon	165
City (5)								etc.) are Fee								103,
Paramus, NJ							124			# of F	loors		14	Bldg. , 1951		
County (6) Paramus			County	Code (7)	VI.		Curi	rent Use	(Prior	if being	dem	olish				
Name of Monitoring Firm Hired by Building	Owner (0)		Ten		"		Res	sidenti	al				15			
N/A	g Owner (8)		ASC	M No.		Name	of Ab	atement ntractir	Contra	actor (9	9)					
Street Address						Street			ig LLC							
								ine Av	e, Uni	it C						
City, State, Zip Code								Zip Code			- 0,					
Project Manager for Monitoring Firm			Telepho	no No				d Park,	, NJ 0	7424						
			relepito	nie ivo.		Teleph 973-8				0.00	icens	-				
Start Date (10) 10.25.2019	Schedule		npletion	Date (11)		Name	of OS	HA Mon			1000					
Occupancy Status During Abatement (Che	11.01.2							tractin	g LLC							
			2			Street .		ess ine Ave	. I Ini	+ C						
Abatement Performed Outside of Nor	mal Facility	baten Hours	nent .			014		Zip Code								
Other – Describe:								Park,		7424						
Scope of Work (Check All That Apply)	_		Į.	Y								(1				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emoliti				×	Mii Glo	II Contai ni-Enclo ovebag I n-Exem	sure Proced	ure					e	
	10 0000	ocatio												Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Ashes	Des tos Conta	cription	of atorial	I (ACM)			20240	+	-	Тy	ре	$\vdash$
TO BE ABATED In Facility	Custo	itenan dial S		(i.e.	thermal:	systems	insula	ation,		Amo (Spe	cify		Re	מ	Enc	ᄪ
(13)		(12)				ing, VAT				SF or	LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										al	7	late	Ire .
Ground Floor - Throughout			Х	Join	nt Com	oound	Mate	erial		3800	SF	7	ζ.			
Basement			X	F	lu Pack	ing Ma	ateria	al	1	2 S	F	2	ζ.			
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	0 Owns	or (8)	ASC	M No.	Name of Abstem	ant Contractor	(B)				0.00
Street Address			<u> </u>		Gr Tech I.I.C.		\**/				
City, State, Zip Code					Street Address 576 Valley Rd #	1004			-		
					City, State, Zip Ci	5453 0de					
Project Manager for Monitoring Firm		Tel	ephon	e No	Wayne, NJ 0747	70					
Start Date (10)					973-356-3511		Lidense No		-		
10 / 18 / 19	10	, ?	etion D	rate (11) 19	Name of OSHA M	fonitar	01127				
Carpailly Claims During Chatemans Int -	-1.			-17	Envirovision Co	nsultants, Inc					
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Time of Abatement: AM	M/_	PM	rs - Do	AM	20-21 Wagaraw City, State, Zip Co	dê	# 35E				
Scope of Work (Check all that apply)	-	_			Fair Lawn, NJ 07	7410					
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t floor	Yes	No	N/A			on of				ile	
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Ame of Registered Waste Haular		NVOS	P Wasta	Hables ID No.	Cubic Yarda of Wasta	Name of the	1:				
Tech LLC ty, State			3378	1		T.R.R.F. Inc	Hithoral baners				
ync, NJ 07470	,					City, State					_
ompleted By (Print or Type) Title					TBD	Tullytown, P.	A_				
					Signature //		Ta	ota	_		-
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Date of Notification (1)	County Code (7) (STATE   School (K-12)   Subchapter 6 (other private & commercial buildings aper 10 (other control of the co											
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DEP X DOL	Amendment #	lina	City, Sta Wilming	te, Zi ton, D	ip Co DE 1980	1						10-3
□ DOH □ DCA	Justification)	mig										
			FACI	LITY	INFOR	MATION						
Name of Facility Where A	batement is Taking Place	ce (3) N	lickleton S	ub S	tation		Type of Fac	ility (4)				
Street Address 176 Harmony rd							Subchap XX Other (i.e.	ter 8 (other than K- e. private & comme	12) rcial	buil	ding	js,
City (5) Gibbstown							Square Feet	# of Floors			g. Ag	ge
County (6) Gloucester				C	ounty C	ode (7) (STATE Y)	200		olish	ed)		
Harvard Environment	Hired by Bldg. Owner (8 tal Inc.	3)	ASCM No	). ).								
Street Address 760 Pulaski Highway					Stree	t Address					ETE.	
City, State, Zip Code New Castle, DE 1972	0				City S	State, Zip Code						
Project Manager for Monito Wesley Morrison	oring Firm			2	Telep	hone Number	20		er	D/L		
Scheduled Start Date (10)	Scheduled Con			3	Name	of OSHA Monitor	-0.70%	00578				
		one)		-	Stree	Address						
XX Facility Closed/Vacated Abatement Performed C Other – Describe:	l During Entire Period o Outside of Normal Facili	f Abate ty Hour	ment s -		City, S	State, Zip Code						
Scope of Work (Check all t	hat apply)				New	343						
$X \ge 3$ sf or $\ge 3$ lf $X \ge 160$ sf or $\ge 260$ lf			X	Reno	ovation olition		sure Glov	ebag Procedure	е			
									T #			
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Asbestos-Containing TO BE ABA	Material (ACM) ATED		Custodial Staff? (12)		(i.e	surfacing, VAT	or		Removal	Repair	Encapsulate	Enclosure
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Service Transport Grp City, State	)					Waste	Minerva	- J L. / J.				
New castle DE								g OH				
Completed by Ben Hodgdon	10000000					Signature		Phone and the second		0		
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OK 3300E	5 PAID	OTIFIC	ATION	OF AS	SBESTOS	BABATEMENT		E C		<u> </u>		h
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Agencies Notified	Notification Type		Street	Addre				QDEQTAG	2 CYCLET	72671	8	
DEP X DOL	Amended Amendment #										Ce	SOUTHERN IN
□ DOH □ DCA	☐ Emergency (Included Justification) ☐ Cancellation	ling										
	e of Notification (1)  8-19  ncies Notified  PPA DL  Amended  Amendment #  Emergency (Included Justification)  CA  POCA  POCA  DOCA				Y INFORM	ATION						
Name of Facility Where A	Pursuant to NJAC 8:60 and 12:120											
Street Address 201 4 <sup>th</sup> St							Subchapt XX Other (i.e	er 8 (other	than K-1 commer	2) cial bu	uildi	ngs,
Feildsboro							Square Feet	# of FI	oors			Age
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760 Pulaski Highway							ins Rd.					
New Castle, DE 1972	of Notification (1) 1-19 cies Notified  PA Initial x Amended Amendment # Emergency (Includ Justification)  CA  OH						'20	0				
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11-5-19	11-6-19		Date		Name	of OSHA Monitor	tal .	, 00070				
					Street	Address						
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	hat apply)					Full Containm	ent with Negati	ive Pressur	е			
≥ 160 sf or ≥ 260 lf						☐ Mini-Enclos	sure Glove	bag Proce	dure			
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New castle DE								ОН				
Street Address 2014 the Stree												
ASB-41 •	Do not use this form for asbest	os licensu	ire exempt	ed activi	ities.			A			111111	-

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Date of Notification (1)			Name	of Buildi	ng Owner	/Operato	r (2)			H				
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L DCA Cancellation	n			Efrem						E 583				
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	<b>IFORMAT</b>	ION				evalue une				
Private Dwelling	ing Flace	(3)					Ту	pe of Facility (4	)					
Street Address								School (K-12	?)					
	35						×	Subchapter I	Other th	nan K-1	2)		**********	
City (5)							-	etc.)	ivate & CO	mmerc	iai bu	ııldıng	s, hor	nes,
Clifton NJ 07011							0.57.57.51	uare Feet	# of Flo	ors	T	Bldg.	Age	
County (6)							N/		N/A			N/A		
Passaic				Code (7)			Сц	rrent Use (Prior	if being o	lemolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (	2)			,			ivate Dwellin						
Standard Environmental	Owner (a	>)	ASC	M No.				batement Cont						
Street Address								ontracting L	_C					
2108 Fulton Street Suite 2A						Street			N N N					
City, State, Zip Code						POE								
Brooklyn NY 11233								Zip Code						
Project Manager for Monitoring Firm			Tolonho	NI-				nd Park NJ 0	7424					
Kayode Adefisoye			Telepho	one No.		Teleph				ense N	0.		silicov.	
Start Date (10)	Schedu	led Co	mplotion	Date (11	,			-6298	01	266				
10-24-2019	11-01	2010	inbieriou	Date (11	)			SHA Monitor	_					
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Other - Describe:								Zip Code	7101					
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Voodland Park NJ 07424					01-09-			City, State Morrisville	DA					
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N 15341 and 15343 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 17 19 Weequahic Preservation LLC Agencies Notified Type Notification Street Address ASSESTOS CONTROL & **EPA** ☐ Initial LICENSING 1865 Palmer Avenue **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #1 Larchmont, NY 10538 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Michael Handler 347-738-0363 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12)
Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 515 Elizabeth Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **CSA Consulting** ALL PRO MANAGEMENT LLC Street Address Street Address PO Box 329 27 Outwater Lane City, State, Zip Code City, State, Zip Code Belmar, NJ 07719 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Chain 732-921-9223 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 26 / 19 12 / 31 / 19 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/\_ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation ≥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 Asbestos Containing Material (ACM) Removal Encapsulate Repair Enclosure 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 28th Floor Boiler Roomg П  $\boxtimes$ Mudded Fittings 5 Fittings X Apartment 1MB X VAT/Mastic 800 SF  $\times$ Apartment 1MB  $\boxtimes$ Pipe Fittings 6 Fittings  $\boxtimes$ Apartment 2MB П X VAT/Mastic 600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill **Newark Carting** Hauler ID No. Waste **Grand Central Sanitary Landfill** 0283 As Needed City, State Disposal Date City, State Newark, NJ TBD Pen Argyl, PA Completed By (Print or Type) Signature Date Allen Monchik Allen Monchik Project Manager 10/17/19 ASB-41

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

# OCT 2 1 2019 ASBESTOS CONTROL & LICENSING

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Local	Used	515 Elizabeth Avenue, Newark, NJ  Description of Asbestos-Containing		Abateme	nt Type		
Material (ACM) TO BE ABATED In	No Main	rmally Solely	Used	Description of Ashartas Containing					
		al Staf	ce/Cust	Material (ACM) (i.e. thermal	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A				· ·	-	-
Apartment @MB			Х	Pipe Fittings	6 Fittings	X			
28th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	X			
24th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	X			
20th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	X			
							-		
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:	No. of Lot,
			Allen Monchik	10/17/19	

<u> </u>	K				State of New J CATION OF ASBEST Suant to NJAC 8:60	ros .	ABATEMENT		G E [ V	91/			Signature and an artist of the second
Date of Notification 10/07/19 Agencies Notified	Type Notification		C	ame of Bui ity of Cl reet Addre	200013007	)		ASB	ESTOS CONTR	OL	24	1	The state of
⊠ EPA □ DEP 図 DOL	☑ Initial ☐ Amended Amendment #		9i Cir	00 Clifto by, State, Zi ifton, N.	n Ave				LICENSING		The same of the sa		Are come
☑ DOH ☑ DCA	☐ Emergency (includir justification) ☐ Cancelation	ng	Na	me of Con	tact c/o West End KB Bu			Telephone Nur 732-389-33					
Name of Facility Whe	re Abatement is Taking Place (3)				FACILITY INFORM	ATIC	ON						
Clifton Station N	No 5						Type of Facility (4)						
Street Address							☐ School (K-:						
51 Brighton Roa	d							r 8 (Other than private & Com	n K-12) mercial buildings,	home	es, et	c.)	
City (5) Clifton						- 1	Square Feet 5,000	# of Floors	Bldg. Age				
County (6) Passaic					ty Code (7) E USE ONLY)	C	Current Use (Prior if b	eing demolished)	1991				
ame of Monitoring Fi	rm Hired by Building Owner (8) ealth Investigations, Inc.				ASCM No.	N	lame of Abatement C	ontractor (9)					
treet Address	carri mvestigations, mc.				00104		Jnicorn Contrac						
555 West Shore	Trail						treet Address						
ity, State, Zip Code	i i ali					_	2 Willow Way						
parta, NJ 07871							ty, State, Zip Code						
roject Manager fo Mor	nitoring Firm			Talant			oodland Park,	NJ 07424					
ill Kerbel					one No. 729-5649		elephone No.		License No.				
art Date (10)			Sched		eletion Date (11)	_	73-333-9176		01331				
0/28/19				.1/19	nedon Date (11)		ame of OSHA Monitor						
cupancy Status During	Abatement (Check Only One)		1/-	-/			virovision Cons	ultants, Inc.					
Facility Close	ed/Vacated During Entire Per	iod of Al	bateme	ent		-	)-21 Wagaraw R	d Blda ac c					
Abatement P	erformed Outside of Norma	l Facility	Hours			2.1	y, State, Zip Code	u., blug. 55-E			o decisio		23.
Other - Desci	ribe: <u>Un-Occupied</u>					- 1	ir Lawn, NJ 074	10					
ope of Work (Check All $\geq$ 3 sf or $\geq$ 3 lf	1-00 CD-100 ED-000-00		X	Renov	ation	X	= 1					-	
2 ≥160 sf or ≥2	50 If			Demol				nent with Nega	tive Pressure				
							Errorosu						
						X			Friable Procedure				
			ls Locatio	200				- ( ) and (ton)	Thabic Trocedare	Т	Abat	emer	nt
	Location of staining Material (ACM)	Us	Normall ed Solely	·			escription of		1	_	T	ype	_
TO	BE ABATED	М	aintenan	ce/			taining Material (ACN		Amount (Specity				
	In Facility (13)	Cus	stodial St (12)	aff?		surfa	acing, VAT, or		SF or LF)	20		Enca	m m
	17	Yes	No	N/A	•	other	miscellaneous)			Removal	Repair	Encapsulate	Enclosure
See	Attached								-	la l	) ir	te	re .
										+	+	-	-
										1	-	-	-
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of Registered Waste		- 1		aste Haule	r ID No.	Cubic	Yards of Waste		Name of Regustered	andfil	l l		
corn Contracting	Corp.	10	003584	14		30+			Fairless Hills Land				

30+

TBD

Disposal Date

Signature

City, State

Completed by

Zhivko Nikolov

Woodland Park, New Jersey

Title

President

Fairless Hills Landfill

Date

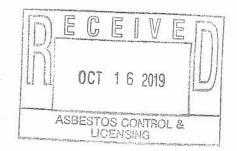
10/07/19

Morrisville, PA

City, State

#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Location of	10 00	Loca Norma	77.7						it
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole intena	ely by ince/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure
	Yes	No	N/A					Type Encapsulate	
Electrical Room	X			2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	250 SF	х		_	-
Storage Room & Foyer Outside Storage Room		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	105 SF	Х			-
Day Room Closet		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	25 SF	Х			
Linen Closet		Х		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	60 SF	X			-
Boiler Room	X			2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	15 SF	X	_		
Apparatus Room- Engine Bay		Х		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	32 SF	X			-
Apparatus Room-Hazmat Truck Bay		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	16 SF	X	-	-	
Apparatus Room - Bucket Truck Bay		X		2'x4' Drop Ceiling Tiles w/ Squiggles & Gouges	8 SF	X	-	-	
Exterior Front - behind Metal Window Panels of the Day Room/ Corridor and Entrance/ Watch Room		х		Transite Panel Boards- Behind Metal Panels Under Windows	8 SF	X			
Exterior of Building on Façade - All Sides		X	$\neg$	Transite Shingles	700 SF	X	-	$\dashv$	-
Roof - Base of Roof Perimeter, Drains, Curbs, Penetrations, Ect.	х			Roof Flashing	250 SF	X	1		$\neg$



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NO CK		N	OTIFICAT (Pursu	State of New Jers TON OF ASBESTO ant to NJAC 8:60 a	SABATE	EMENT (O)	DE	GE		$\mathbb{V}$	Pi	rint I
Date of Notification (1) 10/21/19			Nam	ne of Building Owner xmor Property G	r/Operato	r (2)		0C1 2	2 2	019	Part Light come	
Agencies Notified  EPA	Type Notification	n	Stre	et Address e Fayette Street		150	ASB	ESTOS	CONT	ROL	40	Lingua no
EPA DEP X DOL X DOH	Amended Amendmer Emergency justification	(including	_ Cor	State, Zip Code nshohocken, PA de of Contact	19428	<b></b>		LIGEN phone Nur	nber	( Miranganga	their curry o	
DCA  Name of Facility Where A	Cancellatio		F	nav Ambati ACILITY INFORMA	TION			-834-77	99			1110000
Tinton Falls Plaza Street Address 980 Shrewsbury Av City (5)		ng Place (3)					(-12) ter 8 (Other private &		al build	dings,		ies,
Tinton Falls County (6) Monmouth				nty Code (7)		30,000 Current Use (F		g demolish		0+		
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)		SCM No.	Name	of Abatement C ervices, LLC	ontractor (9	9)				
Street Address 700 Turner Industria	al Way, Suite 1	105			Street	Address B National Ro						
City, State, Zip Code Aston, PA 19014					The Street Street Street Street	itate, Zip Code n, PA 19341						
Project Manager for Moni Dave Turotsy	toring Firm		610-	hone No. -558-8902		none No. 872-8884		License No 01161	0.			
Start Date (10) 10/22/19		11/15/19	)	on Date (11)	Name EMS	of OSHA Monito L	or					
Facility Closed/Vaca Abatement Performe Other – Describe: 6	ted During Entire d Outside of Norr	Period of Ab	atement	:	200 F City, S	Address Route 130 No tate, Zip Code aminson, NJ			íä.			
Scope of Work (Check All Scope of Work (Check All Scope ≥3 sf or ≥3 lf Scope ≥260 lf	That Apply)		novation molition		×	Full Containr Mini-Enclosu Glovebag Pro	ment with N	2			4	
Location ( Asbestos-Containing M		Nor	ocation mally Solely by		escription	of				Abate Ty <sub>l</sub>	ment	
TO BE ABA' In Facility (13)	TED	Custod (	enance/ lial Staff? 12)	other	Itaining M I systems icing, VA miscellan	insulation, T, or	(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Space 07	7 B	165	X	20.11	r tile ma	astic	600	0 sf	X			
ame of Registered Waste	e Hauler		NJDEP	Wasta Cubio	Yards	Nome	f Registere	11 - 150				

Hauler ID No. 17273 of Waste Waste Management GROWS Fairless Hills City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed by Signature Date Jack Bally Sr. Project Manager 10/21/19

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

Paris St.				NOTII	FICATIO	State of Ne ON OF ASB It to NJAC	ESTOS	ABATE	EMENT (0)		EC			V	E	Ī
10	te of Notification (1) 0/15/19				Name Brixm	of Building nor Prope	Owner/ erty Gr	Operato Oup	r (2)		OCT.	2	2 /	2010		And the state of t
Ag	encies Notified	Type Notification				Address				14 141	001	4	4 1	019	-	ל לייפו   ערשיים
×	EPA	× Initial			One I	Fayette S	Street,	Suite '	150	14	- WAS A PROPERTY OF THE				- Addison	
×	DEP DOL	Amended	п			tate, Zip Co				ŕ	VOOES H	J8 C	UN	TRO	- &	
		Amendment Emergency (				hohocke	n, PA	19428		The state of the s		DENS	HING	)		Profession
H	DOH DCA	justification)		1		of Contact					Telephone					
ш	DOA	Cancellation				av Ambat					510-834	-779	9			
Na Tii	me of Facility Where anton Falls Plaza	Abatement is Taking	Place (	(3)	FAC	ILITY INFO	DRMAT	ION	Type of Fac	11.00						
Str	eet Address								School	(K-12)	4545	14 400				
98	0 Shrewsbury Av	enue enue							X Other (	i.e. privat	ther than e & comm	n-12) nercial	build	dings,	hom	es.
City	(5)								etc.)							
2330	nton Falls unty (6)				0				Square Feet 30,000	1			5	ldg. A O+	ige	
Mo	onmouth				(STATE	Code (7) USE ONLY)	-		Current Use Commerc	(Prior if bial / Ret	eing dem tail	olishe	d)			
Ve	ne of Monitoring Firm ertex	Hired by Building C	wner (8	)	ASCI	M No.			of Abatement ervices, LL		or (9)					
	eet Address 0 Turner Industria	al Way, Suite 10	5		-			The state of the s	Address B National I	Road						
	, State, Zip Code ton, PA 19014					W-		City, S	tate, Zip Code	)						
Pro	ect Manager for Mon	itoring Firm			Telepho	ne No.			one No.	-	Licens	e No.				
	ve Turotsy					58-8902			372-8884		0116	1				
10	rt Date (10) /28/19		11/22/	19	mpletion	Date (11)		Name EMS	of OSHA Mon L	itor						
Occ	upancy Status During	85 TO 10	- 23	- 5					Address Route 130 N	lorth						
×	Facility Closed/Vaca Abatement Perform Other – Describe: 4	ed Outside of Norma	eriod of al Facility	Abaten y Hours	nent s			City, S	tate, Zip Code		575					
_	pe of Work (Check Al	Bechur - III. Pall Communicati					_	Cinna	aminson, N	J 0807	7					
×	≥3 sf or ≥3 if ≥160 sf or ≥260 if	т так хүргү)		Renova Demolit	335 (7.55)	٠		×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedur	e				9	
				Locati									,		ment	
	Location	of		Normal ed Sole				scription				-		Ту	pe	-
	Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	intenar todial S (12)	nce/	Asbesto (i.e. t	hermal surfac	aining M systems sing, VA niscellan			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A						*************				œ.	
	Space 0	7 B		X		Floor	tile ma	estic	6	6000 sf	+	X				
Nan	ne of Registered Was	te Hauler	1	IN	JDEP W	/aste	Cubic	Yarde	Name	of Regis	tered Lan	dfill				
	ste Management	-		H	auler ID 7273	No.	of Was				irless H					
	State nton, NJ							al Date	City, S	State isville, I	——— РА	u+- C	****			
	pleted by		Title					ignature				Date				_
Jac	k Bally		Sr. P	roject	Mana	ger		Jack	Ball	46		10/1	5/1	9		

Enitial OF # 41	12	ini	中	15	-(( -	1.							İ	Print
nitial cut # 417  J-OK 4- 184  Date of Notification (1)	5415	NOT	IFICATI (Pursua	State of N ON OF AS int to NJA	lew Jers BESTO C 8:60 a	sey S ABATE and 12:12	EMEN 20)	<b>(</b> T	ME	C	E		E	
Date of Notification (1) 10/11/19 (Abatement still under	way)		1101110	of Buildin	g Owne	r/Operato	or (2)			nov	1 .,	cat	n.	Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria
Agencies Notified Type Notificati	on			t Address Vest Sta	te St.,	9th Floo	or		al Cal	00:	1 /	3)1	J	Later Later
DEP X Amended Amendment	ent #1		City, S	State, Zip ( iton, NJ	Code			_	ABB	ESIC	IS CO		OL 8	٥
DOH justification Cancellat		ng	Name	of Contac	t				Teleph	one N	umber	was put to Albert	(S. 10 A)	BACTURAN.
Name of Facility Where Abatement is Ta		(3)		CILITY IN		TION			609-4	133-8	745			
Former Residence, BLUE ACRE	S DEMO	OLITIC	NC				Тур	e of Facilit						
Street Address 835 Main Street							×	Subchap	ter 8 (Other the private & co	han K- ommer	12) cial bu	ildings	s, hon	nes,
City (5) Rahway, NJ 07065 County (6)							265	uare Feet	# of Flo 2 1/2	oors		Bldg. 50+	Age	
Union County			County (STATE	Code (7)	א		Cur	rent Use (F andoned	rior if being o	demolis	shed)			
Name of Monitoring Firm Hired by Buildin n/a	g Owner (8	3)	ASC	CM No.		Name Yanr	of Ab	atement C i Group,	ontractor (9)					_
Street Address						Street 135 I		ess elon Roa	d					
City, State, Zip Code						City, S	tate,	Zip Code NJ 0740				025 TE		
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N	No.	Lic	ense N	No.			
Start Date (10) 10/07/19	Schedu 10/18/		mpletion	Date (11)			of OS	SHA Monito	r	228				
Occupancy Status During Abatement (Che	100000000000000000000000000000000000000	-			_	Yann Street		Group, I	nc.					
Facility Closed/Vacated During Entire     Abatement Performed Outside of Nor     Other – Describe:	Period of mal Facilit	Abater y Hour	ment s			135 K	Kinne tate, 2	elon Roa Zip Code		10				
Scope of Work (Check All That Apply)						Kinne	elon,	NJ 0740	)5					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit	200000000000000000000000000000000000000			×	Mi Gl	ni-Enclosu ovebag Pro	nent with Neg re ocedure ed (*) and Nor				0	
Location of	1 1	Locati Normal	ly		Do	scription		•				Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	aining Ma systems cing, VAT niscellane	ateria insula	I (ACM) ation,	Amour (Specif SF or L	fy	Remova	Repair	Encapsulate	Enclosure
F:	Yes	No	N/A								/al	Ť	ılate	ure
First Floor Exterior Windows			X	Dining		n & Kito		Walls	395 S	F	Х			
Exterior Siding			X			oughou			500 LI	F	X			
-Morior Sidilig	-		X		Iran	site Sidi	ing		2600 S	SF	Х			
ame of Registered Waste Hauler annuzzi Group, Inc.		H	JDEP W auler ID 7467		Cubic of Was			K. vana	Registered L Fairless	andfill				
ity, State nnelon, NJ						al Date		City, Stat						-
ompleted by bhn Mucha	Title AHEF	RA Pro	oject D	esigner	Carporate arrest	gnature			, 171	Dat	te /11/1	α		

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

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Date of Notification (1) 10/11/19 (Abatement still underway	y)		Name NJDF	of Building Owner/	Operator (	2)	·····	- 1 - 1 - 1 - 1 - 1 - 1	*************			
Agencies Notified Type Notification  EPA Digital				Address est State St., 9	th Floor							
DEP Amended Amendment Emergency (				tate, Zip Code on, NJ 08625-0	0034							7.000
DOH Justification) Cancellation	u rozzon (	3		of Contact na Bruno				lephone Nu 19-433-87				
Name of Facility Where Abatement is Taking Former Residence, BLUE ACRES	Place (	3) LITIO		ILITY INFORMAT		Type of Facility  School (K						
Street Address 835 Main Street			*,1-4-1			Subchapte	er 8 (Oth	er than K-1: & commerci	2) al bull	ldinge	, hon	nes,
City (5) Rahway, NJ 07065			-			Square Feet 2650	2	of Floors 1/2	5	3ldg. 50+	Age	
County (6) Union County			County (STATE	Code (7) USE ONLY)		Current Use (P Abandoned,	rior if be BLUE	Ing demolish ACRES	red)			
Name of Monitoring Firm Hired by Building C n/a	wner (8	)	ASC	M No.	Name o	Abatement Co zzl Group, I	ntracto nc.	(8)				
Street Address					Street A 135 Ki	<sup>ddress</sup> nnelon Roa	d	1				
City, State, Zip Code			(2)			te, Zip Code on, NJ 0740	5	***************************************				
Project Manager for Monitoring Firm			Telapho		Telepho 908-21	ne No. 18-0880		License N 01228	0.			
10/07/19	10/18/	19	npletton	Date (11)		OSHA Monitor zzi Group, I						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	arlod of	Abster	nent		Street Ad 135 KI	idress nnelon Road	d					
Abatement Performed Outside of Norms Other - Describe:	al Facility	/ Hours				le, Zip Code on, NJ 0740	5					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti			X	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	e cedure				e e	
Location of	1	Location	y	Des	scription of					Abat		nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solel Intener codial S (12)	teff?	Asbestos Conti (i.e. thermal surfac	alnina Mat	erial (ACM) isulation, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
P*!1 P*)	Yes	No	N/A	Di-t D	- 0 MILL	101-11-	20	VE OF		_	(0)	4

1nv#	154	31				naturation <b>.</b>		L	**********		errenna.	Notate trans		
X11201	PAU	D	NOTI )	St FICATION Pursuant	N OF AS	ew Jerse BESTOS C 8:60 ar	ABATE		C	EIV			16	01
Date of Notification (1)				* Name o	f Buildin	g Owner/	Operator (	(2)	OCT	0 0 001	_			
	er 17, 2019			Torcon.					UUI	2 2 201	9	الميدا ا	11	
Agencies Notified	Type Notification			Street A		12516							į.	
EPA	Initial			One Cr				ASI	ESTO	S CONTR	1) E	3	-	
DEP	Amended Amendmen	t #2			ate, Zip (				LIC	ENSING	W 65 05		1	
⊠ pou	Emergency	(including		Philade	ipnia, i f Contac		12		T-	Inches N				
DOH DCA	justification) Cancellation								Name and	lephone Nu				
				Project FACI		FORMAT	ION		97.	3-234-702	6			
Name of Facility Where A	batement is Takir	ng Place (3	3)					Type of Facility	(4)					
Central Building								School (K	-12)			ì		
Street Address								Subchapt	er 8 (Oth	ner than K-1	2)	j #		220
South Harvard Avenu	е							Other (i.e etc.)  Square Feet		& commerci		aings Bldg. A		es,
Cherry Hill, NJ														
County (6)					Code (7)			Current Use (P	rior if be	ing demolis	hed)			-
Camden				(STATE U	JNE ONL.	n				empty				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Market Company	of Abatement C		r (9)		1111		
A.E.S.L. Street Address								ACK Group,	LLC					
2200 Paterson Plank	44 7							Address						
City, State, Zip Code	ru # /							Kings HWY N	, STE	209				
North Bergen, NJ 070	047							tate, Zip Code	0.4					
Project Manager for Monit				Telephor	ne No			Hill, NJ 080 one No.	34	License N	^			
Carmelo Altomonte				201-864				759 - 5000		00781	0.			
Start Date (10)		Schedule		mpletion [		)	1	of OSHA Monito	r	00701				
10/21/19				12/31/1	9		The M	ACK Group,	LLC					
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address				15	+	
Facility Closed/Vacati Abatement Performer Other - Describe:	ted During Entire d Outside of Norn	Period of A	Abate Hour	ment 's				Kings HWY N	, STE	209				
							Cherry	Hill, NJ 080	34					
Scope of Work (Check All	That Apply)	)- <u>2</u>					_	_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				2	Full Containr Mini-Enclosu Glovebag Pri Non-Exempte	re ocedure					
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Asbestos-Containing M TO BE ABA		Ma	intena	ince/				aterial (ACM) insulation,	M 100	mount Specify	71		En	m
In Facility (13)	у	Cust	todial (12)	Staff?	1.79	surfa	icing, VAT	Γ, or		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-	10.00			otner	miscellane	eous)			ova	pair	sula	sure
		Yes	No	N/A							_		Ö	87518
Central B	ldg	X				f	loor tile			TBD	X			
-"-		X					roofing			TBD	X			
					-							-		
		1							-					-
Name of Registered Waste	e Hauler		1	NJ DEP W	aste	Cubic	Yards	Name	Registr	ered Landfill	L.,			
			1000	Hauler ID I		of Wa		Name	registe	rea canailli				
Newark				450	9	1	TBD			m landfill	/ Min	erva	Ent.	
City, State							sal Date	City, Sta		2 2220				
Newark, NJ Completed by		Title					2/31/19		em, P	A / Wayne		g, O	H	
Mike Cooper		Presid	ent			3	Signature	19/-		Da	te 17/19	,		
O O O O O O O O		1 10010	CIIL			100				17()/	1//7	4		

#### E NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) OCT 2 2 2019 October 01, 2019 Torcon, Inc. Agencies Notified Type Notification Street Address One Crescent Drive EPA Initial ASSESTOS CONTROL & City, State, Zip Code DEP Amended LICENSING X DOL Amendment #1 Philadelphia, PA 19112 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Project Manager 973-234-7026 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Central Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, South Harvard Avenue etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill, NJ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Camden empty Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC Street Address Street Address 2200 Paterson Plank rd #7 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Carmelo Altomonte 201-864-6583 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/31/19 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A Central Bldg floor tile TBD \_"\_ roofing TBD Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark 4509 IESI Bethlehem landfill / Minerva Ent. TBD City, State Disposal Date City, State Newark, NJ Bethlehem, PA / Waynesburg, OH 12/31/19 Completed by Title Signature Date Mike Cooper President 10/1/19

State of New Jersey

		NO	50 TO \$ 50 TO \$	CATION	te of New OF ASBE O NJAC 8:	STOS	ABATE			E (			$\mathbb{V}$		1593	-message and spills.
Date of Notification (1)				Name of I	Building´O	wner/C	perator	(2)	linil					audition?		direct.
September	30, 2019		T	orcon, l	Inc				7.000	00	CT 2	2	2019	-	10)	
Agencies Notified Type	Notification			Street Ad	dress				tol Lat					-		
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□ DOH	Emergency (in justification)	icluding		Name of	Contact					Tele	ephone	Num	ber			
DCA DCA	Cancellation		P	roject N	/lanager					973	-234-	7026				
					ITY INFO		ION									
Name of Facility Where Abates	ment is Taking	Place (3)						Type	of Facility (4	)						
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Street Address						-35			Subchapter Other (i.e. p	8 (Othe	er than	K-12)	Lbuildi	nne h	omes	
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Project Manager for Monitorin	g Firm			Telephon									,			
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Location of Asbestos-Containing Mate TO BE ABATE(In Facility (13)		Use Mai	lorma d Sole ntena	lly ely by ince/ Staff?		tos Cor therma surf	escription ntaining al system acing, V miscella	Materi ns insu AT, or		(	Amoun Specif F or Li	у	Removal	Repair	e Encapsulate	Enclosure
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Name of Registered Waste H	lauler			NJ DEP V Hauler ID	No.	-	ic Yards /aste		Name of	_					F4	
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Newark, NJ	•						12/31/		Bethleh	em, F	A/V			g, C	П	
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Mike Cooper		Presid	dent			-		/				9/3	30/19			

	Form

City, State Vayne, NJ  Completed by  Disposal Date TBD  City, State Pen Argyl, PA  Date	To # 1542	LP A	II											Pr	rint F
Date of Notification (1)   Surest Address   Street Addr	MC4168967M		NOTIF	CATIO	N OF AS	BESTOS	ABATE	MEN 0)	т [[]	E	CE	1	16		1
Agencies Notified    Para   Initial   Para	Date of Notification (1)	5		Name	of Building	g Owner/		5			)CT 2 c	2 201	0	Andreas Andrea	The state of the s
DOH	Agencies Notified Type Notifical	tion							la L		701 2 2	201	9	110	
DOH	EPA Initial Amende	d		City, S	tate Zin C	ode.				ASSE	STOS C	ONTH	OL a	-	The Prince of th
Susan Wasish   Telephone Number   Teleph	X DOL Amendm	nent#	_				40		- Samouran		LICENS	ING		anti anti di manima di ma	_
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Such applies 8 (Other than K-12)   Such applies 8 (Other than K-12)   Such applies 9 (Other than K-12)   Such applies 9 (Name of Registered Waste Hauler   Name of Registered Waste Haul	DOH justificati	on)				500				Te		umber			
Street Address    School (K-12)   Subchapter 8 (Other than K-12)	Name of English Where Abet and T	1: 6!		FAC	ILITY INF	ORMAT	ION					_			
Size Address  City (5) Maplewood  County (6) Essex  County (7) Essex  County (8) Essex  County (9) Essex  County (10) Essex  Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  Essex  County (10) Essex  Essex  County (10) Essex  County (10) Essex  County (10) Essex  County (10) Essex  County (1	House	aking Place (	3)				ą	Тур	6:70	V6 50					
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Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Start Date (10) 10/25/2019  Occupancy Status During Abstement (Check Only One)  Ascality Closed/Vacated During Entire Period of Abstement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Totowa, NJ 07512  Start Date (10) 10/25/2019  Occupancy Status During Abstement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  Start Date (10) 10/26/2019  Occupancy Status During Entire Period of Abstement Abatement Performed Outside of Normal Facility Hours  Start Date (10) 10/25/2019  Occupancy Status During Entire Period of Abstement Abatement Performed Outside of Normal Facility Hours  Start Date (10) 11 Rosengren Avenue  City, State, Zip Code 11 Rosengren Avenue  City, State, Zip Code 12 Totowa, NJ 07512  Start Date (10) 11 Rosengren Avenue  City, State, Zip Code 12 Totowa, NJ 07512  Start Date (10) 12 Rosengren Avenue  City, State, Zip Code 13 Totowa, NJ 07512  Start Date (10) 14 Rosengren Avenue  City, State, Zip Code 15 Totowa, NJ 07512  Start Date (10) 15 Reabarter 16 Rosengren Avenue  City, State, Zip Code 17 Totowa, NJ 07512  Start Date (10) 16 Rosengren Avenue  City, State, Zip Code 17 Totowa, NJ 07512  Totowa, NJ 07512  Description Of Asbestors Containing Material (ACM) 10 BE ABATED 10 Rosengren Avenue 17 Rosengren Avenue  City, State 17 Rosengren Avenue  City, State 18 Rosengren Avenue  City, State 19 Rosengren Avenue  City, State 10 Rosengren Avenue  City, State 10 Rosengren Avenue  City, State 11 Rosengren Avenue  City, State 12 Rosengren Avenue  City, State 13 Rosengren Avenue  City, State 14 Rosengren Avenue  City, State 15 Rosengren Avenue  Ci	County (6)							Curr	rent Use (Pr			-	V/A		
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City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-345-8685  O1311  Name of OSHA Monitor  Das Abatement, Inc.  Streat Address  11 Rosengren Avenue  Streat Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Name of OSHA Monitor  Das Abatement, Inc.  Streat Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Streat Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Streat Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (') and Non-Friable Procedure  Asbestos-Containing Material (ACM)  To BE ABATED  In Facility  (13)  Pes No N/A  Basement  X Pipe Insulation  120 LF X  Name of Registered Landfill  Allantic Carting  Name of Registered Landfill  Fill  Name of Registered Landfill  Fill  Signature  Fill  Signature  Date  Policy State  Pen Argyl, PA  Date	N/A	rig Owner (b)		AGC	WI INO.	j.	D&S	Aba	tement, I	ntractor nc.	(9)				
Project Manager for Monitoring Firm  Telephone No. Telephone No. 973-345-8685  Start Date (10) 10/25/2019  Scheduled Completion Date (11) 10/25/2019  Dass Abatement, Inc.  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: Occupied  Scope of Work (Check All That Apply)  Scope of W	Street Address									nue					
Telephone No. 973-345-8685   License No. 01311	City, State, Zip Code												P-000==0		
Start Date (10) 10/25/2019 10/26/2019 11/26	Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N	No.			Vo.			
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Occupied  Scope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  Sop of Work (Check All That Apply)				npletion	Date (11)		Name	of OS	HA Monitor		0.011				
Abatement Performed Outside of Normal Facility Hours  Other – Describe: Occupied  Other – Describe: Occupied  Scope of Work (Check All That Apply)  Saf or ≥3 If	A FESCH DOWN CHILA ANGLING AN APT. C									IC.					
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM) (Specify Sor other miscellaneous)   Scope of Work (Check All That Apply)   Scope of Work (Check All	Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of A	Abaten Hours	nent					57/4	nue					80
≥ 3 sf or ≥3 lf   ≥ 160 sf or ≥260 lf   □ Demolition   □ Demolition   □ Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and N															
Location of Asbestos-Containing Material (ACM)  INDEX ABATED In Facility (13)  Basement  Asbestos-Containing Material (ACM) IOBE ABATED In Facility (12)  Yes No N/A  Basement  X Pipe Insulation  Nume of Registered Waste Hauler Atlantic Carting  Nume of Registered Waste Hauler Atlantic Carting  Nume of Registered Waste Hauler Atlantic Carting  Nume of Registered Landfill Grand Central  Disposal Date Title Signature  Signature  Signature  Nume of Registered  Signature  Date  Nume of Registered  Date  Date		× R	enova	tion				] <sub>E</sub> ,	II Containm	ont with	Nanativa	D			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Basement X Pipe Insulation 120 LF X  Name of Registered Waste Hauler Hauler ID No. 26085  Abatement Type  Amount (Specify SF or LF)  Popular Part Part Part Part Part Part Part Pa	≥160 sf or ≥260 lf						×	Mi Gl	ni-Enclosur ovebag Pro	e cedure				2	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Basement  X  Pipe Insulation  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Pipe Insulation  Name of Registered Waste Hauler Atlantic Carting  City, State  Wayne, NJ  Completed by  Title  Signature  Seption of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application  Amount (Specify SF or LF)  Removal  Rem	Logation of	200				_				<u> </u>	a rion i na		Abate	ment	
Basement X Pipe Insulation 120 LF X  Name of Registered Waste Hauler Atlantic Carting Name of Registered Landfill City, State Nayne, NJ  Completed by  Title Disposal Date TBD Title Signature Date Date	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Use Mai	d Sole intenar	ly by nce/		tos Conta	aining M	ateria			NR 16 CHANT	R		En	ш
Basement X Pipe Insulation 120 LF X  Name of Registered Waste Hauler Atlantic Carting Name of Registered Landfill City, State Nayne, NJ  Completed by  Title Disposal Date TBD Title Signature Date Date		Cust		мат?		surfac	ing, VA	T, or				emov	Repa	capsu	nclos
Name of Registered Waste Hauler Atlantic Carting  City, State Vayne, NJ  Completed by  Title  NJDEP Waste Hauler ID No. 26085  Disposal Date TBD  City, State Pen Argyl, PA  Date  Date		Yes	No	N/A								/al	Į i	ilate	are
Atlantic Carting  Hauler ID No. 26085  Of Waste TBD  Grand Central  Disposal Date TBD  Completed by  Title  Disposal Date Pen Argyl, PA  Signature  Date	Basement		Х			Pipe	Insulat	ion		12	20 LF	Х			
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Date of Notification (1) 10/15/2019					of Building vah Bus			r (2)		00	Tan	2019	anten Department of the		din management
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× DEP × DOL	Amended Amendmen Emergency		<del>,</del>		ate, Zip C vah, NJ				A	SBE	STOS CON LICENSIN		L &	TTIN SAN SAN	of makes and an
DOH DCA	justification) Cancellation			John	of Contact Sulikow	ski					lephone Nu 1-376-77				
Name of Facility Where A	Abatement is Takir	ng Place (	(3)	FAC	ILITY INF	ORMAT	ION		of Facility (						
Street Address 59 Ramapo Valley F	Road							S X	chool (K-1 subchapter other (i.e. p tc.)	8 (Oth	ner than K-1: & commerci	2) al buil	dings,	hom	es,
City (5) Mahwah								Square N/A	e Feet	N/		N	ildg. A	ge	
County (6) Bergen					Code (7) USE ONLY	o	_	Comr	mercial E	Buildi	_	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASC	M No.		Name D&S	of Abate Abate	ement Con ment, In	tractor C.	(9)	P. P. V. S			
Street Address							1,100	Address osengi	ren Aver	nue					
City, State, Zip Code								tate, Zip wa, NJ	Code 07512						
Project Manager for Moni	toring Firm			Telepho				one No. 345-86			License N 01311	0.			
Start Date (10) 10/28/2019		10/29/	2019	npletion	Date (11)				A Monitor ment, Inc	c.					
Occupancy Status During  Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I	Period of	Abaten	nent	٠	_	11 R	tate, Zip	en Aven	ue	14	200			
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		Renova Demolit	7777700			×	Full ( Mini- Glove	Containme Enclosure ebag Proc	edure	n Negative P			•	
Location		1	Locati	ly		Des	scription							ment	
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining M	aterial (/ insulati T, or	ACM) on,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Bldg 59 Ga	rage	Yes	No X	N/A		Pipe	Insula	tion		1	10 LF	Х		te	
							-10								
Name of Registered Waste Atlantic Carting	e Hauler		Н	JDEP W auler ID 3085	10000000000000000000000000000000000000	Cubic of Was		- 1	Name of R Grand C		red Landfill Il				
City, State Wayne, NJ						Dispos TBD	al Date		City, State Pen Arg		4		===		
Completed by Oliver Hegedis		Title Proje	ct Ma	nager		Si	ignature	//	-		Dat	e /15/2	019		

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Name of Facility Where Abateme	nt is Taking Place (	3)	FAC	CILITY INFO	ORMAT	ION	T								
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Street Address 65 Ramapo Valley Road City (5)							SI SI	ubchapt ther (i.e.	er 8 (C	ther the	an K-1 nmerc	2) ial bui	ldings	, hom	nes,
Mahwah							Square N/A	Feet	2000	of Floo	ors		Bldg.	Age	172-18
County (6) Bergen			County (STATE	Code (7) USE ONLY)			Current	t Use (P nercial	rior if t	eing de	emolis	hed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASC	M No.		Name D&S	of Abate Abater	ment Co	ontract nc.	or (9)					
Street Address					-30-100		Address		enue						
City, State, Zip Code						City, S	tate, Zip wa, NJ	Code							
Project Manager for Monitoring Fir	m		Telepho	one No.		Teleph	one No. 345-868			Lice 013	ense N	0.			
Start Date (10) 10/28/2019	Schedule 10/29/2	ed Cor	mpletion	Date (11)		Name	of OSHA Abaten	Monitor		010	711				
Occupancy Status During Abatem	ent (Check Only On	e)					Address	ileit, il	16.				-		
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Occupied	g Entire Period of A e of Normal Facility	Abaten Hours	nent			City, St	ate, Zip	Code		-					- 2
Scope of Work (Check All That Ap	oly)					lotov	va, NJ	07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enova emolit				×	Mini-E Glove	ontainm Inclosur bag Pro Exempte	e cedure	9					
		Locati						xompte	u ( ) a	14011	-i iiabi		Abate	ement	ä
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(13)	Yes	(12) No	N/A	C		iscellane				OLL	,	Removal	Repair	Encapsulate	Enclosure
Suite 101 Vault Room	1	Х			Pipe	Insulati	ion			12 LF		X			
Name of Registered Waste Hauler															
Atlantic Carting		Ha	JDEP Wauler ID I	No.	Cubic Y of Wast FBD			ame of Grand (			ındfill				
City, State Wayne, NJ				5.0	Disposa IBD	al Date		ity, State		Α					
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10/17/19 Agencies Notified Type Notification			Pat O' Street A	Rourke	Private	e Hom	e		-	)CT -	0.000		Tratament of the same	ALIBRATA A
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☐ Emergency	(including		repaire Survey	hawkin I	NJ 080	)50				STOS C	21810	ol &		de de la companya de
DOH justification DCA Cancellation			Pat	Contact					re	ephone N	umber		A STATE OF THE STA	ustre
Name of Facility Where Abatement is Takir	- DI - (0)		FACI	LITY INF	ORMAT	ION								_
Pat O'Rourke Private Home	ig Place (3)						_	of Facility	*****					
Street Address			-	-				School (K- Subchapter	8 (Oth	er than K-	12)			
								Other (i.e. petc.)	orivate	& commer	cial buil	dings,	home	es,
City (5) Manahawkin NJ 08050							Squar 1000	e Feet	# 0	f Floors	10.5	lldg. <i>A</i> 50+	ge	(5)
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Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	l No.		100000000000000000000000000000000000000	of Abat naco Ir	tement Cor	ntractor	(9)				
Street Address							Addres							
City Chata Zin Co. In							Box 32							
City, State, Zip Code						Part Control of the control	state, Zi st Berli	p Code in NJ 080	091					
Project Manager for Monitoring Firm		1	Геlephor	ne No.		7 No. 10 Co. 10	none No	No. 1000 and 1000 and		License	No.			
Stort Date (40)	Cabadalad		-1-6 5	2-1- (44)			753-9			00727				
Start Date (10) 10/30/19	Scheduled 11/12/19		pletion L	Date (11)		Name		IA Monitor						
Occupancy Status During Abatement (Chec	k Only One	)	100			10000000	Addres	s						
Facility Closed/Vacated During Entire			ent			011 0								
Abatement Performed Outside of Norr Other – Describe:	nai Facility F	nours			_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)		2000						7						
≥3 sf or ≥3 lf  X ≥160 sf or ≥260 lf		novat molitic						Containm		Negative	Pressu	re		
2 100 St Of 2200 II	N De	monuc	OH			×	Glo	i-Enclosure vebag Pro	cedure			- 12		
	le l	ocatio	, I				MON	i-Exempted	d (*) an	d Non-Fria	able Pro	Abate		t
Location of	No	rmally	y		Des	scription	of	24	100		_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	1 8 STATE STATE S	tenan	ce/			aining N systems				mount Specify	Z	_	Enc	q.
In Facility (13)	Custo	dial Si (12)	tatt?	•	surfa	cing, VA niscellar	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(1.5)	Yes	No	N/A		00.01	, iioooiiai	loodoj				/al	=	ilate	лге
Through-out			х		Floo	r Tile o	nly		70	00 SF	X			
Exterior Siding			х			rior Sic				00 SF	X			
											1			
Name of Registered Waste Hauler		100000	IDEP Water ID	300 mm	Cubic of Was			Name of	Registe	red Landf	ill			
United Roll Off		1000000	459	NO.	5	516		G.R.O.	W.S.					
City, State					100000000000000000000000000000000000000	sal Date		City, Stat		10007				
Elm Completed by	Title				11/12	ignature		IVIOTTISV	ille P/	19067	Date			
Anthony T Perna	Presid	lent			10	استاوا	0				10/17/	19		

Inv# 1546 0x12222PAID NOTIFIC

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Duranant to NIAO 0 00 1 m to)

Date of Notification (1)			-	Mar	no of Duild	ing Owner/Operator	Charly	+ 1	223	12				
10/18	/	19				ing Owner/Operator  d Company	(2)	Treasure.	) E		E	I	W	E
Agencies Notified Type	Notifica	tion			et Address					9	L		ש	<u></u>
⊠ EPA □ In				3	0 Imclone				31					
	mended				, State, Zip					00	2	2	2010	
	nendme			100		g, NJ 08876		H	Li			_		
	nergenc stification	y (includi	ing		ne of Conta			1					vances o	and the same
	ancellatio			11441	ne or conte	iot	97	le le	phone	Nunt	PES	CON	ITA 10	)L &
				F	ACILITY I	NFORMATION		1-4-00			SETTIMBER S	proposition.		
Name of Facility Where Abatem BUILDING BB1181 - (Eli I	ent is Ta	aking Plac	ce (3	)			Type of Facility	(4)						
Street Address	_iiiy & t	Compar	ny)				School (K-12	2)						
1181 Route 202 North							Subchapter 8 Other (i.e., proposed homes, etc.)	rivate a	r than and co	K-12) mmerc	cial b	uildir	igs,	
City (5)							Square Feet		Floor		- 10	1-1		
Branchburg, NJ 07836							Oquare i eet	# 01	F100F	S	B	ldg. / 50+		
County (6)	A 10 C 10			Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if he	ina da	an alial		5U+		
Somerset							Commercial			RIPORE	red)			
Name of Monitoring Firm Hired b	y Buildir	ng Owner	(8)	ASCN	Л No.	Name of Abatem	ent Contractor (9)	Daire	anny					
							invironmental S	Syster	ns					
Street Address						Street Address	- Interior	, 5101		Ellis Sas e				
						1121 N. Beth	ılehem Pike - Sı	iite 61	n					
City, State, Zip Code						City, State, Zip C		alec of	-		723			
						Spring Hous								
Project Manager for Monitoring F	irm		Te	elephone	No.	Telephone No.	9,171,10-471	Lico	nse N	•				
						215 542 7000	)		0847	0.				
Start Date (10)	Sch	neduled (	Comp	oletion Da	ate (11)	Name of OSHA N			7041					
_10_ / _8_ / _19_	.   .	.11	1	22 /	19	CES	-							
Occupancy Status During Abaten	nent (Ch	eck only	one)			Street Address								
☐ Facility Closed/Vacated During	a Entire	Period of	Aba	tement			lehem Pike - Su	.i						
□ Abatement Performed Outside	of Norn	nal Facilit	tv Ho	urs - Des	scribe	City, State, Zip Co		iite bu	)					
Time of Abatement: 7:00AM-	5:00PM	/P	M	AM		Spring House								
Scope of Work (Check all that app	ply)					Opring House	e, FA 194//							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re				☐ Mini-Enc								
		ls	Loc	ation	T	23.1011.210	Impled ( ) dild (NOT)	-i iiabi	e FIOC	edure	5550			
Location of			Norm			Description o	f			-	W/100		ent T	T
Asbestos-Containing Material TO BE ABATED	(ACM)			lely by nance/	Asbe	stos Containing Ma	terial (ACM)	ıA	nount		Removal	Repair	Enc	Enclosure
IN Facility		Cus		I Staff?	(i.e	., thermal systems i surfacing, VAT,	nsulation,		pecify		SVOL	a T	aps	losu
(13)			(12		4	other miscellane	ous)	31	or LF)	,	<u>ш</u>		Encapsulate	Гe
Exterior of Deet (Ovining IN)	<i>.</i> . ,	Yes	No	100									е	
Exterior of Roof (Original No					Paint R	oof Coating		12	00 SF	:				
Exterior of Roof (Amendeme	ent #1)				Paint R	oof Coating		22	00 SF		$\boxtimes$			
		$\perp \square$												
												П	П	П
lame of Registered Waste Hauler Republic	3			NJDEP V Hauler I		Cubic Yards of Waste	Name of Registe	red La	ndfill				_	_
City, State				Andrewski Strict			Conestoga							
Telford, PA						Disposal Date	City, State	D.1	40.7.					
ompleted By (Print or Type)	Ta	tle					Morgantown		19543	5				
Patricia Visco	1	ue Office N	// 222	agor		Signature	ro Ubec	-		Date				
B-41		Omice II	viali	ger		Palu	200 6 600 C	2		1	0-	18-	20	G

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) 10/18/19 Cooper University Hospital 2 2 2019 Month/Dav/Year Agency Notified Type Notification Street Address X **EPA** One Cooper Plaza Initial X DEP Notification City, State, Zip Code LICENSING DCA Amended Camden NJ 08103 X DOH Notification Name of Contact Telephone Number Cancellation Mark Elberfeld 215-271-1449 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cooper Hospital- Kelemen Bldg School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial One Cooper Plaza buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 50,000 4 60 Camden (STATE USE ONLY) Current Use (Prior if being demolished) Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Labs Associated Specialty Contracting Inc Street Address Street Address 3370 Progress Drive 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number Mike Panpresso 215-244-1300 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10/28/19 11/30/19 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Dr x Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: \_\_\_ 7:00 AM to 3:30 PM Bensalem, PA 19020 Other - Describe: \_\_\_\_ 4:00 PM to 12:30AM Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of E Asbestos - Containing Normally Asbestos-Containing Amount R N N Material (ACM) Used Material (ACM) (Specify E C C R TO BE ABATED Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT, LF) 0 P P 0 (13)tenance/ or other miscellaneous) V A S S Custodial A U 1 U Staff (12) L R R Yes No N/A E Pharmacy 2nd floor x mastic 1458sf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Horizon Disposal GROWS City, State Disposal Date City, State Trenton NJ As req. Morrisville PA Completed By (Print or Type) Title Signature Date Jack Tomasura Project Manager

ABS-41 JUN 95 10/18/1

IN # 15389 CK 37029 Date of Notification (1)	PA	NC	TIFIC	oursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	16)	EGE OCT 22	20	7 E	Commence of the Control of the Contr	A CONTRACTOR OF THE PARTY OF TH
10 / 18	,	19				ing Owner/Operator	(2)				1 1 2	1
				-		esidential	1	ASSESTOS	St.	ien e	\$	Anne State
⊠ EPA ⊠ II	e Notification	on		Stre	et Address		-	LICENS		دمه جست	والما والتعليدة	
☑ DOLWD ☐ A	mended			City	, State, Zip	Code						
	mendmen		_	100000000000000000000000000000000000000		NJ 08005						
(NJAC 5:23-8) ji	mergency ustification)	(includi	ng	_	ne of Conta			Tologhan				
	ancellation			Vi	ctor	·		Telephone Nun	nber			
				F	ACILITY	NFORMATION						0.00
Name of Facility Where Abaten Residence	nent is Tak	ing Pla	ce (3)				Type of Facilit	y (4)				
Street Address							School (K-	12)				
Officer Address							Other (i.e.,	r 8 (Other than K-1) private and comme	2) arcial h	mildir	ue	
City (5)							homes, etc	:.)	noidi L	unan	gs,	
Surf City							Square Feet	# of Floors	E	Bldg. A	Age	
County (6)				Cor	inty Code (	7)(STATE USE ONLY)	1600	1		65		
Ocean					my bode (	MOTATE USE CIVETY	Residence	Prior if being demoli	shed)			
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	1 No.	Name of Abateme			54-16			
N/A							ntracting, Inc	*				
Street Address						Street Address	g,o	•		10-11-11-11-11-11-11-11-11-11-11-11-11-1		
0" 01 -						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Project Manager for Maritaria						Toms River,	New Jersey 0	8755				
Project Manager for Monitoring	-ırm		Tel	ephone	No.	Telephone No.		License No.				
Start Date (10)	Scho	dulad (	Comple	dia - D	1- (44)	732-349-9932		00624				
					ate (11) 19	Name of OSHA M E.M.S.L. Anal		8				
Occupancy Status During Abate	ment (Che	ck only	one)			Street Address	•					_
☐ Facility Closed/Vacated Durin	ng Entire P	eriod of	Abate	ment		1056 Stelton						
Abatement Performed Outsid	e of Norma M-	al Facili PM/	y Hou PM	rs - Des	scribe AM	City, State, Zip Co	ode				-	
Scope of Work (Check all that ap	-				-Alvi	Piscataway, N	lew Jersey 08	3854				
L	ppiy)					□ Full Cont	ainmont with No	gative Pressure				
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if			enovat emolitic			☐ Mini-Encl	osure Procedure	gative Pressure on-Friable Procedu	re			
Leading			Local Norma						1	atem	ent T	vpe
Location of Asbestos-Containing Materia	(ACM)	Use	ed Sole	ely by	Ashe	Description of stos Containing Mat	: i-l (4 Old)	W	1	_	T	T-
TO BE ABATED IN Facility	,		intena todial		(i.e	., thermal systems in	nsulation,	Amount (Specify	Removal	Repair	ncap	nclo
(13)		Ous	(12)	Jian :		surfacing, VAT, other miscellaned	or or	SF or LF)	val	7	Encapsulate	Enclosure
		Yes	No	N/A		outer misochariec	ius)				ate	
exterior			$\boxtimes$		asbesto	s siding		1600 sf		П	П	
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			П						닏			
Name of Registered Waste Haule	r		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	storod Landfill		Ш	Ш	Ш
Guardian Contracting, Inc			Н	auler ID	No.	Waste	T.R.R.F.	Neieu Landilli				
City, State				20223		3 Disposal Date	City, State					
Toms River, New Jersey						10/30/19		Pennsylvania				
Completed By (Print or Type)	Title	9				Signature	/\	Dat	0	- 1		
Nicholas Fernicola	P	roject	Mana	iger					1.	01	1 07	
ASB-41			_				- In the second	- 1.10	) 11	01	11	

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1 V22/105	VI	V	NO	TIF	ethalek mekaretilan	- Carlonna									
X 0/10	SHP	AM	n	(	Pursu	ant to N.	JAC 8:60 and 5:	16)		T 2	0 0	040	A PARTIES		
Date of Notification (1)	121 45	FI	91 For		Nai	me of Build	ing Owner/Operator	(2)		<i>,</i>   -	2 4	019	-		
	17 /	19	9			C Home		(2)		.7.	/ >	1.1	· ·		
Agencies Notified	Type Noti	fication			Stre	eet Address			ASSE				. 6		
⊠ EPA		5333				620 Route	100		LICENSING						
⊠ DOLWD	☐ Amend					, State, Zip									
☑ DOH □ DCA		lment #		_			Beach, NJ 0873	•							
(NJAC 5:23-8)	☐ Emerging justification	ency (in ation)	cludi	ng	_	ne of Conta		9							
,	☐ Cancel					ean Frew			Telephone No						
					_			908-812-2443							
Name of Facility Where Al	batement is	s Taking	Plac	'e /3\	Γ.	ACILITY	NFORMATION	T=							
Residence		o runniş	j i iac	,c (J)				Type of Facility							
Street Address								School (K-12	(Other than K	12)					
								Other (i.e., pr	ivate and comn	nercial b	uildir	nas.			
City (5)			-					homes, etc.)				J.,			
Lavallette	Square Feet	# of Floors	E	Bldg. /	Age										
County (6)					Col	inty Code /	7)/07/475 1105 011114	800	1		65				
Ocean					000	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Name of Monitoring Firm H	lired by Bu	ildina O	wner	(8)	ASCN	4 No	I Name CALL	Residence							
N/A	,	mamig O	WIICI	(0)	ASCI	n NO.	Name of Abatement Contractor (9)								
Street Address						Guardian Contracting, Inc. Street Address									
								-2, 187							
City, State, Zip Code			-				1889 Route 9				2412200				
THE STATE OF THE STATE OF THE STATE OF \$100 O						City, State, Zip Code Toms River, New Jersey 08755									
Project Manager for Monito	ring Firm			Te	lephone	No		New Jersey 087							
	9			100	ephone	: NO.	Telephone No.		License No.						
Start Date (10)	T	Schedu	iled C	ompl	etion D	ate (11)	732-349-9932		00624						
10 /28 /	19				9 /		Name of OSHA N				19				
Occupancy Status During A							E.M.S.L. Ana	iyticai							
☐ Facility Closed/Vacated	During Ent	ire Peri	od of	Ahati	mont		Street Address								
	utside of N	lormal F	acilit	v Hou	ırs - De	scribe	1056 Stelton								
Time of Abatement:	AM	PM		_PN		_AM	City, State, Zip Co								
Scope of Work (Check all th	nat apply)						Piscataway, i	New Jersey 088	54						
							☐ Full Cont	ainment with Nega	tive Pressure						
≥3 sf or ≥3 if     ≥160 sf or ≥260 if		[	☐ Re ☑ De	nova	ion			losure	live Flessure						
		Ŀ	△ De	mont	on		☐ Glovebag	Procedure mpted (*) and Non-	Friehle Desert						
			ls	Loca	tion		ES ITOIT EXC	mpted ( ) and Non-	-Friable Proced						
Location of				loma			Description of	f		Ab	_	ent T	ype		
Asbestos-Containing Ma TO BE ABATE	iterial (ACN ED	Л)			ely by ance/	Asbes	stos Containing Mai	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure		
IN Facility			Cust		Staff?	(i.e.	, thermal systems i surfacing, VAT,	nsulation,	(Specify	nov	air	aps	losi		
(13)		-		(12)	1		other miscellaned	ous)	SF or LF)	<u>a</u>		Encapsulate	ure		
			Yes	No	N/A							е			
exterior		[		$\boxtimes$		asbesto	s siding		800 sf	$\boxtimes$	П	П	П		
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			=												
ame of Posistared Martin		L		Ц											
ame of Registered Waste F Guardian Contracting,				N	JDEP V	Vaste No.	Cubic Yards of	Name of Registe	red Landfill						
	, INC.				20223		Waste 3	T.R.R.F.							
ity, State	eurocznini.						Disposal Date	City, State							
Toms River, New Jerse	-						10/29/19	Tullytown, P	ennsylvania						
completed By (Print or Type)	)	Title					Signature			ate :					
Nicholas Fernicola		Pro	ject	Man	ager		1	-				1			

# State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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917 0 10 10	/				.c. 0.00-7 and 12.120-7)	11,53					1				
Date of Notification (1) 10/18/19	Å ne	4	/		Name of Building Own	er/Operator (	2)	7 2	2 2015	(2)	111 111				
	elit	29675	,		1	111	1 00		Z 2013	ci ci					
Agencies Notified		Notification	Type		Hamilton Township S Street Address	chool Distri	ct								
⊠ EPA		F2 1 22 1 1 1			90 Park Avenue		_ASRES	ros r	MANUEL I	entrance en l	I I				
□ DCA		☑ Initial N ☐ Amende		on	City, State, Zip Code	i i		JCEN.		D. 0					
⊠ DOL				ification (including	Hamilton, NJ 0869	0	Professional Company		E	- alle its # states c.M.	SST (Letters Square of				
□ DEP		justification	1)	meation (including	Name of Contact			hone N							
⊠DOH		☐ Cancelle	ed		Susan Lombardo		(609)	631 - 4	1100 ext	5073					
				F40" (T) (1)	Board President										
Name of Facility Where A	batement is	Taking Place	(3)	FACILITYIN	NFORMATION										
Hamilton High Scho	ool West	1,000	101		Type of Facility (4)  ☑ School (K-12)										
Street Address					■ Subchapter 8 (other)	r than K-12)									
2720 South Clinton	Avenue				Other (i.e. private & commercial buildings, homes etc.)										
				Current Use (prior if being demolished):High School Grades 9-12											
City (5) Hamilton	County (6)	ercer		ty Code (7)											
Transmon	IVIE	ercer	State	Use Only)											
Name of Monitoring Firm I	Hired by Blde	a. Owner (8)	ASCN	/ No											
		g. Owner (o)	AOUN	71 NO.	Name of Contractor (9)										
01 1111					Panoramic Window &	Door System	is Inc								
Street Address					Street Address		10, 1110.			- 6757					
					712 Sergeantsville Roa	ad									
City					City Chata 7:- 0-1										
					City State, Zip Code Stockton, NJ 08559										
Project Manager for Monito	oring Firm	Telephone I	Vumber		Telephone Number		License	a Numi	ner		-				
					P (732)926-0900 x102		01237		<u> </u>						
Scheduled Start Date (10)		Scheduled (	Complet	tion Date (11)	N (CONT.)										
10/28/19		12/5/19	Joinpiel	ion Date (11)	Name of OSHA Monitor										
0					ING GONG ELC										
Occupancy Status During A	Abatement (	Check only or	ie)		Street Address										
☑Abatement Performed O	utside of No	e Period of Al	atemer	1t E 2 11 DM	4 Beaverbrook Road S	uite 130									
		ritus r domey r	iouis ivi	-1 J-11 FW	City, State, Zip Code	·									
					Oity, State, Zip Code										
					Lincoln Park, NJ 07035										
C															
Source of Work (Check all t	that apply)														
$\geq$ 3 sf or $\geq$ 3 lf				⊠ Renovation	<u> </u>										
	or > 260 If			☐ Demo		-Enclosure	12 (N)								
	X177.0			L Dellio		□Glovebag Non-Friable F	Procedur	е							
Location of Asbestos-	Is Lo	cation Normal	ly	Description of As	bestos Containing Materia	I Amou		A h = 4		-					
Containing Material (ACM) i Facility (13)		Solely by		(ACM) (i.e. thern	nal systems insulation		ify SF or	Abat	ement T	ype					
r domity (10)	(12)	t./Custodial St	att?	surfacing, VAT, c	or other misc.)	LF)		Rem	ove Re	epair [	Encap				
	YES	NO	NA					Encl							
Exterior Window Systems		XX		Exterior window	v caulk	2800	If	X			-				
Exterior Window Systems		FORES				1	"	X							
stems		XX		I ransite Panels	adjacent to wooden wind	dow 250 S	F	X							
Name of Reg. Waste Hauler		NJDEP Wast	e Haule	er ID #	systems. Cubic Yards of Waste		L		لبل						
		0036057			Subject and of waste		Name of Chrin Bro	Regis	tered La	andfill					
Panoramic Window & Dr S	ys Inc						Ciniii bit	outers 3	annaly 1	Januni	I.				
						Disposal D	ate	C	ity, State	e					
								E	aston, P	Α					
Completed by (Print or Type	, T	Title			4.7										
Mark M Jovic	Signature Date														
		Project Mana	.901		10/18/19										
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IN# 15392 State of New Jersey NOTIFICATION OF ASBESTOS ABAYEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/17/19 MS. EVELYN CARHAM Type Notification Agency Notified 2 2 2019 O Initial City, State, Zip Code O DEP ☐ Amended E DOL Amendment# DRANGE NJ. 07051 D Emergency (including ET DOH Name of Contact Telephone Mumber justification) DIDCA ☐ Cancellation MS. PARHAM **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PARHAM EVELYN School (K-12) Street Address Q Subchapter 8 (Other than K-12) La Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet Bldg. Age # of Floors DRANGE 1800. 1950 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/30/19 10/31/19 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Drother-Describe: 8:00 AH TO 5: 00 PH S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) D Full Containment with Negative Pressure Ø235for≥3# El Renovation 2 Mini-Enclosure 1 ≥ 160 sf or ≥ 260 ff ☐ Demotition 2 Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement is Location Type Normally Location of Description of Used Solely by Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Remova Custodial IN Facility surfacing, VAT, or SF or LF Chaff? .. (13) other miscellaneous) (12)Yes No NA BASEMENT 40 LF THERMAL SUSTEN INSULATION BASEMENT MERNAL SURFACING

Name of Registered Waste Hauter NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Best Removal Inc Waste 17109 3cys CUMBERLAND COUNTY LANDFILL City, State Hackensack , N.J. 07601 Completed by J. MALORANO Estimator Do not use this form for asbestos licensur exempted activities

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ou cot Address								Subchapte	er 8 (Other than K-	1 2)			
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Street Address							Address						
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Project Manager for Monitoring	Firm					Wayne	, NJ 074	70					
	ennt:		Tel	ephone	No.	Teleph	one No.		License No.				
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nv# 15 334 Notification of Asbestos Abatement Proj. #; (Pursuant to NJAC 8:60 and 12:120) E Date of Notification (1) Name of Building Owner/Operator (2) 1 0 /1 7 /1 9 1 OCT 2 2 2019 Betsy McGee Agencies Notified Type Notification Street Address EPA Initial Amended DEP ASBESTOS CONTROL & Amendment #: City, State, Zip Code LICENSING DOL. M Emergency fair lawn, nj 07410 (including DOH Name of Contact justification) Telephone Number ☐ DCA Cancellation Betsy McGee FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1.000 SF (State use only) Current Use (Prior if being demolished) fair lawn, nj 07410 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) KLOMAX, LLC 10/18/19 10/21/19 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-enclosure ≥160 sf or ≥260 if Glovebag procedure Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial asbestos-containing E A е Description of asbestos-containing n staff(12) Amount material (acm) to be n m p material (ACM) C (Specify SF or abated in facility (13) C 0 a Yes a No N/A V L p е Basement Pipe Insulation 35 LF X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill KLOMAX, LLC 0038241 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Title Signature Date Paige Boylan Owner 10/17/19

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fair lawn, nj 07410	Borgen			ate use only)	Current Use (P Residential	No. of Concession, Name of Street, or other Designation, Name of Stree	Charles I. Name	William William			
Name of Monitoring Firm Hired by Bid	g. Owner (8)		ASCM No.	Name of Abstraction							
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Street Voctors				Street Address 309 W. End Ave		-					
City, State, Zip Coos				City, State, Zip Code					Service Control		
				Hopatcong, NJ	07843						
Project Manager for Monitoring Firm	Pho	ne Numbe	•	Talaphone Number 833-455-6629	License Number 02007						
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Facility closed/vacated during an Abetement performed outside of Describe:	normal facility hours			City, State, Zip Code		Service of the Paris of the Par					
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Name of Facility Where Abatement is Takin	ng Place (1	3)	FAC	ILITY INFORMA	TION	LT	-5 F- 1914 //					_	
Jerry Jorgenson Private Home	ig i iace (	5)					of Facility (4 School (K-12	::•\					
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City, State, Zip Code						Вох 3		:	S.				
oily, otale, zip code							ip Code lin NJ 0809	91					
Project Manager for Monitoring Firm	1	Telepho	one No.		none N		License	No.			0		
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abateme	ent			Addres	ip Code			-			
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City, State				Dispo	osal Date		City, State	DA 10005					
Completed by	Title				2/19 Signature	?	iviorrisvill	e PA 19067	ate	-			
Anthony T Perna	Presi	dent		1	1	^		1	0/18/	19			

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State of New Jersey

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DOL Amendment #  Emergency (i  justification)		N	ame of C	Telephone N	umber										
DCA Cancellation			FACILI	TY INFOR	MATION										
Name of Facility Where Abatement is Taking	Place (3)					Тур	of Facility (4) School (K-12)								
Street Address							Subchanter 8	) (Other than K- ivate & commer	-12) rcial bu	ilding	js, ho	mes,			
29 FAIR HILL RD							etc.) are Feet	# of Floors		Bldg	. Age		_		
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County (6) BERGEN		(5	County Co	ode (7) SE ONLY)		EN	IPTY	50-50	iisiicu)						
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.	Nan AL	ne of At L SOL	atement Cont UTIONS C	ractor (9) ONTRACTII	NG						
Street Address			<u> </u>		1 2777	Street Address 24 CHURCH ST									
City, State, Zip Code		0				City, State, Zip Code ELMWOOD NJ 07407									
Project Manager for Monitoring Firm	1	Telephon	e No.	Tele	ephone	No.	License								
	d Com	pletion D	ate (11)	Nar	1 873 me of O	SHA Monitor	01301					52.50			
Start Date (10) 10/4/2019	10/4/20	19	piction		AL	L SO	LUTIONS C	ONTRACTI	NG						
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Abatement Performed Outside of Norr     Other – Describe: 4:30 TODAY TOMO	nal Facility	Hours					, Zip Code OOD NJ 074	107							
Scope of Work (Check All That Apply)						П	Tull Containme	ent with Negation	ve Pre	sure					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				H	Mini-Enclosure	e cedure							
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In Facility (13)		(12)	_		other misc					oval	air	sulate	sure		
OUT CIDE CIDING	Yes	No	N/A X	7	RANSITI	E SID	NG	2 CYARD	)S	ζ .					
OUT SIDE SIDING															
										-			_		
			NJDEP V	Vaste	Cubic Yar	rds	Name of	 f Registered La	ındfill						
Name of Registered Waste Hauler		1	Hauler ID	No.	of Waste TDB			D CENTRA	L						
Name of Registered Waste Hauler ATLANTIC CARTING		- 1			-		011 01-	4-							
ATLANTIC CARTING  City, State					Disposal TDB	Date	City, Sta	ROYL PA 1	8072						
ATLANTIC CARTING	Title	SIDE	-NT		TDB	Date/ náture			Date		)19				

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) 22 10/17/2019 BOROUGH OF NEW MILFORD Agencies Notified Type Notification Street Address 930 RIVER ROAD X **EPA** Initial STOS CONTROL & City, State, Zip Code DEP Amended LICENSING × DOL Amendment # NEW MILFORD, NJ 07646 Emergency (including Name of Contact X DOH Telephone Number justification) DCA VINCE CAHILL Cancellation 201-967-5044 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEW MILFORD MUNICIPAL BUILDING School (K-12) Street Address Subchapter 8 (Other than K-12) 930 RIVER ROAD Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age **NEW MILFORD** County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) BERGEN Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB ENVIRONMENTAL, INC. 00149 TWO BROTHERS CONTRACTING, INC. Street Address Street Address 615 PROSPECT AVENUE 11 VREELAND AVENUE City, State, Zip Code City, State, Zip Code MORRIVILLE, NJ 19067 TOTOWA, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. RICHARD J. BEACH 267-991-8212 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/28/2019 11/1/2019 SAME AS (9) ABOVE Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7AM - 3:30 PM City, State, Zip Code 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 (i.e. thermal systems insulation, (Specify ncapsulate Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A ROOMS 101, 102, 103 X TILE & MASTIC 1,377 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards

Hauler ID No.

PROJECT COORDINATOR

18743

of Waste

10

Disposal Date

11/1/2019

Signature

TOTOWA, NJ

VIVECA RAMOS

Completed by

City, State

TWO BROTHERS CONTRACTING

Name of Registered Landfill

MORRISVILLE, PA

City, State

WASTE MANAGEMENT G.R.O.W.S.

Date

10/17/2019

NOCK		NOT	FICATION	State of No ON OF ASI nt to NJAC	BESTO	SABATE	EMENT	Dr.	EC		V I		1			
Date of Notification (1) 10/17/19			Name 75 J	of Building ersey Cit	Owner y, LLC	/Operato	r (2)	100	OCT	2 2 2	)[9					
Agencies Notified  Type Notification  I DEP I DOL  Amended Amendmen	t # 03		Street 855 City, S	Address Lexington State, Zip C York, N	n Aver	iue	** Add Show a particular and a second and a	ASBESTOS CONTROL & LICENSTIG								
DOH justification Cancellation		g	Name	of Contact Fric Albar				Telephone Number 973-300-0069								
Name of Facility Where Abatement is Takir Residential	g Place	(3)	FACILITY INFORMATION  Type of Facility (4)													
Street Address  City (5)			School (K-12) Subchapter 8 (Other than K Other (i.e. private & comme						n K-12) Imercial l	K-12) ercial buildings, homes						
Jersey City County (6)							Square Fe 20,000 +		# of Floor	rs	Bldg 50	ı. Age +				
Hudson				Code (7) USE ONLY	)		Current Us	se (Prior	if being de	molished	)					
Name of Monitoring Firm Hired by Building	)	ASC	M No.			of Abateme Contracti			ntal Co	nsul	ing, I	nc.				
Street Address		Street Address 1141 Route 23														
City, State, Zip Code						tate, Zip Co ne, NJ 07										
Project Manager for Monitoring Firm	Telepho	one No.		Teleph	one No.		Licer 0040	nse No. 08								
Start Date (10) 04/08/19	Schedul 01/31/		mpletion	Date (11)		Name	of OSHA Mo				2011					
Occupancy Status During Abatement (Check				Street Addres					IVIIOTITIEI	ntai Co	ISUIT	ng, ii	ic.			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	eriod of all Facility	Abaten / Hours	nent	City, State, Zip Code Wayne, NJ 07470												
Scope of Work (Check All That Apply)						vvayı		+70								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Townson.	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce									
Location of	3223	Locati Normal			-				, and rom	Tidble 1	ble Procedure Abatem Type		it			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/	(i.e. t	os Conta hermal : surfac	cription of aining Ma systems ing, VAT iscellane	aterial (ACN insulation, , or	1)	Amount (Specify SF or LF)	Kemova		m m	Enclosure			
Room 301	Yes	No	N/A X		loor T	:1- 0 84						i i i i i i i i i i i i i i i i i i i	0			
			^		1001	ile & M	astic	-	3,200 SF	X	-	-				
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Name of Registered Waste Hauler																
J.R. Contracting & Environmental Co	nsul., I	ne Ha	JDEP Wauler ID 1 819	No.	Cubic Y of Wast 40				istered Lan							
City, State Wayne, New Jersey					Disposa	al Date		State Argyl	Pennsylv	vania						
Completed by Jerry Bijelonic	nager		Sig	gnature		Pen Argyl, Pennsylvania  Date 10/17/19										