nock			ICATIO	tate of New C N OF ASBES t to NJAC 8:6	TOS ABATE		r"	D	EC	9 [Pri	int Ec	arm.
Date of Notification (1) 10/15/2019				of Building Ov Associates		(2)			00	T	2 8	2019	}	L
Agencies Notified Type Notification I EPA Initial				Address npus Drive	, Suite 100			-	ASBES		S CO		DL &	
X EPA Initial Amended Amendment		_		ate, Zip Code opany, Nev		054		- Instrumental Control			allo Williams			PER CONTRACT
□ Emergency justification) □ DCA □ Cancellation		1		of Contact ott J. Robe	ertson			Telepho (973) 2						
			FAC	ILITY INFOR	MATION									
Name of Facility Where Abatement is Takin Harborside Plaza I	g Place (3)				Туре	of Facility (4) School (K-12)							
Street Address 150 Hudson Street						×	Subchapter 8 Other (i.e. priv etc.)				dings	, home	es,	
City (5) Jersey City						432	are Feet ,000	# of Floo 8		9	Bldg. A	Age		
County (6) Hudson				Code (7) USE ONLY) _			ent Use (Prior i nmercial / O			ed)				
Name of Monitoring Firm Hired by Building TBD	Owner (8))	ASC	M No.			atement Contra racting, LLC							
Street Address					Street 1385		ess ey Road, Su	ıite K						
City, State, Zip Code							Zip Code Iew Jersey (7470						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph (973)		lo. -5040	Lice 008	ense No 374					
Start Date (10) 10/21/2019	Schedul 05/15/		npletion	Date (11)			HA Monitor acting, LLC							
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street			600 E WASH						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of a	Abatem / Hours	ent		City, S	tate, Z	ey Road, Su Zip Code							
Scope of Work (Check All That Apply)					Wayı	ne, N	lew Jersey (07470						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti			×	Mi	III Containment ni-Enclosure ovebag Proced on-Exempted (*	ure				e		
Location of	1	Locati	У		Description	of						ement pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel iintenar todial S (12)	ice/	(i.e. the	Containing Mermal systems surfacing, VA her miscellan	lateria insula T, or	ation,	Amoun (Specif SF or LI	y	Remova	Repair	Encapsulate	Enclosure	
See Attached	Yes	No	N/A									ite	Ф	
See Attached								-					-	
Name of Registered Waste Hauler		I NI	JDEP W	lasta la	ubic Yards		Name of De	nintors - 1 1	ande"					
Service Transport Group, Inc.		H	auler ID 1990	No. of	ubic Yards f Waste BD		Name of Reg Minerva E	74		.C				
City, State New Castle, Delaware				11 11 11 11 11	isposal Date BD	Λ	City, State Waynesbu	ırg, Ohi	0	30,290				
Completed by Ljiljana Sekularac	Title Office	e Assi	stant		Signature	7 6	2		Date 10/		2019			

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

rborside Plaza I D Hudson Street sey City, New Jersey					ECEI	\mathbb{V}_{j}	Adde	dum 0/15/	
Location of Asbestos-Containing Material (ACM)	Use	Locati Normall ed Solel	ly ly by	Description of Asbestos Containing Material (A¢M)	ASBIAMOUNT CON	one almost an	-	уре	
TO BE ABATED In Facility (13)		todial S (12)		(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify NSIN SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			=		ate	Гe
6 th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	Х			
6 th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	29,000 SF	Х			
7 th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	Х			
7 th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	29,000 SF	X			
8 th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	42,000 SF	Х			
8 th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	22,500 SF	Х			

Inv-15542.

B&G proj. #: 2019-245

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:50-7 and 12:120-7)

Check # 9652

	10			LI Ed	End	(a) Carrier	CHECK	π f	1	-	-	-
Date of Notification (1)		Name	of Building Ov	vner/Operator (2	2)		I F	- A F	э <u>П</u>	7.7	P	-
1 10 1/12 11 1/11 9			by Fazende					G	3	\mathbb{V}	E	
Agencies Notified Type Notif	fication	Street A	Address				115			_		111 1
X EPA X Initi	ial		+ 83/1942 (14), 92/94(b				A CONTRACTOR OF THE CONTRACTOR	OCT	2 8	201	9	$\ U\ $
□ DEP □		City, St	ate, Zip Code				1 1 1	001				banasa
▼ DOL	endment			s, NJ 07046						v (~~~~		
X DOH		Name o	f Contact					SBESTOS ne Number			OL a	
☐ DCA ☐ Cand	cellation	Del	oby Fazeno	leiro				CONTRACTOR OF THE PARTY OF THE	ensupint	in thursday		WILL STORMS
			Dby 1 dzerie	20110								
			FA	CILITY INFORM	OITAN	N .						
Name of facility where abateme	ent is tak	ing place (3)	17				Type of Facility					
Debby Fazendeiro								ol (K - 12)	M 4		40)	
Street Address								apter 8 (O (Private/Co			-12)	
						***************************************		/Homes, et		TOILL		
Cit. (5)		County (6)			T =		Square Feet	# of Floor	S	BI	dg. A	ge
City (5)		County (6)			0.0000	ounty Code (7) tate use only)	Current Use (P	sies if bain	- don		-d/	
Mountain Lakes, NJ 07	046	Morris			, ,	allo doc omy)	residential	nor ii being	g den	IOIISTI	ea)	
Name of Monitoring Firm Hired	by Bldg.	Owner (8)		ASCM No.	-	Name of Abatement C	Contract of the Contract of th					
						B & G Restoration	on, Inc.					
Street Address					_	Street Address						
						105 Ryerson Ro	oad					
City, State, Zip Code						City, State, Zip Code						
57.70						Lincoln Park, N	1J 07035					
Project Manager for Monitoring F	-ırm		Phone Num	nber		Telephone Number (973)696-6869		License	Numb 378	er		
						Name of OSHA Monit			370			
Scheduled Start Date (10)			pletion Date (11)		B & G Restoration						
11/04/2019		11/08/20				Street Address		***************************************				
Occupancy Status During Abater	The control of the said		*	*		105 Ryerson Ro	ad					
Facility closed/vacated dur Abatement performed outs						City, State, Zip Code						
Describe:	, , , , , , , , , , , , , , , , , , ,	omity	nouro-		_	Lincoln Park, N.	1 07035					
Other-Describe:											- 43	_
Scope of Work (check all that ap						wrap & cut	N	_				
_		ovation	3			Full Containment w/nega	ative pressure	Gloveb	m - 152			
>3 sf or >3 lf		sf or ≥260 I			Ц	Mini-enclosure		Non-fri	able p			
Location of asbestos-containing		ncation norm	ally used sole custodial	2.0			Amount		e	R	E n	E
material to be	staf	f(12)		material (asbestos-containing)	(Specify S	F or	m o	p a	c a	C
abated in facility (13)	Y	es N	o N/A				LF)		v	i	p	L
attic	_		×	vermiculit	e		420 sf		e X		П	IT
]								
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hat 19563	uler ID#	Cubic Yards of \	Waste	Name of Registered L Grand Central L						
City, State		- 10000	Disposal			City, State	-arruilli					***************************************
Lincoln Park, NJ				1/08/2019		Pen Argyl, PA		01111111111111111111111111111111111111		-	v.	
Completed by (Print or Type)	Title			Signature		Gordana Luna		Date				
Gordana Luna	Sec	cretary/Tre	easurer	1		Jordana Luna		10/21	/201	9		

B & G proj. #: 2019-250

State of NJ

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

Check # 9653

	45			4	Sub c	napter		Clieck	9000	_		_	
Date of Notification	1 (1)	N	ame of Bu	ilding Own	er/Operator (2	2)	Ompression Designation		0 13	п	n a	F	P
1 10 1/12 15	1/1191	11		50 E	chool Distri			IM E	C E		\mathbb{V}		[7]
Agencies Notified	Type Notificati		reet Addre					I make the			_		$\dagger \dagger \dagger$
	X Initial	11 -		coln Ave	nue				OCT 28	3 2	019		
X DOL	Amendr		ty, State, 2 Orange	Zip Code , NJ 070	50					musers of the	weeps/witch		
X DOH	(Alexander	I Na	me of Cor					Telephone	Number		TRO	0	
☐ DCA	Cancella	- Table 1		ile Jame	s			973 67	Market Street Street		A Marianan	ademonal in	NEW TOWNSON
					ILITY INFORM	MATION							
Name of facility wi	here abatement is	s taking pla	ce (3)				T	Type of Facility (4	1)			-	
Orange Prep			(-)						(K - 12)	- th	on K	2)	
Street Address							+		pter 8 (Othe Private/Com			(2)	
400 Central A	Avenue							Bldgs./	Homes, etc.	_	C	g. Ag	70
City (5)		Coun	tv (6)			Cou	nty Code (7)	Square Feet 50,000 +	# of Floors	15	50 +	9. V	je
			746197				te use only)	Current Use (Pri	ior if being d	_		d)	
Orange		Ess						school					
Name of Monitorin			r (8)		ASCM No.		Name of Abatement						
	Environment	ai, LLU			0127		B & G Restora	tion, Inc.					
Street Address 1248 Wright	ts Lane						105 Ryerson F	Road					
City, State, Zip Coo West Cheste	de er, PA 19380						City, State, Zip Code Lincoln Park,						
Project Manager fo	or Monitoring Firm	1	Ph	none Numb	per	_	Telephone Number	22 5 T	License Nu	mbe	er	-	
Philip Conte	h		(6	10) 431-	7545		(973)696-686		0037	8			
Scheduled Start Da	ate (10)	Sched	Completi	on Date (1	1)		Name of OSHA Mor B & G Restora						
11/06/2019		11/1	0/2019				Street Address			_			
Occupancy Status							105 Ryerson F	Road					
Facility close	d/vacated during	entire perio	od of abate	ement.			City, State, Zip Code	9					
Describe:	erformed outside noccupied - s	start 4:00	pm nou				Lincoln Park, I	NJ 07035					
Other-Descri	The second secon												
Scope of Work (cl	neck all that apply	y) Renovatio					vrap & cut full Containment w/ne	enative pressure [Glovebag	nro	cedu	re	
>3 sf or >3 lf		≥160 sf or				X	/lini-enclosure		Non-friab				
				used solel	vl				<u> </u>	₹ 1	R	E	T
Location of asbestos-co	ntaining	by mainte	nance/cus	stodial	1	tion of a	sbestos-containing	Amount	e le	n	e p	n	E n
material to b	e	staff(12)	Nexton	Т		I (ACM)	•	(Specify S LF)	F or	1	a	а	C
abated iii iat	Sility (13)	Yes	No	N/A					v e		r	р	1_
Boiler Room		X			boiler bre			200 sf		_			#
Boiler Room		X			EVT (fitti	ng) ins	ulation	2 If		K	爿	븜	#
				-	<u> </u>					뷔	뉘	님	十十
										뉘	뉘	H	计
Registered Waste	Hauler		P Hauler	ID# (Cubic Yards of	f Waste	Name of Registere	d Landfill		_1			
B & G Restora			9563	<u> </u>	3		Grand Centra			_			
City, State Lincoln Park,	NJ			Disposal 11/0	Date 6/19 - 11/1	0/19	City, State Pen Argyl, PA					,	
Completed by (Prin	nt or Type)	Title		L	Signature		Gordana Luna		Date	201	^		
Gordana Luna		Secreta	ry/Treas	urer			Yordana Zuna		10/25/2	201	9		

UNV-1554	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)													
K1460		NOT	IFIC (P	ATIO ursua	nt to NJ	AC.	STOS ABA 8:60 and 5:1	TEMENT 6)		[h]	0 (1	
Date of Notification (1) /	19)					vner/Operator Properties,		LL OCT	2.8	20	19	- I de	
Agencies Notified Type Notified	cation			Stree	et Address				ASBEST	OS C	TINC	301	2	
☐ EPA ☐ Initial ☐ Amende				42	9 Sylvan	Ave	nue			ICENS			Gt.	
☐ DHSS Amendm	1000			100	State, Zip							17344400	DCD III	
□ DCA □ Emergei			g g	En	gelwood	Clif	fs, NJ 07632							
(NJAC 5:23-8) justificat					e of Contac en Kong				Telephone Nur 201-567-00					
				FA	CILITY II	VFO	RMATION							
Name of Facility Where Abatement is	Taking	g Place	€ (3)	250///		1990 1990		Type of Facility	(4)				-	
Vacant Former Pathmark Sup	erma	rket						☐ School (K-12	2)					
Street Address						6 4	0	Subchapter	8 (Other than K-1	2)		2022		
22-00 Maple Ave				1	0711	41	()	homes, etc.	private and comme	ercial D	niiain	js,		
City (5)						1 1	Section 1	Square Feet	# of Fioors	В	ldg. A	ge		
Fairlawn								50,000	1		46			
County (6)				Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being demol	ished)				
Bergen								Vacant Form	mer Pathmark	Super	mark	et		
Name of Monitoring Firm Hired by Buil		Owner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)						
Health and Safety Services, Inc. Outline Street Address Street Address Street Address														
CDO Day 205														
CPO Box 365 277 Fairfield Road, Suite 102														
City, State, Zip Code City, State, Zip Code City, State, Zip Code														
Berlin, NJ 08009						1	airfield, NJ	07004						
Project Manager for Monitoring Firm			Tele	ephone	No.	Те	lephone No.		License No.		- 0,00			
Jim Proctor			8	56-452	2-1311	(973) 852-344	14	01349					
	Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA N	fonitor						
11 /04 /19	1	2_ /	_ 1	1_ / .	19	5	SAI Environn	nental Services	s LLC					
Occupancy Status During Abatement (Check	only	one)			Str	eet Address						-	
□ Facility Closed/Vacated During Entitle	re Per	iod of	Abate	ment		2	77 Fairfield	Road, Suite 10	12					
Abatement Performed Outside of N	ormal	Facilit			32:272		y, State, Zip Co	The state of the s						
Time of Abatement:AM	PN	Λ/	PM-		_AM	F	airfield, NJ	07004						
Scope of Work (Check all that apply)						1								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		□ Re ⊠ De	novat molitic				☐ Mini-Enc	Procedure	gative Pressure n-Friable Procedu	ıre				
			Loca								atem	ent T	vpe	
Location of Asbestos-Containing Material (ACM	,		Vorma		Asha		Description o				_			
TO BE ABATED	'/		intena				Containing Ma ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)		Cus	(12)	Staff?		5	surfacing, VAT,	or	SF or LF)	va	-	Insc	sure	
(13)	Ī	Yes	No	N/A	1	ot	her miscellane	ous)				ate	CD	
Interior					Floor Ti	ile/N	lastic		46,000 SF					
Exterior				\boxtimes	Roofing	у Ма	terials		24,600 SF		П	П	П	
		П								-				
Annual Inc.		_		H		_				\perp		Ш	Ш	
Name of Posistand Wests II. I.			Ц.			-								
Name of Registered Waste Hauler Service Transport Group, Inc			1 2 2 2	JDEP V auler ID SW21	No.	Wa	oic Yards of ste 00	Name of Regist Minerva La						
City, State	City, State Disposal Date City, State													
Yardley, PA						V	arious	Waynesbur	rgh, OH					
Completed By (Print or Type)	Title						Signature	AI	0 D:	ate				
Mary Petrovski	Pr	eside	nt				1/1014	MILLEN		10/.	25/	19		

Inv-1:	55	L	HOT	IFIC/	471Qf	tate of N	BES	TOS ABAT	EMENT	DE	C	E		\mathbb{V}	
711000			á	UP	ırsya	HE TO NA	AC 8	:60 and 5:1	6)		005				-
Date of Notification (1)					Name	e of Buildin	g Ov	vner/Operator (2)		OCT	2	8 2	019	
	5 /	19			Gle	enside Uı	rban	Renewal, LI	_C						-
	ype Notific	ation	redirect		Stree	t Address				ASI	BEST(DS (CON	TRO	3 10
1] Initial	18.500			929	Route 2	202			ZIGUINGI RISKULIONIA			SINC		
☑ DOLWD ☑	Amende Amendm		1		City,	State, Zip (Code			-					
	Emerger			a	Ra	ritan, NJ	0880	69							
(NJAC 5:23-8)	justificati		icidalii	9	Name	of Contac	t			Telephone N	Number	r -	_		\dashv
] Cancella	tion			Jas	on Verb	el			908-249-					
					FA	CILITY IN	(FOI	RMATION							
Name of Facility Where Aba	tement is	Taking	g Place	(3)					Type of Facility	(4)	-		_	-	
Commercial									School (K-12						
Street Address							-		☐ Subchapter	(Other than h	(-12)				- 1
2545 Route 22									Other (i.e., p homes, etc.)	rivate and com	nmercia	ıl bu	ilding	5,	
City (5)									Square Feet	# of Floors		Ble	ig. Ag	Δ.	
Scotch Plains									oquaic i cct	# 01110013		DIC	ig. Ag	C	
County (6)		3			Cour	ntv Code (7	VSTA	ATE USE ONLY)	Current Use (Pr	ior if heing den	nolisha	<u>d</u> \			_
Union						.,	1011	II COL ONLI)	Odirent Ose (F)	or it being den	HUIISHE	u)			
Name of Monitoring Firm Hir	ed by Build	ding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						-
Mark Jovic Consulting		Ü		.,			22		NAGEMENT L						- 1
Street Address							-	eet Address	MACLINERY E						-
87 Main Street, Suite A	A							7 Outwater I	ane						
City, State, Zip Code								y, State, Zip Co							_
Lincoln Park, NJ 0703	5						1	arfield, NJ							
Project Manager for Monitori				Tele	phone	No.		ephone No.	07020	License No					_
Mark Jovic	•			100000000	• (2) (200 miles)	-0932		73-928-4888		1188					- 1
Start Date (10)	18	Sched	uled C	1		te (11)		me of OSHA M		1100					
10 /26 /1				- 57		19	247		NAGEMENT L	C					1
Occupancy Status During Ab	atement (- 0	eet Address					-24		
☐ Facility Closed/Vacated D					nent		7.00	7 Outwater L	200						
☐ Abatement Performed Ou	tside of No	ormal	Facility	y Hour	s - Des	cribe		, State, Zip Co							_
Time of Abatement:	AM		Λ/			AM		arfield, NJ							
Scope of Work (Check all tha	at apply)	-	-					arricia, No	77020						_
☐ ≥3 sf or ≥3 lf	,			novati				Full Cont	ainment with Neg osure	ative Pressure	9				
≥160 sf or ≥260 lf			⊠ De	molitio	n			☐ Glovebag	Procedure	- Falatiti B					
			Is	Locat	ion			M NOII-EXE	npted (*) and No	II-FIIADIE Proce	eaure				
Location of			1	Normal	ly			Description of				- 1	teme	-	/pe
Asbestos-Containing Mat		1)		d Sole		Asbe	stos	Containing Mat	erial (ACM)	Amount		Remova	Repair	Encapsulate	Enc
TO BE ABATEI IN Facility	5		Lin 0=00000	todial S		(i.e.		rmal systems in		(Specify		Nou	air	aps	Enclosure
(13)				(12)			oth	her miscellaned	ous)	SF or LF)		<u>a</u>		ula	ure
			Yes	No	N/A		- 2700							6	
Basement						VAT				900 SF		X			
1st Floor under carpet- N	lain Fron	it				VAT				2,000 SF	:	X		П	П
2 nd Floor Attic Area						VAT		***		1,800 SF	_	X			ᆔ
Exterior- Windows				П		Window	r GI-	azina		24 Windov			-		_
Name of Registered Waste H	lauler				JDEP V		_	oic Yards of	Name of Regis		vs	X			
Century Waste, LLC				10000	auler II	No.	Was	ste	Fairless La						
City, State	-				32797		Dia	s Needed posal Date		willi					
Elizabeth, NJ								posal Date BD	City, State	DΛ					
Completed By (Print or Type)		Title					'		Morrisville	FA	-				
Allen Monchik	N)			86				Signature	-	,	Date				
cii ilioiioiiik			roject	iviana	ger			Allon.	Maushie	6.	10/2	5/	19		

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



	-	-	-	77 CONTINUATION SHEET			1		
				2545 Route 22, Scotch Plains, NJ		Abateme	ASBE ent Type	STOS C	CONTROL SING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat ermally Solely atenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	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						
Exterior- Roof			Х	Roof Flashing	220 SF	Х			
Exterior- Roof Perimeter			X	Black Flashing	160 SF	Х			
Exterior- Roof			Х	Black Flashing	290 LF	Х			
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	\vdash								
		Н							
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	\vdash	-	-						
		_							

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 10/25/19
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Inv 1553	39	NOT		ATION	LOF AS	ew Jersey BESTOS ABA C 8:60 and 5:1		Chri	#:	36	4-	7
Date of Notification (1) 10 / 24	/ 19	<u> </u>				g Owner/Operator (2)	MEGI		\mathbb{V}	E	T
				E.I.	. auPont	de Nemours		IK!				
	Notification			Stree	t Address			OCT	20	2040)	
□ EPA □ In				250	Cheese	quake Road		п п ост	20	2013	9	
	mended mendment #			City,	State, Zip C	Code						
	mergency (ir		·	Pai	rlin, NJ 08	8859		ASBESTO:	S COI	NTRO	& JC	<u>January 100</u>
	stification)	rordani	9	Name	of Contac	t		Telephone Num				
C	ancellation			Nic	hol Rein	hold		732-613-240	0			
				FA	CILITY IN	IFORMATION		-				
Name of Facility Where Abatem		# 10 10 10 10 10 10 10 10 10 10 10 10 10	(3)				Type of Facility					
DuPont Parlin Facility - B	3ldg. 2004					_	School (K-12					
Street Address								8 (Other than K-12 rivate and comme		ıildind	is.	
250 Cheesequake Road							homes, etc.)		0.0.		, -,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Parlin												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Middlesex												
Name of Monitoring Firm Hired	by Building (Owner	(8)	ASCM	No.	Name of Abateme						
Cardno ATC						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
3 Terri Lane						1123 BEAVE			1000			
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016			T= .			BRISTOL, PA	19007					
Project Manager for Monitoring John Lutz	FILM			phone		Telephone No.		License No.				
Start Date (10)	Cohoo	J. J. J. O		09-386		215-788-6040		00509				
					ite (11) 19	Name of OSHA M		LING				
A CONTRACTOR OF THE CONTRACTOR				′ -	15		VIRONMENTA	L, INC.		20		
Occupancy Status During Abate						Street Address						
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outside					cribe	1123 BEAVE						
Time of Abatement: 7:00AM					CIDC	City, State, Zip Co						
Scope of Work (Check all that a	(vlaa					BRISTOL, PA	19007					
Name of the second	PF-37					☐ Full Conf	ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			novati			☐ Mini-Enc ☐ Glovebac						
23 _ 1.50 01 01 _ 200 11				211				n-Friable Procedu	e			
		100	Locat						Ab	atem	ent T	уре
Location of	1/40841		Norma ed Sole		0.1	Description o		2 2	R	R	Ш	Ш
Asbestos-Containing Materia TO BE ABATED	ai (ACIVI)	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıca	iclo
IN Facility		Cus	todial	Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				ate	O
Exterior Roof					- ·				-	_		
Exterior Roof					Transite	9		256 SF		Ш	Ш	Ш
			П	Tn.					П			
Name of Registered Waste Hau	ler			JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Bristol Environmental Inc			12.55	lauler II	O No.	Waste	Fairless La					
City, State		-	1	18706	j	15 Cu Yd Disposal Date	City, State					
Bristol, PA 19007						11/8/19	Fairless Hi	ills. PA				
Completed By (Print or Type)	Title	2				Signature	. 3111000 111	Da	to			
Gino Pizzigoni	10000	; stima	tor			Maria	Pin = 00		te / ()	71	1.1	9
ASB41 0		Junia	.01			LJUYV	1 My Jose	1/4/	0	of 1	-1	- (
MAY 11 GI 19266	*	Do not	use th	nis form	for asbest	os licensure exemp	ted activities.					

DOCK	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										E 6047		\forall	
Date of Notification (1) 10-18-19				of Building				:/o Cushma	n & V	0C Vakefield	2	8 2	019	
Agencies Notified Type Notific	ation		Street /	Address ontgome						ASBEST	-	CON	TROI	. &
DEP Initial Amend	10.01	ł	City, St	ate, Zip C	ode		102	-	Militario de la compansión de la compans		ICEN			
☐ Emerge	ment #1 ency (including	-		y City, N)2								
□ DCA □ Justifica □ Cancel				of Contact Noonar						phone Nu 1) 451-7				
Name of Facility Where Abatement is	Taking Place (3)		FAC	ILITY INF	ORMAT	ION	-		1					
visite visite Abatement is	raking Flace (5)						Тур	e of Facility (4						
Street Address							Н	School (K-12 Subchapter 8	(Othe					
30 Montgomery Street							×	Other (i.e. pr etc.)	ivate &	commerci	al bui	dings	, hom	es,
City (5) Jersey City, NJ 07302								are Feet 2,500SF	# of 16	Floors		3ldg -45 y		
County (6) Hudson				Code (7) USE ONLY)			rent Use (Prior mmercial	r if bein	g demolisl	ned)			
Name of Monitoring Firm Hired by Buil Altomonte Environmental Serv			ASC	M No.		Name Pinna	of Ab	atement Cont Environme	ractor (9) Sorp.				
Street Address 2200 Paterson Plank Rd # 7						Street	Addre							
City, State, Zip Code North Bergen, NJ 07047								Zip Code , NJ 07072						
Project Manager for Monitoring Firm Carmelo Altomonte			Telepho (201) 8	ne No. 864-658	3	Teleph 201-9	one N	No.		License N	0.			
Start Date (10) 10-21-19(1)Project Postponed	Scheduled		100	con all lessons			of OS	HA Monitor						
Occupancy Status During Abatement (r secondonistic tres					Street								
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe	ntire Period of At	aten	nent			10-59	Jac	kson Aven	ue					
					_			nd City, NY	1110	11				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	processor .	nova molit				×	Mi GI	III Containmen ni-Enclosure ovebag Proce	dure					
	le I	ocati	00				I NO	n-Exempted (*) and	Non-Friab	le Pro	777-27	e ement	
Location of	No	rmal	ly		Des	scription	of						ре	
Asbestos-Containing Material (ACM TO BE ABATED	Main	tenar	nce/	Asbes (i.e.	tos Cont	aining Ma systems	ateria	I (ACM)	500000	ount	П		回	ш
In Facility (13)	Custo	dial S (12)	Staff?	(,,,,	surfac	cing, VAT	r, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		othern	nscenario	eous)				val	₩	ulate	ure
4th Floor	1.00		×			VAT			7,00	00SF	x			
		-412/20												
Name of Registered Waste Hauler		1000	JDEP W auler ID		Cubic of Was			Name of Re	egistere	d Landfill				\neg
ATC, Inc. / JBT (50071)		140.	TBD	ic	207,00	Minerva I	Enterp	orises						
City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date	1	City, State Waynesb	urg, (OH 4468	8			
Completed by Kevin Moriarty	Title Project	Ma	nager		Si	gnature	1	16		Dat		0		

Print Form

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Date of Notification (1)		0	200	Building	120 100		-			OCT	2 8	3 2()19	-
10/17/19		Trong-	NJ Blind	d Citizen:	s Assoc	iation	(2)							
Agencies Notified Type Notification EPA Initial	1	- 1	Street Ad 18 Burli	ddress ngton Av	venue					ASBEST L	OS C			8
DEP Amended Amendmen	t #			te, Zip Co do, NJ 0					And the second					
DOH Emergency justification)	h		Contact			-		Te	lephone Nu				
DCA Cancellatio	n 			ic Placki	on the contract of the contract of the					732-899	-/499			
Name of Facility Where Abatement is Takin NJ Blind Citizens Association	ng Place (3)		PAGR	LITY INFO	OKMAI	ION	Тур	e of Facility						-
Street Address 18 Burlington Avenue		***					X	Other (i.e.	r 8 (Oth	er than K-1 & commerc		dings.	home	85,
City (5)					***************************************		Squ 800	etc.) pare Feet 0	# 0	f Floors 1	B	ildg. <i>F</i> 75	vge	10000
County (6)			County C				Cur	rent Use (Pr	ior if be	ing demolis	hed)		-	
Monmouth		1	STATE U	ISE ONLY	·			Home						
Name of Monitoring Firm Hired by Building	Owner (8)	•	ASCM	No.		Name	of At	patement Co	ntractor	(9)				
							-	ick Industri	es, Inc					
Street Address						Street	Addr			_				
City, State, Zip Code						City S	tate	Zip Code	Box 91	5				
ony, date, ap once								NJ 08723						
Project Manager for Monitoring Firm		11	Telephon	e No.		Telept				License N	lo.		-700 HT 1004	
		and the same				7	32-8	99-7499		01	1196			
Start Date (10) 10/18/19	Scheduled 10/25/		pletion D	ate (11)		Name	of OS	SHA Monitor	•					
Occupancy Status During Abatement (Che	ck Only One)				Street	Addr	ess						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe.	Period of Ab	atem	ent			City, S	tate,	Zip Code					•	
Scope of Work (Check All That Apply)				****										
23 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re ☑ De	novat molitic	ion on				N G	ull Containm lini-Enclosur ilovebag Pro ion-Exempte	e cedure	<i>a</i> .			e	
	ls I	ocatio	on.		-			017 12.110.1110.0			T	Abate	ement	
Location of	No	rmally	/		Des	scription	of				-	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan	ce/		thermal surface		s insu T, or		(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		ē	- TD
			Х	Floor	r tile				1000	SF				
											-			
Annual Control of the							-			and the second second	+-	-		
Name of Registered Waste Hauler		Ha	IDEP Wa		Cubic of Was					ered Landfill				
Brick Industries, Inc. City, State			21602		Dienes	al Date		City, Stat		iorui Lali	unii			
Brick, NJ					10/25	5/19		Guy, Sazi		rrisville, l				
Completed by	Title	Г.	-:-I- '		S	ignature	5		_	Da	ate 10/	17/19		
Eric Plackis		Pres	sident	11202-1-1						1				

Notification of Asbestos Abatement C E V E (Pursuant to NJ-A.C. 8:50-7 and 12:120-7)												
GAC Project # 060-19				U U W	'U L			********				
Date of Notification (1) Octobe	er 15, 20	019			Name of Building Owners RUTGERS, THE S			ER(S)	TY Ø	8 N201	9	Uji
Agencies Notified EPA DCA DOL		☐ Emer	Notifica ded Not	ification # including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City. State, Zip Code PISCATAWAY, NJ	HEAI 4086,	LTH &	SAF	ETY	DEPT.	(REH	(S)
☑ DEP- No Longer REQUI ☑ DOH	RED	□Cance			Name of Contact MICHAEL F. SMITH HEALTH & SAFET	l, EN\			hone N 445-2	C. W. S. C. C. S. C. C.		
Name of Facility Where Abate	ment is Ta	king Place (3)		FACILITY INF	Type of Facility (4)	-						
ADMINISTRATIVE SE					Subchapter 8 (other than	n K-12)						
Street Address BUSCH CAMPUS					Other (i.e. private & colors Sq. Feet: N/A #		al buildir oors: 3				ears	
City (5) PISCATAWAY	County (6	DLESEX		Code (7) Use Only)	Current Use (prior if being	g demo	lished):	ACA	ADEMIC	;		
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCM 0009		Name of Contractor (9)	TEME	NT CC	Men	LTAN	TO IN		
Street Address					GREENWOOD ABA Street Address	I EIVIE	NICC	NSU	LIAN	13, 114	٠.	
3 TERRI LANE					511 MAIN STREET							
	08016				City State, ZipCode BUTLER, NJ 07405							
BRIAN R. KEARNEY	Firm	Telephone 609-386	Value of the Victorian Control of the Victoria		<u>Telephone Number</u> 973-492-0477			Licens 0084	e Numb	er		
Scheduled Start Date (10) 10/25/19		Scheduled 10/28/20		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	D.						
Occupancy Status During Ab	uring Entir	re Period of A		ıt	Street Address 20-21 WARGARAW	ROAD), BLD	G# 3	5E			
☐ Facility Occupied Entire F☐ Abatement Performed Out Describe:			Hours -		City, State, Zip Code FAIRLAWN, NJ 0741	10						
Other- Describe: Schedu WEEKENDS AS NEEDE		– 5AM Dail	y (24 HC	OURS &	,							
Scope of Work (Check all that	apply)											
				NI.			ontainm		th Nega	tive Pre	ssure	
□≥ 3 sf or >3 lf ☑≥ 160 sf or ≥ 2	60 If			XIRenovation ☐Demolition	<u> </u>		Enclosu bag Pr	N750	ro / Mrs	n 8 Cu		
<u> </u>	.00 11			■Demoilion	V Zee		Exempt					edure
Location of Asbestos-Containing		ocation Norma			estos Containing Material	1	Amount		- Internation	nent Typ		
Material (ACM) in Facility (13)		ely by Maint./C f? (12) S NO	NA	VAT, or other mis	al systems insulation, surfaci cell.)		(Specify or LF)	SF	Remove	e Repair	Encap	Enclose
107 Corridor		X		VAT			500 5	SF	X			
Name of Day West Hard		Luprow		10. //							1500	
Name of Reg. Waste Hauler See Hauler Below #1 &		See Belov	v		Cubic Yards of Waste:	15 C		G.R.C	of Regis			ill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Disposal Date 100 New Ford N										Market State of the Control of the C		
Hauler #2) Newark Carting, I NJ DEP # 4509		10/2	8/2019	9		Rd. Mo 19067 215-736	risville -1700	, Pa				
Completed by (Print or Type) RAYMOND C. PEDAL	INO 3	Title SENIOR P MANAGEI		т	Signature Raymond C. Pe	daline	1.3	Date Octo	ber 1	5, 201	9	
			•		(6)							

					RECE	EIVED	10/15/20	19 02:34PM	l					
9 2000 05:05AM NJ Asbest	os Contr	ol 60	09.633.	0664		pa	ige 1	la l	7) [E	C	E	IVE	
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Date of Natification (1)		11-1			Owner/Ope		27 6 6	10 0/0		SB	237	03 (CONTROL 8	3
10 / 18 / :	2019			Horn					-	-	LI	CEN	SING	ts-chull
Agencies Notified Type Notific	atlon	X	Street	Address		-	1-1-	-1/	_					
□ EPA □ Initial	-		250 I	East 22	nd St			TV			}			
☑ DOLWD ☐ Amender Amender				late. Zip C			WAIVE	O ANDRO	127					
Di DCA Z Emerger	cy (Includir	g		nne NJ	Security of the second		VIMIT	the same of the country of the same		,	3			
(NJAC 5:23-8) Justificati				of Contact Horn				201-823-54					•	
			1,		FORMATI	(O) BA		20102001				\neg		
Name of Facility Where Absterrent is	Taking Plac	e (3)	PAL	1121 A 160	PORTING II	ON .	Type of Facility	(4)		_		-		
IMTT Yard 8 Control Buildin							☐ School (K-12	3						
Street Address							☐ Subchapter ((Other than K-12 rivate and comme	z) ancial bu	ilding	e,			
250 East 22nd St							homes, etc.)							
City (5)							Square Feet 1,239	# of Floors	70	ig. A	28			
Caunty (6)			Cours	N Code I7	STATE USE	OM Y		lar if being demoi				-		
Hudson	139		080		7,5-7,-2 556		Vacant	ier ii sonig voimi	,,					
Name of Monitoring Firm Hired by Bull	ding Owne	(A)	ASCM		Name of A	bateme	nt Contractor (9)							
N/A	•		N/A				sional Servic	es Corp						
Street Address					Street Add		-							
N/A					550 RIM							_		
City, State, Zip Code N/A						201 (B)	erk, NJ 074	124						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone		21N, 140 VI	License No.		-		-		
N/A		N/	A		973-938	8-626	3	02003						
Start Data (10)	Scheduled				Name of C					for the same				
10 / 16 / 18	***		_ / -	eros	Arsenije		MOV							
Occupancy Status During Abatement					Bireet Add		man Phal							
☑ Facility Closed/Vacaled During Ent ☐ Abatement Ferformed Outside of N	ire Penod d Iormai Faci	r Apart Ity Hou	errein Its - Des	cribe	550 Riff									
Time of AbstementAM	PM!	PW	I	AM			rk, NJ 0742	4						
Scope of Work (Check all that apply)		-												
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	1	is Loci	etion .	1			There is a second			atem	ent T	Тура		
Location of	. 4	Norm	ally laily by	Ambo		ziption o	d tedel (ACM)	Amount	2	Re	F	E		
Asbestos-Containing Material (ACI TO BE ARATED	ary N	iainten			., thermal s	ysleme	insulation,	(Spacify	Remove	Repair	Fricapsulate	Enolosura		
IN Facility (13)	1 6	(12			aurfacit other mis	ng, VAT, scellane		SF or LF)	9		l lade	BAN		
(10)	Ys	s No	N/A	1							-			
YD 8 Central Control			(XI	ACM t	ile and g	raut		4008F	IXI					
											0		1	
Name of Registered Weste Hauler		T	NJDEP		Cubic Yan	de of	Name of Regi	stered Landfill			-			
Acme Professional Services	Corp		Hauter II 0038176	J NO.	Waste 8 yarde		Fairless La	andfill						
City, State					Disposal D		City, State							
Woodland Park, NJ					10/17/1	_	Morrisville						1	
Completed By (Print or Type)	TRE					atura A	N. a. A		Date	40				
Arsenije Adamov	Presid	ent			R	Yrad	nije Ad	zmov-	0/15/	12			1	
SE-41	* De z	ot use	this form	for ashes	tos licensur	o exem	sted activities.							

INV-15379				1	1	Section 2		(gen	-		P		rint	For
CK 3779	1	NOTIF (P	ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE	MEN O)	IJ		E C	E		<u> </u>	=
Date of Notification (1) 10/16/2019			Name o	of Building ence	Owner/0	Operator	(2)			OCT	2	8 20	119	
Agencies Notified Type Notification			Street A	Address					A	SBEST	OS	CONT	ROL	&
X EPA X Initial Amended Amendment	#			ate, Zip Co le Park,		204			L	LI	CEN	SING	-	iono-years
Emergency (justification) DCA Cancellation	including		Name o	of Contact Sybico					Telenhor	ie Niimhe	ar .			1
	DI 10			ILITY INFO	ORMAT	ION								\exists
Name of Facility Where Abatement is Taking Residence	g Place (3	5)					Тур	e of Facility (4						
Street Address					H		×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	Other than		uildii	ngs, hoi	mes,	
City (5) Roselle Park							Squ 2,0	are Feet	# of Floor	rs	81	g. Age		1
County (6) Union				Code (7) USE ONLY))		Curi	rent Use (Prior	if being de	molished)			1
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8)		ASCN	M No.		USA CHARLET		atement Cont ank Service	Contract Con					
Street Address PO Box 354						Street 1256		ess erty Avenue)					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph 844-4			Lice 013	nse No. 16				
Start Date (10) 11/04/2019	Schedule 11/18/2		npletion	Date (11)				SHA Monitor Lighthouse	Solutions	 }				
Occupancy Status During Abatement (Check	Only On	ie)				Street	Addre	ess						-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem	nent		58	1999	tate,	Zip Code	7070					+
Scope of Work (Check All That Apply)						South	ii Oi	ange, NJ 0	7079					4
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure			dure		
Location of	N	Locati Iormal	ly		Des	scription	50					bateme Type	nt	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac		lateria insu T, or		Amount (Specify SF or LF	200	Remova	Encapsulate Repair	Enclosure	
Basement	Yes	No	N/A		D:				70.15			ate	Ф	
basement		X			Piķ	oe Wra	р		70 LF	X	+	+		\dashv
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Name of Degistered Wests Haules			IDEDIA		0.1:									
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 1509		Oubic of Was				egistered La anageme		lfill			
City, State East Orange, NJ					Dispos	al Date		City, State Penn Arg	yle, PA	<u> </u>				
Completed by Amy Garcia	Title Proje	ct Ma	nager		S	ignature	74	V	U,	Date 10/16	5/20	19		

Inv-15524									(MEDINA)	E @	[2	n n	, Pri	gt Fo
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Date of Notification (1) 10/16/2019			Name of Reside	Building (Owner/0	Operator	(2)			00	2 8	3 20	19	
Agencies Notified Type Notification EPA Initial			Street A	ddress						ASBEST	TOS C		ROL	&
X DEP Amended Amendment		_		ite, Zip Co od, NJ (Inches of the last	7.1				
Emergency (justification) DCA Cancellation	including	- 1	Name of Joe Co	f Contact onroy					1,	• ••	•			
			FACI	LITY INFO	DRMAT	ON								
Name of Facility Where Abatement is Taking Residence	Place (3	3)					Тур	e of Facility (School (K-1						
Street Address							×	Subchapter Other (i.e. p	8 (Other			dings,	home	es,
City (5) Garwood							Squ 1,7	etc.) lare Feet 28	# of F	loors	B 6	ldg. A	ge	
County (6) Union			County (Code (7) USE ONLY)			Cur	rent Use (Pri	or if being	g demolis	hed)			
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8)		ASCN	I No.		100000000000000000000000000000000000000		atement Cor ank Service		9)				
Street Address PO Box 354						Street 1256		ess erty Avenu	ie					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205	11-2-11-2					
Project Manager for Monitoring Firm Sarah Calandra		- 1	Telephor 201-34	ne No. 19-2666		Telepl 844-		No. -7465	100	License N 01316	No.			
Start Date (10) 10/29/2019	Schedule 11/06/2		npletion (Date (11)				SHA Monitor Lighthous	e Soluti	ions				
Occupancy Status During Abatement (Chec	Only Or	ne)	55			Street	Addr	ess						\neg
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					_	100000000000000000000000000000000000000	State,	Zip Code range, NJ	07079					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second	Renova Demolit				>	Y G	ull Containmo lini-Enclosure Blovebag Prod Ion-Exempted	e cedure	(7)			e.	
	Is	Locati	on								T	Abate	ment	
Location of	100000 15	Normal		0.000		scription					-	Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		thermal surfa		s insu AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	103	X	14/1		Fle	oor Tile	es		440) SF	X			
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 4509	(7)(7)(7)(7)()	of Wa	Yards ste		Name of Waste				II		
City, State East Orange, NJ					Dispo	sal Date	:	City, Stat		PA				
Completed by	Title					Signátur	e	4	3, -, ·		ate			-
Amy Garcia	100000000000000000000000000000000000000	oct Ms	nager		"	-1 A	1:1	4/11 N	F	171 2000	0/16/2	2010		

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CK3176	(N	OTIFI (Pi	CATION	OF ASBESTO to BUAC 8 60	SARATE	MENT	Management of the state of the	DEG	E			
Date of Notification (1)				f Building Own		(2)		DOT	2.0	20.	10	
10/21/19			Mar	rio Criscone)			I Li OCI	28	20	19	Laurent
Agencies Notified Type Notifica	tion		Street A	kddress								
□ EPA □ Initial							-	ASBEST	OS CO	INTE	10L {	Š
DEP Amende				ate, Zip Code				LI	CENS	ING		
DOL Amenda	nent # ncy (including	-	Ocea	anport, NJ (7757		leuse	A PROVINCIAL PROPERTY OF THE STREET	AND THE PERSON NAMED IN CO.	el della litteria	Tallian Manager	
DOH justificati			Name o	f Contact				Telephone N	umber			
DCA Cancella	ition		Er	ric Plackis						100 C 100 C 100 C		
N 45 % W. W			FACI	LITY INFORM	ATION							
Name of Facility Where Abatement is T. Street Address	aking Place (5)									dings	, hom	es.
City (5) Oceanport						Marine Comment	re Feet	# of Floors		75	\ge	
County (6)				Code (7)		Сигте		r if being demoli			-	
Monmouth		1	STATE	USE ONLY)			North O	Hile Build	Sno			
Name of Monitoring Firm Hired by Build	ing Owner (8)	-	ASCN	I No.	Name	of Aba	stement Con		-			
						Brid	ck Industrie	s, Inc.				
Street Address			-	N-9	Street	Addre	ss					
							PO B	ox 915				
City, State, Zip Code					City, S	tate, 2	Cip Code					
					В	rick, N	NJ 08723					
Project Manager for Monitoring Firm		11	Telepho	ne No.	Teleph	ione N	lo.	License	No.			
		in a restriction			7	32-89	9-7499	0	1196			
Start Date (10) 10/22/19	Scheduled		pletion !	Date (11)	Name	of OSI	HA Monitor					
	11/5/1	1272										
Occupancy Status During Abatement (C	heck Only One)			Street	Addre	SS					
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:					City, S	tate, Z	ip Code			-		
Scope of Work (Check All That Apply)												
23 sf or ≥3 if 2160 sf or ≥260 if	perfection	novat moliti				Mir	ni-Enclosure ovebag Proc				re	
	Le 1	ocatio	NO.				T			-	ement	
Location of	No	rmally	y	,	Description	of			_	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan	ce/	Asbestos Co (i.e. them su		lateria s insul: T, or	ation,	Amount (Specify SF or LF)	Romoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A	[[c4]-			4	SEOSE	-	-	(D	
		-	Х	Floor tile			1	650SF	X		-	
									+-	-		-
									-			
Name of Registered Waste Hauler		100000	IDEP Waller ID	No. of V	vic Yards Vaste 5			Registered Landf ws North Lai				
Brick Industries, Inc.			21002		oosal Date		City, State					
Brick, NJ					/5/19		J	Morrisville,	PA			
Completed by	Title				Signature		1	-	ate			
Eric Plackis	(6958)	Pre	sident		cs11 53 19 14	\geq		,	10	21/19)	

Inv 15023)		- 1	etarura.	677	dm.	ed-resta.		lana /	F	2 E	П	D.D.	Pi	it Fo
CK 2700		NOTIFI (Pi	CATION	ate of Nev I OF ASB to NJAC	ESTOS.	ABATE	MEN.				E		\mathbb{V}	L	
Date of Notification (1) 10/14/2019			Name o	f Building	es their	(hd)	2		100	00	CT 2	8	2019	}	
			Reside							Bear or or or or or or	Water Supplement	* - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -			
Agencies Notified Type Notification			Street A	daress						ASBES	STOS			S JC	4
EPA Initial Amended		H	City, Sta	ate, Zip Co	ode					of a Distance of the last of t	LIV:-1	4-71	1 474	-	- AUTOMORPHIC
DOL Amendment	-			eld, NJ											
□ Emergency justification) □ DCA □ Cancellation			Name of	f Contact ridge				-	Tel	ephone i	Numbe	r			
			FACI	LITY INFO	ORMATI	ON							2		
Name of Facility Where Abatement is Takir Residence	g Place (3)					Тур	e of Facility ((4)						
Street Address								School (K-1 Subchapter		or than V	(12)				
Street Address							×	Other (i.e. p				uildi	ngs, h	ome	s,
City (5) Westfield							Squ 481	are Feet 17	# o	Floors		11	dg. Ag 4	е	
County (6) Union				Code (7) USE ONLY)	_	Cur	rent Use (Pri	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASCN	/ No.				atement Cor		(9)					
Street Address						Street	Addr	ess						<u> </u>	-
PO Box 354								erty Avenu	ie						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666		Teleph 844-		No. 7465		License 01316					
Start Date (10) 10/28/2019	Schedule		pletion	Date (11)				SHA Monitor Lighthous	e Solu	itions	/ 4 / / / / -				
Occupancy Status During Abatement (Chec	k Only On	e)				Street		- 5/				_			\dashv
Facility Closed/Vacated During Entire			ent			PO E	Box 3	354							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours		12.0	_			Zip Code range, NJ	07079						
Scope of Work (Check All That Apply)								3-,			-				\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	F	ull Containmo	Э	Negativ	e Pres	sure	9		
								on-Exempte		d Non-Fr	iable F	roc	edure		_
	100	Locati										F	Abaten Type		
Location of Asbestos-Containing Material (ACM)		lormall d Solel		Ashaa		scription		al (ACM)	^				T		\dashv
TO BE ABATED		intenar	West Transport		thermal	systems	s insu			mount Specify		0	z	Encapsulate	En
In Facility (13)	Cust	(12)	otan :	2450		cing, VA niscellar			SF	or LF)	a constant	3	Repair	apsu	Enclosure
(15)	Yes	No	N/A		outer 11	nocenar	icouo	"			1	3	7	llate	лrе
Basement		Х			Pip	oe Wra	ap		4	0 LF	Х				
	-										_	-		_	
											+	+	-	+	-
Name of Registered Waste Hauler		A	JDEP W		Cubic			Name of	Registe	red Land	dfill				\dashv
Newark Carting			auler ID 1509	No.	of Was	ste		Waste	Manag	gement	t Land	dfill			
City, State East Orange, NJ					Dispos	al Date		City, Stat		PA					
Completed by	Title				S	ignature	9	Th			Date				
Amy Garcia	Proie	ct Ma	nager			A.	1 : 1	AAM	1/	1	10/14	1/2	019		1

MOCK				ICATION	tate of Nev N OF ASB	ESTOS	ABATE		r .			E (2 [—Pri ∭	nt Form
Date of Notification (1) 10/15/2019					of Building Associat			(2)				00	Ta	8	2019	
	Notification nitial				npus Dri		te 100	ĺ			A	SBES		CO)L &
☑ DOL ☐ A	mended mendment		_		ate, Zip Co pany, N		sey 07	7054		-		NONE (a LITTLE)	740	etreures, outro	IN-SHISTORIAN	
DOH ju	mergency (stification) ancellation	A 17	Ī		of Contact ott J. Ro	bertsor	า					e Num 76-59				
Name of Facility Where Abateme	ent is Takin	g Place (3)	FAC	ILITY INFO	ORMATI	ON	Type	e of Facility (4)				- 112			
Harborside Plaza I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 . 1000 (~/						School (K-12)							
Street Address 150 Hudson Street								×	Subchapter 8 Other (i.e. privetc.)					dings,	home	es,
City (5) Jersey City								432	are Feet 2,000	8	Floor		9	ldg. A O	.ge	
County (6) Hudson					Code (7) USE ONLY)				ent Use (Prior mmercial / C				ed)			
Name of Monitoring Firm Hired b TBD	y Building (Owner (8)		ASC	M No.				atement Contr racting, LLC		(9)					
Street Address							Street 1385		ess ey Road, S	uite I	<					
City, State, Zip Code									Zip Code New Jersey	0747	0					
Project Manager for Monitoring F	irm			Telepho	ne No.		Teleph (973		No. 8-5040		Licer 0087	nse No 74				
Start Date (10) 10/21/2019		Schedul 05/15/2		npletion	Date (11)				SHA Monitor racting, LLC							
Occupancy Status During Abater	ment (Chec	k Only Or	ne)				Street				,					
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:							City, S	state, 2	ey Road, Si Zip Code New Jersey							
Scope of Work (Check All That A	.pply)						vvay	iie, i	New Jersey	0141	U					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					Mi Gi	ull Containmen ini-Enclosure lovebag Proce	dure						
-		Τ.					×	I No	on-Exempted (*) and	Non-	Friable	Pro		e ement	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	I (ACM)	Use Ma	Normal Normal ed Sole iintenar todial S (12)	ly ly by nce/		tos Conta thermal	system: ing, VA	Materia s insu T, or		(S	nount pecify or LF		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>		late	Te
See Attached																
Name of Registered Waste Haule Service Transport Group, In			Н	 JDEP W auler ID)990		Cubic of Was			Name of Re				.C			
City, State New Castle, Delaware						Dispos TBD	al Date	A	City, State Waynesh	urg,	Ohio)				
Completed by Ljiljana Sekularac		Title Office	e Ass	istant		S	ignature	7	7			Date 10/		2019		

	0.0		State of	New J	ersey			Check	# 16	741	
TUN 100	22				TOS ABATEMENT 7 and 12:120-7		The I	3 P	F	1 1///	E
Date of Notification	(1)				Owner/Operator		111)/=	<u> </u>	3	J V	15
10/22/2019			Miguel	Per	ez				1	*	
Agencies Notified	Type Notifica	ation	Street Addre	ess				OCT	28	201	9
[]EPA	[X]Initial										
[]DEP	Notific	ation	City, State	, Zip	Code		A C	BESTO	19.00	TAITD	01.2
[X] DOL	[]Amended		Linden,	NJ,	07036		Ac		ENS		OL a
[X]DOH	Notific	ation	Name of Con	tact		Telephor	ne Number	Direct School Control of the Control	sunaminanos -	THE STATE OF THE S	
[]DCA	[]EMERGENC		Miguel		ez	1		_			
	[]Cancella	CIOI	FACT	LITY :	INFORMATION						
Name of Facility Whe	re Abatement	is Taki				Type of Facil	ity (4)				
Miguel Perez			2			[]School	(K-12)				
21							ter 8 (Othe				
Street Address			*				i.e., priva uildings, h				
						Square Feet	# of Floo	ors B	ldg.	Age	
City		County		Cou	nty Code (7)	1					
		_		(ST	ATE USE ONLY)	Current Use (Prior if be	aing de	moli	shed))
Linden		Union									
Name of Monitoring F	irm hired by	Buildin	g ASCM No.			ment Contracto					
Owner (8) N/A					AZTECH M	anagement	, Inc.				
Street Address					Street Address						
					86 Chris	topher St	•				
City, State, Zip Cod	е				City, State,		10				
					Montclai	r, NJ 070					
Project Manager for	Monitoring Fi	rm Tel	lephone Numb A	er	Telephone Number (973) 744			003		ber	
Scheduled Start Date	(10) Sche	d. Compi	letion Date	(11)	Name of OSHA	Monitor					
			19		N/A						
Month Day Ye			only one)		Street Address	3					
[X] Facility Clos	sed/Vacated Du	iring En	tire Period								
of Abatement []Abatement Per		ie of No	rmal Facilit	y	City, State,	Zip Code					
Hours - Desci	cibe: «OffHours	Descri	pt»			**************************************					
[]other - Descr			Descript»		Ц						
Scope of Work (Check	all that app	TY				Containment wi	th Negative	e Press	sure		
[X]≥3 sf or			X]Renovation]Demolition			-Enclosure bag Procedure					
[] <u>></u> 160 sf c	F 2260 II	L	1 Demoti cron	Sex.		riable Procedu	re				
	-	I	Is ocation		Descriptio	n of		Ab	atem	ent 1	Type
Location Asbestos-Con		N	Tormally Used		Asbestos-Con		Amount	R	R	C	N
Material	(ACM)		Solely Main-		Material ((Specify	Y M	P	A	MOHO
TO BE ABA		t	enance/	in	(i.e., thermal sulation, surfa		LF)	V	T	PSU	S
(13)	_ CY		ustodial aff (12)		or other misce			A L		F	U R
Dagamanh		Yes	No N/A	Dim	Insulati	OD	130 LF	X	+	1:-	E
Basement			8	2-100	211000000	<u> </u>	1		+	1	-
		-					-	_	-	1	-
Name of Registered W	asta Wanler	ht.	JDEP Waste	Cui	bic Yards	Name of Regi	stered Land	dfill			
AZTECH MANAGI		C H	auler ID No.	of	Waste 1.0	Tri - S					
City, State				32000	sposal Date	City, State	3777 4AA	7 A			
Montclair, NJ	07042			3	11/04/19	Bronx,	NY, 104	14			
Completed By (Print	or Type) Tit	:le			Signature	1-1-1	1.	Date	9		
Constantine V:		eside	ent		Cons	talnet.	Man	10/	22/2	19	

											-			Pri	nt F
CK 133340703	0	NOTIF (P	ICATION ursuant	tate of Ne OF ASB to NUAC	w Jerse ESTOS 8 60 an	y ABATE d 12.12	MENT 0)	r			G	E		\mathbb{W}	
Date of Notification (1) 10/21/2019 JNV 1550	professions.			of Building as Stolle		Operator	(2)			ALC:	OCT	2	8 2	019	
Agencies Notified Type Notification EPA Initial	1		Street A	Address					-	ASI	BEST	OS (ON	TRO	L &
EPA Initial DEP Amended Amendmen				ate, Zip Co gton, NJ					bes cons		·		arment the	DOES LAND	potento
■ Emergency justification Cancellation)	'		of Contact as Stolle	en				Tele	phone	Numb	er			
			FACI	ILITY INFO	ORMAT	ION						-			
Name of Facility Where Abatement is Takin Douglas Stollen	ng Place (3)					Тур	e of Facility (4	A						
Street Address							×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Othe			buildi	ings,	home	es,
Dity (5) Millington							Squ N/A	are Feet	# of N/A	Floors		Blo N/	dg. A	ge	
County (6) Morris				Code (7) USE ONLY))		Cor	ent Use (Pric mmercial E	or if beir Buildin	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCN	A No.				atement Con tement, In		(9)					
Street Address						Street 11 R		ess Igren Aver	iue						
City, State, Zip Code								Zip Code NJ 07512							
roject Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				Licens 0131					
Start Date (10) 10/31/2019	Schedul 11/01/		npletion	Date (11)		PARTICIPATE OF THE PARTY.		HA Monitor tement, Inc	o.						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street					-		7764		,
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of mal Facility	Abaten y Hours	nent		_	City, S	tate, 2	gren Aven Zip Code NJ 07512	ue						_
Scope of Work (Check All That Apply)		-									<u> </u>				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mi Gi	III Containme ini-Enclosure ovebag Proc on-Exempted	edure					a	
Location of	100	Locati Normal	H11500		De	!!			() =		I			ment	N. Carlo
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac	scription aining M systems cing, VA niscellan	fateria s insul T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A											ate	æ
Basement		X			Pipe	Insula	tion			0 LF		X			
Basement		X				VAT			10	0 SF		X			
ame of Registered Waste Hauler		Н	JDEP W auler ID	A STATE OF THE STA	Cubic of Was			Name of F			ndfill				
Sity, State Vayne, NJ		20			TBD Dispos TBD	sal Date		City, State							
Completed by	Title					ianatura	1	Pen Arg	yı, PA		Data	-			
Oliver Hegedis	71 554535	ct Ma	nager		5	ignature	PM			-	Date	1/2/	110		

IN# 1	554°	3	NOTI)	FICATIO	State of Ne N OF ASE It to NJAC	BESTOS	ABATE	MENT		E G	2050	V _E	馬	rint Fo
Date of Notification (1) 10-17-19	1 25 %	RHBE	ž	Name The \	of Building /alley Ho	Owner/	Operator	r (2)	5224 5700	I THE STATE OF THE		ger species out	rit 6	25
Agencies Notified Ty	ype Notification	1		Street	Address	68%				ASBESTO	IS OU ENGL	MAIN	UE. O	i.
EPA X	3000 000 000				North Va		Avenu	е	Supplement of the second	Confederation (System and Confederation)				
DEP X DOL	Amended Amendmen				tate, Zip Co ewood, N		52							
DOH DCA	Emergency justification)	g	Name	of Contact					Telephone N	umber			-
DCA	Cancellation	n			m Stasia			1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(201) 447-	8141			
Name of Facility Where Aba	tement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	acility (4)					
Valley Hospital									ol (K-12)					
Street Address 599 Valley Health Plz								Subc	hapter 8 (Other than K- ate & commer	12) cial bu	ildings	, hon	nes,
City (5) Paramus								Square Fe	et	# of Floors		Bldg.	Age	
County (6) Bergen				County	Code (7)	1				1 being demolis	shed)			
Name of Monitoring Firm Hir	ed by Building	Owner (8	3)		M No.		Name	Hospital of Abateme		otor (0)				
Colden Corporation				1.00				acle Envir						
Street Address 131 Varick Street, Suit	e 1022							Address Broad Str	eet					
City, State, Zip Code New York, NY 10013								tate, Zip Co tadt, NJ (
Project Manager for Monitori	ng Firm			Telepho	ne No.			one No.	71012	License I	No.			
Jim Miades Start Date (10)					435-356	1		939-6565		00756				
10-29-19		06-30-	20	npletion	Date (11)			of OSHA Mo -Air Inc.	onitor					
Occupancy Status During Ab						10		Address	٨					\neg
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire I Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s		-		Jackson ate, Zip Coo		9				
						-		Island Ci		1101				
Scope of Work (Check All Th. ≥3 sf or ≥3 If ≥160 sf or ≥260 If	at Apply)		Renova Demolit				×	Mini-Enc Glovebag	losure Procedu	vith Negative				
		Is	Locati	on				NOII-EXE	mpted (*)	and Non-Frial	DIE Pro	Abate		t
Location of		1	Normal ed Sole	ly			cription o					Ту	ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	intenar todial S (12)	nce/		thermal s surfac		aterial (ACN insulation, , or eous)	1)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Doof: Main		Yes	No	N/A							<u>a</u>	0.76	ate	ē
Roof: Main				X		R	oofing		6	0,000SF	x			
					l									
Name of Registered Waste Ha	auler		N	JDEP W	acto	Cubia	ords.	L						
reehold Cartage	valides		H	auler ID I J-113	No.	Cubic Y of Wast TBD		1		stered Landfill s Landfill				
ity, State reehold, NJ 07728						Disposa TBD	I Date		State	PA 19067				-
ompleted by ichard Doran		Title Proje	ct Ma	nager			nature	V.1	1	Da	ite)-17-1	a		

141101	KA	10	0			State of N	low lorsov							
			NOT		ATIO	N OF AS	lew Jersey BESTOS ABA		IN E	CE	3	$\overline{\mathbb{W}}$	E	[7]
46135	I All			(F			AC 8:60 and 5:1		KI		2 83	LJ Name and design		STATE OF THE PARTY
Date of Notification (1)	22 /	19				e of Buildin bert Mille	ng Owner/Operator er	(2)	Commence of the commence of th	OCT 2	8 2	019	And represents absence	
Agencies Notified	Type Notific	ation			Stree	et Address		200	P. Committee	Deliterary, industry a manage of the	toward with the	JVI Tatare	-	
☑ EPA ☑ DOLWD	☑ Initial ☐ Amende	d			Oite	Otata 7:-	0-1-	talent states	AS	BESTOS	CONT		. å	
☑ DOH	Amendm	nent #				State, Zip		£.	~~~	bel Oh.	14011.40	A PARALESCA	-	and the second
DCA	☐ Emerger		cludin	g		anford, N			Tala	mbana Muu	-1			
(NJAC 5:23-8)	justificat Cancella					bert Mille	52		rele	phone Nun	nber			
					FA	CILITY IN	NFORMATION							
Name of Facility Where Al	batement is	Taking	Place	e (3)				Type of Facil	ity (4)			3520		
Miller Residence								School (K			0)			
Street Address								Subchapt Other (i.e. homes, e	, private a			uilding	js,	
City (5)								Square Feet	# 01	f Floors	BI	dg. A	ge	
Cranford								1,700	2			94		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use	(Prior if be	eing demol	ished)		- //	
Union								Residenc						
Name of Monitoring Firm I				22 53	ASCM	No.	Name of Abatem							
Management & Envi	ro. Consul	ting	Servi	ces			Shade Envir	onmental, LL	_C					
PO Box 341							Street Address							
City, State, Zip Code		1100					623 Cutler A City, State, Zip C						_	
Chesterfield, NJ 085	15						Maple Shade							
Project Manager for Monito				Tel	ephone	No	Telephone No.	, 140 00002	Lice	ense No.	-			
Bill Weisgarber	g			1100000	09-298		856-755-0099	9	100000000	0842				
Start Date (10)	15	Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA N	Monitor						_
11 /04 / _						19	EMSL Analys	tical, Inc.						
Occupancy Status During			Contract of the Contract of th				Street Address		7					
☐ Facility Closed/Vacated							200 Route 13	80 North						
Abatement Performed (Time of Abatement:						scribe AM	City, State, Zip C							
					-		Cinnaminsor	n, NJ 08077						
Scope of Work (Check all t ≥3 sf or ≥3 if ≥160 sf or ≥260 if	пат арріу)		⊠ Re □ De				☐ Mini-End ☐ Gloveba	tainment with N closure g Procedure empted (*) and I	A TO C 12/1000 2001		ıre			
				Loca							T	ateme	ent T	уре
Location of Asbestos-Containing M		n		Norma d Sol	ely by	Ashe	Description of stos Containing Ma		Δ.	mount	Re	Re	Ē	m
TO BE ABAT	ED	·			ance/ Staff?		., thermal systems	insulation,	(5	Specify	Removal	Repair	Encapsulate	Enclosure
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3 - 6			Yes	No	N/A								6	
Master Bedroom						Plaster			4	28 SF				
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Name of Registered Waste Freehold Cartage	Hauler			160	JDEP \ lauler II 15939	O No.	Cubic Yards of Waste 5	Name of Reg		andfill				
City, State							Disposal Date	City, State						
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Completed By (Print or Type	e)	Title					Signature	2			ate			
Christina Fay		Vi	ce Pr	eside	ent of (Operation	is / hista	1/)	1	1/2	21	9	

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Nick Sanguinetti 201-359-3049	Emergency	(including				Jeise	ey 070	52		Te	lenhone Nur	mber			
Name of Facility Where Abatement is Taking Place (3) Westfield Carden State Mall: Former JCP Street Address 1 Garden Plaza Succiapler 8 (Other than K-12) Succi	DCA Justification Cancellatio		100			tti									
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24 Commerce Street, Suite 300 200 Broad Street City, State, Zip Code Newark, NJ 07102 City, State, Zip Code Carlstadt, NJ 07072 Project Manager for Monitoring Firm Ralph Coppola Telephone No. 973-265-9763 Telephone No. 201-939-6565 License No. 00756 Start Date (10) 10-28-19 Scheduled Completion Date (11) 12-31-19 Name of OSHA Monitor Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Scope of Work (Check All That Apply) Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Location of Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 Former JCP: 1st Floor Is Location Normally Used Soley by Maintenance Custodial Staff? (12) Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Apatement Type Former JCP: 1st Floor x Pipe Insulation 30LF x Interest Cuts Page of Waste (Signature) Name of Registered Landfill of Waste Name of Registered Waste Hauler ATC, Inc. / JBT (50071) NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste TBD Name of Registered Landfill Minerva Enterpri		Owner (8)		100000000000000000000000000000000000000			200,000,000,000								
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Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facili		1)					
Residence									School (K		Other than h	K-12)				
Street Address									Other (i.e.	, priv			ial bu	iilding	s,	
City (5)									homes, et	(C.)	# of Floors	75	BI	dg. Ag	10	
West Berlin									1,448		2		1	55		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Prio	r if being der	molish	ed)			
Camden									Residenc	5.0	•		**			
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor	(9)						
Management & Env	iro. Consul	ting S	Servi	ces			S	hade Enviro	onmental, LL	_C						
Management & Enviro. Consulting Services Shade Environmental, LLC																
PO Box 341								23 Cutler Av								
City, State, Zip Code							1	, State, Zip Co								
Chesterfield, NJ 08				I				laple Shade	, NJ 08052		I					
Project Manager for Moni Bill Weisgarber	toring Firm				phone 09-298			ephone No. 56-755-0099			License No 00842	Ο.				
Start Date (10)	9	Schedi	ıled C			te (11)		ne of OSHA M			00042					
10 /31 /		1			1/			MSL Analyt								
Occupancy Status During	Abatement (Check	only o	ne)			Stre	et Address					111			
☐ Facility Closed/Vacate					ment		2	00 Route 13	0 North							
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City, State	1,75				10000			osal Date	City, State							
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City, State NEWARK, NJ					Dispos	sal Date			State	HEN	I PA					
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Co	mpleted by SEPH PERLSTE	ïN	Title OWN	IER			Si	gnatur	е	_1		Da	ite 0/23/	19		

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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAGE Sed and 12:120) Base of Notification (1) Individual on the Secretary of Secretary of Secretary (2) Regional of Secretary (3) Regional of Secretary (3) Regional of Secretary (4) Regiona		710			50	86								TH	ווגרט
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Street Address City (5) Sequence Feet et of Floors Bldg, Age 90	I	Taking Place (3	3)					Туре	1500						
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Name of Monitoring Firm Hired by Building Owner (8)				0	2-d- (7)						aa damaliah		90		
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Street Address		lding Owner (8)		ASCN	l No.						372-57	LLC) .		
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Project Manager for Monitoring Firm N/A Telephone No. 201-776-0642 License No. 1300	City, State, Zip Code						City, S	state, 2	Zip Code): 		On-On	
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10/16/2019 10/28/2019 EMSL ANALITYCAL 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: Scope of Work (Check All That Apply) 23 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) In Facility (13) Renovation Demolition Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous) ROOF ROOF ROOF NUMBERANE NUMBERANE NUICE TRANSPORT NUMBER Waste Hauler ROVIC TRANSPORT Title Signature Description of Aspessor Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous) Second Waste Hauler ROVIC TRANSPORT NUMBER Waste ROSE Signature Date Date	# - COM : - C						201-	776-	0642						
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Abbatement Performed Outside of Normal Facility Hours City, State, Zip Code	Occupancy Status During Abatement	(Check Only Or	ne)						1475 a.v.						
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Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) ROOF		Is	Locati	on									Abate	ment	
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Date of Notification (1)					N	ame	of Buildin	a Ov	vner/Oner	ator (2)	1 1 10	31			Calcama	- Control	111	111
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Agencies Notified	Type Notific	ation		E-1/2-	S		Address					-	S.F.						
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Name of Facility Where A			Place	(3)							Type of F)					
NJ DOT Paterson P	lank Rd. Br	idge									Schoo			Other than	K-12)				
Street Address											☑ Other	(i.e.	, priv	rate and cor	mmer	cial bu	ilding	s,	
Route 495 & Route	1 & 9										homes								
City (5)											Square F	eet		# of Floors	S	Blo	ig. Ag	ge	
North Bergen, NJ					- 1			VOT.	TE ! 10E 01	" > 0	0 111		' D.'	- 15 h - 1	E-1				_
County (6) Hudson					10	our	ity Code (7)(STA	ITE USE ON	ILY)			(Prio	r if being de	emolisi	nea)			
Name of Monitoring Firm	Uiand hu Duile	din a C		/0\	TAC	CM	No	No	ma of Abo	tomo	Bridge ent Contrac		(0)		_	107			
M.E.C.S.	mired by Build	aing C	wner	(0)	AS	CIVI	INO.		AbateTec			JOI	(9)						
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Street Address PO Box 341											. PO Box	(25	5						
City, State, Zip Code						2.50			y, State, Z					In Section Reports					
Crosswicks, NJ 085	15										J 08048								
Project Manager for Monit				Te	lepho	ne	No.	Tel	ephone N	0.				License N	lo.				
William Weisgarber				(609-	915	-1140	6	09-265-2	107				00529					
Start Date (10)	19	Sched	uled C	omp	letion	Da	te (11)	Nar	me of OSI	IA M	lonitor								
10 /14 / _	19/	1	1_/	_ 2	29_	/_	19	Е	MSL An	alyti	ical								
Occupancy Status During	Abatement (0	Check	only o	one)				Stre	eet Addres	SS									
☐ Facility Closed/Vacate								2	00 Route	130	0 North								
Abatement Performed					City	, State, Z	p Co	de											
Time of Abatement:	_PN	/		AM	С	innamin	son	, NJ 0807	77										
Scope of Work (Check all	that apply)			_										D	251				
☐ >3 sf or >3 lf			⊠ Re	nova	ation				☐ Mini			ונח וי	vega	tive Pressu	re				
≥160 sf or ≥260 lf			De De						Glov	ebag	Procedure				194				
					-0120000				⊠ Non-	-Exer	mpted (*) a	and	Non-	Friable Pro	cedur	T -		-	
				Norm	ation				D		£					Aba	ateme		
Location of Asbestos-Containing M		,			olely b	у	Asbes	stos	Descripti Containing		ਾ terial (ACN	1)		Amoun	t	Removal	Repair	Enc	Enclosure
TO BE ABAT	TED .	´			nance I Stat			, the	rmal syste	ems i	nsulation,			(Specify		VOU	air	aps	losu
IN Facility (13)	/		Cus	(12					surfacing, \ her miscel					SF or LF	-)	<u>B</u>		Encapsulate	ē
(13)		Ì	Yes	No	0 1	I/A		Oti	ner misser	iaiio	545)							0	
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AbateTech, Inc.	riadici				Haul	er ID	No.	Was	ste					Landfill					
City, State		-			18	750		Dis _i	0 posal Date		City, Sta	ite							
Lumberton, NJ									1/29/19		Tully		n, P	PA					
Completed By (Print or Type	oe)	Title				_	-	-	Signatur	é	/	ST TOP			Dat			23.00	
Gwendolyn Trumbet		5000000		ions	Cod	ordi	nator	7	X	n	18				10) - [13	-10	1

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()V 11822) KE	A.L.		(F	ursua	ent to NJ	AC 8:60 and 5:1	6)	71				
Date of Notification (1)					Nam	ne of Buildin	ng Owner/Operator	(2)	HH OCT	2 8	2019		11
10 /	25 /	1	9		1000000		/ Turnpike Author		905-5478 Che	ck #1			
Agencies Notified	Type Notifi	cation	1		Stree	et Address	(ASSESTOS	2001	untan	11 51	-
⊠ EPA	Initial				PC	D Box 505	50		LIČE	NSIN	G	AL CR	
☑ DOLWD	☐ Amende				City,	State, Zip	Code						programme law
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(NJAC 5:23-8)	justifica		iiciuuii	ig	Nam	e of Contac	ct		Telephone Nur	nber			-
	☐ Cancella	ation			Jo	e Johnso	on		(732) 750-5	300			
					FA	CILITY II	NFORMATION						
Name of Facility Where A			5	35.59				Type of Facility	(4)				
Garden State Parkw	ay - New	Gretr	na Tol	l Plaz	za			School (K-12		21			
Street Address								Other (i.e., p	3 (Other than K-1) rivate and comme	z) ercial b	uildin	gs,	
Mile Post 51.5-53.9								homes, etc.)					
City (5) Bass River								Square Feet	# of Floors	В	ldg. A	ge	
County (6)					10-	nh. Cada /	ZVOTATE LICE ON VA	0 111 (D.	1				
Burlington					Cou	nty Code (/	7)(STATE USE ONLY)	Toll Plaza	or if being demol	snea)			
Name of Monitoring Firm I	lired by Bui	lding (Owner	(8)	ASCM	I No	Name of Abateme						
Health & Safety Serv		iding (OWINCE	(0)	AGGIVI	INO.	AbateTech, I	• •					
Street Address							Street Address						
PO Box 365							30 Maple Ave	. PO Box 25					
City, State, Zip Code	7-21-22-119 2		V		======		City, State, Zip Co						
Berlin, NJ 08009							Lumberton, N						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Jim Proctor				6	09-704	-8850	609-265-2107		00529				
Start Date (10)				200		ate (11)	Name of OSHA M	lonitor					
11/_4/_	19	1	1_ /	8	/ .	19_	EMSL Analyt	ical					
Occupancy Status During			5.000				Street Address						
☐ Facility Closed/Vacated							200 Route 13						
Abatement Performed (Time of Abatement:	AM-	ormai Pi		y Hou PM		AM	City, State, Zip Co						
Cooperative de l'Obraticalità							Cinnaminson	, NJ 08077					
Scope of Work (Check all t	пат арріу)						☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			Re				☐ Mini-Encl	osure					
≥160 sf or ≥260 lf			☑ De	molitic	on		☐ Glovebag ☑ Non-Exer	Procedure npted (*) and Nor	-Friable Procedu	re			
			Is	Loca	tion						atem	ent T	vpe
Location of				Norma			Description of		7W	_D	D	Ш	Ш
Asbestos-Containing M TO BE ABAT		1)	Ma	intena	ince/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	sula	sure
(13)			Yes	No	N/A	1	other miscellaned	ous)				ate	
Lane 5 & 6						Roofing	1		1,000 SF			П	
Lane 5 & 6							able Tops		36 SF				
Exterior at base of boo	the 5 2 6					Founda		-	75 LF	-			
Lane 5 & 6	1115 5 & 0			П			Floor in booths	-	30 SF				
Name of Registered Waste	Hauler		ш		JDEP \		Cubic Yards of	Name of Regist			ш	П	Ш
AbateTech, Inc	auioi			1.00	auler ID	No.	Waste	Fairless Lai					
City, State					18750		40 Disposal Date	City, State					
Lumberton, NJ							11/8/19	Morrisville,	PA				
Completed By (Print or Type	e)	Title					Signature	1	1	ite			
Gwendolyn Trumbett	35	10,000		ons (Coordi	nator	1/2	AAT		h -	75-	10	1

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Date of Notification (1):			ilding (Owner/Operator (2):		200	DII OCT	ο.	001	^	
10/24/19	PEG	GY W	EEKS	Owner/Operator (2):		no dizmento.	I [] OCI	2 8	201	y	المساا
Agencies Type Notification		et Addr				100	į				and a
Notified (X) Initial	City	Ctoto	7: C				ASDEST	38 C	CATED	OLS	
(X) EPA Notification (X) DEP () Amendment			Zip Cod IJ 07470			-		CENS	ING	e pue contract	party-gray-a-a-
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(X) DOH () Emergency (X) DOH () Cancellation	PEG	GY									
()DCA											
				FACILITY INFO	ORMATION						
Name of Facility Where Abate	ement is	Taking	Place ((3): RESIDENTAL	Type of Facility	(4):					
					() School (K-12		< 12\				
Street Address					() Subchapter 8 (X) Other (i.e., p		K-12) mercial buildings,				
					homes, etc.)						
City & State (5): WAYNE, NJ					Square Feet: N	Ά	# of Floors: 2		Bldg.	Age:	NA
County (6):		Co	unty Co	ode (7)	Current Use (P	rior if being	demolished):				
PASSAIC	70			JSE ONLY)	RESIDENTAL		(Control of Control of				
Name of Monitoring Firm	Hired	l by	Buildin		Name of Abate	ment Contr	actor (9):				
Owner:(8) BRIGGS ASSOCIATES				NA	S&M ENTER	PRISE OF	NJ, INC.				
Street Address:				<u> </u>	Street Address:						
71 ARCH STREET					339 N. 6 TH . S	TREET					
City, State, Zip Code:					City, State, Zip	Code:					
3 CROSSWICKS STREET					PROSPECT I	PARK, NJ	07508				
Project Manager for Monitorin	g Firm:			Telephone No.:	Telephone No.		License No.:		77	10,	
MICHAEL				609-298-5520	(973) 595-6955	j	01342				
	Schedul 11/9/19		npletion	Date (11):	Name of OSHA S&M ENTER		NI INC				
Occupancy Status During Abateme			ne)		Street Address:		113, 1110.				
(X) Facility Closed/vacated During				ent	339 N. 6 TH . ST						
() Abatement Performed Outside					City, State, Zip						
() Other – Describe:					PROSPECT PA	ARK, NJ 07:	508				
Scope of Work (Check all that appl	ly):					() Full (ontainment with	Non	ntive D	recent	
() $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$			(X)	Renovation		(X) Mini	Enclosure	I Iveg	ative i	CSSUI	
(A) ≥ 100 SI OF ≥ 200 II			()1	Demolition		(X) Non-F	bag Procedure riable Procedure				
		Locat		Doc	scription of					ement	t
Location of Asbestos-Containing Material		Vormal d Sole		Asbestos Conta	ining Material	(ACM)		-	1	pe	
(ACM)	Ma	intena	nce/	(i.e., thermal	l systems insulating, VAT, or	tion,	Amount	Re	w	Enc	En
TO BE ABATED IN Facility		ustodi Staff?			niscellaneous)		(Specify	Removal	Repair	aps	Enclosure
(13)		(12)					SF or LF)	val	Ħ.	Encapsulat	ure
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BASEMENT		X		FLOOR TILES			580 SF	X			\vdash
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Name of Registered Waste Hau NEWARK CARTING, INC	ier:			NJDEP Waste Hauler ID No. 04509		2000000000	Name of Regis GRAND CEN				.
City, State:		100000000000000000000000000000000000000	sal Date		City, State:						
NEWARK, NJ		9/30/	19		PEN ARGL	Y, PA					
Completed By:			Title:		Signature:	f-	Date:	1019			
MIKE ALTADOUKA					MA		9/17/19				

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1 4718 PAI			ATION	te of New OF ASBES o NJAC 8:	STOS A	ABATE			E	CE		\mathbb{V}	E	R	
Date of Notification (1) 10/25/2019		1000		Building O			(2)	Comments of the Comments of th	()CT 2	8	2019			ATTACHMENT TO THE PERSON OF TH
Agencies Notified Type Notification		103	Street Ad		-I AI: /	١		and the	of Pands		3000				P-Grafffing P-
EPA Initial			70,000	uhamma e, Zip Cod		Avenue	3	P.L. P. C.	ASB	ESTOS	CO	NIK	DL &)	No.
DEP Amended DOL Amendment	#		7.00	k, NJ 07					-	LICE	NSI	VG_	-		}
Emergency (justification) DCA Cancellation	including	1	Name of	Contact njamin C		deyo			1 200	phone 1 3-938-					
			FACIL	ITY INFO	RMATI	ON	_	5.5	1						
Name of Facility Where Abatement is Taking Weequahic High School	g Place (3)						-	of Facility (4							
Street Address							T S	School (K-12 Subchapter	8 (Othe	er than k	(-12)	d: 20020	W-24-5		
279 Chancellor Avenue								other (i.e. p	rivate 8	comme	ercial	buildi	ngs, i	nome	s,
City (5)								e Feet	10000	Floors		The same	dg. Aq	ge	
Newark, NJ							51,6	18 nt Use (Pric	4	aa domo	liche	87			
County (6) Essex			Meson Conscious	ISE ONLY)	-		Scho	ool			JIISHE	.u)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			of Abat of Corp	ement Con	tractor	(9)					
TTI Environmental, Inc. Street Address							Addres								
1253 North Church Street								Midland	Ave						
City, State, Zip Code						100000000000000000000000000000000000000	State, Zi								
Moorestown,NJ 08057						7,07,00,000		ook, NJ 0	7663		- NI-				
Project Manager for Monitoring Firm Mr. Jim Guilardi			Telephor 856-84	ne No. 40-8800		201-	hone No -791-6	777		Licens 0111).			
Start Date (10)	Schedule		pletion (Date (11)		Annual Control		A Monitor alytical, Ir	00						
10/25/2019 Occupancy Status During Abatement (Chec	10/25/2					1	Addres		10.			Fall of No. U			
			ent					ton Ave.							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Facility occupied du	nal Facility	Hours	ent .		_	15000	State, Zi catawa	p Code ly, NJ 08	854						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emolit					Mir Glo	l Containmo ni-Enclosure ovebag Prod	e cedure						
				1			No	n-Exempted	d (*) an	d Non-F	riabl			e ment	
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Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbest	De os Con	escription taining	n ot Material	(ACM)		mount				Щ	ш
TO BE ABATED		intenai todial S		(i.e.		I system		ation,		Specify F or LF)		Remova	Repair	ıcap	Enclosure
In Facility (13)		(12)				miscella				9 (590) SO (1		oval	air	Encapsulate	sure
50 5	Yes	No	N/A											ю	
Girls Bathroom 3rd Floor		X		Remov	e and	Enca	psulate	e Pipe		9 If		Х		Х	
					Ir	nsulatio	on								
Name of Registered Waste Hauler		10	IJDEP W		0.0000000000000000000000000000000000000	Yards		Name of	Regist	ered La	ndfill				
Smac Corp.		1 2 2 2	lauler ID 8590	INO.	of Wa			Grows		fill					
City, State Saddle Brook, NJ 07663					10/2	5/2019	9	City, Star Morris		A					
Completed by	Title					Signatu		0		1	Da 10	te)/25/:	2010	1	
Borce Gjorsoski	Pres	ident				1	open	e Goi	eec	ey	16	JI Z 31 i	2018	r:	

State of New Jersey

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) UC1 2 8 2019 Date of Notification (1) Name of Building Owner/Operator (2) 24 / Job #1910-2513 Chk-#2128 1 19 State of New Jersey STOS CONTROL & Agencies Notified Type Notification Street Address LICENSING **⊠** EPA 300 Riverview Plaza ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #_ Trenton, NJ 08611 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Allyn Baskin PhD 609-530-3104 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Katzenbach School For The Deaf School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 320 Sullivan Way homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton 39,500/4,100 2 55 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Environmental Connection, Inc. Street Address Street Address 120 N Warren Street 1835 Underwood Blvd City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Delran, NJ 08075 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rose Gollhofer 609-392-4200 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 6 / 19 EMSL Analytical, Inc. 11 / 12 / 19 Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ AM- PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ >3 sf or >3 lf □ Renovation Mini-Enclosure ≥ 160 sf or > 260 lf ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Crawlspace in kitchen \boxtimes Pipe Insulation 6 LF X П П Science Lab \bowtie Transite assoc. with Fume Hood 40 SF П \boxtimes П Science Lab X Transite Panels 6 LF П M П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 11/12/19 Penn Argyle, PA Completed By (Print or Type) Title Signature

ASB-41 **MAY 11**

Kaysi Gruner

Office Assistant

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

NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)		40		X.			Owner/Operator (2	1	i	-016	,		
9 / _	/	19	=:		Hea	ithSouth	Corporation	/ J	фb #1609-2116	NO TO MODERNIA DE	ık. #I	A	St. march
Agencies Notified	Type Notifica	tion				Address			ASDESTOS OC LICENSI	NG	كاند ناك		and Andrew
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended						view Parkway, S	uite 200		Marine Control		manu-ri	-2-3
☑ DOLWD	Amendme			Ė		tate, Zip C							
□ DCA	☐ Emergend		uding			ningham	•						
(NJAC 5:23-8)	justificatio	n)				of Contact			Telephone Numb				
	☐ Cancellati	on			Eliz	abeth Ma	ann		205-970-7850)			
					FAC	ILITY IN	FORMATION	-					
Name of Facility Where A						2		Type of Facility					
HealthSouth Rehab	Hospital of	Tom	s Riv	er				School (K-12) 3 (Other than K-12)				
Street Address								Other (i.e., pr	rivate and commer		ilding	3,	
14 Hospital Drive								homes, etc.)	I., 65				
City (5)								Square Feet	# of Floors	- 1	lg. Ag		
Toms River					10		VOTATE LIGE ONLY	84,619	3	_	over	30	
County (6)					Coun	ty Code (/)(STATE USE ONLY)		or if being demolis	nea)			
Ocean	Uisad by Duild	ina O		0) [ASCM	No	Name of Abateme	Rehab Hosp	oitai				
Name of Monitoring Firm Horizon	Hired by Build	ing Ov	wner (0)	ASCIVI	NO.		d Mold Service	s Corn				
Street Address							Street Address	u Wold Service	s, corp.	-			
PO Box 316							3859 Sylon B	Soulevard					
City, State, Zip Code							City, State, Zip Co						
Thorofare, NJ 0808	6						Hainesport, N						
Project Manager for Mon				Tele	phone	No.	Telephone No.		License No.				
Dave or Steve Flan				85	6-848	-0800	609-702-0400)	00862				
Start Date (10)	S	chedu	led Co	omple	tion Da	te (11)	Name of OSHA N	Monitor					
10 / 14 /	19	_11	/	1	_ 1	19 🛉	EMSL Analyt	ical, Inc.					
Occupancy Status During	g Abatement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	(77)						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:			277				City, State, Zip Co	ode					
						CIVI	Cinnaminsor	n, NJ 08077	(4)				
Scope of Work (Check al	Il that apply)						⊠ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf		-	⊠ Re	novati	on		⊠ Mini-End		gative i ressure				
≥160 sf or ≥260 lf			☐ De	molitic	n			g Procedure	n-Friable Procedu	70			
			le.	Locat	ion	Ι	□ Non-Exe	impled () and No	II-Filable Flocedul	1	ateme	nt T	vno
Location	of		N	Norma	lly		Description of	of				-	-
Asbestos-Containing	Material (ACM)		d Sole intena		Asbe	stos Containing Ma	aterial (ACM)	Amount	Rem	Repair	nca	incl
TO BE ABA			9,000	todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
(13)	,	-		(12)		1	other miscellane		/	-		late	e,
76 V.			Yes	No	N/A							52.50	
12 rooms and hallwa	ıy					Popcor	n Ceiling		2,500 SF				
										\boxtimes			
			П				4						
Name of Registered Was	ste Hauler				JDEP \	Naste	Cubic Yards of	Name of Regis	stered Landfill	10			1-
Waste Managemen				1000	auler II 17273	D No.	Waste 5	Grand Cer					
City, State					1121		Disposal Date	City, State	()				
Lafayette, NJ							11/1/2019	Penn Argy	le, PA				
Completed By (Print or T	ype)	Title					Silgnature		Da	ate	39.1		
Kimberly A. Trumb	79V	Of	fice (Coord	dinato	r	PX /		10	1-18	19		

TW#	1000	Q						TO F A		7 7 7	7 5	and the same of th
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(KW	010					AC 8:60 and 5:1		IIKI .				Santoniano Santoniano Santoniano
Date of Notification (1)	1,00			Name	of Buildin	g Owner/Operator ((2)	U U OCT	28	201	9	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	24 /	19		Wa	yne Reis	ss / Job#	1910-2511 Ch	k. #2126		-339-03-75		ļ ta
Agencies Notified	Type Notification	on		Stree	Address			ASSESTO			ÖL 8	-
☑ EPA ☑ DOLWD							10	LICI	ENSI	NG	Taxantida:	Marcon com
☑ DHSS	Amendment	#			State, Zip (
☐ DCA	☐ Emergency		9			NJ 08109						
(NJAC 5:23-8)	justification) Cancellation				of Contac			Telephone Numb	er			
	LI Cancellation	ı			yne Reis			1				
Name of Facility Where A	hatement is Tak	ing Place	(2)	FA	CILITY IN	IFORMATION	T of F - : 104	740				
Residential Propert		ing Place	: (3)				Type of Facility					
Street Address	-у						School (K-12	²⁾ 8 (Other than K-12)				
otreet Address							Other (i.e., p	rivate and commerc		ilding	s,	
City (5)							homes, etc.	# of Floors	RI	dg. A	10	_
Merchantville							1600	3		120	30	
County (6)			*:	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolish				-
Camden						•	Residential					
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
Finog Environment	al					Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
617 Stokes Road						1835 Underw	ood Blvd					
City, State, Zip Code						City, State, Zip Co						
Medford, NJ 08055						Delran, NJ 08	3075					
Project Manager for Moni Rebecca Rubnitz	toring Firm		1	phone		Telephone No.		License No.				
Start Date (10)	Soh	eduled C	100000	38-715	WHENCH CONTROL	609-702-0400 Name of OSHA M		00862				
		11_ /			50. 10	EMSL Analyt						
Occupancy Status During	Abatement (Che	eck only o	one)			Street Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:		nal Facility PM/	y Hour PM-		cribe AM	City, State, Zip Co	ode					
		- IVI/			AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)					□ Full Cont	rainenant with No.	antina Danasana				
		⊠ Re				☐ Mini-Enc		gative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag		n-Friable Procedure				
		Is	Locat	ion			impled () and No	III-I Hable Flocedule		ateme	ent Tv	me
Location	of		Norma			Description o	f			1		
Asbestos-Containing N TO BE ABA			d Sole intena			stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facilit			todial		(1.6	., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	₹	nsd	Sur
(13)				(12) other miscellaneous)								Ø.
		Yes	No N/A									
Basement		□ □ ⊠ Pipe Insulation 170 LF ⊠ □ □										
Name of Registered Wast			1.008	JDEP \		Cubic Yards of	Name of Regis					
Waste Management			Н	auler IE 17273		Waste 5	Grand Cer	ntral				
City, State					8	Disposal Date	City, State					

ASB-41 MAY 11

Lafayette, NJ

Kaysi Gruner

Completed By (Print or Type)

Title

Office Assistant

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

11/7/19

Signature

Penn Argyle, PA

1 NH State of New Jersey - Notification of Asbestos Abatement C E V E															
CK3288	3 P	AID	(Pursu	ant to <u>N.J.A.C</u> .	C. 8:60-7 and 12:120-7)										
Date of Notification (1)	Name of Building Owner/Operator (2)														
October 22,2019	BASF Catalysts Street Address														
Agencies Notified		Notification			Street Address		1	opuc:	ros coi	TROL	. Ši	Ü.			
WEDA		_Initial N			25 Middlesex		A	الميادرة الدائري.	ICENSIN	iG					
XEPA				fication # 1	City, State, Zip Code										
DCA xDOL		☐ Emerg justific		ncluding	Iselin, NJ 08830										
X DEP					Name of Contact Telephone Number										
xDOH		☐ Cance	lled		Kyle Smith 732.205.7664										
				FACILITY INF	ORMATION										
Name of Facility Where Abate	ement is Ta	aking Place (3)			Type of Facility (4)										
BASF Catalysts					School (K-12)										
Street Address					☐ Subchapter 8 (other than K-12)										
25 Middlesex Turnpi	ke				Other (i.e. private & commercial buildings, homes, etc.)										
					Sq. Feet: Unk	nown # o	of Floor	s: BI	dg. Age:	60 y	ears				
<u>City (5)</u>	County (and the same of th		Code (7)				2							
Iselin	Middle	esex	(State t	Jse Only)	Current Use (prior	if being dem	olisnea)	7							
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)										
EnviroVision Consul	tants in	ic.	0007	9	GREENWOOD	ARATEM	ENT CO	ONSU	TANTS	INC.					
Street Address					Street Address	ADATEM		01100		,					
20-21 Wagaraw Road	l Blda	# 35 F			Olioti Addiess										
20 21 Wagaraw Road	., D.ug .	. 00 _			511 MAIN STREET										
City, State, Zip Code					City State, ZipCode										
Fairlawn, NJ 07410					Butler, NJ 07405										
Project Manager for Monitoring	Telephone N	70/2000 10 07 07 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telephone Number			<u>License Number</u>								
Fred Larson	973-636-	9145		973-492-0477			0084	n							
Scheduled Start Date (10)		Sahadulad C	Completion Date (11)				00840								
November 4,2019	Decembe			Name of OSHA Monitor											
November 4,2013		Decembe	21 01,2	013	EMSL inc.										
Occupancy Status During A	batement	(Check only or	ne)		Street Address										
Facility Closed/Vacat	ed During	Entire Period	of Abater	ment	1056 Stolton Pood										
Abatement Performe	d Outside	of Normal Faci	lity Hour	S -	1056 Stelton Road										
Describe					City, State, Zip Code										
Other – Describe:					Piscataway, NJ 08854										
	· iooutumay, i							-							
Source of Work (Check all that	at apply)		x Full Containment with Negative Pressure												
> 2 of or > 21	£		Renovation			i-Enclos		with rioge		200010					
≥ 3 sf or ≥ 3 lf Ren □> 160 sf or > 260 Den															
<u> </u>	Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Contain	ing Is L	ocation Normal	ly Used	Description of Ast	estos Containing Ma	Amount		Abateme							
Material (ACM) in Facility (13	ely by Maint./Cu	ustodial		al systems insulation	, surfacing,	(Specify SF		Remove Repair Encap Enclo			Enclose				
int.	ff? (12) S NO	NA	VAT, or other miss	cell.)	or LF)		remove	repair E	Подр	21101000					
Laborator: # 100F	- 1	NO X	INA	VAT & Masti			500 s	£	X						
Laboratory # 109F		X		VAT & Masti			1,000	Service and the service of the servi	X						
Laboratory #112		160		VAI CEIVIASLI	· ·		1,000	31	LT.						
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Wa	aste.		Name	of Registe	red Lan	dfill				
See Hauler Below # 1 &	40 Fairless Landfill/														
	Grand Central Landfil				Landfill										
Hauler #1) Greenwood A	r, NJ 07405	Disposal Date City, State December 31 FL-1000 New Ford			rd Dd M	Rd Morrieville PA									
NJ DEP # 1256		10067 Pormit#18072					VIOLI19V	illo ic A							
Hauler #2) Newark Cartin	GCL-1963 Pen Argyle					Argyle R	d, Pen	ĺ							
						, PA 1807									
Completed by (Drint or Turns)	Signature			Date	t # 100265										
Completed by (Print or Type)		Title Sr Project	. 11/2	200	Manin Control				ober 22	2010					

Marin Graure Sr. Project Manager Marin Graure October 22,2019

GAC # 2019-680- Please Note Changes: Owner requests that the project start date be rescheduled for Monday, November 4, 2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

E	C	E		V	E	
	OCT	2	8	2019	Billyworth Mineral Landson	

KALATRALL					Pursuant to NJAC 8:60 and 5:16)											
Date of Notification (1)					Name of Building Owner/Operator (2)											
					Mr. Tim Bentch / Job #1910-2500 Chk #2127									NI-WES		
Agencies Notified	Notified Type Notification					Street Address AGDESTOS CONTROL									<u> </u>	
⊠ EPA						Street Address LICENSING										
☑ DOLWD ☑ Amended					City, State, Zip Code											
☑ DHSS Amendment #1					Hamilton, NJ											
DCA Emergency (including					Name of Contact Telephone Number									-		
(NJAC 5:23-8) justification) Cancellation						Tim Ben			relephone Number							
		FACILITY INFORMATION														
Name of Facility Where A	(3)	Type of Facility (4)														
Residential Property									☐ School (K-12)							
Street Address									☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
City (5)										homes, etc.) Square Feet # of Floors Bldg. Age					-	
Hamilton									`	1608	2 91					
County (6)					County Code (7)(STATE USE									-		
Mercer					(// // // // // // // // // // // // //					Residential						
						No.	Nan	ne of Abatem	ien	ent Contractor (9)						
Finog Environment	al				Asbestos an					d Mold Services, Corp.						
Street Address							Stre	et Address								
617 Stokes Rd #4-318							18	35 Underv	od Blvd							
City, State, Zip Code					City, State, Zip Co											
Medford, NJ 08055					Delran, NJ 08					· · · · · · · · · · · · · · · · · · ·						
64. 1350 6 4 V414 6 13 C44 6 4 V410 7 C44					phone I		Telephone No.				License No.					
						6-9994	609-702-0400 00862 Name of OSHA Monitor									
Start Date (10) Scheduled Compl																
<u>11 / 5 / 19</u> <u>11 / </u>						19		MSL Analy	iicai, inc.							
Occupancy Status During					Street Address											
□ Facility Closed/Vacate □ Abatement Performed					D "					ute 130 North						
Time of Abatement:					L AM											
		Cinnaminson, NJ 08077														
Scope of Work (Check all					☐ Full Con	nta	inment with Neg	ative Pressure								
☐ ≥3 sf or ≥3 lf				novatio						nclosure pag Procedure						
≥160 sf or ≥260 lf										empted (*) and Non-Friable Procedure						
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Location of Norm						500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Description of					D	D	т	т	
Asbestos-Containing Material (ACM) Used So							stos Containing Mat thermal systems in				Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility Custodia					Staff?	(1.6	surfacing, VAT, or			programma construit.	SF or LF)	oval	=	nsc	Sur	
(13)			- T	(12)			other miscellane					1.00		late	Ф	
			Yes	No		N/A							_			
Basement							20 000000	II Panels			430 SF					
Basement					□ Pipe Ins			ion			3 LF			Ш		
					JDEP \		2000	ic Yards of		Name of Regis	tered Landfill					
waste management					Hauler ID No. Waste Grand Central 5											
City, State							Disposal Date City, State									
Lafayette, NJ				11	1/6/19		Penn Argy	le, PA								
Completed By (Print or Type) Title						Signatúre Date										
Kim Trumbetti	Operations Coordinator							du l				110-2	4-1	9		