VIA U.S. MAI State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) STAWAR2 Agencies Notified Type Notification EPA Initial DEP Amended DOL Amendment # ASBESTOS CONTROL & Emergency (including DOH justification) LICENSING DCA Telephone Number Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address П School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) ELI 2ABETH Square Feet CIN. # of Floors Bldg. Age County (6) 90 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) HOUSE ASCM No. Name of Abatement Contractor (9) NOVALE Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11 Name of OSHA Monitor 9 NOVALE Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement .0 Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) ≥3 sfor≥3 lf Renovation ¥ ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing, In Facility Custodial Staff? (Specify Encapsulate VAT, or (12)(13)SF or LF) other miscellaneous) Yes No N/A BASEMENT Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill NOVATECO Hauler ID No. of Waste 350 G.K.OWS 6 City, State Disposal Date y, State and N.D. 18 0 Monaisonine Completed by CARIOS Signature ASB-41 (R-06-08) To not use this form for asbestos licensure exempted activities.

JY14/141	57	NO	TIFIC	NA TIO	State	of	New Jersey						-
(KW005	PAII	NO	(F	ursu	on OF	N.	SBESTOS ABA JAC 8:60 and 5:1	TEMENT 6)	EC	EIN			7
Date of Notification (1)							ling Owner/Operator	(2)					
08 /		19			avid J] SEP	4 20	19		4
Agencies Notified ⊠ EPA	Type Notification	on		Stre	et Add	res	S		Option and the second				The same of the sa
□ DOLWD	☐ Amended			City	State	7ir	Code	E CONTRACTOR DE	ASBESTO		ROL	8	
□ DOH	Amendmen		_				NJ 08096		LIC	ENSING		led Definition o	
☐ DCA (NJAC 5:23-8)	☐ Emergency justification	(includi	ng		ne of C	100			Talaahaaa	NI I			
	Cancellation				avid J				Telephone	Number			
N 65 W				FA	ACILIT	Y	NFORMATION						
Name of Facility Where A	batement is Tak	ing Plac	ce (3)				The state of the s	Type of Facility	(4)				
Street Address	·		77-77-17					School (K-1) Subchapter		16.40)			
Street Address								Other (i.e., phomes, etc.	private and co	mmercial l	ouildir	ıgs,	
City (5)				***			-	Square Feet	# of Floor	s E	Bldg. A	Age	-
Deptford								936	2		59	.5-	
County (6)				Cou	inty Co	de	(7)(STATE USE ONLY)	Current Use (Pr	rior if being de	emolished)			
Gloucester								Residence	0.7000				
Name of Monitoring Firm I				ASCN	1 No.		Name of Abateme	ent Contractor (9))				
Eagle Industrial Hyg	jiene Associa	tes, In	c.				Shade Enviro	onmental, LLC					
Street Address 359 Dresher Road							Street Address						
City, State, Zip Code							623 Cutler Av						
Horsham, PA 19044							City, State, Zip Co						
Project Manager for Monito	orina Eirm		Tal		A.L.		Maple Shade,	NJ 08052					
Larry Nagelberg	ornig i iiii			ephone 15-76 8			Telephone No. 856-755-0099		License N	0.			
Start Date (10)	Sche	eduled (Name of OSHA M	onitos	00842				
09/07/_		09				,	EMSL Analyti						
Occupancy Status During						Т	Street Address						
☐ Facility Closed/Vacated	During Entire P	eriod of	Abate	ment			200 Route 130	North					
Abatement Performed (Time of Abatement:	Jutside of Norma	al Facili ⊃M/	ty Hou	rs - Des	Scribe		City, State, Zip Co	de					
Scope of Work (Check all t					-Aivi	L	Cinnaminson	, NJ 08077					
	пас арргу)							ainment with Neg	ative Pressur	e			
≥3 sf or ≥3 If ≥160 sf or ≥260 If			enovati emolitic				☐ Mini-Enclo ☐ Glovebag	osure					
							☐ Non-Exen	npted (*) and No	n-Friable Proc	cedure			
Landing	•		S Locat Norma							At	atem	ent T	уре
Location of Asbestos-Containing M		Use	ed Sole	ely by	Δ	she	Description of estos Containing Mate	arial (ACM)	A	R	Z.	ш	ш
TO BE ABAT			intena todial			(i.e	, thermal systems in	sulation,	Amount (Specify		Repair	Encapsulate	Enclosure
IN Facility (13)		Ous	(12)	Jian:			surfacing, VAT, other miscellaneo	or or	SF or LF) \(\frac{\delta}{2} \)	~	sula	sure
		Yes	No	N/A			other miscellaneo	us)	40			ate	
Hallway Ceiling			\boxtimes		Shee	etro	ock and Joint Cor	npound	20 SF				
Office Ceiling			\boxtimes		Shee	etro	ock and Joint Con	npound	4 SF				
Name of Registered Waste	Hauler		1,2000	JDEP V			Cubic Yards of	Name of Regist	ered Landfill				
Freehold Cartage				auler II 15939			Waste 1	Fairless La	ndfill				
City, State	AND SALVEST AND PROPERTY OF THE						Disposal Date	City, State					
Freehold, NJ		-11000125-Se					09/10/2019	Morrisville,	PA				
Completed By (Print or Type			25				Signature	11		Date			
Christina Fay SB-41	V	ice Pr	eside	nt of C	pera	ioi	is Matho	Stay/		8/29	19		

INV# 1	4182				5	State o	of N	ew Jersey	_						
CKLOOD	o Pa	AI	TOV		IOITA	V OF	AS	BESTOS ABAT AC 8:60 and 5:10		D)EC	E		\mathbb{V}	E	F
Date of Notification (1)					100000000000000000000000000000000000000			g Owner/Operator (2)	n)					A COLUMN TO THE PARTY OF THE PA
	80 / -	19			Da	vis Er	nter	prises	and a	JUI SEF	3 4	2	019		
	ype Notific	ation				t Addre		242-4-4							
	Initial Amended	4					E01 1	ore Drive, Suite	8201	ASBEST	ros co	INC	RO	L &	ı
☑ DOH	Amendm					State,			L,	L	ICENS	NG		Fritulistion	on the second
	Emergen		luding	g				08053							
(NJAC 5:23-8)	justificati Cancella	20,000			A particular control	e of Co				Telephone N					
	_ Caricella	LIOII				ott St				856-784-	0707	-			
Name of Facility Where Aba	tomont is 7	Takina	Dless	. /2\	FA	CILIT	YIN	IFORMATION	7	(4)	45				
Ryan's Run East - Bu			Place	e (3)			Ш		Type of Facility School (K-1)						
Street Address	numg 250								☐ Subchapter		(-12)				
1330 Old Kings Highv	vav Fast						Ш		Other (i.e., p		mercial	buil	ding	s,	
City (5)	vay Last								homes, etc. Square Feet	# of Floors		Bld	g. Ag	10	
Maple Shade							Ш		20,000	2		4		,c	
County (6)					Cou	nty Co	de (7)(STATE USE ONLY)	Current Use (Pr	rior if being den	nolished)			
Burlington									Apartment			TAX			
Name of Monitoring Firm Hir	red by Build	ding Ov	vner	(8)	ASCM	No.	П	Name of Abateme	ent Contractor (9))					
Atlas Environmental I	nspectio	ns					Ш	Shade Enviro	onmental, LLC						
Street Address							П	Street Address			-				
PO Box 11645								623 Cutler Av	renue						
City, State, Zip Code							П	City, State, Zip Co	ode						
Philadelphia, PA 1911								Maple Shade,	NJ 08052						
Project Manager for Monitor	ing Firm			0.00	ephone			Telephone No.		License No					
Jason Dua					67-784	200		856-755-0099		00842					
Start Date (10) 09 / 16 /		Schedu 10			etion Da 5 /)	Name of OSHA M							
			14000		_ ′	19	-	EMSL Analyti	cai, inc.						
Occupancy Status During At ⊠ Facility Closed/Vacated [2.1	mant		Ш	Street Address	0 N - 41						
☐ Abatement Performed Ou						scribe	Ш	200 Route 130							
Time of Abatement:	AM	PM/		_PM		AM	Ш	City, State, Zip Co Cinnaminson							
Scope of Work (Check all that	at apply)				-	-		CililainiiiSOII	, 145 00077					Marine -	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		<u> </u>		novati			Ш	□ Full Conta □ Mini-Encl □ Glovebag		gative Pressure	Е				
		_	_ 00	THOMES	J.11				npted (*) and No	n-Friable Proce	edure				
				Locat							1	bat	eme	nt Ty	уре
Location of Asbestos-Containing Mat	terial (ACM	n l		d Sole		Δ	she	Description of stos Containing Mat		Amount	2		Re	Ш	Ш
TO BE ABATE		<i>'</i>		intena todial		1		, thermal systems i	nsulation,	(Specify	Z CV a		Repair	Encapsulate	Enclosure
IN Facility (13)			Gusi	(12)	Olaii!			surfacing, VAT, other miscellaned		SF or LF)	ğ			sula	ure
.(/			Yes	No	N/A			other misochanee	,43)					te	
Units 2311-2316		[\boxtimes		She	etro	ck/Joint Compo	und-Walls	7,912 SF	D				
Units 2311-2316]		\boxtimes		She	etro	ck/Joint Compo	und-Ceiling	4,352 SF	D	1	\sqcap		
							Н	<u> </u>				1 1	=		
			_		-	-						-			
Name of Registered Waste H	Jaulas				JDEP \	Masta		Cubia Varda of	[Name of David			1		Ш	Ш
Freehold Cartage	nauter				lauler II 15939	O No.		Cubic Yards of Waste 120	Name of Regis						
City, State			-					Disposal Date	City, State						
Freehold, NJ								10/25/2019	Morrisville	, PA					
Completed By (Print or Type))	Title						Signature			Date				
Christina Fay		Vic	e Pr	eside	nt of (Opera	tior	is Masha	Thus		8/3	1	19		

INV#1	4185								-	Olizater empressione				Print
CK 425 I	PAID	NOT	TFICATI (Pursua	ON OI	FA	New Jersey SBESTOS ABAT AC 8:60 and 12:12	EME 20)	NT	D		C [\mathbb{V}	E
Date of Notification (1) 08/30/2019			Name	e of Bu	ild re	ing Owner/Operato derick Des Ros	r (2)		Control of the contro	S	EP	4	2019	
	Notification			t Addr			1013		entry track				-0.0	
DED	nitial mended		City	State	7;.	Code				ASBE	STOS	CO	VTRO	1 & A
	mendment # mergency (includi					NJ 07003			L	-	LIUE	NSIN	IG	
Ď DOH _ ju	stification) ancellation	ng	E1001F-01-02	of Co		10 To Table 1 To Table			Tele	phone N	Numbe	r		
						derick Des Ros	iers							
Name of Facility Where Abateme House	ent is Taking Place	(3)			Ĭ	Ortination	Ту	pe of Facility (4	4)	-27212				
Street Address					H			School (K-1) Subchapter	2) 8 (Otho	r than V	10)			
							×	Other (i.e. p	rivate &	comme	rcial b	uilding	s, hor	nes,
City (5) Bloomfield					Ī		0.000	uare Feet		Floors		Bldg.	Age	
County (6)			Count	y Code	2 (7	7)	N/A	rrent Use (Prio	N/A	a domoli	iobod)	N/A		
Essex	D 711 C		(STATE	USE	ON	LY)	Ho	ouse			isi ieu)			
Name of Monitoring Firm Hired by N/A	/ Building Owner (8)	ASC	CM No.		Name	of Al	batement Cont atement, Inc	ractor (9	9)				
Street Address						Street			<i>.</i>					
City, State, Zip Code					Ц			ngren Aven	ue					
only, orato, zip odde						City, S	tate, va.	Zip Code NJ 07512						
Project Manager for Monitoring Fir	rm		Teleph	one N	0.	Teleph	one	No.		icense	No.			
Start Date (10)	Schedu	iled Co	mpletion	Date	(1-	9733			()1311				
09/10/2019	09/11	/2019	mpiedor	Date	(SHA Monitor Itement, Inc						
Occupancy Status During Abatem					Ī	Street		700070						
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Occupied	ng Entire Period of le of Normal Facili	Abater ty Hour	ment s					ngren Avenu Zip Code	1e					
Other – Describe: Occupied Scope of Work (Check All That Ap								NJ 07512						
≥3 sf or ≥3 If		Renova	zaturu:					9000000						
≥160 sf or ≥260 lf		Demoli	tion			×××	F	ull Containmen ini-Enclosure		egative	Pressi	ure		
						· ·	G No	lovebag Proce on-Exempted (dure *) and N	lon-Frial	ble Pro	ocedui	re	
Location of		s Locat Normal										Abat	ement	
Location of Asbestos-Containing Material (ACM) Us	ed Sole	ly by	As	be	Description stos Containing Ma	ateria	al (ACM)	Amo	unt	-	1)	/pe	
TO BE ABATED In Facility		stodial S			(i.e	 thermal systems surfacing, VAT 	insul , or	ation,	(Spe	cify	Ren	Re	Encapsulate	End
(13)			T	-		other miscellane	eous)		37.1537A	/	Removal	Repair	osula	Enclosure
Basement	Yes	No	N/A		H	Dino Inquilat	-		000				te	· LD
					H	Pipe Insulat	ion		200	LF	X	-		
					i						4			
ame of Registered Waste Hauler	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP Wauler ID		Ī	Cubic Yards		Name of Re	gistered	Landfill				
&S Abatement, Inc.			996	140.		of Waste TBD		Fairless L	andfill					
ity, State otowa, NJ						Disposal Date		City, State	D/					
ompleted by	// Title					Signature	17	Morrisville	, PA	Da	te			
ed Joksimovic OLIVER	ECER Proje	ct Ma	nager			J-#6	M.	A CONTRACTOR OF THE PARTY OF TH			3/30/2	2019		
	15					1 //								

Dates	F
Print	Form

Inv#	11190	Til	a A =	N W											P	rint F
CK 16260	D20015		NOTI (FICATIO	N OF	AS	ew Jers BESTO 8:60 a	ey S ABATE nd 12:12	EMEN	Т		EC	E	7	<u> </u>	<u>E</u> [
Date of Notification (1) 08/30/2019		<u> </u>		Name Dext				/Operato	r (2)			SEF)	4 20)19	Pathers monagadas
Agencies Notified	Type Notification	1		Street	Addre	SS					IL L	ULI		4 46	13	L
X EPA	× Initial			011.0							and continues	ASSEST	000	TIACY	201	-
X EPA X DEP X DOL	Amended Amendmen			City, S Mapl			ode NJ 070	40						SING	1105	OL.
DOH DCA	Emergency justification) Cancellation)	g	Name Dexte	of Cor	ntac					Те	elephone N	ımber			
Name of Facility 148	A.L			FAC	CILITY	INI	ORMA	TION					_			
Name of Facility Where A House	Abatement is Takir	ng Place	(3)						Тур	e of Facility						
Street Address						Н	_		H	School (K Subchapte	(-12) er 8 (Oth	ner than K-	12)			
						П			×	Other (i.e. etc.)	. private	& commerc	cial bu	ildings	, hom	ies,
City (5) Maplewood						Ī			Squ N/A	are Feet	# c	of Floors A	1.2	Bldg. A	Age	
County (6) Essex				County (STATE					Curr		rior if be	ing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.					atement Co tement, I		r (9)				
Street Address						İ		Street 11 R		ess igren Ave	enue					
City, State, Zip Code						i		City, S	State, 2	Zip Code NJ 07512						
Project Manager for Moni	toring Firm			Telepho	one No	D.		Teleph 9733	none N	No.		License I	No.			
Start Date (10) 09/11/2019		Schedu 09/12/		mpletion	Date	(11)		Name	of OS	HA Monito tement, I	5	0.0.1				
Occupancy Status During	Abatement (Chec	k Only O	ne)		-	Н		Street								
Facility Closed/Vaca Abatement Performe X Other – Describe: O	ed Outside of Norn	Period of nal Facilit	Abater y Hour	ment s						gren Ave	enue	h.				
_							-	Toto	wa, N	NJ 07512	2					
Scope of Work (Check All ≥3 sf or ≥3 lf	тпат Арріу)	×	Renova	ation] FI	II Containn	nent with	Negative	Droom			
≥160 sf or ≥260 lf		_	Demoli					×	Mi Gl	ni-Enclosui ovebag Pro	re ocedure	d Non-Frial				
		1:	s Locat	ion		T			1110	n-Exemple	() an	u Non-Filai	T		ement	t
Location			Norma ed Sole			Ш		scription					-	Ty	уре	Г
Asbestos-Containing I TO BE ABA	TED	Ma	aintena stodial	nce/				taining M systems			0.000	mount Specify	R	_	Enc	ш
In Facilit (13)	y	Cus	(12)	olaii?			surfa	cing, VA niscellan	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Ш	00.	, no ocuari	cous				val	=	ılate	ure
Baseme	nt		X			İ		VAT			60	00 SF	X			
Name of Registered Waste	a Haule-			UDEE												
D&S Abatement, Inc.	e raduel		H	JDEP Wauler ID			Oubic of Wa	Politika (2002)		Name of Fairles:		red Landfill				
City, State			20	0996			TBD	al Dat				1111				
Totowa, NJ							TBD	al Date	/	City, Stat Morrisv		Ą				
Completed by		Title			-,1	i	S	ignature	10	/		Da	ite			
Oliver Hegedis		Proje	ect Ma	nager				1	11	~		30	3/30/2	2019		

Inv# @ 135	700 m		ATION		18	Arsey TOS ABATE 10 and 12:12			D.	E	C	E		V
Osize of Nasiscation (1) 08/29/2019		18	Varne c	l Building	Ōw	neriOperater	(2)	strict		S	EP	4	20	19
Agancies Notified Type Notification	1	S	treet A	ddress man J F ne, Zip C	lel	d Way	21 (2)	30101	Section 10	ASBE	STO	S C	ONTI	RO
DOL Amendmen Ensergency justification	(Including		Tinton lame o	Falls N	U (1992 (30 oct) / L = 1			Telephon	a Numbi	LICI	ENS	ING	-
R DCA Cancellatio				w Teep Lifty bur	. 111	MATION	Tye	e of Facility (4)	732-54					
Monmouth Region! High School Street Address 1 Norman J Field Way								School (K-12) Subchapter 8 Other (i.e. pre-) (Other Inar		outidan			
Diy (5) Tinton Falls NJ 07724							Sqi n/a	etc.) uere Fest	# of Floor		Bid	g Aga		
County (6) Monmouth				Code (7) USE ONL			1	rent Use (Prior shoot	if being de	nvolistra	3)			
tame of Monitoring Firm Hired by Building Ahera Consultants Inc	Owner (8)		ASC	i No.		Ana	x Co	batement Controntracting LL						
itreet Address PO BOX 385 ity, State, Zip Code Openville NJ 08231						City,	BO) State	ress (734 Zip Code ad Park NJ (17.424					
roject Manager for Monitoring Firm Donna D'Errico			elepho	ne No. 52-183	3	Telep	hone			nse No. 266				
tert Date (10) 08-24-2019	Scheduler 09-20-2	019	plation	Dete (11		71.00	ax C	SHA Meniter ontracting L	LC					
Coupancy Status During Abeliament (Che Facility Closed/Vacated During Entire Abstement Performed Cutside of Non Other – Describe: OCCLIPIED BUILD	Period of Al mal Facility I	baloma	esti.			PO Cky,	BO) State	(734 , Zip Code nd Park NJ	07424			- 11		
cope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥150 sf or ≥250 if		enovač smošta					100	Full Containme Mini-Englosure Glovebag Prodi Non-Exempted	adure					
Location of		Localio ormally				Descriptie	ws of					Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solel) denan- dkei St (12)	ce/ udT/	Asbi (L		Containing termel system surfacing, V other macell	Mate ns inc	stalistican, W	Amou (Spec SF or I	ly	Rendeal	Repair	Execupaciation	Englopses
Symnasium bleacher area south	Yes	No	N/A X	wood		n/homaso	te si	ıb&mastic	520 (3F	×			
Gymnasium bleacher area north			X	wood		or/homasc	te s	ub&mastic	680 5	SIF				
rite of Registered Wasta Flaster		STATE OF THE PARTY OF THE	DEP V	Charles Control of the Control		Cubic Yerds			Kaglaterec	Langial				
nax Contracting LLC			nder 10 135 18			of Wester 50 cy Deposed the	b	Fairles ay sur						
y State codfand Park NJ 07424 maketed by	126					(9-27-20) [] Espain	9	Morron			a 29			
me Maslarkov	Projet	A MA	nage			and trois and	4	1,64						

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Inv# 14108	PA	m	Pursu	ant to	NJA	/C	8:60 and 12	2:120)	Check#	2140 /	218	1	
Date of Notification (1) August 30 August 22,20							ner / Operator	(2)	-			-	
Agencies Notified Type Notific				gh Asso t Addres		es			IN E C		1 1	7 [3 [
□EPA □DEP			31 Sc	choolhou	use I				SE	a Comment and Assembly and	201		
DOL Initia			The Court of the C	State & Z							- 41		-
MDOH Mane	ended endment #_1_		Some	erset, NJ	088	73	Ď.		ASBEST	TOP CO	RITTO	G1 (_
	cellation		Name	of Cont	act	T				Telepho			
			Pauli	ne Balog	gh	ı				732-805	-9800)	6++V.,
			FA	CILITY	(IN	FC	ORMATION						Medit with
Name of Facility Where Abatement Comcast Cable Communications	is Taking Place	(3)			T	T	Type of Facili						
Street Address					+	۰		oter 8 (Other tha	an K-12\				
381 Lord Street						ı	Other (i	i.e., private &	commercial buildi	ngs, hor	ne, e	tc.)	
City (5)					+	٠	Square Feet	# of F	loors	Bldg. Ag			
Avenel							Current Use (Office Building	Prior if being de	emolished)		50		
County (6) Middlesex	County USE C	ONLY	e (7)					9					
Name of Monitoring Firm Hired by B Arcadis U.S., Inc.	uilding Owner ((8)		ASCN	1 No.		Name of Abat	tement Contract	tor (9)				
Street Address					-	-	Synatech, Inc						
10 Friends Lane							829 Radio Ro						
City, State & Zip Code Newtown, PA 18940							City, State & Z		-				
Project Manager for Monitoring Firm		Tel	lephone I	Number	+	۰	Telephone Nu	rbor, NJ 08087	License N	umher			
Firoz Jan Scheduled Start Date (10)	Cahadulad Car		7-685-18		4	4	609-296-6916		2,001100 11	0081	7		
September 4, 2019	Scheduled Cor	Octob	on Date (er 17, 20			ı	Name of OSH Synatech, Inc	A Monitor					
Occupancy Status During Abatemen Facility Closed/Vacated During	t (Check only o	one)	VI1			T	Street Address	s	1				
Abatement Performed Outs				I		ı	829 Radio Ro City, State & Z						
Other – Describe:	iuo oi itoimiai i	riouis				ı	10.000	ip Code rbor, NJ 08087	7				
Facility Occupied During Ab													
Scope of Work (Check all that apply)													
≥3 sf or > 50 lf		П.				ı		Full Containme	nt with Negative Pre	essure			
≥160 sf or ≥260 lf			Renovatio Demolitio			ı		Mini-Enclosure	200 4 300 200 2				
			Serriondo			ı		Glovebag Proce	edure (*) and Non-Friable	Dragodu			
Location of			n Norma		П	Ť	Description	on of	() and Non-Fhable		atem	ent T	vpe
Asbestos-Containing Material (A			Mainten			ı	Asbestos-Cor		Amount (Specify				,,,,
IN Facility			alai Otali	(12)		ı	Material (A (i.e., thermal s		or LF)	\vdash			
(13)				Ц			insulation, surfa	icing, VAT		_Z	_	Enc	m m
			- 1			ı	or other miscel	lianeous)		Removal	Repair	aps	clos
	Y	es	No	N/A		ı				val	air	Encapsulate	Enclosure
Lobby, Former Payment Ctr, Hallw Common Areas	ay,			Х		İ	Floor Tile and	d Mastic	1,000 SF	- L			
Payment Center		_		Х		٠	Floor Tile and	Mastic	200 SF	∵			
Area btw Common Areas and Head	lend			Х		T	Floor Tile and		100 SF	$-\frac{x}{x}$			
Headend				Х		t	Floor Tile and		100 SF	$-\hat{x}$			
Name of Registered Waste Hauler		DEP W		Cubic Y	/ards	of	f Waste	Name of Regis	tered Landfill	1			_
Synatech, Inc.	Hau	ller ID 274		14		ı		Fairless Hills					
City, State				Disposa	al Da	te		City, State					
Little Egg Harbor, NJ 08087				Octobe	r 19	20	019	Morriovilla Da					
Completed By	Title			Signatu		, 20	0.10	Morrisville, PA	Date				-
Diane Aloia	Executive Ad	minist	trator	1 0		e	Clora	.	August 30, August 22,2019	, 2019			

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

Date of Notification (*	1)			Nar	ne of Bui	Idina	Own	ner / Operator	(2)	1	neck #	214	Party Company	Printe.
	Áugust 22,2	019			ogh Ass			iei / Operator	(2)	IMEGI	E	\mathbb{W}	E	m
Agencies Notified	Type Notifi	cation			et Addre								7	
Пера							Ш			115			Printer and	
EPA				31 8	Schoolho	ouse	Roa	ıd		III oro	An	กาก	940	\prod_{i}
DEP										LL LL SEP	4 2	119		
⊠DOL	Init	ial		City	, State &	Zip (ode			5				
⊠рон		ended			nerset, N						0011			
	Am	endment a	#							ASBESTOS			. či	
∐DCA	Ca	ncellation		Nan	ne of Con	tact				1 11 36	Teleph		IIImh	or
				Pau	line Balo	ah	Ш				732-80			CI
										***************************************	132-00	3-900	0	
Name of Facility When	re Ahataman	t in Tables	DI (0)		ACILII	Y IN	FO	RMATION						
Comcast Cable Com	munications	s, LLC	Place (3)				Ш	Type of Fac	ility (4) I (K-12)					
Street Address									apter 8 (Other th	nan K 12\				
381 Lord Street							Ш							
							Ш			commercial build			etc.)	
City (5)							-	Square Fee	t # of	Floors	Bldg. Ag			
Avenel								Current Har	/D-1161			50		
Cause (C)								Office Build	(Prior if being o	lemolished)				
County (6) Middlesex		1	County Co				Ш							
Name of Monitoring Fir Arcadis U.S., Inc.	rm Hired by I	Building O	wner (8)	-	ASCI	M No	П	Name of Aba	atement Contrac	ctor (9)		_		
Street Address						_	-	Synatech, li						
10 Friends Lane							Ш	Street Addre						
City, State & Zip Code		3 -1.1 (L.1.1 1 1 L.1					-	City, State &						
Newtown, PA 18940								Little Egg H	arbor, NJ 0808	37				
Project Manager for Mo Firoz Jan		n	1 2	elephone 67-685-18	Number 300			Telephone N 609-296-691		License N	umber 008	17		
Scheduled Start Date (September 4, 2	10)	Schedule	d Comple	tion Date	(11)			Name of OS	HA Monitor		000	17		-
Occupancy Status Duri	ng Abateme	nt (Check	only one)	ber 17, 2		-	Н	Synatech, In Street Addres						
Facility Closed	Macated Du	ring Entire	Period of	f Abateme	ent -			829 Radio R						
Abatement Pe		side of Nor	mal Hour	s			_	City, State &		11.00				
Other - Descri								Little Egg Ha	arbor, NJ 0808	37				
Facility Occupi														
cope of Work (Check	all that apply)					П							
_							Ш	П	Full Containme	ent with Negative Pre	Scuro			
≥3 sf or ≥ 50 lf			П	Renovati	ion		Ш	M	Mini-Enclosure	Sin with Negative Fre	ssoure			
≥160 sf or ≥260 l	lf		П	Demolitic	าก		Ш	H	Glovebag Prod					
			_				Ш	K			_			
Locat	ion of		Is Locat	ion Norma	ally I load	_	-			d(*) and Non-Friable				
Asbestos-Containi		ACM)		by Mainter				Descripti Asbestos-Co		A (O 16		atem	ent T	ype
TO BE A		,	Custo	odial Staff	? (12)	1	Ш	Material (ACM)	Amount (Specify or LF)	51			
IN Fa				1	1	1	Ш	(i.e., thermal		0, 1,	-			
(1:	3)			1			ir	sulation, surf	acing, VAT		-		E.	m
			1					or other misce			Removal	Repair	cal	nc
											no	pa	JSC	SO
			Yes	No	N/A						/al	=	Encapsulate	Enclosure
obby, Former Paymer	nt Ctr, Hallw	ay.			X		Н	Floor Tile an	d Mastic	1,000 85				-
ommon Areas ayment Center	,	91					Ш			1,000 SF	Х			
					X			Floor Tile an		200 SF	X			
	btw Common Areas and Headend							Floor Tile an	d Mastic	100 SF	X			
eadend								Floor Tile an	d Mastic	100 SF	X			
ame of Registered Wa	of Registered Waste Hauler NJDEP V							Naste	Name of Regis	stered Landfill		-		
mate als los	Hauler ID							grant Barat (1.0 ph th.)						
rnatech, Inc. ty, State	ech, Inc. 27								Fairless Hills					
ly, State					Dispos	al Da	te		City, State					
ttle Egg Harbor, NJ (18087				0-4-1			10						
mpleted By	,0001	Title			Octobe		201	19	Morrisville, P					
,		Title			Signatu					Date				
ane Aloia		Executive	e Adminis	strator	1/1).	0		alora	3.	August 22,2019				
					100	lin	e	cceca		nagust 22,2018				

Proj. #: 19-175 Date of Notification (1) 0 8 / 2 9 / 1 9 Agencies Notified Type Notification Type Notification Type Notification DEP Amended Amendment # Emergency (including justification DCA Cancellation Ca	#:	City, Sta Lake Name of	(FBuilding Hunt ddress te, Zip C Hopatc	Owi Owi	cation of	As JA	C-8:6	os Abatement 0 and 12 120)	ASSI	C E	ING		The second secon	The state of the s
Cancellatio	n II	Larry	Truite	FAC	ILITY INFO	PN	ATIO	N.		_			_		_
Name of facility where abatement	is taking n	lace (3)		1 AO	- INTO	TIV	ATIO	IN .		Tune of Facility	/4\				-
Residential Street Address	is taking p	lace (3)							-	Subcl Other Bldgs	(4) ol (K - 12) hapter 8 (((Private/C ./Homes, (Other t		(-12)	
City (5)	I Cou	nty (6)				H	0	1 0 1 (7)	-11	Square Feet	# of Floo	rs	2000055	ldg. A	ge
Oity (5)	000	iity (O)						unty Code (7) ate use only)		1,100 SF Current Use (F	02 Prior if bair	a den	85	od)	
Lake Hopatcong, NJ 07849		ssex								Residential	TIOT II DOI	ig don	1011311	cuj	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)			ASCM No).	П	Name of Abate	ment C	ontractor (9)					
N/A Street Address						L		KLOMAX, Street Address	LLC						
Street Address								309 W. End	A 110						
City, State, Zip Code						٠	_	City, State, Zip (-					MANUTAL STATE OF THE PARTY OF T	
19 97								Hopatcong,		843					
Project Manager for Monitoring Firm	n		Phone N	lumb	er	T		Telephone Num			License	Numb	er		
								833-455-66			0	2007			
Start Date (10)	Sched	d. Compl	etion Da	te (11)	Ī		Name of OSHA KLOMAX,		or					
09/10/19	09/10							Street Address	LLC						
Occupancy Status During Abateme				A CONTRACTOR		Ī		309 W. End	Ave						
Facility closed/vacated during Abatement performed outside								City, State, Zip 0	Code						
Describe: NORMAL F							_	Transform	NILOT	0.42					
Scope of Work (check all that appl						t		Hopatcong,							_
	Renovatio	nn							_	ıll Containment v ini-enclosure	v/negative	press	ure		
☐ ≥160 sf or ≥260 lf	Demolition									ovebag procedu					
Location of	Is location	n normal	ly used s	solely		۰			Пи	on-Exempted (*)	and Non-	friable TR	Proc	edure	T
asbestos-containing	by mainte staff(12)					ptic	on of a	sbestos-containii	ng	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	Yes	No	Τ.,	/A	materi	al (ACM)			(Specify S	SF or	0	а	a	C
	103	140	IN IN	/A								v e	l r	р	
Basement Basement		LX	_ _		Boiler In	_				32 SF					
Dasement		LX	╬	=	Transite	Bo	ard		-	28 SF		×	<u> </u>	부	ዙ
				=		٠	-			-		片	片	井	H
			╬	=		H						H	片	Η	1
Registered Waste Hauler		EP Haule	r ID#	25.552	ubic Yards	of V	Vaste	Name of Regist							
KLOMAX, LLC City, State		8241	Dispos		yds				VN, R	ESOURCE RE	ECOVER	Y			-
Hopatcong, NJ 07843			TB		aic			City, State TULLYTO	WN P	Α					
Completed by (Print or Type)	Title				Signature	ŧ	TI	7	., ., 1	4.1	Date				—
Paige Boylan	Owner		-				4	/ .			08/29/	19			
ASB-41	Do not use	e this for	m for ast	oesto	s licensure	exe	mpte	d activities.							

Proj. #: 19-176 Date of Notification (1) 0	cation Str #: Cit	eet Addre	(Purs	ner/Operato	As JA		NJ tos Apatement 60 and 12 120)	INVASORETS exceptions en	SEP -	QON VSHV	V 2019	S Comments of the second of th	The formation of the state of t
			FAC	CILITY INFO	RM	ATIC	ON						
Name of facility where abatement Residential Street Address	t is taking plac	e (3)						Subd Othe Bldgs	chapter 8 (0 r (Private/0 s./Homes, e	Other to Committee Committ	ercial		
City (5)	County	(6)				Co	ounty Code (7)	Square Feet 1,200 SF	# of Floo	rs	75	ldg. A	ge
11-1					П	.00000	tate use only)	Current Use (200000	ng den		ed)	
Union, NJ 07083 Name of Monitoring Firm Hired by	Union			ASCM No	Ш		Name of Abatement (Residential					
N/A	y Diag. Owner	(0)		ASCIVI NO).			contractor (9)					
Street Address				-	-	_	KLOMAX, LLC Street Address						
					Ш		309 W. End Ave						
City, State, Zip Code					П		City, State, Zip Code						
Project Manager for Monitoring Fir		Lai					Hopatcong, NJ 0	7843					
Project Manager for Monitoring Fir	m	Pho	one Numb	er			Telephone Number 833-455-6629		License	Numl 2007			7 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
Start Date (10)	I School C	ampletie	n Date (1	1)	Ш		Name of OSHA Monit	or		2007		_	
		76	II Date (1	1)	Ш		KLOMAX, LLC						
09/12/19 Occupancy Status During Abateme	09/17/1					_	Street Address						
Facility closed/vacated during		(연구성기) 경기(경기	nent.		Ш		309 W. End Ave						
Abatement performed outsid Describe:	e of normal fac	ility hours	S-		Ш		City, State, Zip Code						
Other-Describe: NORMAL							Hopatcong, NJ 07	7843					
Scope of Work (check all that app ≥3 sf or >3 f ≥160 sf or ≥260 f	Renovation Demolition						⊠ M ⊠ G	ull Containment lini-enclosure llovebag procedu lon-Exempted (*)	ire			edure	
Location of asbestos-containing	Is location no by maintena			1			pologic_scorpinitypaper_coving	Amount		R	R	E	E
material (acm) to be abated in facility (13)	staff(12)			materi			asbestos-containing)	(Specify :	SF or	m o	p a	С	n
abated in facility (15)	Yes	No	N/A					LF)		v	i	a p	L
Basement		X		Pipe Insu	lati	on		68 LF		e			
						-							
					Н								
Registered Waste Hauler	NJDEP	Hauler ID	# I C	ubic Yards o	of W	aste	Name of Registered L	andfill			Ш		Ш
KLOMAX, LLC	00382	41	2	yds		0.00.00	TULLYTOWN, R		ECOVER	Y			
City, State Hopatcong, NJ 07843	and cultures	D	isposal D TBD	ate			City, State						
Completed by (Print or Type)	Title		וטטו	Signature		1	TULLYTOWN, F	'A	T Data				
Paige Boylan	Owner			3		11	7		Date 08/29/1	19			
ASB-41	* Do not use th	is form fo	r asbesto	s licensure	exe	mote	d activities		1				-

Proj. #: 19-177 Date of Notification (1) 0 8 / 2 9 / 1 9 Agencies Notified Type Notification Type Not	E Stre	Notin (Pursume of Building Own van Drachman bet Address V, State, Zip Code Hoboken, NJ 07the of Contact	idation of unant-to N.	AS	2\8:6 7\	ds Abatement pland 12/120)		SEP SBESTOS	S 00	AN VINE HOLLS	Verturation	
DCA Cancellation	n <u>E</u>	Evan Drachman		Ц			_ '					
Name of facility when all the			CILITY INFO	RM.	ATIO	N						
Name of facility where abatement Residential Street Address	is taking place	(3)					Subch Other Bldgs.	(4) ol (K - 12) napter 8 (C (Private/C /Homes, e	omme		(-12)	
City (5)	County	(6)	-	Н	Cor	unty Code (7)	Square Feet 1,300 SF	# of Floor 02	rs	65	ldg. A	\ge
M. I. I. MYOROTO	_			П		ate use only)	Current Use (P		g den	-	ed)	
Maplewood, NJ 07040 Name of Monitoring Firm Hired by	Essex Bldg, Owner (8)	ASCM No	_	-	Name of Abatement	Residential					
N/A		- /	AGGINI NO			KLOMAX, LLO						
Street Address				H	=	Street Address					_	
City, State, Zip Code				Ш		309 W. End Ave						
City, State, Zip Code				П		City, State, Zip Code						ALC: NO.
Project Manager for Monitoring Firm	1	Phone Numb	er	Н	-	Hopatcong, NJ Telephone Number	07843	License	Mumi	201		
				Ш		833-455-6629			2007	ber		
Start Date (10)	Sched. Co	ompletion Date (1	1)	Н	_	Name of OSHA Mon						
09/09/19	09/16/19)		Ш		KLOMAX, LLO Street Address	C					
Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside Describe: NORMAL H	entire period of normal facil	of abatement.				309 W. End Ave City, State, Zip Code						_
Scope of Work (check all that apply					-]]	Hopatcong, NJ (,				
≥ 3 sf or >3 If ≥ 160 sf or ≥ 260 If	Renovation Demolition						Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	e			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenantstaff(12) Yes	rmally used solely ce/custodial No N/A	1	otion II (A	of as CM)	sbestos-containing	Amount (Specify S LF)	For	R e m o v	R e p a i	Enca	E n c L
Basement		X	Pipe Insu	ati	on		23 LF		e	r	р	
				771			23 DI			님	님	H
				Į					司		Ħ	一
Registered Waste Hauler	NJDEP H	lauler ID# Ci	ubic Yards o	F VV:	aste	Name of Registered	Landfill					
KLOMAX, LLC	003824	1 1	yds			TULLYTOWN,		COVERY	Y			
City, State Hopatcong, NJ 07843		Disposal D TBD	ate		1	City, State	D.A.					
Completed by (Print or Type)	Title Owner	1017	Signature	1	#	TULLYTOWN,	PA	Date 08/29/1	9			
ASB-41 *	Do not use this	form for asbesto	s licensure e	xen	npted	activities.			5/4			

	hIDT	3	N	IOTIF (P	ICATIO ursuan	M OF	SE AC	ESTOS 8:60 an	ABATE d 12:12	MEN	Т	The second	C	:p -	. A '	onto	The second second
	ite of Notification (1) 3.30.19	114						Owner/0			HOUSING	3	11 01		4	-013	of Personal Property
	encies Notified	Type Notification	* ")		Street A		81 I	ATE S	TREE	Г			ASBE	STOS			L&
×××	EPA DEP DOL	Initial Amended Amendment Emergency		_		ITON	, N	J 0860	8					4,000			
×	DOH DCA	justification) Cancellation			Name of DAN I								ephone Nu 9-989-35				
					FAC	ILITY	NF	ORMATI	ON								
	me of Facility Where A 94-796 STUYVES		g Place (3))						Тур	e of Facility (
225	eet Address 94-796 STUYVES	ANT AVE								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	home	es,
	y (5) RENTON									Squ 238	are Feet	# o 2	f Floors		Bldg. A	Age	
	unty (6) ERCER				County (STATE)			rent Use (Prid			hed)			
	me of Monitoring Firm SEINE LIGHTHO				ASC	vi No.	Ħ				atement Con						
1000	eet Address D BOX 354						Street 1256		ess ERTY AVE			30000					
	y, State, Zip Code DUTH ORANGE,	NJ 07079					10.00		Zip Code E, NJ 0720	5							
Pro	ect Manager for Mon	itoring Firm		- 1	Telepho				Teleph 844-4	one I	No.		License N	lo.			-
7.000	rt Date (10) 0.03.19		Schedule	d Con					Name	of OS	SHA Monitor LIGHTHO	IISE		ONS	110		
Occ	cupancy Status During		k Only One	e)			Н		Street PO B	Addre	ess	700L	OOLOTI	ONO	LLC		
×	Facility Closed/Vaca Abatement Perform Other – Describe:								City, S	tate,	Zip Code	NILO	7070	-			
Sco	ope of Work (Check A	II That Apply)							500	IH	ORANGE,	NJ U	7079				
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас дрруу)		enova emolit					×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				Р	
				_ocati			Ī					()		T	Abate	ement pe	
	Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Used Mair	ormali Sole ntenar odial S (12)	ly by nce/			tos Conta thermal surfac		lateria insu T, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A						, l			'al		late	ıre
N	- (D. d.)																
	ne of Registered Was WARK CARTING			Н	JDEP W auler ID 1509			Cubic ' of Was			1160654390505554761	-	red Landfill IAGEME		AND	FILL	
	, State ST ORANGE, NJ							Dispos	al Date	5.	City, State		E. PA				
	npleted by SON LAMERS		Title	E M	ANAG	ER		Si	gnature		W 01		Da	ite	1		

ESD

PRINCETON PLASMA PHYSICS LABORATORY

Environmental Services Division

PROCEDURE N

No. EM-OP-01

_	Rev 8	
Page 1	Page IP of 16	1///
11	115951	Ü



Attachment I Notification of Asbestos Abatement Page 1 of 2

SEP - 4 2019

Operator No.	Postmark	Doto	D	D	-	1000		
Operator 140.	rosuliai k	Date	Date	Received		ASNo	GINGAGIONONO LICENSING	TROL&
					Lorenza		ANTO PLANTA	J.
Type of Notif Agencies Not Type of Oper Is Asbestos P	ified \begin{aligned} \text{EP} ation \begin{aligned} \text{De} \text{Re} \text{Re}	NJDOL molition movation moval	evised	□NJI □Ord	ncelled DCA [dered Demo ergency ren			
				Start date:		I	Date Compl	eted:
Scheduled dates of asbestos r	removal (DD/MM/YY	7)		09/13/2019)		09/21/20	
Schedules dates of demolition	n renovation (DD/MN	1/YY)					07/21/20	.,
Facility:								
	ton Plasma Physics Lab		Bui	lding Name:	Lab Wing			
Address: 100 Stelarator F					100 Stelarate	or Road		
	tate: NJ Zip: 0854.		City		State: NJ		08543	
Contacts: Todd Sandt	Telephone:	509-243-3592	Site		oms L242 a th hallway; S F landin	Stairwell (County code NJDEP Use)	
Contractors:			Size		Floors	1	Age: 60	
Removal Contractor: P.	lymouth Env., Licen	se No.: 0039	3	Present use:	Office	Pri	or use: S	Same
Address: 923 Hav	ws Ave.			Type of Facili	tv School	(K-12)	Sub Chapter	8 (other)
City: Norristo	wn State: PA	Zip: 19401			ner (private,			
Contact: Jim K	The second secon	610-239-9920		Occupancy sta				
Monitoring Firm: Enviro	Briggs ASCM No.:	00004			closed/vaca			
Address:	3 Crosswicks St	reet		Abatem	ent performe	ed outside o	of normal hor	ırs
City: Bordentov		Zip: 08505			e: Work pe			
	Hoodak Telephone:	609-298-5520		Scope of Work	c: Glove b	ag		
Other Operator or OSHA Monito	ľ				☐Mini en			
Address:					⊠Full con	tainment w	ith negative p	pressure
City:	State:	Zip:			☐Large pr	oject (>160) sq ft or >26	0 lin ft)
Other Information:								
Location of ACM in Facility	Is area normally used only by Maint/ Custodial Staff? Yes No N/A	Description of A (e.g., VAT, ther surface, other miscellaneous)		Amount (ft² or ft)		,	ement Type	
Room L242		VAT / Mastic		100.02	Remove	Repair	Enclose	Encapsulate
Room L243		VAT / Mastic		190 ft ²				
Hallway			-	243 ft ²				
Stairwell F Landing		VAT / Mastic		100 ft ²				
Hour Dunding		VAT / Mastic		100 ft ²	\boxtimes			

ESD

PRINCETON PLASMA PHYSICS LABORATORY **Environmental Services Division**

PROCEDURE

No. EM-OP-01 E Reve6 | W Page 12 of 16

Attachment I

SEP - 1 2019

		N	Votificat			sbest e 2 of	os Abatem	ent 📙		otr - a	2019	Samoeni Samoeni
Approximate amount of asbes 1. RACM to be removed 2. Category 1 ACM not to b 3. Category 11 ACM not to b	oe removed	i		RA	ACI o be	M	Non-fi not to	riable ACM be removed	TOTAL INCOME AND ADDRESS OF THE	L/Unit 8	ONTROL of Me asure	The This Res
Room L242	190	n2		7AT (3)			Category1	Category1		feet	inch	es
Room L243				AT / N					ft²			
The state of the s	243 1			AT / M					ft²			
Hallway	100 1		V	AT / M	last	ic			ft²			
Stairwell F Landing	100 f	ì²	V	AT / M	last	ic			ft²			
Transporter(s)							Registered	d Landfill				
Waste Transporter 1: Freehold Cartage,	Inc		NJDEP I	D No.:1	59:	39	Name of	Registered Lan	dfill: GR	ROWS Not	th Landfil	1
	B25 Highw	av 33					Address	1000 New Ford	JAGH D.	1		
							Address.	1000 New Ford	I MIII K	Dad		
City: Freehold		State: NJ		Zip 07728	8		City: Mor	тisville	State: 1	PA	Zip: 19	065
Contact: Benjamin Sanchez		Teleph	one: (732)	462	2-1(001	Date of dis		TBD	Cubic Y	ards	TBD
W T							If Emerge					
Waste Transporter 2:			NJDEP II	D No.:				ate of Event:				
Address:							Description	on of Event:				
City:		Ctata		7.								
Contact:		State: Teleph	one.	Zip:								
		rerepii	one.		Н							
	nouth Env	, Inc	License N	lo.	(0398	Explanation	on of unsafe co	nditions,	equipmen	it damage.	and
Address:		3 Haws	the state of the s	8			financial t	ourden:			0 ,	
City: Norristowr Contact: Jim Kel	-	State:	PA	Zip:		401						
	ly	Teleph	one:	610-2	39-	9920						
If ordered demolition:												
Name of Agency:	-											
Address: Authority:		Title:										5
Date of Order:	I Do	State:	to Danius	Zip:								
Duce of Order.	Da	ie Order	to Begin:				Procedure	to be followed	d in the e	event that i	mexpected	1
Procedure (including analytical detect presence of Asbestos:	l method,	if approp	priate) use	d to			Pulverized	found or non-l , or reduced to	powder:	CIVI becon	nes crumbi	led
I certify that an individual traine (40CFR61, Subpart M) will be and evidence that the required tr person will be available for insp Signature of Owner/Operator	onsite duri raining has section dur	ng the d	emolition complishe	or renoved by the	vati is	on		at the information		nined on th		
Todd Sandt			29/20	019				l Sand		8/	Date 29/2	

LIVIL	4175)			treboone			549 (250a)n		Page 1	F	ח ח	<i>D C</i>	Dertoman
Chit	13	NO	TI	FICA (Pu	TION	OF A	SE	ESTOS ABATI 0 8:60 and 5:16	EMENT .		E	<u> </u>	<u> </u>	I I I I
Date of Notification (1)					Name	of Build	ing	Owner/Operator (2)	IU L SEF	- A	20	19	
	30 /	19			Fair	Lawn	22	2-08 Route 208 LI	LC					-
Agencies Notified	Type Notific	ation			Street	Address	3			ASBEST	OS C	ONTE	30L	8
□ EPA	☐ Initial				22-0	08 Rou	te	208	-	L	CENS	ING	TO THE STORY WHEN THE	enacyme
☑ DOLWD	Amende Amendm			I	City, S	itate, Zip	C	ode				- 111		
DCA	☐ Emerger		ing		Fair	Lawn	N	J 07410						
(NJAC 5:23-8)	justificati	ion)	-	ĺ	Name	of Cont	act			Telephone Nun	nber			
	☐ Cancella	tion			Ton	n Aless	ar	ndrello		973-418-37	35			
					FAC	CILITY	N	FORMATION						
Name of Facility Where			ice	(3)				1	Type of Facility (10-4-800				erizalii.
BES Property Man	agement LL	.C					L		School (K-12) (Other than K-1:	21			
Street Address										ivate and comme		ilding	js,	
22-08 Route 208							L		homes, etc.)					
City (5)									Square Feet	# of Floors	- 1	dg. A	ge	
Fair Lawn					10	1	171		75,000	1		50+		
County (6)					Coun	ity Code	(1)	(STATE USE ONLY)		or if being demol	shed)			
Bergen	. I II J L., D., II	dia a Own	/	27 1	ASCM	NI.		No.	office bldg					
Name of Monitoring Firm Envirovision Cons		1774	er (c	2)	0079			Name of Abatemer	[15] 전 10 H H H H H H H H H H H H H H H H H H	ration Inc				
Street Address	uitains, inc.				0079		H	Bako Constru Street Address	ction & Resto	ration, inc.			usaucii.	
20-21 Wagaraw Ro	ad Blda 35	F						265A Route 46	S Suito 3D					
City, State, Zip Code	ad Didg 33						H	City, State, Zip Coo						
Fair Lawn, NJ 0741	10							Totowa, NJ 07						
Project Manager for Mor				Tele	phone i	No	H	Telephone No.	312	License No.				
Frederick Larson	3			1 22	3-636			973-256-7010		0666				
Start Date (10)	T	Scheduled	1 Cc				H	Name of OSHA Mo	onitor					
09 / 14 /	1				_ / _	E4 4.5		Bako Constru	ction & Resto	ration, Inc.				
Occupancy Status Durin	a Abatement (Check onl	ly o	ne)				Street Address					-	_
☐ Facility Closed/Vacat	75		. B	20	nent			265A Route 46	Suite 3D					
☐ Abatement Performed								City, State, Zip Coo	de					
Time of Abatement:	AM	PM/		_PM-		AM		Totowa, NJ 07	512					
Scope of Work (Check a	Il that apply)			POS. 1957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		_						
≥3 sf or ≥3 lf		M	Rer	novatio	חח			☐ Full Conta	inment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		7		nolitio				☑ Glovebag	Procedure					
			1-	1 6		1	L	∐ Non-Exen	npted (*) and Nor	n-Friable Procedu	-			
Location	of			Locati Iormal				Description of				atem	T	1
Asbestos-Containing		V17		d Sole		As	bes	stos Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE AB				ntena odial S		(i.e.	., thermal systems in surfacing, VAT,		(Specify	Non	air	aps	lost
(13)	ity			(12)				other miscellaneo		SF or LF)	=		ulat	ле
		Ye	es	No	N/A								0	
Brand Offices				\boxtimes		Elbov	v i	nsulation	1	7 LF	\boxtimes			
Basement						Pipe	ns	ulation		2 LF				
			П				T				$\neg \Box$			
			-	П										П
Name of Registered Was	ste Hauler			IN	JDEP V	l Naste		Cubic Yards of	Name of Regis	tered Landfill				
Bako Construction		ion, Inc.		170000	auler IC	No.		Waste		lls/ Waste Mar	agem	ent		
City, State					20889		H	TBD Disposal Date	City, State					
Totowa, NJ								TBD	Morrisville	, PA				

Completed By (Print or Type)

Damir Valjevac

Title

Project Manager

Signature

Date

Inv 14173 B&G proj. #: 2019-210

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

Check # 9533

	30			densa	10	comp.	ntaria menter	-	الما	Check	# 9533		- 1		-
Date of Notification	(1)	11	Name of I	Building Ow	ner/Op	erato	(2)		www.commonweat.com						-
0 18 1/13 10	1/11/91	- 11		t & Grego		- 4	1000			lin	I C			7 E	E
Agencies Notified	Type Notifica	tion	Street Add		,			_				-			+
L EPA	X Initial	- 11								The second secon	aen		000		
☐ DEP		1+	City. State	e, Zip Code		+	_	-			SEP	- A	201	9	114
X DOL	Amend			n, NJ 070	11							Marian			
X DOH		11	Name of C	ontact		+				Telephon	e Numbe	S CO	VITT.	OL 8	
□ DCA	☐ Cancel	lation	Rohe	rt & Grego	on/ De	Sto	fano					TIAOH	KJV WWW.	office cress.	en hadranspan
						-									
				FAC	CILITY	INFO	RMAT	TION							
Name of facility who	ere abatement	is taking p	place (3)							Type of Facility ((4) I (K - 12)		W	S	
Robert & Greg	ory DeStefa	ano								\equiv	50 17		han k	(10)	
Street Address						+				C 020	apter 8 (0 (Private/0			12)	
										Bldgs./	Homes, e	etc.			
City (5)		I Cou	unty (6)			+		0	-1-0-1-(7)	Square Feet	# of Floo	rs	В	ldg. A	ge
2500 W			5 10						nty Code (7) te use only)	Current Use (P	rior if boin	a don		od)	
Clifton, NJ 07	011	Pa	assaic					V	,	residential	nor ii beii	y uen	1011511	su)	
Name of Monitoring	Firm Hired by	Bldg. Owr	ner (8)		ASC	MN	0.	1	Name of Abatement C	ontractor (9)					
									B & G Restoration	n, Inc.					
Street Address					Т			Street Address	200						
O+ O+ 7 O-1					4		_	105 Ryerson Ro	ad						
City, State, Zip Code									City, State, Zip Code Lincoln Park, N	1.07025					
Project Manager for	Monitoring Fire	1	1 5	Phone Numb	ner .	+		-	Telephone Number	3 07035	License	Mumb	201		
			1.	HONE HUM	JC1			Ш	(973)696-6869		1	378	Jei		
Scheduled Start Date	e (10)	ISche	d Comple	tion Date (1	1)	+		-	Name of OSHA Monito	or					
09/12/2019	- ()		/13/2019		.,				B & G Restoration	on, Inc.					
Occupancy Status D	uring Abatama					_		-11	Street Address						
Facility closed				tement				Ш	105 Ryerson Ro	ad 					
Abatement per	formed outside								City, State, Zip Code						
Describe: Other-Describe	e:					+		- 11	Lincoln Park, NJ	07035					
Scope of Work (che		y)				┰	F	7 w	rap & cut				-	5	
Demolition	X	Renovati	on				Ē	=	ull Containment w/nega	tive pressure	Glove	oag pr	ocedi	ıre	
\times >3 sf or >3 if		≥160 sf o	r ≥260 If				×	C M	lini-enclosure	Ī	Non-fr	1500			
Location of				y used solely	У	+				T		R	R	Е	T_
asbestos-conta	aining	by maint staff(12)	tenance/cu	istodial					sbestos-containing	Amount		e m	e	n	E n
material to be abated in facili	ty (13)		No	N/A	n	nater	ial (AC	M)		(Specify S LF)	For	0	a	a	C
	ies l					4						е	r	р	
basement	asement					ins	ulatio	on		150 lf		X			
			4	<u> </u>	4						븯				
199		-	-			-			-		#	屵	片		
		_				+				-		片	H	H	1
Registered Waste Ha			EP Hauler	r ID# C			of Was	ste	Name of Registered L					Ш,	
B & G Restoration	on, Inc.		19563	- In:		3		_	Grand Central L			-			
City, State Lincoln Park, N.				Disposal D	9/13/2	_		_	City, State Pen Argyl, PA					S	
Completed by (Print of Gordana Luna	or Type)	Title	ry/Treas	uror	Sign	ature	:	(Gordana Luna		Date	1/204	0		
		0001012	iiy/ iTedS	oulei	1			6	J. Maria Scaria		08/30	J/ZUT	9		

2019-187 B & G proj. #:

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

			*		į,	L.		led 5	indi.	Economic Co	Check	c # 9531				_
Date of Notification			1	Name of B	uilding Ow	ner/Oper	ato	r (2)			learner.	P (A)		777	7 1	1
10 18 1/13 10	1/11	19 1	1	1.3	/lontesso							E G			/ <u>[</u> E	; In
Agencies Notified	Type	Notifica	ation	Street Addr	ess		-									
∐ EPA	X	Initial		75 E R	amapo A	venue	П					SEP	- A	วกร	٥	\parallel \rfloor
☐ DEP				City, State,	Zip Code						led led	OLI	4	201	J	1
X DOL		Amend	dment		h, NJ 07	7430							was our	nerlädakama	Milliandovido	
X DOH	_			Name of Co	ntact		-					SBESTO			OL 8	
☐ DCA	Ц	Cancel	llation	John D	onovan	/ Mark	l ir	ndsev	ዴ	Son Plumbing	THE THE PROPERTY OF THE PROPERTY OF	OF EDITE OF EDITION OF THE PARTY OF	ele estentinge nues	CHOICHEAN	menupunsa	emittadae des
							Н		_		9/3-/	28-890	J X 1.	20		_
Name of facility of	-				FAC	CILITY IN	FO	RMATI	ON	l 						
Name of facility wh			is taking	place (3)							Type of Facility	(4) ol (K - 12				
Apple Montes	sori S	chool												han k	/ 10\	
Street Address							7			-		napter 8 ((Private/0			(-12)	
75 E Ramapo	Aven	ue					П				Bldgs	/Homes,	etc.			
City (5)			Co	unty (6)			-	Ic	011	nty Code (7)	Square Feet	# of Floo	rs	В	ldg. A	ge
Mahwah				55-03 D			П	27.0		te use only)	Current Use (F	rior if bei	na der	nolish	ed)	-
			E 1000 E	ergen			Ш				residential	1101 11 001	ig doi	ionon	cu,	
Name of Monitoring	g Firm F	lired by	Bldg. Ow	ner (8)		ASCM	No).	П	Name of Abatement C	ontractor (9)					
		1.				-				B & G Restoration	on, Inc.					
Street Address									11	Street Address 105 Ryerson Ro	and					30- 3 7-20-3
City, State, Zip Code	9						H		1	City, State, Zip Code	Jau			-		
							П			Lincoln Park, N	J 07035					
Project Manager for	Monitor	ring Firn	n	Ph	one Numb	er			1	Telephone Number		License	Num	oer		
							П		Ш	(973)696-6869			378			
Scheduled Start Date	e (10)		Sche	ed. Completion	on Date (1	1)	Н		1	Name of OSHA Monito	500	-				
09/10/2019			09	/11/2019			П		11	B & G Restoration	on, Inc.					pite groups
Occupancy Status D	uring A	bateme	nt (Check	only one)		-	-		1	105 Ryerson Ro	ad					
Facility closed	/vacated	d during	entire pe	riod of abate	ment.		П		1	City, State, Zip Code						
Abatement per Describe:		outside	of norma	I facility hour	s-											
Other-Describe										Lincoln Park, NJ	07035				- 1	
Scope of Work (che	ck all th								W	rap & cut						-
☐ Demolition		X	Renovati	on			П	X	Fu	III Containment w/nega	tive pressure [Glove	oag pr	ocedu	ıre	
> <u>3</u> sf or > <u>3</u> if		X	≥160 sf o	r <u>≥</u> 260 If					M	ini-enclosure	[☐ Non-fi	riable p	oroce	dure	
Location of				on normally usernance/cust		1						8:5	R	R	Е	E
asbestos-conta material to be	aining		staff(12)					otion of al (ACM		bestos-containing	Amount (Specify S	F or	m	e p	n	n
abated in facili	ty (13)		Yes	No	N/A			ar (MOIVI	1/		LF)		o v	a i	a p	L
boiler room					X	boiler	ro	om	1000		22 sf		e	r	<u> </u>	-
	-					20.10			-		22 51		X	님	片	H
											1		H	ㅐ	片	H
									notice:					計	一	T
Registered Waste Ha B & G Restoration	uler on, Inc	<u>;. </u>		EP Hauler II 19563		ubic Yard 1	s c	f Waste	9	Name of Registered La Grand Central La						
City, State Lincoln Park, No	J				Disposal D 09	ate /11/20 <mark>1</mark>	9			City, State Pen Argyl, PA					0.26	
Completed by (Print of Gordana Luna	or Type)		Title			Signatu	re		0	Gordana Luna		Date		-	V	
Cordana Luna			Secreta	ry/Treasu	rer			-	0	jordana Zuna		08/30	/201	9		

INVIHITI B & G proj. #: 2019-203

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

Check # 9532

	-			U		Sand &	. 11	11	J	Chec	K # 9532				
Date of Notification (1)	- 11	Name of Bu	uildina Ow	ner/Oper	rato	r (2)		Sample of the Control	Alo-	1000000 pm	2 0 5	- n	D. C.	-	
0 8 / 3 0 / 1 9		Eliza W								In_E	C		\mathbb{W}		
Agencies Notified Type Notified EPA	ation	Street Addr	ess						-	118					111 11
DEP X Initia	. [[Control of the contro	SEP -	- A	2019		$\ U\ $
		City, State,			Т			-			ULI	4	-019		
	idment	Jersey	City, NJ	07305						AS	RESTOS	2003	ITOC	11 9.	
▼ DOH ☐ Canci	ellation	Name of Co	ntact						The state of the s		one Numb				
DCA Canon	silation	Eliza V	Vright												
			FAC	CILITY IN	IFO	RMATI	ON								
Name of facility where abatemer	t is taking p	lace (3)								Type of Facility					
Eliza Wright									- 1		ool (K - 12	enn Nessya ch	19		
Street Address					-					Subo	hapter 8 (
										Bldgs	./Homes,	etc.			
City (5)	Cou	inty (6)			-	Lo	ounty (Code (7)	Square Feet	# of Floo	ors	В	ldg. /	Age
Jersey City, NJ 07305		ıdson					State us		11.03	Current Use (Prior if bei	ng der	nolish	ed)	_
Name of Monitoring Firm Hired b							1			residential					
Name of Monitoring Firm Filled b	y biag. Owr	ier (8)		ASCN	l No).	11			Contractor (9)					1
Street Address					_			& G	Restorat	ion, Inc.					
									Ryerson F	Road					
City, State, Zip Code	, State, Zip Code								, Zip Code			-			
								Linco	oln Park,	NJ 07035					
Project Manager for Monitoring Fire	m	Ph	one Numb	er					Number)696-686	Q .	License		oer		
Scheduled Start Date (10)	ICaha	1 0 1-11	D-1- //	75			-		OSHA Mon			0378			
09/11/2019		d. Completio	on Date (1	1)			1 1000000		Restorat						
		12/2019	**					et Add							_
Occupancy Status During Abatem Facility closed/vacated durin		177					-		yerson R	oad					
Abatement performed outside	e of normal	facility hour	ment. 'S-				City,	State	, Zip Code			11			
Describe: Other-Describe:					Н	_	Li	incolr	n Park, N	J 07035					
Scope of Work (check all that app	oly)				H		wrap 8	& cut							
☐ Demolition 🕱	Renovation	on				H	9		ment w/ned	gative pressure	✗ Glove	han pr	ocedi	IFE	
X > <u>3</u> sf or > <u>3</u> if	≥160 sf or	≥260 If				X	Mini-e			,		riable			
Location of		n normally u		/								R	R	E	1
asbestos-containing material to be	by mainted staff(12)	enance/cust	odial	De	scri	ption of	asbest	os-co	ntaining	Amount		e m	e p	n	E n
abated in facility (13)	Yes	No	N/A	ma	teria	al (ACM	1)			(Specify S	SF or	o v	a	а	C
basement	ies No									45516		е	r	р	1,-
Dadoment	sement						1			155 lf		X	片	片	1
					1.0			*****			₩	H	H	H	
												H	H	H	1
						200,						f			
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563	O# C	ubic Yar	ds o	f Waste			Registered			.,			
City, State			Disposal D		10		Cit	y, Stat	te	Landin					
Lincoln Park, NJ Completed by (Print or Type)	/12/20 Signat	-		- Pe	en Ar	gyl, PA		15							
Gordana Luna	Title Secreta	ry/Treasu	rer	Gigilati	uie		Gord	dana	Luna		Date 08/30)/201	9		
	L			-							1-				

In 14169 B&G proj. #: 2019-208

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

	78			2	de la constant de la	U	- L	Barrets			Check	# 9528				_
Date of Notification (1)	1	Name o	f Building C	wn	er/Ope	rato	r (2)				Person I	1 0				-diameter brings
10 18 1/12 19 1/11 19 1		Davi	d Piombir	10	& Mic	hel	le St	tella	a			: (G		1	7	
Agencies Notified Type Notifi	cation	Street A	ddress			۰		-			1105		***************************************			
L EPA X Initia	al											000		004		
☐ DEP		City, Sta	ite, Zip Cod	e		۰					144	SFP		201	4	inempet*
✗ DOL ☐ Ame	ndment	Sou	th Orange	e, N	NJ 070	079)				The second secon			Storest Application	HE LOS CONTROL	
X DOH □		Name of	Contact			T					Telephon	e Numbe	MSIN	VTA	OL	X
DCA Cand	ellation	Mich	nelle Stell	а							-	Milyanasanago marcona		mi estrano	- William Page	Culture transportation of the
			F	ACI	ILITY IN	VFC	RMA	TIOI	N							
Name of facility where abateme	nt is taking	place (3)				t				Пт	ype of Facility ((4)				
David Piombino & Miche	elle Stella	1									Schoo	I (K - 12)				
Street Address						+	_					apter 8 (0)
o do o tradico o									*			(Private/C Homes, 6		ercia		
City (5)	To	ounts (G)				L	_			1	Square Feet	# of Floo	rs	E	ildg.	Age
	10	ounty (6)							unty Code (7) ate use only)	_				<u> </u>		
South Orange		Essex						(010	ato doc orny)		Current Use (Pr residential	rior if beir	ig den	nolisi	ned)	
Name of Monitoring Firm Hired I	by Bldg. Ov	wner (8)		T	ASCN	/ No).	1	Name of Abatemen	nt Cor	ntractor (9)					
			TÎ.						B & G Restora	ation	, Inc.					
Street Address									Street Address	D	_i					
City State Zin Code	r, State, Zip Code								105 Ryerson		a					
Oity, State, Zip Code									City, State, Zip Code Lincoln Park		07035					
Project Manager for Monitoring F	irm		Phone Nu	mbe	er	٠	-	-	Telephone Number		07000	License	Numi	ner .		
		20							(973)696-68			The second second	378			
Scheduled Start Date (10)	Sch	ned. Comp	letion Date	(11)	٠	_	-	Name of OSHA Mo							
09/09/2019	09	9/14/201	9						B & G Restora	ation	, Inc.					EL =
Occupancy Status During Abatem	nent (Chec	k only one)	-		+		-	105 Ryerson F	Road	4					
Facility closed/vacated duri	ng entire p	eriod of ab	atement.						City, State, Zip Code	. Attention 25/25						
Abatement performed outsi Describe:	de of norm	al facility h	ours-													
Other-Describe:						I			Lincoln Park, I	NJ 0	7035					
Scope of Work (check all that ap	ply)		E				Ī	Jv	vrap & cut							11.4
Demolition	Renova	ition						X F	ull Containment w/ne	egativ	e pressure	Glove	oag pr	oced	ure	
> <u>3</u> sf or > <u>3</u> lf] ≥160 sf	or ≥260 If] N	Mini-enclosure			Non-fr	iable p	oroce	dure	
Location of		tion norma ntenance/o	lly used sol custodial	ely									R	R	E	E
asbestos-containing material to be	staff(12			_			ption al (AC		sbestos-containing		Amount (Specify SI	For	m	p	n	n
abated in facility (13)	Yes	No	N/A				u, (, , ,	3,			ĹF)		O V	i	a	L
basement	163				VAT	(no	ma	stic	.)	-	882 sf		e	-		1
In-law suite	#	X	뷕	VAT	_					440 sf		X	片	H	+	
	The state of the s		케					,				H	H	늄	H	
						T	The state of the s							百	盲	T
	Pagistered Waste Hauler															
Registered Waste Hauler B & G Restoration, Inc.	DEP Haul 19563	er ID#	Cu	ibic Yar 1		of Wa	ste	Name of Registered Grand Centra								
City, State Lincoln Park, NJ		Disposal (ate 13-14	/20	19	_	City, State Pen Argyl, PA								
Completed by (Print or Type)	Title		=1	T	Signat	ure						Date		-		
Gordana Luna	Secret	ary/Trea	surer					,	Gordana Luna			08/29	9/201	9		

TN 14168
B&G proj. #: 2019-199

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

Check # 9504

		L	ليا		L	CHECK	7 3304	-		88
Date of Notification (1)	I I Name o	of Building Own	er/Operat	or (2)		1	7 (7) [7]			
0 18 1/12 19 1/11 19 1	11	역사 기업으로 기계계를 있는데		20.00A	Management & Co	onstruction	GEL	$\mathbb{I}^{\mathbb{W}}$	E	n
Agencies Notified Type Notification				, op only						
□ EPA □	Olicely	Box 026					V1250202011 1511		. !	
DEP Initial							SEP - 1	2019		1
▼ DOL		ate, Zip Code nton, NJ 086	325			do maria				
			,20				aceros co		11.8	
—	tion	f Contact				Telephone	e Numberinsi	NG	плилочения	and the same of th
LI DCA	Dre Dre	w DiDonato				609-98	4-1750			
		FAC	ILITY INF	ORMATIO	N					
Name of facility where abatement is	taking place (3)					Type of Facility (4	4)			
JMSF, North, JJC Johnstor	e Campus /	NON Sub ob	anter 8)			School	I (K - 12)			
	ic campus (i	1011 30b Cl	apter 0				apter 8 (Other t		12)	
Street Address							Private/Comme Homes, etc.	ercial		
99 W Burlington Street							# of Floors	Bld	lg. Ag	е
City (5)	County (6)			Co	unty Code (7)					
Bordentown, NJ 08505	Burlingto	n.		(St	ate use only)	Current Use (Pr			d)	
) I I				Juvenile Dete	ention Cente	er		
Name of Monitoring Firm Hired by E USA Environmental Mana			ASCM	Vo.	Name of Abatement	Contractor (9)				
	gement, inc.		N/A		B & G Restorat	tion, Inc.				
Street Address					Street Address 105 Ryerson F	Road				
344 West State Street										
City, State, Zip Code Trenton, NJ 08618					City, State, Zip Code Lincoln Park,					
Project Manager for Monitoring Firm		Phone Numb	or		Telephone Number	140 07 055	License Num	her		
William Weisgarber		609-656-8			(973)696-686	9	00378			
	ICahad Cam				Name of OSHA Mon	itor				
Scheduled Start Date (10)	Annual Control of the Annual Control	pletion Date (1	1)		B & G Restora	tion, Inc.				
09/09/2019	09/11/20				Street Address					
Occupancy Status During Abatemen		. T			105 Ryerson R	load	- 1			
Facility closed/vacated during Abatement performed outside					City, State, Zip Code					
Describe:	of Hoffilal facility	110015-			Lincoln Park, N	11.07025				
Other-Describe: Occupied					Lincoll Falk, I	07033			1.1	
Scope of Work (check all that apply				_						
	Renovation			Ц	Full Containment w/ne	gative pressure	Glovebag p			
	≥160 sf or ≥260 l	f		X	Mini-enclosure		Non-friable	proced	lure	
Location of	Is location norm by maintenance		/				e R	R	E n	E
asbestos-containing material to be	staff(12)			cription of a erial (ACM)	asbestos-containing	Amount (Specify S	For m	р	c	n
abated in facility (13)	Yes N	o N/A	mate	eriai (ACIVI,	h.	LF)	v	i	a	L
			II Draw	CAL-L. D		70.05	e	-		Ė
Storage Room # 4		X	1		n adhesive assoc lass duct insulatio		X	님	片	井
			1 7		P & CUT procedur		ㅡ┤片	H	붜	+
			1	VVINA	a oo i piocedul		 	井	片	
			-	_				片	님	
Registered Waste Hauler	NJDEP Ha	uler ID# I C	ubic Yard	s of Waste	Name of Registered	Landfill	니		Ш.	<u></u>
B & G Restoration, Inc.	19563	3	2		Grand Centra					
City, State Lincoln Park, NJ		Disposal Dis	Date 12/2019		City, State Pen Argyl, PA				10	
Completed by (Print or Type)	Title		Signatu	ire	Gordana Luna	de	Date	4.0		
Gordana Luna	Secretary/Tre	easurer			Jordana Zuna		08/29/20	19		

11/00-77	텛		Total Section 1	State	of N	lew Jers	sey		1),[C		<u> </u>	rint
hJd 1)	NOT	(Pursuai	nt to	NJA	C 8:60 a	S ABATE nd 12:12	0)	T)		V.	SEP	- A	201	19
Date of Notification (1) 8/29/19	1/1117						/Operator	(2)				ULI	Ш	LU	1 😅
	Notification		Mau	W. Williams		0						NAME OF THE PERSON OF THE PERS	wernenber	with the same	erenpewels
			Street	Adar	ess					1	ASI	SESTC LIC	ENS!		(UL. 0
555	Initial Amended		City, S	state	Zin (nde				Innessano	Machine	West of Secure	nadesin- in	riskidedirar	(managery) of the
X DOL	Amendment #					NJ 076	556								
	Emergency (including justification)	ding	Name	1000000						Tolo	nhono	Number			
	Cancellation		Maui							Tele	priorie	Numbel			
None of Facility 188			FAC	CILIT	Y IN	FORMA	TION			-				_	
Name of Facility Where Abaten Residential Home	nent is Taking Plac	ce (3)						Тур	e of Facility (4	1)					
Street Address									School (K-1)	2)					
								×	Subchapter Other (i.e. pretc.)	8 (Other	r than h comme	(-12) ercial bu	ildings	, hon	nes,
City (5) Park Ridge					П				are Feet	1	Floors		Bldg.	0.00	
County (6)			Country		/~7\			25	-0	2			65+/	•	
Bergen			County (STATE	USE	ONL			Re	rent Use (Prio sidential H	ome		lished)			
Name of Monitoring Firm Hired Project Manager	by Building Owner	(8)	ASC	M No					atement Conf		9)				
Street Address					Ш				s Abateme	nt					
					Ш		Street 280 I		ess idland Ave						
City, State, Zip Code					Н		DOMESTICAL TO		Zip Code						
					Ш				rook, NJ 0	7663					
Project Manager for Monitoring	Firm		Telepho	one N	0.		Teleph 201-6	one N	10.		License				
Start Date (10)	Sche	duled Co	mnletion	Date	(11)				HA Monitor	(01305)			
9/3/19	9/6/		mpiodon	Date	X 1 1 1		Ivallie (03	TA MONITOR						
Occupancy Status During Abate	ment (Check Only	One)	-2		Н		Street A	Addre	ess					- 7-	-
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: 8 A.M to 4	ide of Normal Fac	of Abater ility Hour	ment s		Ш		City, St	ate, Z	Zip Code						
						-									
Scope of Work (Check All That A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli					×	Mi Gl	II Containmer ni-Enclosure ovebag Proce	dure					
		Is Locat	ion					140	n-Exempted	/ allu l	NOTI-FII	able Pro		e emen	t
Location of		Norma	lly			De	scription of	of						pe	•
Asbestos-Containing Materia TO BE ABATED		Jsed Sole Maintena		A	sbes	tos Cont	taining Ma	ateria	I (ACM)	Amo	ount			ш	
In Facility		ustodial	Staff?		(i.e		systems cing, VAT		ation,	(Spe	ecify	Rer	Re	Encapsulate	Enclosure
(13)		(12)					niscellane			31 0	1 [1]	Remova	Repair	psul	losu
	Yes	s No	N/A		Ш							<u> =</u>		ate	Б
Living Room	х					VAT			341	SF	X				
Stairs		X					VAT	3 200		65	SF	x			
Hallway		X					VAT			28		X			
•							158 750			20 (J.	^			
Name of Registered Waste Haule	er	I	JDEP W	laste.	Н	Cubic	Yarde		Name of Re	aintara	d Lear				
All Stages Abatement		H	lauler ID 036592	No.		of Was			Grand Ce	3			ndfill		
City, State Saddle Brook, NJ						Dispos	al Date		City, State						
Completed by	Title					TBD	lauri	1	Pen Argy	I, PA					
Richard Cristofol	30,000	esident				S	ignature			<u></u>		ate 3/29/19)		

					П				Transit I		9	GП	Pr	int Fo
h2274		NOTIF (P	ICATIO	V OF	S	w Jersey ESTOS ABATE 8:60 and 12:12	MENT D)	т		E (p	<u> </u>		
Date of Notification (1) 8/29/19	07					Owner/Operator				UL	1	Ц	LU	J
Agencies Notified Type Notificati	on		Street A		11	ial Ave.	3200		A	SBES		S CC ENSI		OL 8
EPA Initial DEP Amended Amendment			City, St.			ode 07016								
DOH justification			Name of	of Cont	act				Telephone				-	
						ORMATION			000 700	7 7 200	_			
Name of Facility Where Abatement is Ta Commercial Pool House	king Place (3	3)					Туре	e of Facility (4) School (K-12)						
Street Address 401 Centennial Ave.					I		×	Subchapter 8 Other (i.e. privetc.)	(Other than	K-12) nercial	build	dings,	home	es,
City (5) Cranford							Squ 200	are Feet	# of Floors	3		ldg. A 5+/-	ge	
County (6) Union			County (STATE			o		rent Use (Prior mmercial Po			d)			
Name of Monitoring Firm Hired by Buildin Project Manager	g Owner (8)		ASC	И No.				atement Contra s Abatemer						
Street Address						Street 280		ess lidland Ave.						
City, State, Zip Code					Ī	1 250,000,000		Zip Code Brook, NJ 07	663					
Project Manager for Monitoring Firm			Telepho	ne No	1	Teleph 201-		No. 3184	Licen:	se No.				
Start Date (10) 9/9/19	Schedule 9/15/19		npletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A ormal Facility	Abaten	nent S			City, S	tate, 2	Zip Code						
Scope of Work (Check All That Apply)					Н									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commenced in contrast of	Renova Demolit				×	Mi Gl	ull Containment ini-Enclosure lovebag Proced on-Exempted (dure				9	
Location of	1	Locati			П	D		on Exempted (y and Hon-i	Паріс		Abate	107	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/			Description stos Containing M thermal systems surfacing, VA other miscellan	lateria insul T, or	lation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		ate	ге
Utility Room	X				Н	Pipe Wra	р		227 LF	×				
Name of Registered Waste Hauler		N	JDEP W	/aste		Cubic Yards		Name of Re	gistered Lar	ndfill				
All Stages Abatement		3.70	lauler ID 036592			of Waste 3 YD		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	entral San		_an	dfill		
City, State Saddle Brook, NJ						Disposal Date TBD		City, State Pen Argy	I, PA	100000000				
Completed by Richard Cristofol	Title Presi	dent				Signature		1//		Date 8/29	9/19)		

IN# 14194		State of	No	ew Jersey		m	G [5 1	\mathbb{V}	
OVINTO PAI	NOTIFICATIO	N OF A	SE	BESTOS ABAT	TEMENT	IIVE		ARTICLE AND ADDRESS OF THE PERSON NAMED IN	population for the	
URU 199	(Pursua	ant to N	JA	C 8:60 and 5:1	6)	Toward Hard	SEP	Δ	201	Q
Date of Notification (1)		ne of Build	ding	Owner/Operator (2)		ULI		201	J
	13	rixm	10	r Proper	ty Gro	با اور	005050	0.00	NTE	201
Agencies Notified Type Notification		et Addres	-		1	1 A	LIC	ENSI		rul (
☐ Amended	City	State, Zir	an	yette Str	ect. Si	vitle 15t		**********		NAC SAFELL
DOH Amendment ☐ DCA ☐ Emergency	# 1.		1	iocken f	Da 191	128				
(NJAC 5:23-8) justification)	Nam	e of Cont	act	iociaci i	11 11	Telephone	Number			
☐ Cancellation	P	rana	V	Amba	1	610-8	34-	779	99	
Name of Facility Where Abatement is Taki		CILITY	INF	FORMATION						
T	0.70				Type of Facility School (K-1					
Street Address	uca		+		☐ Subchapter	8 (Other than	K-12)			
980 Shrewsbury	Avenue.				Other (i.e., homes, etc	private and cor .)	mmercial b	uilding	js,	
City (5)	, , , , , ,				Square Feet	# of Floors	s E	Bldg. A	ge	
Tinton Falls County (6)					30,000	i		0c	+	
Monmouth	Col	inty Code	(4)((STATE USE ONLY)	Current Use (P		114.000			
Name of Monitoring Firm Hired by Building	Owner (8) ASCM	1 No.	+	Name of Abateme	nt Contractor (9	reia jr	etail			
Vertex				ecoservi		ic				
Street Address	11. 61.	11-5-		Street Address	1	0 1				
100 Turner Industrial	way ste	105		303 B IV City, State, Zip Co	athonal	Road				
Astm PA 19014				Exton C	DA 1931	11				
Project Manager for Monitoring Firm	Telephone			Telephone No.	1110	License N	0.			
Dave Turotsy	610-55			484-872	-8884	Olla	10			
Start Date (10) Sche	eduled Completion Da			Name of OSHA Mo	onitor					
Occupancy Status During Abatement (Che			_	EMSU Street Address						
☐ Facility Closed/Vacated During Entire P	eriod of Abatement			200 Rou	P 130	North				
Abatement Performed Outside of Norma Time of Abatement:AMF	al Facility Hours - De	scribe	(City, State, Zip Coo	de	1 -				_
	W - 1 W- 10	-VIAI	3	Cinnami	inson, h	17 08	077			
Scope of Work (Check all that apply)	_			☐ Full Conta	ainment with Ne	gative Pressur	e			
	Renovation Demolition		П	☑ Mini-Enclo	osure Procedure	5-41-5				
					npted (*) and No	on-Friable Proc	edure			
Location of	Is Location Normally			D			At	ateme	ent Ty	уре
Asbestos-Containing Material (ACM)	Used Solely by Maintenance/			Description of os Containing Mate	erial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility	Custodial Staff?	(i.	e.,	thermal systems in surfacing, VAT, of		(Specify SF or LF		air	Encapsulate	Enclosure
(13)	Yes No N/A	1	П	other miscellaneo		0. 0. 2.	, -		llate	Гe
Space on B	D D	-		- 1 1.	ni "	1 0 000 -1		/-		
SPICE OID	1_ _ _	10	W	tile mag	Stic	6000 3				
			-						Ш	Ш
			-						Ш	
Name of Registered Waste Hauler		Masta	10	Cubic Yards of	Nome of Deal					
Wase Management	Hauler II) No		Waste 7	Name of Regis		1 000	011	ē	
City, State	1172	15	C	Disposal Date	City, State	North	Lanc	MI	1	\dashv
Trenton NJ			-	TBD	Morns	Sville 1	PA			
Completed By (Print or Type) Titl	e O		4	Signature	A	- 41114	Date	01207		
Jack Bally S	r. troject 1	Jana	a	n Jack	Bally	r (all)	9/3/1	9		
	Do not use this form	for asbes	stos	licensure exempte	ed activities.	1				

	7 -					Ш						_		-				
IN#14	f Ne	w Jerse	у		[A]	E (CE		1 1	Tr	1							
CK OIT	+710	N	OTIFI (Pi	CATION ursuant	to N	IAC	8:60 and	ABATE d 12:12	MENT 0)	IIUr'	5	9 5	LI L		The same of	AND STREET, ST.		
Date of Notification (1) 8/30/2019	110			Name o			Owner/C	Operator	(2)	The state of the s	S	EP 4	20	19				
Agencies Notified T	- 3	Street A	ddres	s					and the second									
EPA DEP	Initial Amended		ŀ	City, Sta	ate, Zi	рC	ode			-	ASBE	LICENS	ONT	HOL	Ä			
N DOL □	Amendment # Emergency (i		-	MOU!			IDE NJ	0709	2		Tel	ephone Nu	mber					
DOH DCA	justification) Cancellation			TRAV				ON			97	73-390-68	340					
Name of Facility Where Abo		Place (3))	FACI	LIIY	INF	ORMATI	ON		Facility (4	1)							
NJDOT CONTRACT Street Address	#7 PULASKI					Н			T St	thool (K-12 bchapter	8 (Oth	er than K-1	2)	d:	h			
RAYMOND BLVD C/	S BLANCHAR	DST				Ц			et	c.)		f Floors				5,		
City (5) NEWARK NJ 07114									Square N/A		N/	A	1	V/A	90			
County (6) ESSEX				County (STATE					Current	Use (Prio	r if bei	ng demolis	hed)					
Name of Monitoring Firm H	ired by Building C	wner (8)		ASC	и No.			Name	of Abate	ment Cont	ractor	(9) _ SERVIO	CES					
N/A Street Address					-	Н		Street	Address		14171	CENT						
N/A						Ц			LD DO	CK RD					2512-			
City, State, Zip Code N/A						Ш		YAP	HANK	NY 1198	80	License N	lo.		_			
Project Manager for Monitoring Firm N/A				N/A				631-924-8111 01136										
Start Date (10) Scheduled Co 9/11/2019 9/27/2019				npletion	Date	(11))	Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES										
Occupancy Status During A						Ī	1		Address	CK RD								
Facility Closed/Vacate Abatement Performed Other – Describe: STI	Outside of Norma	al Facility	Hours	nent			_	City, S	tate, Zip		30							
Scope of Work (Check All T		_				П			1 5	toiomo	nt with	Negative f	Dracei	ire				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			П			Mini-	Enclosure	edure							
						-		×	Non-	Exempted	(*) an	d Non-Frial	ole Pro					
		N	Locati Iormali	nally blely by A nance/				scription			We			Ту	7. 1.15.			
Location of Asbestos-Containing Ma TO BE ABATE	terial (ACM)	Mair					. thermal	system	Material (ACM)		(5	mount Specify F or LF)	Remova	Rep	Encap	Enclo		
In Facility (13)		Cusic	(12)	nan:				cing, VA niscellar			O.	or c., y	loval	pair	e e cedure Encapsulate Papair Repair	sure		
		Yes	No	N/A		£	0011	TARL	NO A D			OLFT	X	+		-		
30" PIPE CAST	IRON			X		Н	COAL	TARV	VRAP	-		OLI	+	1				
						H												
										Name of I	Reniet	ered Landf	iM	_				
Name of Registered Waste H			Ha	JDEP Wauler ID	No.		of Wa	Yards ste		Charace .	المالا ا	te Mes	WIN	neut				
WRS Environmental City, State	Services			36419		H		sal Date		City, State	8	1/	ye					
5 Kellaget; Edis	on NJ	Tielo						7/2019 Signature	1 ·	Emele	,A	emeds 1	ate	26	11	a		
Completed by /alno 6	vers	Title.	erfls	W			<u> </u>	edo	o a	we			0	_	+	1		
7								* Do n	ot use th	is form for	asbes	stos licensu	ге ехе	mpted	activ	ities.		

APPROVEDBY:

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NOTIFICATION OF ASBESTOS ABATEMEN NOT DOUP A (Pursuant to N.J.A.C. 8:60 and 12:120)

Inv# 14(2-3)

Date of Notification	lina	Owner / Operat	tor (2)		F	(C)	E I	1///	E									
A	8/30/19		Trent	ton Boa	ard	of Education	.0, (2)		IIN LE	G		W	固	ا ا ا				
Agencies Notified EPA	Type Notification		La de la constanta de la const	Addres	481	04 4			IKI				111111111111111111111111111111111111111	Total Control				
DEP				Prospe State & Z						SEP	4	201	9-	111				
□ DOL	☐ Amended	1		ton, NJ						OL.		-01		l-man				
□ DOH		су		of Cont					- January		elenhr	nerk	humb	er				
☐ DCA	☐ Cancellat	ion	Mr. D	wayne	Mo	sley			AS	BES 6	09-65	6-49	00	ici				
			FAG	CILITY	INF	ORMATION			1	-10	71-1101		MANUFACTURE TO SERVICE THE PARTY OF THE PART	Control Control				
Name of Facility Wh	nere Abatement is	Taking Place	(3)			Type of Fac												
Grace Dunn Street Address																		
								Other the										
401 Dayton Street						Square Feet			nmercial bu				etc.)					
City (5) County (6) C				Code (7)		6000												
Trenton	7			(,)		Current Use		f being d				60+						
						School	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, boing a	omonorica)									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection							atemen	t Contrac	tor (9)									
Street Address	onnection					Bristol En		nental, li	nc.			-0-202						
120 North Warrer	Street					Street Addre	1000											
City, State & Zip Co.			4.05/0			City, State &												
Trenton, NJ 0801	0					Bristol, PA												
Project Manager for Monitoring Firm Telephone Number						Telephone N	lumber		Licen	se Nu	mber							
Steve Mania	9-392-4			(215) 788-6			0050	9										
Scheduled Start Date (10) Scheduled Completion Date (11) 9/3/19 9/4/19						Name of OS												
Occupancy Status During Abatement (Check only one)						Bristol Env Street Addre		ental in	c.									
Facility Closed/Vacated During Entire Period of Abatement						1123 Beav		et										
Abatement F	Performed Outside	of Normal H	lours – 7	am to 3	pm	City, State &												
Describe: 7:00 AM to 3:30 PM						Bristol, PA												
Facility Occupied During Abatement Scope of Work (Check all that apply)																		
ocope of work (one	ck all triat apply)							Eull Cont	tainment w	ith No.		D						
≥3 sf or ≥3 lf			Reno	ovation				Mini-Enc	tainment w	ıtıı iveç	gative	Pres	sure					
≥160 sf ≥260) If		Dem	olition					ag Procedu	res								
			· · · · · · · · · · · · · · · · · · ·						mpted and		riable	Proc	edu	re				
	cation of os-Containing		s Location	UPS00		Description			Amou		Aba	teme	nt Ty	уре				
	rial (ACM)		Solely b			Asbestos-Cor Material (A			(Speci SF or L				m					
	E ABATED		intenánc			(i.e., thermal s	ystems		01 01 2	-' /	Re	20	nca	Enc				
In	Facility (13)	Cus	stodial St	taff?	i	nsulation, surfac					Remova	Repair	Encapsulate	Enclsoure				
	(10)	Yes	(12) s No	N/A		or other miscell	aneous	5)			<u>a</u>	7	late	le l				
B-20						Nail Cre	te		150 S	F		M	\Box					
B-20					D	ouble layered		tile	150 S			H	뻐	計				
B-20						Mastic			150 S			Ħ	Ħ	Ħ				
									2									
			141															
Name of Registered	Waste Hauler		I L	ED W.		Cubic V	TN1.	(5)										
rame of registered	vvaste Haulei			ler ID No		Cubic Yards of Waste	Name	of Regis	tered Land	lfill								
Bristol Environme	ntal Inc.		187			1 Cu yd	Fairle	ess Land	dfill									
City, State						Disposal Date	City, S							CANAL DE				
Bristol, PA						9/4/19		ess Hills	, PA									
Completed By (Print o	or Type)		Title			Signature	η.			100	Date							
onio rizzigoni				ject nager		Kumo 1	im	ngon	i 190	1 8	3/30/	19						
	and the second s						1 1	11	1 1	1								

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK	52	224	٥
; C [\mathbb{V}	E
SEP	4	2019	direction and the first personal as
ZESTO		NTRO	L &
 	-		,

INV#TUTX	rally	(Pui	rsuar	nt to	NJ.	AC 8:60 and 12:1	20)	O F C F	3 1 5	W	F	10				
Date of Notification (1)						iding Owner/Operator	2.4.5.	リーニー	7 0	0						
0,00,	•					YARGALET	1220	1)								
Agency Notified	Type Notification		S	reet A	dere	ess		U SEP	4 20	019						
D EPA	Initial D Amondod		C	iv. Sta	te. 7	Zip Code .										
D DEP Z DOL	Amendment #			,	10	ONTCLAIR	. NJ. D	70ASZESTOS	S CONT	TRO	L &	4.				
Z DOH		ng	N	ame of	_	ntact	· L	Telephone Mun								
□ DCA			7.5	2 1035												
			5	FACILI	ΤY	INFORMATION	4									
Name of Facility Where						•	Type of Facility	(4)								
19	S Ross:				_	2/	School (K-12	b) 3 (Other than K-12								
Street Address							Other (i.e. pr homes, etc.)	ivate & commercia	d building	js,						
City (5) .	0	4		7		***	Square Feet	# of Floors	Bldg.							
. /	LONIE (411	2					2000.	The state of the s	1	91	0					
County (6)				OURITY (Cod	e (7) (STATE USE		rior if being demoli								
P P	>>67°	- 1 6				Morro of Abot	nent Contractor (ESIDENC	95							
(8)	II Hated by building Own	T A	SCAR IN	Ю.	ı		moval In	2.70								
Street Address	Amended Amendment # Demergency (including justification) Cancellation C				+	Street Address										
					ı	450 Sou	th River	er St								
City, State, Zip Code					+	City, State, Zip Code										
						Hackensack, N.J. 07601										
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No. 201-329-7444 000388										
Control (Control Control																
1 1/19 1 1 1/19:				(11)	ı		Environm	ental								
Occupancy Status Duris	ng Abatement (Check on	-/-	<u>.</u>		+	Street Address										
D English Classed March	ad During Entite Period	of Albaton	mont	*	ı	280 H	uyler St	0.400								
Ahatement Performe	d Outside of Normal Faci	Hy Hour	S	.	ı	City, State, Zip C										
		D/H		4.	1	S. Had	ckensack	,N.J. 07	606							
	all that apply)				-	O Full	Containment with	Negative Pressur	æ							
					vatio		Enclosure ebag Procedure		*							
						O Non-	Exempted (*) and Non-Friable Procedure Abatem									
											Type					
		Used	Solely	by		Description shestes Containing M		Amount				G				
TO BE	ABATED		0.75777777		A	(i.e., thermal systems	insulation.	(Specify		Ren	Repair	Enclosure				
Y 20 10 10 10 10 10 10 10 10 10 10 10 10 10		Telephone Telephone Telephone Telephone ASCM N Telephone Abatement ity Hours One Normality Used Solely Maintenan Custodia Staff? (12) Yes No NJDEPW ID No. 171 601	Page Palab		surfacing, VA7		SF or LF)		Removal	Dar.	INBO					
1								*		-	Ale					
<u></u>	,	Yes	No	NVA	-			808		×	+	+				
BASSMENT				_		VA		145		70	-	+				
BASEMENT					1.63	erhal system i	NOITH CZU	+	+							
-									-	-	+	+				
Name of Registered Wa	aste Hauler	NJD	EPW	aste H	aule	Cubic Yards of	Name of Regi	stered Landfill								
		ID N	io.			Waste /						,				
			1/1	.09		3700	CUMBERL	AND COUNT	y LA	ND	FIL	L				
City, State Hackensa	rk NII 07	601				Disposal Date	NEW BUR	GH. PA. 1	724	0	`					
Completed by		001			+	Signature /	10000000	511 17.	Date		1					
	NO Est	imat	or				عسمردنو	٧	81.	30	119	7				
ASB-41			-	for act	vact.	os licensure exempted	activities									

27 2019 03:46PM NJ Asbestos	Contr	ol 60	09.633.	0664			F	age	1								
27.08.2019 02:55 PM A	. Ma	c Ca	ontr:	actin					.26203		E	G	6				
IAV# 140200 .							•	501	.20203		Sale .		PA	GE.			
1100 PA	TH	NOT	FICATIO	State of a		Jorga	y Maren	A STORE DA		44	ll s	EP	4	201			
Data of Notification (1)	LLA	9	(L.fl.enge)	uc to MAY	C 6	199 an	d taitad	1	T		DOL.	10	eri/	VITE	2.8		
8/27/19			Name	of Buildin		ANTARY C	perator CAL	(3)	ede	工	ASSE	-	ENSI	NG			
Agencies Notified Type Notification	,		Street 3	Address Y OL	1			No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa		1	AUG :	-9	4.3	+			
DEP Amended Amended	19		City, 8	tate, Zip	od	1 (A) (A) (A) (A) (A)			4/20	WAI	/ED A	DUSC	_	+	,		
Emergency justification) DCA Carcelistics	(inaludin	9	Name	of Center	1		~ <u>_</u>	-	of the state of	Ts	leonane A	LINE	-	-			
Name of Facility where Abetelment to Takin	-		1	HAM		NOT THE	ON			19	73-5	30	-44	2	F		
COMMERCIAL BUIL					Г			Typ	8 of Fedity					-			
34 OWNES ORIVI	Ē				Г				Bohool (K Subchapt Other (I.s.	er à l'Oth	erthan K	42)	llelless	n haw	Lan.		
CHAYNE	-		-			- O V		gán	are Feet	V 00/mm	Ficers	T	Bldg,		120,		
County (e) PASSA! C	-		County	Code (T)				Gur	ant Use (P	nor If bal	ng demal	shed)	-	2			
Name of Mankening Firm Fired by Building (Dwner ()	<u> </u>	M Ns.	1/	Name of Abstament Gordraster (8)						pus E					
Gireat Address							A. Me	e Ç	ontrectin	g Inc.			The same of the sa		M. Paulaine		
Olly, State, Zip Code							185 V	nee	land Ave								
Project Manager for Monitoring Plim							Midla	nto, 2 nd F	žip Code Park, NJ (7432							
Start Cate (10)	The State of the Indiana	C/Accounts	127/25/5/27	ena Ng.	201-282-5841 0016					Licenses 00166							
8/27/19		91	3//	Date (11)			Name o	OS a E	HA Monitor nvironme	intel 3d	ervicer i	no.		r West States			
Coopensy Status During Abatement (Check Facility Closed/Vacated During Entire F	Andad all	A hateau	Propert				Ştrept A	Q d re			*****						
Cityel - Descripe:	al Pacilit	у Нош	3				City, St	Ne. Z	ip Cede			- Andrewski					
Boops of Work (Check All Yhel Apply) 23 of or 22 if				The same of the sa	d-Balle			regionerant LE TERME	IEK! MA O	/oue							
2160 of or a280 if		lome?						MI	i Conteinm ni-Endosum ivobeg Pro	6 80 mil 1800	150		_				
Lesetion of		Local	Nu							P 8 1 0116	Ngn-mg	DIE PR	Abelement Type				
Asbestos-Conteining Material (ACM) IC RE ARATED In Facility	Me	id Bald Intend Locial (nao/	Anbes (l.e.	8710	Oprital trade	xiptlen e Ining Me yetems l	berlei Perula	(AOM)		ount Moen	- Section 1		C	ET.		
(19)		(12)	_			S urfacts	10. YAT, Scollens:	P.P	,	SE.	or LF)		Papair	200	THE REAL PROPERTY.		
WAREHOUSE	Yes	No	N/A	11.00	0	4 50 1 2	7 EL	Rich	at:		0			8	聯		
		Miller Charles		201-011	14		r (6)	O WH	2		S	70					
		•	-			Philotophy .	Carangle of the plane	~~~		***************************************							
Name of Registered Waste Heuler			JDEF W			ubia Yi			Name of	lagiatus	rd (ander						
Newerk Certing Inc.			leuler ID 4809	No.		/ Wante	1.		,Grand (2entre)			dfil				
Yewark, NJ 07108		- Innerent			9	8/27	19 0	w	Pen Arg		08072				٥		
R. McDenald	Title				-	I tol-	neture	R						119			