IFIGATION OF ASBESTOS ABATEMENT (Fursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 05 19 Halidon, LLC Type Notification Agencies Notified Street Address **⊠** EPA 205 Old Corlies Avenue ☐ Amended □ DOLWD City, State, Zip Code Amendment # 2019 ☑ DOH Neptune, NJ 07753 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation 732-991:0511TOS CONTROL & Chris Frew **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age Lavallette 1800 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Project Manager for Monitoring Firm Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 19 / 19 09 / 20 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A X 1800 sf  $\boxtimes$ exterior asbestos siding П П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 Disposal Date City, State City, State Toms River, New Jersey 09/20/19 Tullytown, Pennsylvania Completed By (Print or Type) Date Title Signature

State of New Jersey

Nicholas Fernicola

**Project Manager** 

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 09 19 Walters Residential Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Barnegat, NJ 08005 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Victor CONTROL & **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Surf City 1000 65 1 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 23 / 19 09 / 24 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ PM-Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If ☐ Mini-Enclosure ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Enclosure Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A Yes No exterior  $\boxtimes$ asbestos siding 970 sf X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State City, State Disposal Date Toms River, New Jersey 09/24/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager

State of New Jersey
FICATION OF ASBESTOS ABATEMENT

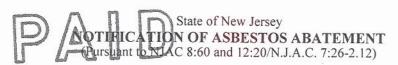
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Agencies Notified  EPA	Type Notific				Stre	et Address		1	IN EC	E	W	E	
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(NJAC 5:23-8)	justificati		oluulii	9	Nam	e of Contac	pt .	-	Telephone Num		20	· ·	-
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Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility		ENSI	N.J	-	
Residence Street Address								School (K-12	) 3 (Other than K-12		an an a		
								homes, etc.)	rivate and commer	CIAI DI	mainé	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	qe	
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County (6) Ocean					Cou	inty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					_
N/A								ntracting, Inc.					
Street Address							Street Address	3,					
							1889 Route 9	. Unit 61					
City, State, Zip Code			DI NOSO				City, State, Zip Co						
							내 그렇게 그래도 ^^ 작업	New Jersey 08	755				
Project Manager for Moni	toring Firm			Tel	lephone	No.	Telephone No.	,,	License No.	_			
					•		732-349-9932		00624				
Start Date (10)	5	Sched	uled C	ompl	etion D	ate (11)	Name of OSHA M	<u> </u>	00024				
09/17/	19	0	9_ /	_1		19	E.M.S.L. Anal						
Occupancy Status During					eroceens made		Street Address						
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Time of Abatement:	AM-	PN	  /	PN	118 - De 1-	AM	City, State, Zip Co						
						<b>-</b>	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Neg	ativo Proceuro				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			□ Re 図 De				☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedu	·e			
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(13)		ŀ	Voc	No	1	-	other miscellane	ous)			-	ate	to
exterior			Yes	No.			os transite skirt		250 sf				
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Name of Registered Wast Guardian Contracting				1/2	NJDEP Hauler	D No.	Cubic Yards of Waste	Name of Regist	tered Landfill				
City, State					2022	3	1 Disposal Date	City, State					
Toms River, New Je		uu (z					09/19/19	227.2	Pennsylvania				
Completed By (Print or Ty Nicholas Fernicola	rpe)	Title Pr	oject	Mar	nager		Signature	. ] . 1	Da	te / <	1	9	



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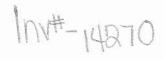
Date of Notification (1)					Name	of Building	g Ow	ner/Operator (	(2)	1				
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Agencies Notified	Type Notifica	ation			Street	Address				IN E	G E		1\/7	层
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Name of Facility Where A	batement is T	aking F	Place	(3)					Type of Facility (		Configuracy or plans	- 10/0.00	e constant de prés	And the plants
Residence									Subshaptor	) I (Other than K-12	2)			
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City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Seaside Park					C	0875	55	)	700 sf	1		65		
County (6)					Cour	nty Code (7	(STA	TE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Ocean									Residence					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
N/A							C	Suardian Co	ntracting, Inc.					
Street Address							Stre	eet Address						
							1	889 Route 9	, Unit 61					
City, State, Zip Code								y, State, Zip Co						
	Project Manager for Monitoring Firm								New Jersey 08	755				
Project Manager for Moni		Tele	phone	No.	1 600	ephone No.		License No.						
Chart Data (40)							1970	32-349-9932		00624				
Start Date (10)		Schedule 09		22		te (11) 19		me of OSHA N M.S.L. Ana						
Occupancy Status During	Abatement (0	Check o	nly o	ne)			Stre	eet Address		71		_		
☐ Facility Closed/Vacate							1	056 Stelton						
Abatement Performed							City	, State, Zip Co	ode					
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Scope of Work (Check all	that apply)													
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		20 Table	Rer Den					☐ Mini-End	tainment with Neg closure g Procedure mpted (*) and Nor		ıre			
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Asbestos-Containing I TO BE ABA		)		ntena	ely by nce/	Asbe	stos	Containing Ma rmal systems	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
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(13)			,	(12)	1 21/4	-	otl	her miscellane	ous)	- 27			late	Ф
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exterior	$\boxtimes$		asbesto	s si	iding		700 sf	$\boxtimes$						
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Name of Registered Wast	te Hauler	- L		_ N	IJDEP \		Cut	oic Yards of	Name of Regis	tered Landfill				_
Guardian Contraction	ng, Inc.			F	20223		Wa:	5.55	T.R.R.F.					
City, State		=========					Disp	posal Date	City, State					
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Completed By (Print or Ty	rpe)	Title					-	Signature		D	ate /	1	24	
Nicholas Fernicola		Pro	ject	Man	ager			M			9/.	5//	9	

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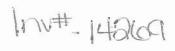


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Date of Notification (1)	20		U		Pursuant	to NJAC 8:60 an	d 12:2	0/N.J.A.C.	7:26-2.12)	[[]	E (	C E		WE
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Name of Facility: Newark   Vocational High School														
School (K-12)					Miceo	FACILITY IN	FORM	IATION	-					
City/ (5)   Newark	Name of F	acility: Newarl	k Voca	tional High	School		Ty	pe of Facility (	(4):					
City (5)   Newark	301 West	Kinney Street	O-C-TILL						o.,	Tax				
Name of Monitoring Firm Hired by Building Owner:   ASCM No.:   D003   ASCM No.:   ASCM	City/(5)		Counts	(6).	Count	tu Codo (7):					omec	atc )		
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.  Street Address: 1253 North Church Street  Street Address: 1254 Broadway  City, State, Zip Code: 1256 Newark, NJ 07104  Street Address: 1266 Street Address: 1275 North Church Street  Street Address: 1275 North Church Street 1275 North Church				y (O).					ate & comm			Cic.)		
Name of Monitoring Firm Hired by Building Owner:  TTE ENVIRONMENTAL, INC.  Street Address:  1253 North Church Street    ASCM No.:   0003			Booth				Sq	uare Feet:		# of Floo	ors:			
Name of Monitoring Firm Hired by Building Owner:  TTE ENVIRONMENTAL, INC.  Street Address:  1253 North Church Street    ASCM No.:   0003		4					Blo	ig. Age						
Street Address: 1253 North Church Street    Street Address:   Str									chool					
Apex Development, Inc.	Name of M	Anitoring Firm	Hired	by Buildin	g Owner:	Control of the contro	Na	me of Abater	ment Contra	actor (9):				
Street Address:  1253 North Church Street    Street Address:   358 Broadway	THENV	IRONMENTAI	L, INC	•		0003	Ar	ex Develor	ment. Inc					
City, State, Zip Code:    Moorestown, NJ 08057	Street Add	ress:					-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
City, State, Zip Code:   Newark, NJ 07104	1253 Nor	th Church Stre	eet											
Newark, NJ 07104						35	8 Broady	vay						
Project Manager for Monitoring Firm:   Telephone No.:   G09-314-1683   Q73) 350-0101   D1215	City, State,	, Zip Code:					Cit	y, State, Zip	Code:					
Project Manager for Monitoring Firm:   Telephone No.:   G09-314-1683   Q73) 350-0101   D1215	Mooresto	wn, NJ 08057	,				Ne	wark, NJ 0	7104					
James A. Guilardi   G09-314-1683   Q973) 350-0101   01215     Start Date (10):   Scheduled Completion Date (11):   Name of OSHA Monitor:   Metro Analytical Laboratories     Gocupancy Status During Abatement (Check only one)   Facility Closed/vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours     Gabatement Performed Outside of Normal Facility Hours     Gother Describe:   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check all that apply):   Given the process of Work (Check a				Firm:		Telephone No.:	_			License No.:				
Start Date (10):   Old/19   Scheduled Completion Date (11):   Old/19   Name of OSHA Monitor:   Metro Analytical Laboratories	James A.	Guilardi				609-314-1683		17						
Occupancy Status During Abatement (Check only one)  □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ City, State, Zip Code: New York, New York, 10018  □ City, State, Zip Code: New York, New York, 10018  □ City, State, Zip Code: New York, New York, 10018  □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State, Zip Code: New York, New York, 10018  □ Facility Closed/vacated During Entire Period of Abatement □ City, State: □ State: Address: □ Street		(10):			mpletion	Date (11):	Nai	ne of OSHA						
□ Facility Closed/vacated During Entire Period of Abatement □ Describe: □ Other □ Describe: □ Scope of Work (Check all that apply): □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Subsetos-Containing Material (ACM) □ Normally □ Staff? □ (12) □ Yes No N/A □ ACOUSTICAL CEILING PLASTER □ GROUND FLOOR □ Stafe:		Status During Ah			one)		_		ii Laborator	ies				
Abatement Performed Outside of Normal Facility Hours Describe:							10001000		treet Suite	203				
Describe:    Other Describe:   Scope of Work (Check all that apply):   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-	Abatement	t Performed Outs	ide of N	Jormal Facili	Abatement					203	-		_	
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Describe:   Scope of Work (Check all that apply):   Staff?   Custodial/   Staff?   (12)   Yes   No   N/A     N/A   CROUND FLOOR   X   MACOUSTICAL CEILING PLASTER   G,200 SF   *   *   Month of Registered Waste Hauler:   NJDEP Waste Hauler:   NJDEP Waste Hauler:   NJDEP Waste Hauler:   NJDEP Waste Hauler:   Disposal Date:	□ Other						1							
□≥3 sf or ≥ 3 lf □≥160 sf or ≥ 260 lf □≥160 sf or														
Solution of   Custodial   Staff?   Custodial   S	Scope of Wo	ork (Check all tha	t apply)	):										
Demolition    Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure	$\square > 3$ sf or :	> 3 If			□ Renov	ation			□-Full Co	ntainment with	Nega	tive Pr	essure	2
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  GROUND FLOOR  TO BE ABATED GROUND FLOOR  TO BE ABATED IN Facility (13)  To BE ABATED IN Facility (14)  Yes No N/A  COUSTICAL CEILING PLASTER  GROUND FLOOR  Amount (Specify SF or LF)  To BE ABATED (12)  Yes No N/A  ACOUSTICAL CEILING PLASTER  GROUND FLOOR  Amount (Specify SF or LF)  To BE ABATED (Specify SP or LF)  To BE ABATER (Specify SP or LF)  To BE ABATER (	1					D	ecript	ion of						nt
Cach			rial			Asbestos Con	taining	Material (A	ACM)			1	ype	
GROUND FLOOR  X  ACOUSTICAL CEILING PLASTER 6,200 SF  *  *  GROUND FLOOR  X  WALL CERAMIC TILE & MORTAR 3,655 SF  *  *  GROUND FLOOR  X  PIPE INSULATION  Name of Registered Waste Hauler:  NEWARK CARTING, INC.  NEWARK CARTING, INC.  Disposal Date:  Disposal Date:  Disposal Date:  Title:  Signature:  Date:			i iai			(i.e., therma	al syste	ems insulati	ion,	102	72		田	(II)
GROUND FLOOR  X  ACOUSTICAL CEILING PLASTER 6,200 SF  *  *  GROUND FLOOR  X  WALL CERAMIC TILE & MORTAR 3,655 SF  *  *  GROUND FLOOR  X  PIPE INSULATION  Name of Registered Waste Hauler:  NEWARK CARTING, INC.  NEWARK CARTING, INC.  Disposal Date:  Disposal Date:  Disposal Date:  Title:  Signature:  Date:					5 5 5 5 5 5						em	Re	ıca	ncl
GROUND FLOOR  X  ACOUSTICAL CEILING PLASTER 6,200 SF  *  *  GROUND FLOOR  X  WALL CERAMIC TILE & MORTAR 3,655 SF  *  *  GROUND FLOOR  X  PIPE INSULATION  Name of Registered Waste Hauler:  NEWARK CARTING, INC.  NEWARK CARTING, INC.  Disposal Date:  Disposal Date:  Disposal Date:  Title:  Signature:  Date:	IN	IN Facility Staff?					misce	naneous)		535 CO	104	pai	psu	OSU
GROUND FLOOR  X  WALL CERAMIC TILE & MORTAR 3,655 SF  *  *  GROUND FLOOR  X  PIPE INSULATION  Name of Registered Waste Hauler:  NUMBER NEWARK CARTING, INC.  Disposal Date:  Disposal Date:  Title:  Signature:  Date:		(13)	<u>-</u> ,							SF or LF)	al	"	lat	Ire
GROUND FLOOR  X  PIPE INSULATION  Name of Registered Waste Hauler:  NEWARK CARTING, INC.  City, State:  Hillside, NJ 07205  Completed By:  X  PIPE INSULATION  1,500 SF  *  *  Name of Registered landfill:  Gran Central Sanitary Landfill.  City, State:  Pen Argyl PA 18072  Date:	GROUND	FLOOR			1071	ACOUSTICAL	CEIL	ING PLAS	STER	6,200 SF	*	-		*
Name of Registered Waste Hauler:  NEWARK CARTING, INC.  Output  Disposal Date:  Disposal Date:  Output  Disposal Date:  Dispos	GROUND	FLOOR		X		WALL CERAN	ис т	ILE & MO	DRTAR	3,655 SF	*			*
NEWARK CARTING, INC.  Od 509  of Waste: 30  Gran Central Sanitary Landfill.  City, State:  Hillside, NJ 07205  Completed By:  Title:  Signature:  Date:	GROUND	FLOOR		X		PIPE INSULAT	TION			1,500 SF	*			*
City, State:  Hillside, NJ 07205  Completed By:  Disposal Date:  City, State: Pen Argyl PA 18072  Signature:  Date:				r:		Waste Hauler ID	No.:							
Completed By: Title: Signature: Date:	City, State:			Disp	osal Date:			City, State	:	J Contrar c		Dail		
OIL 1									PA 18072					
						resident	Signa	iture:			9			

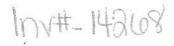


Date of Notification (1)		- L	L		Name	of Building	g Owner/Operator (	2)					
09 /	05 /	19					County Park Sys		-	and a	5 1/2	1	
Ai NI-VG - I							- and of			1	210	1	
Agencies Notified  EPA	Type Notifica	ation				Address			HA E		- [	W	E
⊠ DOLWD	☐ Amended	ı					n Springs Road			X7 L	3 U		-15
⊠ DOH	Amendme				a constant	State, Zip C			HINH				
☐ DCA	☐ Emergen		ling			croft, NJ				SEP -	- 9	2019	9
(NJAC 5:23-8)	justification	on)	3276		Name	of Contac	t		Telephone Nun			Allicon all loc	100
	☐ Cancellat	ion			Joh	n Eisem	ann		732-766-19	29	e-community	de norm	
					FAC	CILITY IN	IFORMATION		ASBI	ESTOS LIGE			)L &c
Name of Facility Where A	batement is T	aking Pla	ace (3	3)				Type of Facility (4	4)	In B. Co.		-	Marie Marie
Swimming River Pa	rk-Former (	Chris De	eli					School (K-12)	(A)				
Street Address								☐ Subchapter 8	(Other than K-1				
507 West Front Stre	eet							Other (i.e., pri homes, etc.)	vate and comme	ercial bu	ııldıng	s,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	10	-
Red Bank								900	1	1	65	90	
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	1 .		-		
Monmouth					Journ	ity oodo (i	MOTHIE GOL ONET	Shed	or it being derrior	isileu)			
Name of Monitoring Firm	Hired by Ruila	ling Own	or (8)		SCM	No	Name of Abateme						
Traine of Workoring Firm	rined by build	ing Own	ei (o)	'	COUNT	INO.	1 annua 198 F						
Street Address								ntracting, Inc.					
Officer Address							Street Address	11-14-04					
City Chata Zia Cada							1889 Route 9	Managari (Palatana)					
City, State, Zip Code							City, State, Zip Co						
					hone			New Jersey 087	755				
Project Manager for Moni	t Manager for Monitoring Firm						Telephone No.		License No.				
	Date (10) Schoduled C						732-349-9932		00624				
Start Date (10)							Name of OSHA M				-0.000		
09 /16 /					_ / -	19	E.M.S.L. Anal	lytical					
Occupancy Status During	Abatement (0	Check on	ly one	e)			Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed							City, State, Zip Co	ode	30				
Time of Abatement: _	AM	PM/_		-M-		AM	Piscataway, N	New Jersey 088	54				
Scope of Work (Check all	that apply)												$\neg$
☐ >3 sf or >3 lf			Dana	votio	_			ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			Reno Demo				☐ Mini-Enc ☐ Glovebag						
		_			•			mpted (*) and Non	-Friable Proced	ure			
				catio						Ab	atem	ent T	уре
Location	TVI a market and the contract of the contract		No.	mall			Description o				_		
Asbestos-Containing I TO BE ABA			Maint				stos Containing Ma ., thermal systems		Amount	em	Repair	nca	nclo
IN Facilit		C	ustoc		taff?	(1.6	surfacing, VAT,	or	(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	79			12)	70000000		other miscellane	ous)	**************************************	_		late	œ.
		Ye	es	No	N/A								
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			L									Ш	Ш
Name of Registered Wast	te Hauler			1	IDEP V		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contractin	ng, Inc.			1,000	auler II		Waste	T.R.R.F.					
City, State				1	20223	) ·	3 Disposal Date	City, State					
Toms River, New Je	ersey						09/19/19		Pennsylvania				
Completed By (Print or Ty	•	Title									, ,		
Nicholas Fernicola	pc/	Proje	oct M	lanc	aer		Signature	No.		Date	1-1	10	
. Honolas i enticola		Froje	CL IV	alld	ger			1		11	21	17	



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Date of Notification (1)	0.4	40				-		ner/Operator (		~~		-		
	/	19	-		Sak	outis Br	othe	ers Disposal		T 12 26	7	24	7	7 7
Agencies Notified	Type-Notifica	ation			Street	Address					15		9 1	SII
⊠ EPA	☐ Initial				113	State Ro	oute	34		114/				
☑ DOLWD	Amended Amendme			1	City, S	state, Zip C	ode			or.	п	0 0	340	111
□ DCA	⊠ Emergend	77	ıdina		Far	mingdale	, NJ	J 07727		ij [ 5t	P -	9 2	JIY	
(NJAC 5:23-8)	justification		Juling		Name	of Contact				Telephone Num	ber			
	☐ Cancellat	ion			Joh	n Sakou	tis			732-683-060	0000	TINIT	ROI	R.
					FΔ	CII ITY IN	FOF	RMATION			JUEN			
Name of Facility Where	Abatement is T	aking P	Place	(3)		J. L. I I II I	. 01	district.	Type of Facility (	4)	get respected out		Sunday in	pulson-privately
Residence				(-)					School (K-12)					
Street Address					-		-	<i>1</i> 0	☐ Subchapter 8	(Other than K-12				
									Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	iilding	S,	
City (5)									Square Feet	# of Floors	T RI	dg. Ag	10	
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Ocean					Journ	ity obde (i	ДОТА	TE GOE GIVE I)	Residence	or it being derrion	sileu)			
Name of Monitoring Firm	Hired by Ruild	ling Ow	mer (	8)	ASCM	No	Na	me of Abateme	ent Contractor (9)					
N/A	Timed by Build	ing Ow	noi (	"	NOOIVI	140.			ntracting, Inc.					
Street Address								eet Address	intracting, inc.					
Officer Address									Umit C4					
City, State, Zip Code								889 Route 9						
Oity, State, Zip Code	otato, zip oode							y, State, Zip Co		7.5.5				
Project Manager for Man	itorina Firm			Tala	ohone	NIa			New Jersey 087					
Project Manager for Mon	ct Manager for Monitoring Firm							ephone No.		License No.				
Start Date (10)	16	Schedule	-40		i D-	t= /44\		32-349-9932		00624				
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		0.7	7.0		_ ′ -	19	7 200	.M.S.L. Ana	iyticai					
Occupancy Status During								eet Address						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						:		056 Stelton						
Time of Abatement:							1 1	, State, Zip Co						
							Р	iscataway, I	New Jersey 088	354				
Scope of Work (Check al	Il that apply)							□ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		_	0.07.00.000	novatio				☐ Mini-Enc	losure	ative Flessule				
≥160 sf or ≥260 lf		$\boxtimes$	Der	nolitio	n			Glovebag		F:-11 B				
			la	Locati				⊠ Non-Exe	mpted (*) and Nor	1-Friable Procedu				
Location	of			lomal				Description o			Ab	atem	ent T	ype
Asbestos-Containing		)	Used	d Sole	ly by	Asbe	stos	Containing Ma		Amount	Rer	Repair	Enc	E
TO BE ABA	ATED	5.6		ntena			, the	ermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facili	ity		Oust	(12)	otan:			surfacing, VAT, her miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
()		1	Yes	No	N/A	1	Oti	nor misochano	ous)				te	
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		1	7	П	П						П	П	П	
Name of Registered Was	te Hauler			N	JDEP \	Vaste	Cut	oic Yards of	Name of Regist	tered Landfill				
Guardian Contracti				Н	auler II	No.	Wa	ste	T.R.R.F.					
City, State					20223	3	3 Dist	posal Date	City, State					
Toms River, New Je	ersev						10000	9/18/19		Pennsylvania				
Mark Control of the C		T.01					U		Tullytown,			,		
Completed By (Print or T	F1000000	Title						Signature		O D	ate	1		
Nicholas Fernicola		Pro	ject	Mana	ager			1	-		91	4/1	9	





Date of Notification (1)		A las	- Goo	the state of the s	Name	of Building	a Ow	ner/Operator (	2)					
	05 /	19	_		5055000	KK Enter	366 ent		2)	3	7	31	3-	
Agencies Notified	Type Notifica	ation			Street	Address				INEG	F		1	2
⊠ EPA					135	8 Нооре	r Av	enue, Suite	110		1	1)	(c) le	-1
⊠ DOLWD	Amended Amendm				City, S	State, Zip C	Code							- 1
☑ DOH ☐ DCA	☐ Emergen		luding	,	Tor	ns River,	NJ	08753		SEP	-	9 2	019	
(NJAC 5:23-8)	justificati		Juding	d	Name	of Contac	t			Telephone Number	er			
	☐ Cancellat	tion			Tor	n				732-270-0555		2004 DA	TO CUI	سليد.
		W-107 Tale			FA	CILITY IN	FOF	RMATION		ASBEST	OS ( OFN	SIME	h <u>ul</u>	_ Ct
Name of Facility Where A	Abatement is 7	Taking	Place	(3)		0.2.11		UNATION	Type of Facility (		No.		and darker	argonise ( )
Residence		9	W 19050						☐ School (K-12					
Street Address									☐ Subchapter 8	(Other than K-12)				
Control of the Contro									Other (i.e., pr homes, etc.)	ivate and commerc	ial bu	uilding	js,	
City (5)									Square Feet	# of Floors	BI	dg. A	ne.	
Lavallette					100	5735	=		800 sf	1	1	ug. A 65	ye	
County (6)								TE USE ONLY)		or if being demolish		00		
Ocean					Oou	ity code (i	ДОТТ	TE OOL ONET	Residence	of it being definitions	icu)			
Name of Monitoring Firm	Hired by Build	dina O	wner	(8)	ASCM	No	Mar	me of Abatama	ent Contractor (9)			-		_
Traine of Monitoring 1 min	rined by bank	anig O	WIICI	(0)	AGGIVI	140.	10000000		ntracting, Inc.					
Street Address							-	eet Address	itiacting, inc.					
01100171001000								889 Route 9	Unit 61					
City, State, Zip Code								y, State, Zip Co						
Oity, Otato, Zip Oode							1 8			755				1
Project Manager for Mon	itorina Firm			Tolo	phone	No		Section of the sectio	New Jersey 08					
1 Toject Manager for World	itoring i iiiii			1 616	priorie	INO.	1	ephone No. 32-349-9932		License No.				
Start Date (10)		Sahadi	rlad C	omnlo	tion Do	te (11)		100000000000000000000000000000000000000		00624				
09/ 18/	Course III				) /		0.000	me of OSHA M						
				74	_ ′ -	15		.M.S.L. Anal	lyticai					
Occupancy Status During	•							eet Address						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						arib a		056 Stelton						
Time of Abatement:								y, State, Zip Co						
Scope of Work (Check all							P	iscataway, I	New Jersey 088	354	-			
Scope of Work (Check an	і іпасарріу)							☐ Full Cont	ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novat				☐ Mini-Enc						
<u>⊠</u> ≥160 st or ≥260 lf			□ De	molitic	on			☐ Glovebag	Procedure	n-Friable Procedure				1
			le	Locat	ion	T		M MOII-EXE	impled ( ) and Noi	II-FIIable Procedure	_	a taran		
Location	of			Norma				Description o	f		-	atem		1
Asbestos-Containing	Material (ACM	1)		d Sole		Asbe	stos	Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA				intena todial		(i.e		emal systems		(Specify	VOU	ai-	aps	losu
(13)	ty		1000000	(12)				surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre
			Yes	No	N/A								O O	
exterior			П	$\boxtimes$		asbesto	os si	idina		800 sf				
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			<u> </u>	Н_	1000000						Ш	Ш	Ш	Ш
			Ш											
								*						
Name of Registered Was	te Hauler			N	JDEP \	Naste	Cub	oic Yards of	Name of Regis	tered Landfill				
Guardian Contracti	ng, Inc.			F	lauler II 20223		Wa		T.R.R.F.					
City, State					20223		_	posal Date	City, State					
Toms River, New Je	ersey							9/19/19	100	Pennsylvania				
Completed By (Print or Ty	ype)	Title	7.00					Signature	1	Dat	e !	,		
Nicholas Fernicola	/	17.55		Man	ager			O.S. Actor	County of the Co	G	1	-11	4	
The state of the s		100	-,000		-501				1	- 17	1.	111	1	

Inv#-14867

Date of Notification (1)	Bad Sad	1 6 <sub>10</sub>	min state of the	Nam	e of Buildir	na Or	wner/Operator	(2)						
	19	_					onstruction	(2)	-7.	7	3	"Seemen	5	ê
Agencies Notified Type Notific   ⊠ EPA □ Initial	cation				t Address		- 000 1770 <b>-</b> 1		In E	(C)		1 1	11	E
⊠ DOLWD ☐ Amende	ed				92 Bando					W. E	= 1	)	1	5
				100000000000000000000000000000000000000	State, Zip				113					
☐ DCA ☐ Emerger		luding		1	ms River		J 08753		(	SEP	- g	20	110	
(NJAC 5:23-8) justificat				1	of Contac	ct			Telephone N			6.1	110	11
☐ Cancella	ation			Pa	ul Day				732-703-4	4341				
				FA	CILITY IN	NFO	RMATION		ASB	ESTOS	00	)NT	RÖL	. &
Name of Facility Where Abatement is	Taking I	Place	(3)					Type of Facility (	4)	1101	MO	NG		and and
Residence Street Address								School (K-12)	) (Other than K	(-12)				
								Other (i.e., pr homes, etc.)	ivate and com	mercia	buil	ding	S,	
City (5)							to restric	Square Feet	# of Floors		Bldg	g. Ag	je	
Bay Head					087	74	H2	1350 sf	1		6	5		
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Prid	or if being dem	olished	i)			
Ocean								Residence						
Name of Monitoring Firm Hired by Buil	lding Ov	vner (8	3)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)			_			
						1		ntracting, Inc.						
Street Address						-	reet Address				_	_		
							1889 Route 9	Unit 61						
City, State, Zip Code						-	ty, State, Zip Co	The second and the second second	Sell-Market Company					
								New Jersey 087	,,,					
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm							New Jersey 007				100		
,ger ver monitoring , im			1010	phone	NO.		lephone No.		License No.					
Start Date (10)	Schodul	04 C0	mala	tion De	to (111)		732-349-9932		00624					
	Schedul 09				19	100	ame of OSHA M E. <b>M.S.L. Ana</b> l	TT 1 TT						
Occupancy Status During Abatement (						Str	reet Address							
	re Perio	d of A	bate	ment		1	1056 Stelton							
Abatement Performed Outside of N	ormal Fa	acility	Hou	s - Des	cribe	Cit	y, State, Zip Co	ode			_			
Time of Abatement:AM	PM/_		PM-		AM	75.		New Jersey 088	54					
Scope of Work (Check all that apply)								ainment with Nega						
≥3 sf or ≥3 lf		Ren					☐ Mini-Encl	losure	ative Pressure					
≥ 160 sf or ≥ 260 lf	$\triangleright$	] Dem	olitic	n			Glovebag	Procedure						
		le I	ocat	ion			⊠ Non-Exer	mpted (*) and Non	-Friable Proce		50			
Location of			oma				Description of			<u>_</u>	-	eme	nt Ty	
Asbestos-Containing Material (ACM	1)	Used			Asbe	stos	Containing Mat		Amount	1	D	Repair	En	E
TO BE ABATED IN Facility		Main Custo			(i.e	., the	ermal systems i	nsulation,	(Specify	3	Removal	pair	cap	clos
(13)			(12)	otan.			surfacing, VAT,		SF or LF)	1	2		Encapsulate	Enclosure
		res	No	N/A			ner misoenanet	203)					te	
exterior	]	$\boxtimes$		asbesto	s s	iding		1350 sf	D	3   [				
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Name of Registered Waste Hauler			N	JDEP V	Vaste	Cul	bic Yards of	Name of Registe	ered Landfill					_
Guardian Contracting, Inc.			Н	auler IE 20223		Wa		T.R.R.F.	orou Landiiii					
City, State						N. S. A. A. S. E. A. S.	posal Date	City, State						
Toms River, New Jersey						0	9/20/19	Tullytown, F	Pennsylvania	а				
Completed By (Print or Type)	Title		-				Signature	Λ		Date	1	ì		-
Nicholas Fernicola	Proj	ject N	lana	ager	<u> </u>		M-	1		9	5	11	9	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

No Chock		(P	ursuant	to NJAC JOB# 19	8:60 ar	d 12:12	0)		-	< 17 <sup>2</sup>	(6)	123	fl c	77 5	
Date of Notification (1) 09/05/2019			Name o	of Building & Sons,	Owner/			Date			122			7 1	
Agencies Notified Type Notification			Street A							S	SEP	- (	3 21	110	7
EPA Initial Amended		-		ry Street ate, Zip C					1 100		30			110	, i
X DOL Amendment				lyn, NY						ASBE	STO	10.07	7517	701	
Emergency (i justification)	ncluding			of Contact						elephone	Nur	nber	MG	41 31	N.
DCA Cancellation				las Patti					7	18-963	-370	00			MERIT 2 - 500
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Ту	pe of Facility	(4)						
								School (K-	12)						
Street Address 37 West 21st Street							×	Subchapte Other (i.e. etc.)					dings	, hom	es,
City (5) Linden							5.000	uare Feet 000	1	of Floors	3		ildg. A	Age	
County (6) Union			County (STATE	Code (7) USE ONLY	"			rrent Use (Pr ommercial	ior if be	eing dem	nolish	ed)			
Name of Monitoring Firm Hired by Building C BSI Services and Solutions (NYC) I		)	ASC	M No.		100000000000000000000000000000000000000		batement Co /ironmenta							
Street Address 141 West 36th Street 3rd Floor						Street 11-0	1000	ress ueens Pla:	za So	uth					
City, State, Zip Code New York, NY 10018	110		( access					Zip Code and City, N	NY 11	101					
Project Manager for Monitoring Firm Charles Cortalano		Telepho	ne No.		Teleph	none	0.0 (1.0) (1.0) (1.0)		Licens 0085		ο.				
Start Date (10) 09/09/2019	ed Cor 2019	npletion	Date (11)				SHA Monitor								
Occupancy Status During Abatement (Check	Only Or	ne)				Street									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal							- 3.50	ch 98th St Zip Code	reet	-					
Other – Describe:						Rock	awa	ay Park, N	Y 116	694					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	and the same of th	Renova Demolit				×	, N	Full Containm Mini-Enclosur Blovebag Pro Non-Exempte	e cedure					e	
		Locati											Abate Ty	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashas		scription		ial (ACM)	,	Amount		-	1 9		
TO BE ABATED In Facility (13)	02000	intenar todial S (12)			thermal surfa	systems cing, VA niscellan	s inst T, or	ulation,	(	Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									70		te	to .
1st	X			F	oor Tile	е			130		X				
Roof							brai	ne		180		X			
Roof		Χ			F	lashing	1			65		X			
Name of Registered Waste Hauler ATC		Н	JDEP W auler ID 4310		of Wa			Name of Minerva							
City, State Shirley, NY 11967						sal Date /2019		City, Stat		, OH 4	1468	38			
Completed by Ann A. Ali	Title Com	plianc	e Adm	in	S	ignature		M			Date 09/	e '05/2	019		

Inv#- 14201

Check # 2179

Date of Notification (1)	1	Seed	600 600	- IN	(D 11)				Cite	CK#	21/3	1	
	) ptember 4, 2	010			of Build of Amer		er / Operator	(2)	- 1-14 F- (5)	process of			
Agencies Notified	Type Notifica				Of Amer					<u> </u>	I N	7 [	2 100
/ 190.10100 . 101	Type Hounes	luon		Street	Address	5				U25 L	1_/		= 11
□EPA				601 N	orth Wo	nd Ave	מוום						
DEP					Oran	ou A.c	IIuc		II II SEP	- Q	201	0	A Company
⊠DOL	☑ Initia	ı		City, S	State & Z	in Code			1111 01.	J	201	J	to the series
		nded		100000000000000000000000000000000000000	n, NJ 0								
DOH		ndment #			11, 110	1000			ASBESTO	900	ATTO	~ 1 C	
□DCA	Cano	cellation		Name	of Conta	act					ne N		
				Tom /	Ashman				THE RESIDENCE OF THE PROPERTY OF THE PARTY O	transmission rep	-9548	-	Same parties
				FΔ	CILITY	INFO	RMATION						
Name of Facility Where	e Abatement i	is Taking F	Place (3)		CILITI	INFO	Type of Faci	114, 741					
Bank of America	, , , , , , , , , , , , , , , , , , ,	o , aiking .	1200 (0)				School						
Street Address								pter 8 (Other tha	on K 10\				
601 North Wood Aver	nue									- boi		١- ١	
							Square Feet		commercial building			tc.)	
City (5)							Square Feet 3,00		loors Blo	lg. Age			
Linden								(Prior if being de			60		
							Bank	(Filor ii being ac	emonsned)				
County (6)			ounty Cod										
Union			SE ONLY										
Name of Monitoring Fire	m Hired by Bi	uilding Ow	ner (8)		ASCM	No.		tement Contract	tor (9)				
Arcadis US, Inc. Street Address							Synatech, In						
27-01 Queens Plaza N	orth Ste 800	í					Street Addres						
City, State & Zip Code	orar, oto oco	,					829 Radio R City, State &						
Long Island City, NJ	11101						Little Egg Ha	arbor, NJ 0808	7				
Project Manager for Mo	nitoring Firm		Τe	elephone N	lumber		Telephone N		License Num	ber	-	-	
Victor Cheban			71	18-446-011	16		609-296-691			0081	17		
Scheduled Start Date (		Scheduled					Name of OSI	4 M. C.					
September 14, Occupancy Status Duri	2019	- /Chapk a	Octor	per 29, 20	19		Synatech, In						
Facility Closed	ng Abatemeni I∆/acated Dur	t (Check or	nly one)	Abatemer			Street Addres						
Abatement Pe					L			CAST CONT.		-			
Other – Descri		de oi Noili	nai riouis	j.			City, State &						
Facility Occupi		-to-ont					Little Egg Ha	arbor, NJ 08087	7				
Scope of Work (Check	all that apply)												
								Full Containme	nt with Negative Press	ure			
≥3 sf or ≥ 50 lf			$\sqcup$	Renovation	n		$\boxtimes$	Mini-Enclosure					
≥160 sf or ≥260 l	lf			Demolition	n			Glovebag Proce	edure				
							$\square$	Non-Exempted	d(*) and Non-Friable Pr	ocedu	ıre		
	tion of	B196900000		ion Norma			Descript				atem	ent T	Type
Asbestos-Containi	ng Material (A	ACM)		y Mainten			Asbestos-Co	ontaining	Amount (Specify SF				,,,,,
	ABATED		Custo	odial Staff?	' (12)		Material (		or LF)				
	acility 3)						(i.e., thermal					Ш	
(1	٥,					'	nsulation, surf or other misce			R	70	Encapsulate	Enclosure
							or other misor	eliarieous)		Removal	Repair	aps	Clos
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Teller Line / Customer	Service Area	a			Х		Floor	Γile	1,700 SF	X			
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							Married Transport		-	- 1			
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realing of registered fre	Hauler I						Waste	Name of Regis	stered Landfill				
Synatech, Inc.	natech, Inc. 2							Fairless Hills					
City, State								City, State					$\neg$
					1	al Date		Jony, Glato					
Little Egg Harbor, NJ	08087					er 30, 20	)19	Morrisville, PA	A				
Completed By		Title			Signatu	ıre			Date				
Diane Aloia		Executive	e Adminis	ctrator	10		00	•					
		LACCULIVE	e Aumini	Strator	1VC	line	Clore		September 4, 2019				





Check # 2180

	REAL PROPERTY.	22,017										CITE	CUN # 2	100		
Date of Notification (1)	) ptember 4, 20	119			of Buildi		er/O	perator (	(2)		1					
Agencies Notified	Type Notifica			_	Address							-1 5 h	OE	П	n //	
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□DCA	Canc	ellation			of Conta	ct					1	ASSEST	elephor	ne Nu	mbe	8
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Name of Facility Miles	- 11-1	<b>-</b>		FA	CILITY	INFO	_									
Name of Facility When Bank of America	e Abatement is	s Taking F	rlace (3)				Туре	e of Facili School (								
Street Address							ΙĦ	or second	oter 8 (Ot	her than	K-12)					
315 Madison Avenue							$  \boxtimes$					cial building	gs, hon	ne, e	tc.)	
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Lakewood				Divini of			Curr	10,000 ent Use (		eina dem	2 olished	1)		55		
				\$10			Ban		1 1101 11 00	onig aciti	Olishico	'/				
County (6) Ocean			ounty Cod SE ONLY													
Name of Monitoring Fire	rm Hired by Bu	ilding Ow	ner (8)		ASCM	No.	Nam	ne of Abat	tement Co	ontractor	(9)					
Arcadis US, Inc. Street Address								atech, Inc et Addres								
One Lincoln Center -	110 West Fa	yette Stre	et, Ste. 30	00			10000	Radio Ro								
City, State & Zip Code Syracuse, NY 13202								State & 2								
Project Manager for Me	onitoring Firm		Te	lephone N	lumber			e Egg Ha phone Nu		08087		License Nur	mher			-
Bret Jennings	77		57	0-422-137	79		609-	296-6916	<u> </u>			Elocitoo Ital	0081	7		
Scheduled Start Date ( September 14,		Scheduled		on Date (1 er 29, 201				e of OSH atech, Inc		r						
Occupancy Status Duri	ing Abatement	(Check o	nly one)				Stree	et Addres Radio Ro	s							
Abatement Pe								State & Z								$\neg$
Other - Descr								e Egg Ha		08087						
Facility Occup		atement														
Scope of Work (Check	all that apply)															
				Renovation	n.				Full Cont Mini-Enc		with N	egative Pres	sure			
≥160 sf or ≥260	lf		Ħ	Demolition				=	Gloveba		ure					
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Asbestos-Contain TO BE	ing Material (A ABATED	ACM)		y Mainten dial Staff?				oestos-Co Material (/			Amou	nt (Specify S or LF)	SF			
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Lobby, Sales Platform	n, Office, Telle	er Line			Х		(	Carpet M	astic		3	3,000 SF	X		Н	-
													∃^`I			
Name of Registered Wa	aste Hauler		NJDEP \		Cubic \	ards of	Wast	te	Name o	f Registe	red La	ndfill				
Synatech, Inc.			100000	429	14				Fairless	Hills						
City, State					Disposi	al Date			City, Sta							
Little Egg Harbor, NJ	08087				Octobe	er 30, 20	019		Morrisv	ille. PA						
Completed By		Title			Signatu						ate					
Diane Aloia		Executiv	e Admini	strator	200	ane	6	Clora	•	s	eptem	ber 4, 2019				
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The	CNO. 1384	AP		Parameter Constitution of Cons	FICATIO	State of New Jers N OF ASBESTO 1110 NJAC 8:60 a	SABATE	EMENT			a [		W	
	Date of Notification (1) 8-19-19					of Building Owner Hudson, LLC	/Operato	r (2)		SE	EP .	- 9	201	9
	Agencies Notified  EPA	Type Notification Initial Amended	1			Address V Michigan Ave	e, Suite	1630	remand	ASSES	17/1/5	2 073	1700	C1 0
	EPA DEP DOL	Amended Amendmen Emergency			Chica	tate, Zip Code ago, IL 60611			Sealing and the seal of the seal			MSH		volument.
	DOH DCA	justification) Cancellation		3	Gena	of Contact ro Holguin				phone Nu 2-796-65				
	Name of Facility Where Hudson Generating		ng Place (	(3)	FAC	ILITY INFORMAT	TION	Type of Facilit						
	Street Address Dutfield Avenue							Subchapt	er 8 (Other . private &	r than K-12 commerci	2) al bui	ldings	, hon	nes,
	City (5) Jersey City							Square Feet 627,470	10	Floors	5	Bldg. 7	Age	
	County (6) Hudson Name of Monitoring Firm	Uirod by Duilding	0		(STATE	Code (7) USE ONLY)	_	Current Use (F Power Plan	t		ned)			
	TBD Street Address	Thired by Building	Owner (8)	)	ASCI	M No.	Preci	of Abatement C ision Environ			/			
	City, State, Zip Code						5500	Address Old Brecksv	ille Rd					
	Project Manager for Mon	itorina Firm			Talaah		Indep	tate, Zip Code pendence, Ol						
	Start Date (10)	intolling Fifth	0-1-1-1	-10	Telepho		216-6	one No. 642-6040	C	License No 01212	0.			
	9-10-19		12-20-	19	npletion	Date (11)	Preci	of OSHA Monito sion Environi		ompany				
	Occupancy Status During  Facility Closed/Vaca Abatement Perform	ated During Entire P	Period of A	Abaten	nent		5500	Address Old Brecksv	lle Rd					
	Other – Describe: _		iai Facility	Hours	· 			ate, Zip Code pendence, Of	nio 44131	1				
	Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	іг гпат Арріу)	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, whic	Renova Pemolit			XXXX	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				е	
	Location	of	N	Locati Iormal	İy	Des	scription (					Abate Ty	emen	t .
	Asbestos-Containing TO BE ABA In Facili (13)	TED	Mai Cust	d Sole intenar odial S (12)	ice/ staff?	Asbestos Cont (i.e. thermal surface	aining Ma	aterial (ACM) insulation, , or	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
	SEE ATTACH	ED LIST	Yes	No	N/A						/			
-														
1									f.					

Cubic Yards of Waste

Disposal Date

Signature,

900

NJDEP Waste

Hauler ID No.

12838

Title

Vice President

City, State

Redding, PA

Completed by

Name of Registered Waste Hauler

Delaware Valley Container

Name of Registered Landfill

City, State

Newburg, PA

Cumberland County Landfill

Date

8-30-19

#### **Hudson Generating Station**

Building	Square Feet	No. of Floors
Bottom Ash Transport	720	1
Intake Structure	900	1
Barge Unloader	300	1
Conveyor & Transfer House	150	1
P1 - Storage Building	1,900	1
P2 - Coal Conveyor	7,500	1
P2 - Coal Handling Structure	2,000	1
P3 - Service / Office Building	15,500	2
P3 - Locker Room Building	7,500	2
P3 - Turbine Building	6,000	1
P3 - Unit 1	215,000	10
P3 - Unit 2	370,000	10
Bottom Ash Transport No Asbestos Reported	QTY	Category

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

Conveyor & Transfer House
No Asbestos Reported

P1 - Storage Building No Asbestos Reported

P2 - Coal Conveyor No Asbestos Reported

P2 - Coal Handling Structure No Asbestos Reported

P3 - Service / Office Building		
Duct Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II



NO CHENC	ded X	IOTIFI (Pt	Sta CATION	ate of Nev OF ASB	v Jerse	y ABATE	MENT	2/10	3/19		n W		Pri	int Fo
Date of Notification (1) 7/8/19							(2)		5 6	7 🕒	<u>U</u>	5		arand description
⊠ EPA ⊠ Initia	ı		1033 8	Springfie		enue			SE	p 9	2019	The state of the s		de valor del celle del a la celle de
DOL Ame	ndment #	- [	Cranfo	ord NJ 0				Table of the second	ASRES	STOS C	ONTRO	)L &		Spirate Company
☑ DOH ☐ justif	ication)								1			entranta con		-
Name of Facility Where Abatement	is Taking Place (3	)	FACI	LITY INFO	PRMATI	ON	Type	of Facility	(4)					
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Street Address 1776 Raritan Road								Subchapter Other (i.e. )	8 (Oth			dings	home	es,
City (5) Scotch Plains NJ 07076	10							are Feet	# of	Floors			Age	
County (6) Union						_	Curr	ent Use (Pri	or if bei	ng demol	lished)			
NOTIFICATION OF JACK SED and 12:120)  NOTIFICATION OF JACK SED and 12:120)  NOTIFICATION OF JACK SED and 12:120)  Notification (1)  Nome of Building Owner/Operator (2)  Jack September 1														
Street Address 1253 N Church St	NOTIFICATION OF ABSENTS OR BATEMENT (Pursuant to NAIAC 269 and 12:120)  NOTIFICATION OF ABSENTS OR BATEMENT (Pursuant to NAIAC 269 and 12:120)  Notification (1)  Name of Building Owner (2)  Union County College  Initial  Amended Amended Amender of State (Notification 1033 Springfield Avenue 1034 Springfield Avenue 1035 Springfield Avenue 1035 Springfield Avenue 1036 Springfield Avenue 10													
City, State, Zip Code	And State of New Jersey NOTIFICATION OF ASSESSION BARTEMENT (Purculant to NAA6 8:00 and 12:100)  In June of Notification (1)  Name of Building Owner(2)  Union County College Initial BEP DIA June of Contact Emergency (Indusing June of Land State Address)  In June of Contact Emergency (Indusing June of Land State Address)  In June of Contact Emergency (Indusing June of Land State Address)  In June of Contact Emergency (Indusing June of Land State Address)  In June of Contact Rame of Rame of Rame Rame of Rame of Rame Rame of Contact Rame of Contact Rame of Contact Rame of Contact Rame of Rame of Rame Rame of Rame													
Moorestown NJ 08057	NOTIFICATION OF ASSESSOS ABATEMENT (Pursuant to MAKE 680 and 12:128)  Itel of Notification (1)  Name of Building Owner/Operator (2)  Notified Type Notification  EPA Initial I													
Project Manager for Monitoring Firm James Guilardi	Street Address Church St  Zip Code Dwn NJ 08057  Diager for Monitoring Firm													
Start Date (10) 7/22/19				Date (11)	7			HA Monitor						
Occupancy Status During Abatemen	nt (Check Only On	e)				Street	Addre	ess						
Abatement Performed Outside						City, S	state, 2	Zip Code	3			7		
Scope of Work (Check All That App	ly)			-										
						×	M G	ini-Enclosur ovebag Pro	e cedure				re	
	ls	Locati	on	7 (Sec. 17)								Abat	emen	t
	Lico			4.8							-	1	ype	
TO BE ABATED In Facility	(CIVI) Ma	intenar odial S	nce/		thermal surfa	system: cing, VA	s insu T, or	lation,	(5	Specify	Removal	Repair	Encapsula	Enclosure
RM 440	· Yes	No	N/A	Fine	2 Hoc	d 11	U8517	Le	64	5F			le	
Rm 528		Х							128	SF SF	x			
Ground Floor		X			Ce	iling Ti	le		46	30 SF	X			
1st Floor		Х			Ce	iling Ti	le		82	30 SF	x			
2nd Floor		Х			Ce	iling T	ile				- 122			
Name of Registered Waste Hauler					0.0000000000000000000000000000000000000			000000000000000000000000000000000000000		red Land	lfill			
Two Brothers Con		1 222			TBD	7.00			~25X-5# 01150X					
City, State Totowa ฟิงี								2000		A 19067	7			
Completed by	Title	: al = /	a a		S	Signature	9			- 1		`		
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Print Form

IN#1479

(X To	0\ P.	AII	NOTIF	ICATIO	N OF ASE	BESTOS	ABATE	MENT 0)	m	EG	E I	V	חחח	7	
Date of Notification (1) 9/5/19					of Building Thomas				INT	1			River and the second	Property of	Semilo
Agencies Notified	Type Notification				Address					950	9	2010	100	1 6 Ac	
EPA EPA	Initial		-	0:4 0:4	- 7				-				Jan 1837	- otherstande	
DEP DOL	Amended Amendment	#			ate, Zip C City NJ (				A	SBEST	OS CON	VTROL	Ĉt.	delp(s.eee	
☑ DOH	Emergency (	including	,	110	of Contact						lephone N				
DCA	Cancellation			Ray						1					
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
Ray Thomas Privat		, (	-,						School (K-						
Street Address				->					Subchapte Other (i.e. etc.)	er 8 (Oth	er than K & comme	-12) rcial buil	dings	, hom	es,
City (5)								Squa	re Feet		f Floors		Bldg. A	Age	
Surf City NJ 08008 County (6)		3		County	Code (7)			1000		3			60+		
Ocean					USE ONLY	1		Hon	ent Use (Pr ne	nor if be	ing demol	ished)			
Name of Monitoring Firm	Hired by Building (	Owner (8)	)	ASC	VI No.		Name	of Aba	tement Co	ontractor	(9)				
N/A Street Address								naco I			***				
Street Address	34							Addres Box 3				¥6			
City, State, Zip Code									ip Code						
							74. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2		in NJ 08	091					
Project Manager for Mon James Guilardi	itoring Firm			Telepho	ne No.			none No			License				
Start Date (10)	T	Schedul	ed Con	npletion	Date (11)			753-9	A Monitor		00727				
9/18/19		9/27/1	9	•	, ,		Sam								
Occupancy Status During	10						Street	Addres	SS						
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of / al Facility	Abatem / Hours	nent			City, S	tate, Zi	p Code						
Scope of Work (Check A	ll That Apply)						L								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(money)	Renova Demolit				X	Min Glo	l Containm i-Enclosur vebag Pro n-Exempte	e cedure				e	
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Location Asbestos-Containing		Use	Normall ed Sole	ly by	Ashes	Des tos Cont	scription		(ACM)	_	mount	-	1 9		
TO BE ABA	ATED ` ´	10 1000000	intenar todial S			thermal	systems	insula		(8	Specify	Re	Z.	Encapsulate	Enc
(13)	ty		(12)				cing, VA niscellan			51	or LF)	Remova	Repair	psul	Enclosure
		Yes	No	N/A								-		ate	o o
Exterior S	iding			х		Exter	ior Sid	ling		1	800	х			
	10 														
						MARKET ASSESS									
Name of Registered Was United Roll Off	te Hauler		H	JDEP W auler ID 2459		of Was			Name of G.R.O.		red Landf	ill			
City, State Elm NJ						Dispos 9/27/	al Date		City, Stat		19067	<del>a sa a a a</del>			
Completed by		Title	:			S	ignature	7				ate	T111-2-		
Anthony T Perna		Pres	ident			(						9/5/19			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 12 19 Sam Obara Agencies Notified Type Notification Street Address **⊠** EPA 2019 ✓ Initial 1064 Industrial Drive **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # West Berlin, NJ 08091 □ DCA ASBESTOS CONTROL & ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Sam Obara 781-606-5855 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Warehouse School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1560 NW Blvd. Vineland, NJ. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Vineland, NJ. 50,000 1959 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) **Cumberland County** Warehouse Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC. Street Address Street Address 958 Jackson Rd City, State, Zip Code City, State, Zip Code Mays Landing, NJ 08330 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-561-1901 01158 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 22 / 19 09 / 30 / 19 Graham-Tech Environmental Services, LLC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 958 Jackson Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-11:30PM/ PM-Mays Landing, NJ 08330 Scope of Work (Check all that apply) ☐ Mini-Enclosure
☐ Glovebag Proce □ Renovation ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Removal Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Exterior Throughtout**  $\boxtimes$ Asbestos Window Glazing 16SqFt X 1st Floor far left office area, 1st X Asbestos Wall Plaster Floor Center Office 1st Floor 1,000SqFt X П Boiler Room Asbestos Flue Packing 1SqFt X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Graham-Tech Environmental Service Waste Pioneern Crossing 0034500 30 City, State Disposal Date City, State Completed By (Print or Type) Title Signature Vernice Graham President

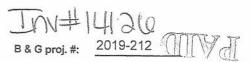
IN# CKIH	1415 PAI	D)	NO.	TIFIC	Pursu	ant to NJ	SBE	STOS AB 8:60 and 5	:16	6)	CEI	$\mathbb{V}$		KA	) 41
Date of Notification (1)	03 /	19	9		100	ne of Buildi <b>Ir. T</b>	ng O	wner/Operato	or (	2)	5EP 9	2019	PA Commercial Commercial		
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DHSS ☐ DCA (NJAC 5:23-8)	Type Notifi  Initial Amende Amendr Emerge justifica	ed ment # ency (in tion)		<b>–</b> ng	City I Nar	eet Address , State, Zip Haddonfie ne of Conta	Cod			A.C.	ERESTOS COI LICENSIN	NTRO! IG	R.	And of Street Andread Annual Printers	
							NEC	RMATION							
Name of Facility Where Al Resident Street Address	batement is	Takin	g Plac	e (3)						Type of Facility  School (K-1.  Subchapter  Other (i.e., phomes, etc.	2) 8 (Other than K- private and comm	-12) mercial	ouildir	ıgs,	
City (5) Haddonfield NJ 080	22									Square Feet	# of Floors		Bldg. /	Age	
County (6)	033				100	unhi Cada (	71/07	TATE USE OUT		2,800	3		194	5	
Camden County					0	unty Code (	(1)(81	TATE USE ONLY	7	Current Use (Pi	rior if being dem	olished)			
Name of Monitoring Firm F	lired by Bui	Idina (	Owner	(8)	ASCI	M No.	N	ame of Abater	ma	nt Contractor (9)					
		3	-,	(-/			2.1			Environment		C			
Street Address							_	reet Address	-	Liviloninicin	iai oei vice, Li	_0.	2010-		
							1	958 Jackso	n F	Rd					
City, State, Zip Code							Cit	ty, State, Zip	Co	de					
							1	Mays Landi	ing	, NJ 08330					
Project Manager for Monito	oring Firm			Te	ephon	e No.	Te	lephone No.			License No.		1999-0		
Start Data (40)	T							609-561-190			01158				
Start Date (10) 09 /13/						ate (11) 19		me of OSHA		Charles Charles		0.00000			777
Occupancy Status During A					5_ /		-		ch	Environment	al Services, L	LC.			
☐ Facility Closed/Vacated					mont			reet Address							
☐ Abatement Performed C	Outside of N	ormal	Facilit	y Hou	ırs - De	scribe	1	958 Jackson ty, State, Zip (							
Time of Abatement: 7A	M- <u>11:30</u> PN	Λ/	PM-		_AM			Mays Landi							
Scope of Work (Check all t	hat apply)						1	nayo Lanun	ng.	, 140 00000					
⊠≥3 sf or ≥3 lf □≥160 sf or ≥260 lf			⊠ Re	nova				☐ Mini-En	nclo aq	inment with Neg sure Procedure opted (*) and No		dure			
				Loca									patem	ent T	vpe
Location of Asbestos-Containing Market TO BE ABATI IN Facility (13)	aterial (ACN	1)	Use Ma	inten	ely by ance/ Staff?	Asbe (i.e	the.,	Description Containing M ermal systems surfacing, VA <sup>-</sup> ther miscelland	lates s in T, c	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									e	
Basement/ Attic						Asbeste	os P	Pipe Insulat	tor	1	70SqFt				
													П	П	П
							- 77						П		
Name of Registered Waste						Waste	Cub	oic Yards of	П	Name of Regis	tered Landfill				
Graham-Tech Enviror	nmental S	ervic	е		lauler I	1265		0		Pioneern C					
City, State							Dis	posal Date		City, State				<del></del>	
Completed By (Print or Type	2)	T:41-			-			(		$\mathcal{A}$					
Vernice Graham	=)	Title	eside	n+				Signature	۵	1011	1	Date	2	0	
SB-41		-1	cside	116				LWING	l	UUV	1	7-3	)-1	1	

	I. le	9/11	P						,	1.	<u> </u>	_	110	1-	10	rint F
11/1-	11.10.	ن کی ک	NOTI	FICATIO	State of NON OF AS	ew Jers	ey S ABATE	MEN	r fr	1	1U=	<del>-</del>	14	<u> </u>	10	
CKO/SL	211430	D	(	Pursuar	nt to NJA	C 8:60 ar	nd 12:12	0)	Personal designation of the second	n). L	E C	E		$\mathbb{W}$	E	m
Date of Notification (1) 09/03/2019				Name Rach	of Building	g Owner	'Operato	r (2)							and (i) passed (ii)	
Agencies Notified	Type Notification	1		Street	Address	i dodir					- VIII		0 9	010 010	C.L. Owner	1
EPA	× Initial									- Contract					+ u/WeSpi	
DEP X DOL	Amended Amendmen	t #			state, Zip ( beth, NJ		t			A.	SBEST	OS C	MOC	ROL	. ĉ.	
× DOH	Emergency justification	(includin	g		of Contac				L.,	ΙT	elephon	CEN:		***********	LFEMP PRACE	Service and
DCA	Cancellation			Javie	r Matalla	ana				1	-		_			
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	CILITY INF	ORMAT	ION	Type	e of Facility	. (4)						
House			(0)					П	School (K	100 P. (10 P.)						
Street Address			-)						Subchapte	er 8 (Ot	her than	K-12	)	22.000	73	
City (E)								×	Other (i.e. etc.)	private	& com	nercia	al buile	dings	hom	es,
City (5) Elizabeth								Squa N/A	are Feet	33 250	of Floor /A	S		lldg. A	Age	
County (6) Union					Code (7)	Y)		Curr	ent Use (P ISE	rior if b	eing der	nolish	ed)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8	5)	ASC	M No.		Name D&S	of Aba	atement Co	ontracto	r (9)					
Street Address	7. T.						Street	Addre	SS							
City, State, Zip Code							City, S	tate, Z	gren Ave Zip Code							_
Project Manager for Monito	oring Firm			Tolonh	ana Na				IJ 07512							
8 %	oning i titti				one No.		Teleph 9733				Licen 0131	se No				
Start Date (10) 09/13/2019		Schedu 09/14/	led Co 2019	mpletion	Date (11)				HA Monitor ement, I							
Occupancy Status During							Street		70.T					77.00		
Facility Closed/Vacate Abatement Performed Other – Describe: Oc	Outside of Norn	Period of nal Facilit	Abater y Hour	nent s		8.4	City, St	tate, Z	gren Ave ip Code						-	
Scope of Work (Check All						20	Toto	va, N	IJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, mac rippiy)	×	Renova	ation				]	I Containm							
≥160 sf or ≥260 lf			Demoli	tion			×	Mir Glo	l Containm ni-Enclosur ovebag Pro	re cedure						
		1	1					No	n-Exempte	d (*) ar	d Non-f	riable			ment	
Location o	f		Locat Norma	lly		Des	scription	of						Ту	21 DE 13 17	
Asbestos-Containing M TO BE ABAT		Ma	ed Sole iintena	nce/	Asbes	tos Cont	aining M	aterial	(ACM)		mount		-		四	m
In Facility (13)		Cus	todial ( (12)	Staff?	(1.0.	surfac	cing, VA7	r, or	lation, (Specify Repair Repair SF or LF)							Enclosure
(13)		Yes	No	N/A		otner n	niscellane	eous)					oval	air	Encapsulate	sure
Basemer	nt		X			Pipe	Insulat	ion		9	00 LF		Х			
Name of Registered Waste	Hauler		l N	JDEP W	lacto	Cubic	Varda		Name of	D '- 1		1511				
D&S Abatement, Inc.			Н	auler ID 0996		of Was			Name of Fairless			ianil				
City, State Γotowa, NJ						Dispos TBD	al Date	1	Citỳ, Stat Morrisv		Α					
Completed by		Title					gnature	10				Date		-		
Oliver Hegedis		Proje	ct Ma	nager				13	/ /	2 TOTAL		09/6		019		

D& G proj. #: 2019-211

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

		8		,	*** EMER	GΕ	N C Y ***	Chec	k#9530				_
Date of Notification	1 (1)	- 11	Name of E	Building Ow	ner/Operator (2	2)			@ F	ПП	ПП	- r	-
10 18 1/13 10	J/ <u> 1  9  </u>	- 11			- 100 mm - 1	771		me	CE			=,	
Agencies Notified	Type Notifica	ation	Street Add	Iress								11	1 111
☐ DEP	✗ Initial				enue			AND CONTRACTOR OF THE PROPERTY	SEP (	3 20	19	The second second	
<b>☑</b> DOL	Amend				041			The state of the s		OSIT	0/01	O	unitrojustitili
<b>⋉</b> DOH	te of Notification (1)    18   / 3   0   / 11   9     encies Notified   EPA							Telepho	ESTOS C	iNG	MUL	Či.	
☐ DCA	☐ Cancel	llation	Paul M				The same of the sa	47-1707		SCHOOL STATE OF	4activ-UT	Residence Services	
				FAC	CILITY INFORM	MATIO	N						
Name of facility wh	ere abatement	is taking pl	ace (3)					Type of Facility					
Millburn Educa	ation Center	(Sub 8)							ol (K - 12) hapter 8 (0		han K	-12)	
Street Address								☐ Other	(Private/C	omme		/	
434 Millburn A	Avenue							Bldgs Square Feet	./Homes, e		ВІ	dg. A	Age
City (5)		Cou	nty (6)			0000000	unty Code (7) ate use only)						
						(5)	ate use offiy)	Current Use (I High School		g den	nolish	∌d)	
	Name of Monitoring Firm Hired by Bldg. Owner (8)  Westchester Environmental  ASCM No.  O127  B & G Restoration, Inc.												
100	Westchester Environmental 0127 B & G Restoration, Inc.  Street Address Street Address												
	Lana						Street Address 105 Ryerson	Road					
						_	-						
							City, State, Zip Code Lincoln Park						
Project Manager for	Monitoring Firm	n	P	hone Numb	per	-	Telephone Number		License	Numb	er		
Matthew Abra	aham		6	10-996-3	515	- 1	(973)696-68		00	378			
Scheduled Start Dat	e (10)	Sched	I. Completi	ion Date (1	1)		Name of OSHA Mo B & G Restora						
08/30/2019							Street Address	ation, mo.					
							105 Ryerson I	Road					
Abatement pe	/vacated during rformed outside	entire peri	od of abate	ement.			City, State, Zip Code	е					
Describe:						_	Lincoln Park,	NJ 07035					
		<b>(1)</b>				_	L——						
			in .			X s	Full Containment w/ne	agativa proceura	П «м.»				
>3 sf or >3 lf							Mini-enclosure	egative pressure	☐ Glovet ☐ Non-fr				
				used solely	/					IR	R	E	T
asbestos-cont	aining	by mainte			1	on of a	sbestos-containing	Amount		e	е	n	E
	itv (13)			T	material (			(Specify S	SF or	m o	p a	c	c
		168	No	N/A				1		v e	i	р	
ssistant Superint	endent Ofc.			×	VAT & ma	stic		168 SF		X			
						- POWER OF THE PARTY OF THE PAR						ᆜ	14
				#							닏	ᆜ	11
Registered Waste Ha	uler		EP Hauler i	ID# I C	ubic Yards of V	Vaste	Name of Registered	d Landfill		Ш		Ц	
B & G Restorati	on, Inc.		19563		3			entral Landfill					
City, State Lincoln Park, N	IJ			Disposal D 0	ate 9/03/2019		City, State Pen Argy	rle, PA					25
Completed by (Print	or Type)	Title		L	Signature		L	<u> </u>	Date		Jacop Daniel	V	
Gordana Luna		Secreta	ry/Treas	urer		0.0	Gordana Luna		08/3	0/201	19		



### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* E M E R G E N C Y \*\*\*

Check #9536

			-	LIVILK	GEI	NCT	Check	(#3000			
Date of Notification (1)		Name of Bu	uilding Ow	ner/Operator (2	2)		Trans	0 P 1 N/	7 F F3	Ī	
10 18 1/13 10 1/11 19	ļ	Sparta S			1		In E				
Agencies Notified   Type Noti	ification	Street Addr	ess				115/11		111 111	-	
☐ EPA	tial	18 Moh	awk Ave	nue			And the second s	9 201	9 11111		
_   _		City, State,					is said from 1		1 100000	-	
	endment	Sparta,	NJ 0787	71			L	STOS CONTR	018		
▼ DOH	antinting	Name of Co	ntact					ne Number 16	ether a tito au them to that had been required to	ANGLESS.	
DCA LI Can	ncellation	Chris T	appan				973-7	29-9794			
			FAC	ILITY INFORM	MATIO	N				Ī	
Name of facility where abateme	ent is taking	place (3)					Type of Facility			Ī	
Sparta High School (NC	N Sub cl	napter 8)						ol (K - 12)	63		
Street Address							100000	napter 8 (Other t			
70 West Mountain Road	d							(Private/Common /Homes, etc.	ercial		
							Square Feet	# of Floors	Bldg. Age		
City (5)	10	ounty (6)			120 120	unty Code (7)				_	
Sparta, NJ		Sussex			(50	ate use only)	Current Use (P High School		nolished)		
Name of Monitoring Firm Hired	by Bldg. O	wner (8)		ASCM No.		Name of Abatement (	Contractor (9)				
<u></u>						B & G Restorati	on, Inc.				
Street Address	Street Address 105 Ryerson Road										
City, State, Zip Code											
						Lincoln Park, N	NJ 07035				
Project Manager for Monitoring F	Firm	Ph	one Numb	er		Telephone Number		License Num	ber	_	
Matthe						(973)696-6869		00378			
Scheduled Start Date (10)	Sci	ned. Completion	on Date (1	1)		Name of OSHA Monit B & G Restorati					
08/31/2019		9/04/2019				Street Address	011, 1110.			=	
Occupancy Status During Abater		777				105 Ryerson Ro	oad				
Facility closed/vacated dur Abatement performed outs	ring entire p side of norm	eriod of abate	ment.			City, State, Zip Code				_	
Describe:					_	Lincoln Park, N	1.07035				
Other-Describe: Scope of Work (check all that a					-				11.1	-	
Пъ	Renova	tion						_			
						full Containment w/neg	ative pressure [	Glovebag pr			
		or ≥260 If	and aniah		Ц,	Mini-enclosure	L	X Non-friable			
Location of asbestos-containing		ntenance/cust		1			Amount	e	REE		
material to be	staff(1)	2)		material (		sbestos-containing	(Specify S	For o	P C C		
abated in facility (13)	Yes	No	N/A				LF)	V	a a L		
Room 120			X	transite sk	y ligh	nt	15 SF	e X		Г	
Room 122			X	transite sk			15 SF	X		Γ	
Room 124			X	transite sk	y ligh	nt	15 SF	X			
Room 126			X	transite sk	y ligh	nt	15 SF	X			
Pacific Pacific Control Control					-						
Registered Waste Hauler B & G Restoration, Inc.	N.	DEP Hauler II 19563	)#   C	ubic Yards of V 3	vaste	Name of Registered L Grand Cer	andfill itral Landfill				
City, State Lincoln Park, NJ		[	Disposal D	ate 9/04/2019		City, State Pen Argyle	, PA			-	
Completed by (Print or Type)	Title			Signature	_			Date	V.	=	
Gordana Luna	Secre	tary/Treasu	ırer			Gordana Luna		08/30/20	19		

IMV=	#147				;	State of N	lew Jer	sey							
Check#3422	W.	Î	NOT		ATIO	N OF AS	BEST	OS ABA	TEMENT		ECE				1
Date of Notification (1)	00				Nam	e of Buildir	ng Owner	/Operator	(2)		1	v		Transport of a	Percias men
	03 /				Amy	Green					35	9 20	19	Della S	
Agencies Notified  ⊠ ÈPA	Type Notific  Initial	ation			Stree	et Address				531 400				San Carlo	
⊠ DOLWD	Amende	d									ASBESTOS	CONT	BOL		pelutiles
☑ DHSS	Amendm				City.	State, Zip	Code					NSING			
DCA	☐ Emerger		luding	3	North	Haledon	n, NJ 07.	508		, mary reserve sell o			on result can	22.02.0-1-1-1	
(NJAC 5:23-8)	justificati Cancella										Telephone Nu	ımber			
					-	is Chinea		4 TION							
Name of Facility Where Al	batement is	Taking	Place	(3)		CILITY	NFURM	ATION	Type of Fa	aility (	4)				
Private house		3		(0)					School						
Street Address									- Subcha	pter 8	(Other than K-1	2)			
									homes	i.e., pr . etc.)	ivate and comm	ercial b	uilding	S.	
City (5)									Square Fe		# of Floors	В	ldg. A	ge	
North Haledon, NJ 0750	08														
County (6)					Cour	nty Code (7)	(STATE L	JSE ONLY)	Current Us	se (Prio	or if being demo	lished)			4
Passaic Name of Monitoring Firm F	dired by Built	dina Ou	uppr l	(O) T	10011		1								
reame of Montoring Firm F	med by ban	unig Ov	viiei i	(۵)	ASCM	No.			ent Contract	or (9)					
Street Address						-		h LLC Address		Mile de Lavis					
							1.000	alley Rd #	£283						
City, State, Zip Code				-				tate, Zip C		-					
	2		Wayne, NJ 07470												
Project Manager for Monito	oring Firm			Tele	phone	No.	Teleph	one No.			License No.				
Start Date (10)		0-1-1		<u> </u>			-	8-1777			01127			8	
		09				ite (11) 19		of OSHA N	Monitor onsultants,I	no					
Occupancy Status During								Address	msuitants,1	iic					
Facility Closed/Vacated	During Enti	re Perio	od of	Abate	ment		20-21	Wagaraw	Road, Bld	g .# 3.	5E				
Abatement Performed (	AM-	ormai F /PM		Hour PM_	s - Des	scribe AM	City, St	tate, Zip Ci	ode						
Scope of Work (Check all t						•	Fair La	wn, NJ 0							
	inat appiy)		_				X				tion with negati	ve pres	sure		
>3 sf or >3 If > 160 sf or >260 If				novatio molitio			H	Mini-End Gloveba Non-Exe	g Procedure	□T nd Non	ent with Negati	ve Press	sure		
				Locati								Ab	ateme	ent Ty	уре
Location o Asbestos-Containing M		)		√ormal d Sole		Ashe		scription o	of terial (ACM)		Amount	Z)	R	m	m
TO BE ABAT IN Facility				intena odial S			., therma	l systems i	insulation,		(Specify	Removal	Repair	Encapsulate	Enclosure
(13)				(12)				icing, VAT. miscellane			SIF or LF)	Val		sula	ure
			Yes	No	N/A				,					te	
Living room-front wall					$\boxtimes$	Plaster				1.	50 SF				
Dining room-back wall	mary.	[			$\boxtimes$	Plaster				1:	20 SF	$\boxtimes$			
														П	П
		ſ		П	П					7			П		
Name of Registered Waste	Hauler			NJD	EP Waste	Hauler ID No.	Cubic Ya	ards of Wast	e Name of F	Registe	ered Landfill	1-1			
Gr Tech LLC				0	03378	35	TB		T.R.R.F.						
City, State							Disposa		City, State						
Wayne, NJ 07470							TB	D	Tullytow	n, PA					
Completed By (Print or Typ	e)	Title					Sig	gnature /	,			ate			
V.Jevtic		Owne	г						which we	nad	0	9/03/19	)		
130-41								7		9.1-1.1			1 - 10 - 1		

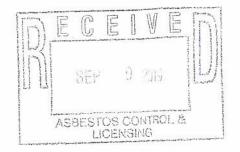
TW# 17903 LV	<u>)</u>	(P		to NJAC				( )	WQ.	ok	1	4	33	38	
Date of Notification (1) 9/4/19				of Building nasios &				Georgia Ts	silios	E	(C)	E		W	E
Agencies Notified Type Notification			Street A												
X EPA X Initial		-	0:: 0:								e'57"7"		û .	ma	1
DEP Amended Amendment	#			ate, Zip C lope, Nu		1				1	000		4 .	LVIV.	į
Emergency	(including	-		f Contact		4			l Tol		NI	h-a-	April 184 F.		1
DCA justification Cancellation				abatino					il i ei	ephone	ואָשָׁוּוּיַ	ipet.	CON	ITRO	H. L
			SOL TEMPORISE	ILITY INF		ION			1	er of a Company of American wife	1	1	N	1.3	- waste
Name of Facility Where Abatement is Takir Diner	g Place (3)						Ту	pe of Facility (					70		
Street Address 26 Route 206				11			×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12 ercia	) I buil	dings	, hom	es,
City (5)							So	etc.) uare Feet	# 01	f Floors		IP	ldg. A	Age	
Stanhope							7,775	000	1	1 10010		- 1	i0	igo	
County (6) Sussex	92		County (	Code (7) USE ONLY	)		I	rrent Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.		Name	of A	batement Cor	ntractor	(9)				-	
	95 84							vironmenta			LC				
Street Address						Street PO I		lress 483, 4 E G	ate Di	rive					
City, State, Zip Code						City, S	State	, Zip Code				77.5-0			
Project Manager for Monitoring Firm		-	Telephor	ne No		Teleph		od, NJ 074	18	11	- NI-				
, and a second s			releption	ie ivo.				-2276		Licens 703	ie No	•			
Start Date (10) 9/18/19	Scheduled 9/27/19	Com	10 to					SHA Monitor							
Occupancy Status During Abatement (Chec		)				Street	Add	ress			_				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab al Facility F	atem	ent		*	City, S	state,	Zip Code	-	13					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat moliti				×	1	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					_	
	le l	ocatio	20					von-Exempled	( ) and	NOII-FI	riable		80	ement	
Location of	No	rmall	y		Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		tenan dial S (12)	taff?		tos Cont thermal surfac		fater s insi T, or		(S <sub>1</sub>	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
See Atttached Listing			X									х			
Name of Registered Waste Hauler		N.	JDEP Wa	aste	Cubic	Yards		Name of F	Panieta-	ed Lass	4611				_
Newark Carting		Ha	auler ID 1 509		of Was			Grand C				Lan	dfill		
City, State		1				al Date		City, State	1			- constant			
Newark, NJ				9	TBD			Pen Arg							
Completed by A. Scott Higgins	Title Preside	ent			S	ignature		A	_		Date 9/4/				
	1	4.500						11	1		5171	10			1

### ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

26 Route 206 Stanhope, NJ

### ASBESTOS REMOVAL



	ASBESTOS MATERIAL	<b>AMOUNT</b>
THE DINER		
	12"x12" tan VAT,	360 SF
	Ceramic VAT floor	200 SF
	Window glazing	180 LF
	Transite siding	1,100 SF
	Roofing	3,100 SF
	Flashing	300 SF
	Duct tar	500 SF

211			
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TIN# 14259PA	UD	NOTI	FICATIO	State of N ON OF AS nt to NJA(	BESTOS	ABATE	MENT 0)		lla	el (	9	25	PC	)
Date of Notification (1) 9/4/19				of Building						Iron I				7\//
Agencies Notified Type Notification	,			Address	& Kons	stantino	s & Geo	rgia Tsil	ios		Ē ((	<u> </u>	<u>l</u>	y
- Specification			Street	Address						1131				
EPA   X Initial   Amended			City, S	tate, Zip C	Code						- 5r	771 1-7	9	7(110)
X DOL Amendmen				hope, N		74				il Li	62526			-17:4
DOH Emergency justification	(incluain	g	Name	of Contact	t				Te	ephone N	umber		****** - *	
DCA Cancellation	n		10 1000000	Sabatino									CON VISIN	ITROI G
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	CILITY INF	ORMAT	TION	T			Lann many many				THE . PROPERTY.
Residence	19 1 1000	(0)						acility (4)						
Street Address							Sub	er (i.e. pri	(Oth	er than K- & commer	12) cial bu	ildings	, hom	es,
City (5) Stanhope							Square F		#0	f Floors	- 10	Bldg. ,	Age	71
County (6) Sussex				Code (7)					if be	ng demoli	shed)			
Name of Monitoring Firm Hired by Building	0	<u>, l</u>	150		r)		resider							
	Owner (8	)	ASC	M No.		4	of Abatem Environ			(9) rices, LL	С			
Street Address							Address Box 483,	4 E Ga	te D	rive				
City, State, Zip Code						1 100 CONTRACTOR	tate, Zip C wood, N		8					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.			License I	No.			
Start Date (10)	Cabadul	-10		D . (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	764-227	7.03		703				
9/26/19	9/27/1	9	Completion Date (11) Name of OSHA Monit					Monitor						
Occupancy Status During Abatement (Chec						Street /	Address							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of nal Facility	Abater y Hour	ment 's			City, St	ate, Zip C	ode		i i i				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Promoted .	Renova Demoli				×	Mini-En Gloveb	closure ag Proced	lure	Negative				
	le	Locat	ion				NOTI-EX	empted (	) and	Non-Frial	ole Pro		e ement	$\overline{}$
Location of	1	Vorma	lly		De	scription	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole		Asbes	tos Cont	aining Ma	aterial (AC	M)		nount			т	_
In Facility	Cus	todial (12)	Staff?	(I.e.	surfac	cing, VAT	insulation, , or			pecify or LF)	Rem	Re	ncap	inclo
(13)	Yes	No	N/A		other n	niscellane	eous)			,	Removal	Repair	Encapsulate	Enclosure
See Atttached Listing			x								×			
											1			$\neg$
Name of Registered Waste Hauler		2,000	JDEP W lauler ID		Cubic		Na	me of Re	gister	ed Landfill				
Newark Carting		M 3022	4509	NO.	of Was	ie	G	rand Ce	ntra	l Sanitar	y Lar	ndfill		
City, State				-		al Date	100000	y, State						-
Newark, NJ Completed by	T				TBD		Pe	en Argyl	, PA					
A. Scott Higgins	Title Presi	dent			S	ignature	U	~		Da 9/	ite 4/19			

## ABS ENVIRONMENTAL SERVICES L.L.C. ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

### 26 Route 206 Stanhope, NJ

### ASBESTOS REMOVAL

	ASBESTOS MATERIAL	AMOUNT
RESIDENCE & SHED		
	Ix1 floor tile Linoleum Black sink undercoat Window glazing Flooring material	200 SF 500 SF 20 SF 300 SF 800 SF

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.

PHONE FAX E-MAIL Web

(877) 434-6041 (973) 764-9676 absenv@warwick.net www.absenvironmental.com

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Ur	nt	Form
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Inv# 14206PA			FICATIO	State of New ON OF ASB of to NJAC	ESTOS	ABATE		( )N	inle	19	i):	39		
Date of Notification (1) 9/4/19				of Building			(2) s & Georgia	Tsilios	E	E		W	βn	
Agencies Notified Type Notification	-			Address			o a oongia		re in	<i>y</i> 65	П	U .		
× EPA × Initial													The state of the s	
DEP Amended				tate, Zip Co				1 1 1 1 1	01		9 2	ÜİŞ	2000	
X DOL Amendment Emergency				hope, NJ	0787	'4								
DOH justification)	modun	1		of Contact				Tele	phone-N	lumber-	7387	TROI		
DCA Cancellation				Sabatino				110	<del>-</del>	1 ((3-1)			- Ct	
Name of Facility Where Abatement is Takin	Place (	(3)	FAC	CILITY INFO	DRMAT	ION	Type of Facil	ity (A)		grapes and to the		Commission of the	Land Company of the land	
Auto Parts Store														
Street Address							School (	oter 8 (Othe	r than K-	-12)				
26 Route 206							Other (i. etc.)	e. private &	commer	rcial bui	ldings	, hom	es,	
City (5)		1/200					Square Feet	# of	Floors		Bldg. /	Age		
Stanhope							3000	1			60			
County (6) Sussex				Code (7) USE ONLY)			Current Use (	Prior if bein	g demoli	ished)				
Name of Monitoring Firm Hired by Building 0	Owner (8	)	ASCI	M No.		Profession (2000)	of Abatement		0.00					
Street Address			1				Environme: Address	ntal Servi	ces, LL	.C				
							30x 483, 4 E	Gate Dri	ive					
City, State, Zip Code						City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		T	Telepho	one No.			one No.							
						973-7	764-2276		703					
Start Date (10) 9/23/19	Schedul 9/27/1		npletion	Date (11)		Name o	of OSHA Moni	tor						
Occupancy Status During Abatement (Check	Only O	ne)				Street /	Address						_	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	nent			City St	ata Zia Cada			6	7			
Other – Describe:		, 110011			_	City, State, Zip Code								
Scope of Work (Check All That Apply)	55/00/00													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processors.	Renova Demolit				×	Mini-Enclos Glovebag P	rocedure						
	Ι.			T	-		Non-Exemp	ted (*) and	Non-Fria	ble Pro	200			
Location of	11	Locati Vormal	200		_	12/07	2					ement pe		
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbesto		scription (	of aterial (ACM)	Am	ount					
TO BE ABATED In Facility		intena todial S			hermal		insulation,	(Sp	ecify	Re	Z	nca	Enc	
(13)		(12)				niscellane		SFO	or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes									<u>a</u>	7	late	ıre	
See Atttached Listing			х							х				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	Name	of Registere	d Landfi	11				
Newark Carting		Н		uler ID No. of Waste										
City, State Newark, NJ					Disposal Date City, State									
Completed by			TBD	ignature	Pen Argyl, PA									
A. Scott Higgins	dent			5	ignature	_W	Date 9/4/19							

## ABS ENVIRONMENTAL SERVICES L.L.C. ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

### 26 Route 206 Stanhope, NJ

### ASBESTOS REMOVAL

	ASBESTOS MATERIAL	AMOUNT
<u>AUTO PARTS STORE</u>		
	IxI VAT IxI VAT	30 SF 810 SF
	Mastic Roofing	350 SF 2,100 SF
	Miscellaneous tar Boiler	400 SF 35 SF

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.

FAX E-MAIL Web

PHONE (877) 434-6041 (973) 764-9676 absenv@warwick.net www.absenvironmental.com CK#2150 TIMIHILLAGO

PATO

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Design of Notification (1)   Name of Paulising Owner/Operator (2)   Design of Notification (1)   Name of Paulising Owner/Operator (2)   Design of Notification (1)   Name of Paulising Owner/Operator (2)   Name of Paulising Owner/Operator (3)   Name of Paulising Owner/Operator (3)   Name of Paulising Owner/Operator (4)   Name of Paulising Owner/Operator (5)   Name of Paulising Owner/Operator (5)   Name of Paulising Owner/Operator (6)   Name of Paulising Owner/Operator (6)   Name of Paulising Owner (8)   Name of Owner owner	11/14/1	idud		(F	ursuant	t to NJAC	8:60 an	-	[]	F	P	E I	M	E	Part I					
Part   Part	The Court of the C								(2)	the second configuration			117	IE I	11/1	1	Partition of the last of the l			
Country (S)   Country (S)	-						on Ave			d day of the state	100000	The state of the s	SEF	9	201	j	i tan			
	DEP DOL	Amended Amendment Emergency	(including	_	City, Sta	ate, Zip C .ee, NJ (	ode 07204			U en la caración de l		AS8	EST(	OS CO	)NTF	OL (				
Name of Facility Where Abatement is Taking Place (3)  Private Home  Street Address    Scheduled County (6)   County (6)   Part Abatement (2)   Part Abatemen				.	Dave	Lorenzo	)			L	7	551)	486-0	0560	andress State	, identification A				
Street Address  County (6) Bergen  County (7) Street Address  City, State, Zip Code Union City NJ 07087  Street Address  Stre	Name of Facility Where	Abatement is Takin	n Place (3	1	FAC	ILITY INF	ORMAT	ION	т.,	no of Cocilia	of Facility (4)									
Sireer Address  City (5) Perisades Park  County (6) Bergen  ASCM No. Name of Abstement Contractor (9) NIA  Name of Asster Size Code  City, State, Zip Code  City, State  City, State, Zip Code  City, State  City, State, Zip Code  City, State  C		NOCIONALIS TAKI	ig : lace (c	'/					П											
Pallsadas Park  County (6) Bergen  County Code (7) (6717 # Use Ont. 17)  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Addre										Subchapte Other (i.e.	er 8 (C	ther the	an K-1	12) cial bui	ldings	hom	es,			
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  Sz2 7th St.  City, State, Zip Code  Union City NJ 07087  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  201 216-9603  O1206  Start Date (10)  O9-16-19  Delfa Contracting LLC  Occupancy Status During Abatement (Check Only One)  Facility (Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State, Zip Code  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  522 7th St.  City, State  Union City NJ 07087  Steret Address  Steret Address  522 7th St.  City, State  Union City NJ 07087  S	Palisades Park			X to rillion					Sq	uare Feet	#	of Flo	ors		Bldg. A	ge				
N/A  Street Address  Street A	[ Section 10.5 (Section 10.5)						)		Cu	rrent Use (P	rior if b	peing d	lemolis	shed)	911/202322					
Size   The St.	N/A	Hired by Building	Owner (8)		ASCN	И No.														
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  201 216-9603  Start Date (10)  99-11-19  Scheduled Completion Date (11)  99-16-19  Start Date (10)  90-16-19  Start Date Address  Start Date (10)  90-16-19  Start Date (10)  90-16-19  Start Date (10)  90-16-19  Start Date (10)  90-16-19  Start Date Address  Start Date (10)  90-16-19  Publishers  100-10-10-10-10-10-10-10-10-10-10-10-10-											ess									
Start Date (10) 09-11-19  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)  33 for 23 lf 2160 sf or ≥260 lf  Asbestos-Containing Material (ACM) In Facility (13)  Basement  X  VAT  Siding  Anount (Specify Specify Specify Specific	City, State, Zip Code																			
O9-16-19   O9-16-19	Project Manager for Mon	itoring Firm		Telepho	ne No.		<ul> <li>OSC 2000 CONTRACT</li> </ul>	12000000000000000000000000000000000000												
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)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Pull Containment with Negative Pressure Mini-Enclosure Glovebug Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exem																				
Abatement Performed Outside of Normal Facility Hours Other – Describe:    City, State, Zip Code	From 1	7	85		ant.		Add	ress		777		*********								
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Part   P	Abatement Performe	ed Outside of Norm	nal Facility	Hours	i i			87												
Demolition	Scope of Work (Check Al	That Apply)										-					-			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  X  VAT  Exterior  Normally  Vaed Solely by Maintenance/ Custodial Staff? (12)  Yes  No  N/A    N/A   N/A     N/A    N/A    N/A    N/A     N/A     N/A			-					-	N	Mini-Enclosus Glovebag Pro	re ocedur	e				<b>a</b>				
Description of Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM)   Amount (Specify Specify Speci															Abate	men	t			
Basement X VAT 320 SF X  Exterior X Siding 4,000 SF X  Name of Registered Waste Hauler  Delfa Contracting LLC NJDEP Waste Hauler ID No. 35240 City, State Union City, NJ  Completed by Title Signature Date  DATE OF THE STATE OF THE STATE OF THE SIGNATURE TO Date  VAT 320 SF X  Laterior X Siding 4,000 SF X  Name of Registered Landfill Tullytown Resource Recovery Facility  Disposal Date Of Title Signature Date  Date	Asbestos-Containing TO BE ABA In Facili	Material (ACM)	Use Mai Cust	d Sole ntenai odial S	ly by nce/		tos Cont thermal surfa	taining M systems cing, VA	ater inso	ulation,		(Speci	ify	Removal			Enclosure			
Exterior X Siding 4,000 SF X  Name of Registered Waste Hauler  Delfa Contracting LLC  City, State Union City, NJ  Completed by  Title  Siding  4,000 SF X  Name of Registered Landfill Tullytown Resource Recovery Facility  City, State  Disposal Date 09-16-19  City, State Tullytown, PA  Date	Rasomo	ant .	Yes		N/A			\/AT				200.0	-			0	17			
Name of Registered Waste Hauler  Delfa Contracting LLC  City, State Union City, NJ  NJDEP Waste Hauler ID No. 35240  Disposal Date Only, State Union City, NJ  Title  NJDEP Waste Cubic Yards of Waste 20  Disposal Date Only, State Union City, NJ  Disposal Date Only, State Union City, NJ  Date			1											-	_					
Delfa Contracting LLC  Hauler ID No. 35240  Of Waste 20  Tullytown Resource Recovery Facility  Disposal Date 09-16-19  Completed by  Title  Signature  Disposal Date 09-16-19  Date	EXION							Siulity	-		4	,000 ;	5F	X						
Delfa Contracting LLC    Hauler ID No. 35240   of Waste 20   Tullytown Resource Recovery Facility   Disposal Date Union City, NJ   Date   Name of Registered Wast				Cubic	Yards		Name of	Regis	stered I	Landfil	L									
Union City, NJ  O9-16-19  Tullytown, PA  Completed by  Title  Signature  Date		С	35240								Tullytown Resource Recovery Facility						ty			
Date	City, State Union City, NJ		D								PA									
	Completed by Jaime Delgado			et Ma	nager		S	ignature	7	2				3.50	19					

CK# 872	4							_			Angelon (1970-187)			Pi	int F
CK# 872 Ign#14263 PA		NOTII	FICATIO	state of N N OF AS t to NJA	BESTOS	ABATE	EMEN (0)	IT	DI	EC			<u> </u>	44	
Date of Notification (1) 09/05/19	- Andrew Control		Name o	of Building sor Env	g Owner/ iroment	Operato tal Cor	r (2)	Section of the sectio		SEF	)	9 . 20	)19	and the second of	
Agencies Notified Type Notificatio	n			Address 9 Avenu	іе К					ASBEST	ros	CONT	ROL	i . &	
DEP Amended Amendmen				ate, Zip C dyn, NY		)		1	·	L	ICEN	SING	~~~		W,445pra . 7F4
DOH Emergency justification Cancellation	)	g		of Contact Sor Envi		al Corp	p.			Telephor					
Name of Facility Manage Abots and in T. U.			FAC	ILITY INF	FORMAT	ION									
Name of Facility Where Abatement is Taki Street Address	ng Place	(3)		*			Typ		l (K-12)	(Other tha	n K 11	2)			
Sity (5)			1)				×	Other ( etc.)	(i.e. priv	rate & con	nmerci	al buil	- 5		es,
Garfield							Squ	uare Fee	t	# of Floo	rs	E	Bldg. A	∖ge	
County (6) Bergen				Code (7) USE CNL	Y)	_	Cur	rrent Use	(Prior	if being de	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.				batement AD PRO		actor (9) SIONAL	.S			11	
Street Address						Street 6 WH		ress E DOVE	E COL	IRT					
ity, State, Zip Code								Zip Code		01					
roject Manager for Monitoring Firm			Telepho	ne No.		Teleph	none				nse No	ο.			
tart Date (10) 09/16/2019	Schedu 09/19/		mpletion	Date (11)		Name	of OS	SHA Mor		SIONAL			in .		
ccupancy Status During Abatement (Che	ck Only O	ne)				Street	-			010147 (E					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of	Abaten	nent s			City, S	tate,	DOVE Zip Code	Э						
cope of Work (Check All That Apply)					_	LAKE	EWO	DOD, N	IJ 087	01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	lini-Enclo Hovebag	sure Proced	with Nega ure ) and Non				e	
		Locati Normal			75	10				General Control of the State of		T	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial S (12)	ly by nce/		stos Cont thermal surfac		lateria s insu T, or	ılation,		Amount (Specify SF or LF	1	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A			Mastic				75 SF				te	(D
INTERIOR	-						-41-		-			x			
INTERIOR	-					nd Ma //astic	ISTIC			275 SF		X			
5															
ame of Registered Waste Hauler EWARK CARTING		Н	Hauler ID No of Waste			Name	Name of Registered Landfill								
ty, State EWARK, NJ			Disposal Date City,					City, State BETHLEHEM PA							
ompleted by DSEPH PERLSTEIN	Title	NER			Si	gnature					Date	e /0519	a		

A OULL	711	NO.	TILL	AIIU	NUFA	New Jersey SBESTOS ABA		- The state of the			way.						
PAIU	1)		(F	oursua	ant to NJ	AC 8:60 and 5:	16)	EG	E // \	W	H						
Date of Notification (1)		-		Nam	ne of Buildi	ng Owner/Operator	(2)		TATION OF BUILDING		-						
09 /03 /	19	9				y Department of											
Agencies Notified Type Notifi	ication			Stre	et Address				9 27		_						
				S. 742555 V.S.		s Crossing Road	d l										
☑ DOLWD ☐ Amende				and the same of the same of	State, Zip		-	ASSESTOS	CONT	271	o.						
DOH   Amendr     DCA   □ Emerge			_	8533	10 TO 10 TO	ille, NJ 08648	- Andrewson		NSING	15.02	5.65						
DCA Emerge (NJAC 5:23-8) justifica		iciuair	ıg		e of Conta			Telephone N	Jumber		Per						
☐ Cancell	ation			W	illiam Mc	Bride		609-530-									
				F/	ACILITY	NFORMATION					-						
Name of Facility Where Abatement is	Takin	g Plac	e (3)			··· Ortination	Type of Facility (	(4)									
Lawrenceville Armory		70					School (K-12										
Street Address							☐ Subchapter 8	(Other than h	(-12)								
101 Eggerts Crossing Road							Other (i.e., pr homes, etc.)	ivate and com	imercial i	ouildin	10						
City (5)							Square Feet	# of Floors	T	Bldg. A	A						
Lawrenceville							50,000	2		80							
County (6)		ture more		Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being den	nolished)		_						
Mercer						8 9	Armory	3									
Name of Monitoring Firm Hired by Bui	ilding (	Owner	(8)														
TTI Environmental, Inc.				000	03	Shade Envir	Name of Abatement Contractor (9) Shade Environmental, LLC										
Street Address						Street Address											
1253 N. Church Street						623 Cutler A	venue										
City, State, Zip Code						City, State, Zip C	ode			-							
Moorestown, NJ 08057						Maple Shade	e, NJ 08052										
Project Manager for Monitoring Firm				ephone		Telephone No.		License No	License No.								
Mike Stocku					0-8800	856-755-0099		00842									
Start Date (10)09					ate (11) 19	Name of OSHA N EMSL Analyt					11000						
Occupancy Status During Abatement (	(Check	only	one)			Street Address					1000						
Facility Closed/Vacated During Ent	ire Per	riod of	Abate	ement		200 Route 13	0 North										
Abatement Performed Outside of N	lormal					City, State, Zip C	ode			-	-						
Time of Abatement:AM	PN	Λ/	PM	-	_AM	Cinnaminsor	n, NJ 08077										
Scope of Work (Check all that apply)							- 32										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	enoval emoliti			☐ Mini-End	tainment with Nega closure g Procedure empted (*) and Non										
			Loca						A	batem	16						
Location of Asbestos-Containing Material (ACN	л)		Norma ed Sol	ely by	Asha	Description of stos Containing Ma		Amount	R	T <sub>R</sub>	T						
TO BE ABATED	,		intena	ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	ĺ						
IN Facility (13)	()*	Cus	(12)			surfacing, VAT other miscellane		SF or LF)	\sigma a								
(,		Yes	No	N/A	1	other miscellane	ous)										
Maintenance Shop Restroom					Floor T	ile and Mastic		125 SF	125 SF	125 SF	125 SF	125 SF	125 SF	125 SF			1
Parts Storage Room		$\boxtimes$			Transit	e Panels		475 SF			Ī						
										П	1						
										1	1						
Name of Registered Waste Hauler			1300	JDEP I		Cubic Yards of	Name of Registe	ered Landfill		1	_						
Freehold Cartage			F	lauler II 15939		Waste 5	Fairless Lan	dfill									
City State						Disposal Date	City, State				-						
City, Ştate					112		<ul> <li>**CONTROL TODO 10001 10</li> </ul>										
Freehold, NJ	101 <u></u> -					09/17/2019	Morrisville,	PA									
	Title				Operation	Signature	Morrisville,	PA	Date								

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

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Dei	mt	Corm	
	HL	COIIII	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

To HILLOGE	PAM	D	NOT	State of New Jersey IOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)									~					
Date of Notification (1)			(					>5)			//75							
4/3/20	019			100	of Buildin		Operator	(2)		1	IE (	E		$\mathbb{W}$	E			
	Type Notification			1	Address			-		111		- lane	] [,]	tul Or Manusco				
☐ EPA	Initial										grafiants.	-	0 -					
DEP DEP	Amended Amendmen			1 2500	State, Zip (	Code				111	1 05	!-	3 6	VIY				
	× Emergency	-	3		ville NJ			_			j				-			
DOH DCA	justification) Cancellation				of Contact Marsi	t				T	elephone-N	umber	NCO	TRO	L&			
<u> </u>					CILITY IN	FORMAT	ION		**************************************		· ·		.SINC	3	D3+NH7TPU			
Name of Facility Where At	patement is Takir	ng Place	(3)					Тур	e of Facility	(4)								
Private Property									School (K	-12)								
Street Address								×	Subchapt Other (i.e.	er 8 (Ot private	her than K- & commer	12) cial bu	ildinas	. hom	ies.			
City (5)									etc.) lare Feet						2.51			
Belleville								10		2	of Floors		+50	Age				
County (6) Essex County	-				Code (7)			Cur	rent Use (P	rior if be	eing demoli	shed)			-			
Name of Monitoring Firm H	lired by Building	Owner (8	)	ASC	M No.		Name	of Ab	atement Co	ontracto	r (9)							
N/A		-		N/A			ACM	Sol	utions Se	rvices	LLC							
Street Address N/A							Street .	000,000,000	ess st Street									
City, State, Zip Code N/A							City, St	tate,	Zip Code rgen NJ (	7047								
Project Manager for Monito	oring Firm			Teleph	one No.		Teleph			77047	License	No						
N/A				Согории			201-5				01384	NO.						
Start Date (10)	19	Schedu	ed Co						SHA Monito		atories							
Occupancy Status During A		k Only O	ne)	11.	1 .		Street A		-0.000				-					
× Facility Closed/Vacate	d During Entire F	Period of	Abater	nent			0.000.000.00000000000000000000000000000		ite 22 We	est								
Abatement Performed  Other – Describe: 7:0	0 AM to 4:00 PM	ial Facility	y Hour	S		_			Zip Code 07803									
Scope of Work (Check All 7	hat Apply)													_				
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		CONTRACTOR OF THE PARTY OF THE	Renova Demoli					Mi Gl	ull Containm ini-Enclosur lovebag Pro on-Exempte	re cedure				۵				
		Is	Locat	ion						74.	a Horri na	1	12000	ement				
Location of			Norma d Sole				scription (					_	Ту	ре				
Asbestos-Containing Ma TO BE ABATI		Ma	intena	nce/	Asbes	tos Cont	aining Ma systems	ateria	al (ACM)	100	mount	77		Œn	В			
In Facility (13)		Cus	todial ( (12)	Staff?	(	surfac	cing, VAT	, or			Specify or LF)	Removal	Repair	cap	nclo			
(10)		V			1	other m	niscellane	ous)				oval	air	Encapsulate	Enclosure			
r /	11	Yes	No	N/A		7		0.7						Ф				
Externo?	i/e.			X	Asher	<u>ts: 12</u>	20-1	41	iten pel	oy f	o sead	X						
Name of Registered Waste	Hauler		N	JDEP W	laste	Cubic \	Yarde		Name of	Dooist	rod Lacare			,				
ewark Carting Inc			Н	auler ID 1509		of Was			Vice-ran conservation		red Landfil em Rd L		II					
city, State o Box 5670	Disposal Date .				City, Stat		itter Rd F	Rethle	sham	DΛ								
Completed by Title					Signature 2335 Applebutter Rd Bethlehem PA													
Galo Zumba Principal								r	1-0000	ma	Sea or	15/26	379					
SB-41 (R-06-08)		1			V	his form for	X											

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C9K 1178	PA		NOT (	FICATI	State of New Je ON OF ASBESTO nt to NJAC 8:60	OS ABATE	EMENT (	) E C	E		I E	Emman	
Date of Notification (1) 9/3/2019					of Building Own	er/Operato	or (2)		-			Thirty Parkers	
Agencies Notified	Type Notificatio	n		00000000	Address			JI SF	p (	3 20	)19	les d	
EPA	× Initial		10				district of	and the same of th				1	
DEP X DOL	Amended Amendme	nt #			State, Zip Code		•	ASBES	STOS C	ONI	<del>ROL &amp;</del>		
П рон	Emergency justification	(includin	g		of Contact			Tolor			am/ortical Control	bread brand water	
DCA	Cancellation			John	Frieri			1 elek	hone Nu				
Name of Facility Where	Abatement is Tak	ing Place	(3)	FA	CILITY INFORMA	NOITA	T 5 F . 100						
Private Property	, roaterriert is Tak	ing i lace	(3)				Type of Facility	9.00					
Street Address							School (K	er 8 (Other	than K-1	2)			
City (5)			- 15				Other (i.e etc.)	. private & d	commerc	ial bu	ildings, h	omes,	
City (5) Cranford							Square Feet 850	# of F	loors	100	Bldg. Age	3	
County (6)					/ Code (7)		Current Use (P	rior if being	demolis	1	+50		
Union County	I listed by D. Hall	0 40			USE ONLY)					,			
Name of Monitoring Firm N/A	i Hirea by Building	Owner (8	3)	N/A	M No.	Name	of Abatement Collisions Se	ontractor (9	) C				
Street Address N/A						Street	Address						
City, State, Zip Code		*					51st Street						
N/A							Bergen NJ (	07047				46	
Project Manager for Mon N/A	itoring Firm			Telepho	one No.		ione No.	1000	icense N	0.			
Start Date (10)		Schedul	led Co	mpletion	Date (11)		552-9685 of OSHA Monito		1384				
9/13/2019		9/17/2	019	***********	()		nvironmental		ries				
Occupancy Status During				000		100010000000000000000000000000000000000	Address Route 22 We				1		
Facility Closed/Vaca Abatement Performe	ed Outside of Norr	nal Facility	Abater y Hour	nent s			tate, Zip Code	est					
Other – Describe: 7						1	n NJ 07803			4			
Scope of Work (Check Al	l That Apply)	East		1		Frenty	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property .	Renova Demolit	4.4.4.4		×	Full Containm Mini-Enclosur	ent with Ne	gative P	ressu	re		
						×	Glovebag Pro Non-Exempte	cedure	F-i	- 0			
		Is	Locati	on			14011-Exemple	u ( ) anu N	on-Friabi	e Pro	Abateme	nt	
Location Asbestos-Containing (	of		Normal d Sole		De	escription	of				Туре		
TO BE ABA	TED	Ma	intenar todial S	nce/	Asbestos Cor (i.e. therma	I systems	insulation,	Amor (Spec		R	_ 5	·   m	
(13)	у		(12)	22112		acing, VAT miscellane		SF or		Remova	Repair	Enclosure	
72		Yes	No	N/A						/al	ir	ure	
Attic				х	Vé	ermiculit	е	5208	SF	x		-	
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Name of Registered Waste	Llaulas		1										
Newark Carting Inc	- nauler		Ha	IDEP W auler ID		Yards ste	5 April 200 Company (1997)	Registered					
City, State			04	509	5		ISES B	ethlehem	Rd La	ndfill			
Po Box 5670			-		Dispo	sal Date	A 8335 A	na lum	Z.	this	nem P/	. 0	
Completed by Galo Zumba		Title			9	ignature	solo Tital	שטטטטט	Date		TEIN PA		
Julio Zuiliba		Princi	pal			9/3/201				19			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/03/19 Larry Desind Agencies Notified Type Notification Street Address × EPA 2019 Initial DEP Amended City, State, Zip Code × DOL Amendment # River Edge, NJ 07661 Emergency (including Telephone Numbering × DOH Name of Contact iustification) DCA Cancellation Larry Desind FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age River Edge 2.000 +2 + 50 +County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Route 23 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-628-9200 00408 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/13/19 09/17/19 J.R. Contracting & Environmental Consulting, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 1141 Route 23 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Wayne, NJ 07470 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Remova Enclosure Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 18 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste J.R. Contracting & Environmental Consul., Inc Grand Central Landfill 17819 City, State Disposal Date City, State Wayne, New Jersey Pen Argyl, Pennsylvania Completed by Title Signature Date Jerry Bijelonic Project Manager 09/03/19

State of New Jersey



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Date of Notification (1)	2 /h dishelion	Post France P	ALCO DE LA COLONIA DE LA COLON				ng Owner/Operator		124	E P E	1 1	\// [g	7 [	- Color	
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Agencies Notified	Type Notifi	ication			Stre	et Address		-	100				11		
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	☐ Cancell	100			Mi	chael Ker	nnedv	Į.		Telephone Num 609-656-830			neg Y profession		
					-		NFORMATION			000-000-000					
Name of Facility Where	Abatement is	Taking	Place	(3)		CILITI	AL OKIMATION	Type of Fac	ilib. (	4)					
Office Building		3		(-)				School (	000000000000000000000000000000000000000	06.0					
Street Address		-20,00 7						☐ Subchar	ter 8	(Other than K-12	2)				
227 EAST HANOVE	R STREET							e., pri	vate and comme	rcial b	uilding	js,			
City (5)								homes, Square Fee		# of Floors	In	Ida A			
Trenton								2,500	L	4	0	1923	300		
County (6)					Cou	inty Code (7	)(STATE USE ONLY)		/Dric	r if being demolis	- 4 - 4				
Mercer						inty oddo (i	NOTHIE GOL ONET	Office B			snea)				
Name of Monitoring Firm	Hired by Bui	ldina Ov	wner	(8)	ASCN	l No	Name of Abateme								
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Street Address							Street Address	I ENVIOUN	enta	Service, LLC					
							958 Jackson	D4							
City, State, Zip Code							City, State, Zip Co						160.77		
e de servici <del>a</del> et el constat de especia de servicia a <b>a</b> especial de servicio de servici									E.						
Project Manager for Moni	torina Firm			Tele	ephone	No	Telephone No.	ing, NJ 08330							
•				1000	phono	110.	609-561-1901			License No.					
Start Date (10)	1	Schedu	led C	omple	etion Da	ate (11)	Name of OSHA M		01158						
_09 / 10 /					) /			Services, LL0	_						
Occupancy Status During	Abatement (		- 7.5				Street Address	LITTION	enta	Services, LLC	٠. 				
☐ Facility Closed/Vacate					ment		HSS-HBOWN DOX 0000	D-I							
☐ Abatement Performed	Outside of N	ormal F	acility	Hou	rs - Des	scribe	958 Jackson City, State, Zip Co	7, 7, 77							
Time of Abatement: 7	AM- <u>11:30</u> PN	Λ/	PM-		_AM		100								
Scope of Work (Check all	that apply)						Mays Landing	3, NJ 08330							
	that apply)						☐ Full Cont	ainment with	Nega	tive Pressure					
			Re		_			osure							
		L	_ Dei	HOIITIG	on		☐ Glovebag	Procedure	Non-	Friable Procedur					
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Location		.		lorma	lly ely by	1	Description of	f				ateme		T	
Asbestos-Containing N TO BE ABA	/laterial (ACN	A)		ntena			stos Containing Mat			Amount	Rem	Repair	inc	nc	
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(13)		-	. 1	(12)	T	-	other miscellaned			01 01 21 )	<u> </u>		Encapsulate	re	
			Yes	No	N/A			0%					Ф		
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4 <sup>th</sup> Floor						Floor Ti	le			1200LF		П	П		
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		-   -			1				_			Ш	Ц	L	
James of Decision				Ц											
Name of Registered Wast				20.00	JDEP \ auler II	10.00 Comment	Cubic Yards of	Name of Re	1211 67 111						
Graham-Tech Enviro	onmental S	ervice		_  п	00345		Waste 30	Pioneer	n Cro	ossing					
City, State							Disposal Date	City, State							
								1							
Completed By (Print or Ty	pe)	Title					Signature	l å		Dat	<b>A</b>		-		
Vernice Graham		Pre	side	nt			Vous	1 X		17	1,1	3-1	(g)		
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Date of Notification (1)				of Buildin			or (2)	1	YE.	同	THE TENE	1	W	厚	
9/5/19				ty Mana	agemen	t LLC	00-00								
Agencies Notified Type Notificatio	n			Address	Stroot 9	Suita 2	۸		III				0000000	1	
EPA X Initial Amended		215 E 58th Street, Suite 3A City, State, Zip Code								SEP	9 ;	2019			
▼ DOL Amendmen	New York, NY 10022										1				
DOH Emergency	Name of Contact					Telephone Number CONTROL &									
DCA Cancellation	Ryan Ramdeo					212-575-4766 X9169									
Name of Facility Where Abatement is Taki	no Place (3	3)	FAC	CILITY IN	FORMAT	TION	True	-6 F111	(4)						
St. James Old Hospital		- /	Type of Facility					50.0							
Street Address			School (K-					er 8 (Other than K-12)							
155 Jefferson Street		Other (i.e etc.)					Other (i.e.	e. private & commercial buildings, homes,							
City (5) Newark	Square 4000				re Feet	# of Floors Bldg. Age 5 83				Age					
County (6)	50		County Code (7)				Current Use (Prior if being demolished)								
Essex			(STATE USE ONLY)				vacant								
Name of Monitoring Firm Hired by Building					of Abatement Contractor (9) Environmental Services, LLC										
Street Address			ABS Environmenta Street Address					al Services, LLC							
-			L.	PO Box 483, 4 E Gate Drive											
City, State, Zip Code						City, S	tate, Z	ip Code							
Droject Measure for Marity 1. 5						Glenwood, NJ 07418									
Project Manager for Monitoring Firm				Telephone No. Telephone No. 973-764-22				License No. 703							
Start Date (10) 9/17/19		Scheduled Completion Date (11) 9/30/19				Name of OSHA Monitor									
Occupancy Status During Abatement (Chec	Street Address														
Facility Closed/Vacated During Entire		500	ent			Sueer	Addres	iS							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours		***	_	City, St	tate, Zi	p Code					2.5%		
Scope of Work (Check All That Apply)											-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	tion ion Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						-								
	Is L	ocatio	on						1 June	14011-11	able 1 1	18000	emen	t	
Location of Norm Asbestos-Containing Material (ACM) Used So			Descript				ription of					Туре			
Asbestos-Containing Material (ACM)  TO BE ABATED	Main	ce/	Asbes (i.e.	tos Conta	s Containing Material (ACM) ermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		-		m	m		
In Facility (13)	Custo	taff?		surfac						Remova	Repair	icap	Enclosure		
(10)	Vaa	Ma	21/2		otner m	nscellane	eous)				oval	air	Encapsulate	sure	
fourth floor	Yes	No	N/A X		pipe	e fitting	IS	20 1			x		ro		
fifth floor			x floor tile							_	+-				
					110	JOI LIIE			1,00	JU 5F	×	-			
Name of Registered Waste Hauler N			DEP Waste Cubic Yards			Name of Registered Landfill									
Newark Carting			auler ID No. of Waste 4509 TBD				Grand Central Sanitary Landfill								
City, State Newark, NJ			Disposal Date TBD			City, State Pen Argyl, PA									
Completed by	Title				Sig	gnature	1	9	, , , , ,		Date			_	
A. Scott Higgins	President					I ham			9/5/19						

Inv#14221 IPA	AUL	NOTI	FICATIO	State of Ne ON OF ASB nt to NJAC	<b>ESTOS</b>	ABATE	EMENT 0)	Al	In l	16		41	
Date of Notification (1) 9/5/19				of Building							9	( 1	
The state of the s					onmer	ntal Se	rvices, Inc.	(r	rea In			7 7	7 1
Agencies Notified Type Notification				Address					ME	6	E	V	
EPA   Initial				Market St					UĮ				
DEP Amended  X DOL Amendment	#		1000	state, Zip Co		20			Comment of the Commen		0		
Emergency	(includin	g		lworth, No	0703	33			The same of the sa	SEP	9	201	9
DOH justification)  DCA Cancellation			100000000000000000000000000000000000000	n Lacev					elephone		r		
			200-2012-000	CILITY INFO	DMATI	ION		119	08- <u>581</u>	-4285 BEST		113.1 5 50	
Name of Facility Where Abatement is Takin	g Place	(3)	170	SILITI INTO	JIXIVIA I I	ON	Type of Facilit	v (4)			JENS		14.72
building							School (K			***************************************			- Washington
Street Address							Subchapt	er 8 (Ot	her than	K-12)			
27 Main Street							Other (i.e etc.)	. private	& comm	ercial bi	uilding	s, hom	ies,
City (5)							Square Feet	# (	of Floors		Bldg.	Age	
Matawan							1600	1			83		
County (6) Monmouth				Code (7) USE ONLY)			Current Use (F	rior if be	eing demo	olished)			
Name of Monitoring Firm Hired by Building (	Jwner (8	1		M No.			vacant						
, and the second	241101 (0	,	ASC	IVI INO.			of Abatement C Environmen			10			
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5.5), 5.60, 2.p 5666							tate, Zip Code wood, NJ 07	110					
Project Manager for Monitoring Firm		Т	Telepho	one No			one No.	410	T 1 inner	- NI-	-		
							764-2276		Licens 703	e No.			
Start Date (10) 9/16/19	Schedu '9/30/1		npletion	Date (11)		Name o	of OSHA Monito	r	1.00				
Occupancy Status During Abatement (Check		-				C4	C.C.						
Facility Closed/Vacated During Entire P						Street A	Address						
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	nent S		F	City, St	ate, Zip Code						
					-								
Scope of Work (Check All That Apply)						2000							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova				×	Full Containn	nent with	n Negativ	e Press	ure		
		Demolit	ion				Mini-Enclosus Glovebag Pro	re					
						×	Non-Exempte	d (*) an	d Non-Fr	iable Pr	ocedu	e e	
		Locati										ement	
Location of Asbestos-Containing Material (ACM)		Normal d Sole				cription o				-	1)	/ре	
TO BE ABATED	Ma	intenar	nce/	Aspesto (i.e. th	s Conta nermal s	ining Ma systems	aterial (ACM) insulation,	1000	mount Specify	77		g	Е
In Facility (13)	Cus	todial S (12)	тап?		surfaci	ng, VAT	, or		or LF)	Removal	Repair	cap	nclo
(1.5)					other mi	scellane	ous)			oval	air	Encapsulate	Enclosure
C 10	Yes	No	N/A									6	
first floor			·x		707	nsulati		6	6 SF	х			
roof			X		roofing	g mate	rial	2,4	50 SF	х			
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Name of Parish and Market													
Name of Registered Waste Hauler		Cubic You		Name of	Registe	red Land	fill						
Newark Carting Hauler ID No. 04509						C	Grand	Centra	al Sanita	ary Lai	ndfill		
City, State						I Date	City, Stat					- 7.75	
Newark, NJ							Pen Ar		A				
Completed by A. Scott Higgins	Title				Sig	nature	11.			Date			
Osott i nggilis	Presi	dent								9/5/19			

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

11413514		N	OTIF	CATION Pursu	ON OF A	SBESTOS ABA JAC 8:60 and 5:	ATEMENT			O	Test.	
Date of Notification (1)	AIR								2 11	n.8	-	
08 /	08 /	19			lan Woo	ling Owner/Operato ds	r (2)    [] ]	EGE	.	$\mathbb{V}$	E,	S.
Agencies Notified	Type Notificati	on	280	Str	eet Addres	s	1111				- 1	the state of
☑ EPA ☑ DOLWD	☐ Initial						and the second	SEP	9 2	019	The state of	Contraction
☑ DHSS	Amended Amendmen	t#		1	, State, Zip						- 1	6(73
□ DCA	☐ Emergency	(includ	ling	1	West Dep	tford Township,	NJ	ASBESTOS	CONT	DOL		
(NJAC 5:23-8)	justification  Cancellation			1000000	ne of Conta	10.000		Telephone Ni	BHAG	nt//	<i>P</i>	-
	☐ Cancellatio	n		E	ric Suthe	rland				THE PERSON NAMED IN	NAME OF PERSONS ASSESSED.	house
Name of Excility Whore Ah	-tt: = 1			F	ACILITY	INFORMATION						-
Name of Facility Where Ab	atement is Tal	(ing Pla	ace (3)			23	Type of Facility	(4)				-
Street Address							School (K-12	)				
							Subchapter 8 Other (i.e., pr	(Other than K-1 ivate and comm	2) ercial l	ouildir	าตร	
City (5)							homes, etc.)		Orolar .	Janan	.go,	
West Deptford Town	ship. NJ						Square Feet	# of Floors	E	Bldg. /	Age	_
County (6)				Co	unty Code	(7)(STATE USE ONLY)	2031	2		195	9	
Glouster County					unity oode	(1)(STATE USE UNLY)	,		lished)			
Name of Monitoring Firm H	ired by Building	Owne	er (8)	ASCI	И No.	Name of Abatem	Medical Bui ent Contractor (9)	lding				
							h Environmenta	Comice III	_			
Street Address						Street Address	ii Liivii Oliillelita	i Service, LLi	٥.			_
						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip C						_
D. i. i.i.						Mays Landir	g, NJ 08330					
Project Manager for Monito	ring Firm		1	lephone		Telephone No.		License No.			-	-
Start Date (10)	10.				9-5200	609-561-190		01158				
08 /17 /	10 Sche				ate (11)	Name of OSHA N						-
				80_ /		Graham-Tec	h Environmenta	Services, LL	C.			
Occupancy Status During A  Facility Closed/Vacated I	During Entire B	ck only	one)			Street Address						-
□ Abatement Performed O	utside of Norma	al Facil	ity Hou	ement irs - De	scriba	958 Jackson						
Time of Abatement: 7AN	1- <u>11:30</u> PM/	PN	1	AM	SCIDE	City, State, Zip Co						
Scope of Work (Check all th	at apply)					Mays Landin	g, NJ 08330					
≥3 sf or ≥3 If		Π-		alae-8-0		☐ Full Con	ainment with Nega	tive Pressure				
□≥160 sf or ≥260 lf			enova emoliti			☐ Mini-Enc ☐ Glovebag	losure					
					1	☐ Non-Exe	mpted (*) and Non-	Friable Procedu	re			
Location of			s Loca Norma							atem	ent T	
Asbestos-Containing Mat	terial (ACM)	Us	ed Sol	ely by	Ashe	Description o stos Containing Ma				-		-
TO BE ABATE IN Facility	D		aintena	ance/ Staff?	(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	nca	
(13)			(12)			surfacing, VAT, other miscellane	or	SF or LF)	oval	=	Encapsulate	
		Yes	No	N/A		other miscenane	ous)				ate	
Atic				$\boxtimes$	Asbest	os Transite Chir	nmlev	16SqFt				1
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		-										
Name of Registered Waste H	laulor					-						1
Graham-Tech Environi				IJDEP V lauler ID		Cubic Yards of Waste	Name of Register					L
City, State	nemai servi	UE .	1.	00345		30	Pioneern Cro	ssing				
on, orace						Disposal Date	City, State					-
Completed By (Print or Type)	1=	A 174 A 1				^	district of the second					
Vernice Graham						Signature	· 外面 a	Da	ie p	7	F.	-
SB-41	P	reside	ent			10 WNS			57	1-1	4	

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N# 14288 PA	UD:	NOTI )	FICATIO	N OF AS	BESTOS	ABATE	MENT 0)	Г			Ē ((	0 [		$\mathbb{V}$	匠	
Date of Notification (1) 09/03/2019				of Buildin		Operator	r (2)		The same of the sa		SE	D	j	2019		
Agencies Notified Type Notification	1	1550	Street	Address					161		VL	(I)		LUIJ		
X EPA X Initial Amended Amendment				tate, Zip ( ewood,		40	- 20 (113 <del>- 5 - 11</del> )				9950	TOS LICEI	COH	<del>7710</del> 3	- &	
DOH Emergency justification Cancellation	)	g	Name	of Contac	t				Te	elepho	one Nu	ımber	70			
Name of Facility Where Abatement is Takin	na Place	(3)	FAC	ILITY IN	FORMAT	ION	T	of Facility								
House Street Address				2000				School (K-1 Subchapter Other (i.e. p	12) r 8 (Oth	ner th & cor	an K-1	2) cial bu	ildings	, hom	es,	
City (5) Maplewood							Squa N/A	are Feet	# o	of Floo	ors		Bldg. /	Age		
County (6) Essex				Code (7) USE ONL	Y)		Curre	ent Use (Pri	or if be	ing d	emolis				-	
Name of Monitoring Firm Hired by Building $N/A$	Owner (8	)	ASCI	M No.		Name D&S	of Aba	atement Cor ement, In	ntractor	(9)	11/2-3-	20122	270171-2-0			
Street Address						Street	Addre									
City, State, Zip Code						City, S	tate, Z	ip Code IJ 07512		e						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 9733	one N	0.		G175453	cense No.					
Start Date (10) 09/16/2019	Schedul 09/17/			Date (11)				HA Monitor ement, In	 с.							
Occupancy Status During Abatement (Chec						Street	Addres			15	1.6020				_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: Occupied	Period of an all Facility	Abater y Hour	nent s			City, St	ate, Z	ip Code J 07512	iue						-117-2/15	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	personne de la constante de la	Renova Demoli				×	Ful Min Glo	I Containme ni-Enclosure evebag Proc n-Exempted	edure	ಾನಾ				re		
Location of		Locat			D									ement rpe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Massistems with the second seco	aterial insula 「, or	(ACM)	(S	moun specif or LI	ý	Removal	Repair	Encapsulate	Enclosure	
Basement	1	X			Pipe	Insulat	ion		51	0 LF	:	X		6.570		
Basement		X				sit Boar	0.00			0 SF		X				
									-							
Name of Registered Waste Hauler  D&S Abatement, Inc.		Н	JDEP W lauler ID 0996		Cubic Y of Was TBD			Name of R			andfill					
City, State otowa, NJ					Disposa	al Date	,	City, State Morrisvil		A						

Completed by Oliver Hegedis

Title

Project Manager

Date

09/03/2019

Signature'

Inv#	142(	11									,		
111/	Trois A 3	-	NO	TIEI	ATIC	State of I	New Jersey			(	X	7	
OK 130	PA	LD)	NO	(F	Pursu	ant to NJ	SBESTOS ABA AC 8:60 and 5:1		GEI	<u>\</u>	ر ا ا	3	)
Date of Notification (1)					Nar	ne of Buildir	ng Owner/Operator	(2)		A F	211	111	
08/	06 /	19					lealth Systems						
Agencies Notified	Type Notifi	ication			-	et Address			SEP 9 7	019		]	
⊠ EPA					4	00 Laural	Oak Rd				inu	-	
☑ DOLWD ☑ DHSS	☐ Amende Amendr				-	, State, Zip		1	PERTON OOF	~ C.	-	200	-
□ DCA			ludir	_	V	oorhees,	NJ 08043	A	BESTOS CON LICENSINO		či	-	
(NJAC 5:23-8)	justifica	tion)	naan	19	-	ne of Contac	THE PARTY OF THE P	Processing and published to the	Telephone Nu	mher	m/74-14-i		
	Cancella	ation			E	ric Suther	land		352-613-3				
					F	ACILITY IN	NFORMATION						
Name of Facility Where Al	patement is	Taking	Plac	e (3)				Type of Facility	y (4)				
Office Building		0.000						School (K-1	(2)				
Street Address								Subchapter	8 (Other than K-	12)	nar.		
141 White Horse Rd								homes, etc	private and comm	ierciai c	oullair	igs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Aubudon, NJ 081 County (6)	06							10,000	3		192	0	
Camden					Cou	inty Code (7	()(STATE USE ONLY)		rior if being demo	lished)			
Name of Monitoring Firm F	liesed by Duit	1.11 0		(0)				Medical B					
Name of Worldoning Film F	illed by Bull	iaing Ov	vner	(8)	ASCN	1 No.	Name of Abateme						
Street Address								n Environmen	tal Service, LL	C.			
							Street Address	_					
City, State, Zip Code						958 Jackson							
							City, State, Zip Co						
Project Manager for Monito	ring Firm			Tele	ephone	No	Mays Landing Telephone No.	g, NJ 08330	T				
Section of the control of the contro				1	.35	5-2211	609-561-1901		License No.				
Start Date (10)	5	Schedul	ed C				Name of OSHA M	onitor	01158				
08/08/	19				5_ /				tal Services, LI	C			
Occupancy Status During A	batement (	Check o	nly o	one)			Street Address		an Convices, El			alexandra la	
☐ Facility Closed/Vacated	During Entir	re Perio	d of	Abate	ment		958 Jackson I	Rd					
Abatement Performed C Time of Abatement: 7AI	utside of No	ormal Fa	acility	y Hou	rs - Des	scribe	City, State, Zip Co						-11
		I/	PIVI-		_AM		Mays Landing						
Scope of Work (Check all the	nat apply)				V.8-211-2:							_	
≥3 sf or ≥3 If		×	Re	novati	ion			ainment with Neg	gative Pressure				
□≥160 sf or ≥260 lf			De	molitic	on		Glovebag	Procedure					
			Is	Locat	ion	T	☐ Non-Exen	npted (*) and No	n-Friable Procedu	ıre			
Location of			١	lorma	lly		Description of			Ab	atem	ent T	ype
Asbestos-Containing Ma TO BE ABATE	terial (ACM	1)		d Sole intena		Asbes	tos Containing Mate	erial (ACM)	Amount	Rei	Repair	En	E
IN Facility	<u>.D</u>	1		odial :		(i.e.,	thermal systems in surfacing, VAT, of	nsulation,	(Specify	Removal	pair	Encapsulate	Enclosure
(13)		-	. 1	(12)	T	-	other miscellaneo	us)	SF or LF)	<u>n</u>		sulat	ure
Basement			es	No	N/A							(D)	
Dasement			-			Asbesto	s Pipe Insulatio	n	1LF				
			-										
											П		
Name of Registered Waste					JDEP V	500.00	Cubic Yards of	Name of Regis	tered Landfill				
Graham-Tech Environ	ervice			auler ID 00345	- 100 miles	Waste 30	Pioneern C						
City, State				50040		Disposal Date	City, State						
							1						
Completed By (Print or Type	)	Title		7.00 H			Şignature	M	Da	ite		^	_
Vernice Graham		Pres	ide	nt			VOLLAD	MA	13	2-1	0-1	0	
SB-41				-			X VIVIOR	I/ V/IA	Λ. I	1) U	1		

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

W/31

Date of Notification (1)			. 5.5	1 100	Selfit-Australia							
08 /	28 / 1	9		C	amden Ci	ng Owner/Operator ty School Distric	t Cramar El	DEC.	5	$\mathbb{V}$		
Agencies Notified						ty ochool bistric	.t — Cramer El	ementary Scho	0110			7
	Type Notification	1			et Address		The state of the s		187			
57	☐ Amended			_		St. Camden, N	J 08105	IIII SEP	9	201	9	The state of the s
☑ DHSS	Amendment #		_		State, Zip		BRITISH					The state of the s
DCA	Emergency (i	ncludin	g	-	amden, N.	- MANAGAMANA	Per l'autre		0.00	NUTE	101	الحد
(NJAC 5:23-8)	justification)				e of Contac	55.5	1.00	Telephone Num	beris	NG	i tol face (	101
	☐ Cancellation			So	old isand	a	L	856-966-46	26		-	mention/444-pe
				FA	CILITY IN	FORMATION						20,000
Name of Facility Where Ab		ig Plac	e (3)				Type of Facility	(4)				
Cramer Elementary	School						School (K-12	?)				
Street Address	36 (947) (95)						☐ Subchapter 8	Other than K-12	) min! h	حناماني		
2800 Mickle St. Cam	den, NJ 08104						homes, etc.)		Ciai D	ullain	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	-
Camden, NJ 08104							1,600	3		1925		
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
US; Camden CO.							School					
Name of Monitoring Firm H		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
SmithCo. Engineerin	g Group, Inc.							al Service, LLC.				
Street Address						Street Address					¥6	
808 Market St Suit 33	6					958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					
Camden, NJ 08102						Mays Landing	g, NJ 08330					
Project Manager for Monito	ring Firm		Tele	phone	Telephone No.		License No.					
			8	56-365	5-9333	609-561-1901		01158				
Start Date (10)	Sched	duled C	omple	tion Da	ate (11)	Name of OSHA M	onitor	1 31.100	_			
08 /30 /	19 (	08_ /	_ 31	/	19	Graham-Tech	Environmenta	I Services, LLC				
Occupancy Status During A	batement (Chec	k only o	one)			Street Address		1				- 1
□ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		958 Jackson I	Rd					
☐ Abatement Performed O	utside of Normal	Facility	y Hour	s - Des	scribe	City, State, Zip Co					_	
Time of Abatement: 7AM	и- <u>11:30</u> РМ/	PM-		_AM		Mays Landing						
Scope of Work (Check all th	nat apply)			- 105			,, 110 00000				_	2
□≥3 sf or ≥3 lf		Ω.				☐ Full Conta	ainment with Nega	ative Pressure				
⊠≥160 sf or ≥260 lf		⊠ Re ☐ De				☐ Mini-Enclo	Dropodura					
			onac				npted (*) and Non	-Friable Procedure	4			
		71992	Locat						1	atomo	ent Ty	VDA
Location of Asbestos-Containing Ma			lorma d Sole			Description of				_		,,
TO BE ABATE			intena		Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount	em?	Repair	nc	ncl
IN Facility	_	Cust	odial S	Staff?	(1.0.	surfacing, VAT,		(Specify SF or LF)	Removal	air I	sde	Enclosure
(13)		Yes	(12) No	NUA	-	other miscellaneo		S. S. E. )	=		Encapsulate	Te
Third Flag Dayles		Tes		N/A							Œ	
Third Floor Rm#302		Ш	$\boxtimes$		Asbesto	s Floor Tile		100SF				
	Bath R									П		
				П					] [			
				_					Ц	Ц	Ш	Ш
Name of Posisters 1144												
Name of Registered Waste I			U 10 H 1 H 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1	JDEP V auler ID		Cubic Yards of Waste	Name of Registe					
Graham-Tech Environ	mental Servic	e, LLC	-   '''	00345	EXPERIMENT .	vvaste	G.R.O.W. No	orth Landfill & 7	ully	town	1	
City, State		. 80				Disposal Date	City, State		1112/12			
14 Read Drive Sickler							1513 Broder	ntown Rd. Morr	svill	le,PA		
Completed By (Print or Type	) Title					Signature	M	Date	324 90 9416 9	0		-
Vernice Graham	Pr	eside	nt			Value		1.	2.0	14	10	
SB-41						TIUMO	LXNI	10- 8	1	1-1	7	

48727														ĺ	Print
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Date of Notification (1) 09/06/19				Name	of Buildin	g Owne	r/Operato	or (2)	Br- Inda	M			0		
	Type Notification			220	uch and	Tova	Goldwa	isser	UT.ATTINETA		SE	EP _	9 20	)19	or take
	x Initial			Street	Address				CardinoStrate		er man capt when				
EPA DEP DOL	Amended Amendment				state, Zip ( eck, NJ		6			A		STOS			8
DOH DCA	Emergency justification) Cancellation		ng	Name	of Contac	t		sser		Tele	phone	Numbe	er		
Nome of Facility Ass.			1		CILITY IN										
Name of Facility Where Ab	atement is Takin	g Place	(3)					Type of	Facility	(4)					
Street Address								Sub X Oth	ner (i.e. p	12) r 8 (Other orivate &	r than comm	K-12) nercial b	uilding	s, hon	nes,
City (5) Teaneck								Square F		# of F	Floors		Bldg.	Age	5551,745
County (6) Mercer	2 1 2 98				Code (7) USE ONL	r)		Current I	Use (Pri	or if being	g dem	olished)			
Name of Monitoring Firm H	ired by Building (	Owner (8	3)	ASC	M No.		Name AAA	of Abatem LEAD P	nent Cor	ntractor (9	9) IALS				
Street Address								Address HITE DO	VE C	DURT					
City, State, Zip Code							City, S	tate, Zip C	ode , NJ 0	8701					
Project Manager for Monito	ring Firm			Telepho	one No.		Teleph	one No. 668-9078		+ 1	Licens	e No.		14-2	
Start Date (10) 10/02/2019		10/06/	2019	npletion	Date (11)			of OSHA N							
Occupancy Status During A		-						Address	74						-046
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire P Outside of Norma	eriod of al Facilit	Abatem y Hours	nent			City, St	ITE DO	ode						
Scope of Work (Check All T	hat Apply)						LAKE	EWOOD	, NJ 08	3701					
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renova Demoliti				×	Mini-Er Gloveb	nclosure ag Proc					re	
Locatión of			Location Normall	y		Do	scription			170.101	101111	Idbic i	Abat	emen ype	t
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	aterial (ACM) ED	Ma	ed Sole! aintenan todial S (12)	ice/	Asbes (i.e.	tos Con therma surfa	taining Ma	aterial (AC insulation , or	(M)	Amo (Spe SF or	ecify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,				/al	=	ilate	ure
INTERIOR	?					ACN	Floor	Γile	-	400	SF	x	-		
													-		
Name of Registered Waste I	Hauler		l N	IDEP W	aste	Cubic	Yards	Na	me of D	egistered	d Land	- FII			
AAA LEAD PROFESSI			Ha	uler ID 509	0.00	of Was		1		egistered R COUI		uiii.			
City, State LAKEWOOD, NJ	(5)						al Date /2019		y, State RENTC	LN NC					
Completed by JOSEPH PERLSTEIN		Title OWN	IER			S	ignature				71 2	Date 09/06/	19		

State of New Jersey    Print
Agencies Notified  Type Notification  Street Address  Dol
Street Address   County (6)
DCA Cancellation /Om FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  TFM Property (Garage)  Street Address  1413 Jacken Street  City (5)  Pt. Pleacht Boro  County (6)  County (6)  O ( & County Code (7)  (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (3)  Street Address  ASCM No. Name of Abatement Contractor (9)  Ace insulation Co., Inc
Street Address  1413 Jackson Street  City (5) P4. Plewart Boro  County (6) County (6) County (6) County (6) County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (3)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, increes etc.)  Square Feet  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (3)  ASCM No.  Name of Abatement Contractor (9) Ace Insulation Co., Inc
County (6)  County (6)  County (6)  County Code (7)  (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (3)  Street Address  Square Feet # of Floors 8ldg. Age 1800
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Ace Insulation Co., Inc
Street Address Ace Insulation Co., Inc
City, State, Zip Code  City, State, Zip Code  Colts Neck, New Jersey
Project Manager for Monitoring Firm Telephone No. License No. 232 294 1757 G0029
Start Date (10)  913   9  Scheduled Completion Date (11)  Name of OSHA Monitor  Occupancy Status Purion Abstrace (Six 1 or 1)
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf  Removation Demolition  Full Containment with Negative Pressure Mini-Enclosure Clorebag Procedure Non-Exempted (*) and Non-Example
Location of Normally Description of Type
in Facility (13)  Custodial Staff? (1.e. thermal systems insulation, (Specify 70 pp) (12)  Staffacing, VAT, or SF or LF)  other miscellaneous)
garage X Sidial 750 th X
Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Land Elli
ACCITACOLATION (STATE OF Waste Hauler ID No. 12086 120
ompleted by
Dreemourine Severay Treaser Signature By 19

ac#17	61													Р	rint F
ac#17 IBv#14291	PA	JUD	NOTII ()	FICATIO	State of N ON OF AS of to NJA	BESTOS	ABATE	MEN (0)	NT	$\overline{\mathbb{D}}_{r}$	E C			E	The state of the s
Date of Notification (1) 09/03/2019	•			Name Atlar	of Building	g Owner/ lands F	Operato Real Es	r (2)	Partners		SEP	9	2019	)	
Agencies Notified Type	e Notification			Street	Address 1st Aver				T	Luci Ceat		Yenes, pustuan			
X DEP X DOL	Amended Amendment				tate, Zip C		NJ 077	16			LI-	OS CO CENSI		DL &	ar se de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela
X DOH ☐ DCA ☐	Emergency justification) Cancellation		g		of Contactie Yarto	•	ns			100000	lephone 1 32-636-				
Name of Facility Where Abate	ment in Takin	- 01	(0)	FAC	CILITY INF	ORMAT	ION								
Prior Mechanics Shop	ment is Takin	g Place	(3)					Ту	pe of Facility						
Street Address 190 1st Avenue								×	School (K- Subchapte Other (i.e.	er 8 (Oth	er than K & comme	(-12) ercial bui	ildings	, hom	es,
City (5) Atlantic Highlands								Sq.	etc.) uare Feet A	# o	f Floors	100	Bldg. /	Age	
County (6) Monmouth				County (STATE	Code (7)	n	_		rrent Use (Pr echanics S		ing demo	lished)			
Name of Monitoring Firm Hired Iris Environmental	by Building (	Owner (8	3)	ASC	M No.				batement Co Safety LLC		(9)				
Street Address 2333 Route 22 West				Street Address 22 Troy Lane											
City, State, Zip Code Union, NJ 07083			City, State, Zip Code Lincoln Park, NJ 07035												
Project Manager for Monitoring Rick Eustaquio	Firm			Telephone No. Telephone No. License No. 908-206-0073 973-276-0099 01317											
Start Date (10) 09/14/2019		09/22/	2019	npletion	Date (11)				SHA Monitor afety LLC						
Occupancy Status During Abat		33	- 5		0.		Street					44	E.		
Facility Closed/Vacated D Abatement Performed Out Other – Describe:	uring Entire P tside of Norm	eriod of all Facility	Abaten y Hours	nent S				tate,	Zip Code						
Scope of Work (Check All That	Apply)						Linco	oin F	Park, NJ 0	7035					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		personal contract of	Renova Demolit				×	M G	ull Containm lini-Enclosure llovebag Pro- on-Exempte	e cedure				e	
			Locati										Abate	ement	
Location of Asbestos-Containing Materi	al (ACM)	Use	Normal ed Sole	ly by	Ashes		cription		al (ACM)	۸.	mount		1 9	pe	
TO BE ABATED In Facility (13)		100000000000000000000000000000000000000	todial S (12)			thermal surfac		insu , or	lation,	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No N/A								ate	Ге			
1st Floor Office			X VAT (Multi-Layered) 140 SF X												
Roof			X Black Roofing Material/Flashing 900 SF X												
Name of Registered Waste Hau	ler		NJDEP Waste												
Newark Carting Inc/United		.C	H	auler ID		of Was			Grand (				ess l	and	fill
City, State Newark, NJ/Lincoln Park,	NJ					Disposa TBD	al Date		City, State		/Morris	ville, F	PA		
Completed by Vanco Petkov		Title Proje	ct Ma	nager		, Si	gnature	24	1.00	E	a	ate	2019		

Date of Notification (1)    0   9   /   0   3   /   1   9    Agencies Notified Type Notification    EPA	Name of Tyler Street A	Purson Pu	ruant to NJA	best C 8:6	NJ os Abatement 60 and 12:120)	Telepho		019 FROL	LILI PORTOR OF THE PROPERTY OF	Comments of the Comments of th	
			CILITY INFORM	IATIO	N						
Name of facility where abatement is talked Residential Street Address						Subcl	(4) ol (K - 12 napter 8 ( (Private/0 //Homes,	Other to Comme	ercial	(-12) ldg. A	ge
City (5)	County (6)				unty Code (7)	1,300 SF	02		65		
Hawthorne, NJ 07506	Passaic			(50	ate use only)	Current Use (F Residential	rior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired by Bldg	. Owner (8)		ASCM No.	Н	Name of Abatement						
N/A					KLOMAX, LLC	2					
Street Address  City, State, Zip Code			Street Address 309 W. End Ave City, State, Zip Code								
Project Manager for Monitoring Firm		Phone Numb	per	_	Hopatcong, NJ Telephone Number 833-455-6629	07843	License	Numb 2007	er		
Start Date (10)	Sched. Comp	letion Date (1	1)	_	Name of OSHA Mon						
09/16/19	09/20/19				KLOMAX, LLO	<i></i>				_	
Occupancy Status During Abatement (C Facility closed/vacated during entil Abatement performed outside of n Describe: Other-Describe: NORMAL HOUR	re period of ab ormal facility l	atement.		_	309 W. End Ave City, State, Zip Code Hopatcong, NJ (		0				
	novation molition					Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
asbestos-containing material (acm) to be	ocation norma maintenance/ ff(12) 'es No	custodial			sbestos-containing	Amount (Specify S LF)		R e m o v	Repai	Encap	E n c L
Basement			Pipe Insulat	ion		120 LF		e			
Registered Waste Hauler	NJDEP Haul	er ID# I C	ubic Yards of W	Vaste	Name of Registered	Landfill					LL
City, State Hopatcong, NJ 07843	0038241		2 yds		TULLYTOWN, City, State TULLYTOWN,	RESOURCE RE	COVER	Y			-
Completed by (Print or Type) Paige Boylan  Title Ow	ner	for onless.	Signature	(F	7		Date 09//19				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT PAID (Pursuant to N.J.A.C. 8:60 and 12:120)

											111711					111
Date of Notification (1)	4/2040			Name	e of	f Buil	lding (	Owner / Operate	or (2)		111111	SEE	9	2019		
	4/2019 be Notific	ation		Stree	VIE	ew a	t Col	Jwner / Operate lingswood U	rban F	Renewa	Own	er LLC		4019		Lange
⊠ EPA	o nounc	ation		000		duic	00	Road			1 1					-
☐ DEP 区	Initia	I _					Zip C				1	ASBEST	OS CO	YTHO	Lâ	
⊠ DOL □								PA 19406				Li	CENSIA	lu .		Marine Comme
□ DOH □ □ DCA □		rgency		Name	e of	Con	tact						Telepho	ne N	umb	er
L DCA L	] Cano	ellation		Jack	ie	DeR	lita						856-85	4-59	06	
				FA	CIL	LITY	INF	ORMATION								1
Name of Facility Where	Abateme	ent is Taking P	lace (3	3)	******		2000 000	Type of Faci	lity (4)							
Morgan Properties/F Street Address	arkviev	v at Collings	WOO	d-*Bu	iild	ling	C*	School (								
700 W. Browning Ro	ad							Subcha	pter 8 (	Other tha	an K-12	2)				
700 W. Diowining No	au							Other (i.							tc.)	
City (5)		County (6)	Icc	ounty (	000	do /7	1	Square Feet		# of Flo		E	Bldg. Ag			
Collingswood		Camden	100	ority v	000	ae (1	,	211,00 Current Use		f boing d	10	204		70		
3		Guillacii						Apartment		being a	emousi	iea)				
Name of Monitoring Firm	Hired b	y Building Owi	ner (8)		IA	ASCA	Λ No.	Name of Aba		Contrac	ctor (9)					
Health & Safety Serv	ices							Resource I				LLC.				
Street Address								Street Addre	ss							
P.O. Box 365								2115 Hamil			Suite 2	202				
City, State & Zip Code Berlin, NJ 08009								City, State &								
Project Manager for Mor	nitorina F	irm	Teler	hone	Ni	ımhe	r	Trenton, N. Telephone N		9	- Ii	: N				
Jim Proctor	856-839-2432							609-914-42			-	icense N	0118	5		
Scheduled Start Date (1)	ate (10) Scheduled Completion Date (11)							Name of OSI		nitor			0110			
9/19/2019			9/26/2					J&S Enviro			orator	ies, Inc.				
Occupancy Status Durin	g Abaten	nent (Check or	nly one	e)				Street Addres	7:17:							
☐ Facility Closed/\ ☑ Abatement Perfo								2333 Route								
Describe:	illieu Ot	itside of North	ai Hou	rs – 7	am	100	pm	City, State &	10. 34	de						
Facility Occupied	d Durina	Abatement						Union, NJ (	17083							
Scope of Work (Check a																
										Full Con	tainme	nt with N	egative	Pres	sure	
≥3 sf or ≥3 lf     ≥430 - 5 ≥ 200 lf			$\boxtimes$			ation				Mini-End	closure		250			
≥160 sf ≥260 lf				Den	noli	tion				Glove Ba	_					
Locatio	on of		le l	Locati	on	Ť		Description		Non-Exe		and Non				
Asbestos-C		1		nally L	2000	d		Asbestos-Con		-		nount pecify	Aba	teme	nt 1)	pe
Material			Sc	olely b	ру			Material (A)	CM)			or LF)			ū	Ш
TO BE All in Fac				tenano odial S			:	(i.e., thermal s					Rem	Re	cap	nclo
(13			Cusic	(12)	olai	1.7		sulation, surfactor other miscella					Remova	Repair	Encapsulate	Enclosure
1. March 2000			Yes	No	N/	/A			aoodo	'			-		ate	Ø
Building C-Storage R	loom			П	X	at		Pipe Insula	tion		75	0 SF		П	$\Box$	П
							- /2///	•						Ħ	Ħ	Ħ
Name of Registered Was	to Haula	-	Ш	IN II		J   P Wa	242 0	Nulsia Waarda	INT.							Ц
rame of registered was	ic i laule	ı				r ID N		Cubic Yards of Waste	Ivame	of Regis	stered L	andfill				
Resource Manageme	nt Grou	ip, LLC.				218		BD	Grow	s Land	fill					
City, State								Disposal Date	City, S							-
Trenton, NJ 08619								BD		sville, l	PA					
Completed By (Print or Type) Title								Signature	*				Date			
Brian Haney				Pre	esio	dent		MAN	I	Val	1 i		9/4/2	2019	)	
								1101	/	111/1/1	11					

IN#14038

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT © © IV (Pursuant to NJAC 8:60-7 and 12:120-7)

E18 JOB # 5410/19 CHECK #2996	9		1	III SEP	9 2019
Date of Notification (1) 8/28/2019	Name of	Building Owr	ner / Operator (2)		
Agencies Notified Type Notification  EPA  DEP  Initial Notificatio	Street Ac 5 WASH City, Stat	ddress HINGTON S' te & Zip Code	TREET	E CH Y OF NEV ASBESTOS ( LICEN	JON HOLE
DOL ☐ Amended Notifice DOH ☐ Cancellation DCA	NEWAR Name of	Contact	1	Telephone N	
	JWIR. GE	ORGE WHE	ATLE WILLIAMS	973-733-56	97
Name of Facility Where Abatement is Takin	FACIL g Place (3)	ITY INFOR	MATION ype of Facility (4)		
NEWARK PUBLIC LIBRARY Street Address			School (K-12)		
5 WASHINGTON STREET			Subchapter 8 (Other Other (i.e., private &	commercial build	ings, homes, etc.
City (5) County (6)	County Code		quare Feet # of	1000	Bldg. Age
NEWARK ESSEX	Journey Court		urrent Use (Prior if bein	4 demolished)	121
Nome of Maritaria Et al.		LI	BRARY		
Name of Monitoring Firm Hired by Building C DPV CONSULTANTS, INC. Street Address	200 000 H (200 cm	3969 E	ame of Abatement Cont TS CONTRACTING,	ractor (9)	
225 WEST 37 <sup>TH</sup> STREET, 15 <sup>TH</sup> FLOOR			reet Address		
City, State & Zip Code			ty, State & Zip Code	1000	
NEW YORK, NY 10018 Project Manager for Monitoring Firm	T= 1 :	BI	ROOKLYN, NY 1122	2	
MICHAEL McMAHON	Telephone Nun 718-701-2757	3.2.2.3	lephone Number 8-706-6300	License N	
Scheduled Start Date (10) Scheduled C	completion Date (1		me of OSHA Monitor		00511
9/09/2019 Occupancy Status During Abatement (Check	9/08/2020	TE	STOR TECH.		
	Period of Abatem	ent 10	eet Address 59 JACKSON AVE	NUE	
Abatement Performed Outside of Nor Describe: MONDAY – FRIDAY 5  Other - Describe:	mal Facility Hours ::00 PM – 1:30 A	The second secon	y, State & Zip Code NG ISLAND CITY, N	NY 11101	
Scope of Work (Check all that apply)					
☐ Demolition ☐ Renov ☐ Large Project	ation		Full Containme Mini-Enclosure	nt	
Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACN	М		☐ Glovebag Proc	edure NON-FRIABLE PROC	EDURES
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in Facility  (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asb Material (AC insula	Description of sestos-Containing CM) (i.e., thermal systems tion, surfacing, VAT ner miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
FLOOR	NO	CEILING/WA	LL PLASTER	6 SF	TENT
FLOOR	NO	FLOOR TILES	S & MASTIC	36 SF	NON-FRIABLE PROCEDURES
FLOOR MEZZANINE	NO	CEILING/WAI	LL PLASTER	8 SF	TENT
FLOOR	NO	FLOOR TILES	S & MASTIC	60 SF	NON-FRIABLE
		CEILING/WAL	LL PLASTER	9 SF	PROCEDURES TENT
ame of Registered Waste Hauler #1 IMMY BYRNE T/A JIMMY BYRNE RUCKING	NJDEP Waste Ha		Cu. Yds. of Waste 20	Name of Register CUMBERLAN LANDFILL	
ity, State			Disposal Date	City State	

IN#140	187	1											F	Print
CKIDOS P		NOTI	FICATIO	State of N ON OF AS at to NJA	BESTOS	ABATE	MENT		E (	GE		7 [		7)
Date of Notification (1) 9/5/19		<del>191</del>	Name	of Buildin	g Owner	Operator	(2)				A-LANDER OF			The state of the s
Agencies Notified Type Notificatio	n	-		Address	ate Holl	ile .			S	<u>go</u>	) 201	0	inmo	]]
EPA Initial Amended			City S	tate, Zip (	Code								, i	See Charles
DOL Amendmen				Beach 7		08008		distant spanner	ASBE	STOS C LICENS	ONTF	OL. 8	i.	V II ros days .
DOH justification Cancellation	)	3	Name Jeff	of Contac	t		v		Tel	ephone N	umber			
Name of Facility Where Abatement is Taki	na Place /	2)	FAC	CILITY IN	FORMAT	ION								
Frake - Private Home	ing riace (	3)					_	of Facility ( chool (K-1	3 53					
Street Address							☐ S	ubchapter ther (i.e. p tc.)	8 (Othe	er than K- commer	12) cial bu	ildings	s, hon	nes,
City (5) long Beach Twp NJ 08008							Square 1000		# of	Floors	100	Bldg. 50+	Age	
County (6) Ocean			County (STATE	Code (7)	n			t Use (Pri		ng demoli		-		
Name of Monitoring Firm Hired by Building	Owner (8	)	51 55-44-2.	M No.		Name	Home of Abate	ement Cor	ntractor	(9)		-		
N/A Street Address						Pern	aco In	C.		``				
							Address Box 32				0			
City, State, Zip Code	weekstaan ee					6.7	ate, Zip	Code NJ 080	004					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho			181	License	No.			
Start Date (10)	Schedul	ed Cor	npletion	Date (11)			753-98	Monitor		00727				
9/16/19	9/23/1	9				Same		( WOI IIIOI						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire			nont			Street A	Address					0		
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	S			City, Sta	ate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	lenova emolit				X	Mini-l Glove	Containme Enclosure bag Proc Exempted	edure					
	40.000	Locati	27/2/20						( / 4	TYON T HA		Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	lormali d Sole intenar	ly by	Asbes	tos Conta	scription of aining Ma	terial (A	ACM)	Am	ount	-	1)	pe	Г
TO BE ABATED In Facility	10	odial S (12)		(i.e.	thermal surface	systems i	insulatio , or	on,	(Sp	ecify or LF)	Remova	Repair	incap	Enclosure
(13)	Yes	No	N/A		other m	niscellane	ous)				oval	pair	Encapsulate	sure
Exterior Siding			x		Exter	ior Sidir	ng		20	000	X			
Name of Registered Waste Hauler	l N.	JDEP W	aste	Cubic Y	/arde	1.6	Jame of D	a mint	-l I IFI					
United Roll Off	Ha	auler ID		of Wast			lame of R G.R.O.V		u Landiil					
City, State Elm NJ					Disposa 9/23/1		100.03	City, State Morrisvil	le PA	19067				
Completed by Anthony T Perna	Title Presi	dent				gnature			- 1/1	Da	te 5/19			

#### CK 44901

## In+14283

SEP - 9 2019

State of New Jersey
NOTE: CATION OF ASSESTOS ABATEMENT
(PUTSUEDI TO NJAC 8:60 and 12:120)

Date of Notification (1) - 3 - F		Narr	ne of Build	ing Owner/Operator	TRASH 1	2 tmolinas	TOS	AOC	ITS	OL (			
Agencies Notified Type Notification	m	Stre	el Addres:	2101	W BAT		JU1.11 a teams	One Com-	10	September 1			
☐ PA ☐ Initial ☐ Amended		City.	State. Zip	Code									
	#(including	_		VILL	AS N	J 082	51		. 1				
Ø DOH jastification	)	Nam	e of Conta	Unlew		Telephone Numb	er						
Cancettation		<u> </u>		FORWATION					_	=			
	Dhoc (3)	FA	CIUTYIA	FORMATION	Type of Facility	(4)				-			
Name of Factity Where Abatement is Tak	ing Place (3)				School (K-1								
Street Address						8 (Other than K-12 xivate & commercia		ngs,					
1000					homes, etc.			g. Ag	æ				
City (5)	· iAL				1500	7.			4				
	LAY	Cou	nty Code	7) (STATE	Current Use (P	nor if being demolis	hed)						
County (6) CAPE MIAY		USE	ONLY)			CANT				_			
Name of Monitoring Firm Hired by Building	Owner	ASCH	No.	Name of Abatem	nent Contractor (9	IWC							
(8) N/A	]			Street Address	LEMCO	+14				=			
Street Address				369	1 S. SPH	RUCE LIVE				_			
				City. State. Zip Ci	ode	ADF W.J	15/	05	7				
City, State, Zip Code				_ MA	PLE 2H	ADE N.)	001			=			
Project Manager for Monitoring Firm	Tel	lephone	No.	Telephone No. 856-779-0472 # 0 371									
	aduled Compi	ation Da	10/11										
Stall Date (14)	9-7	2-1	9		NA					=			
9-13-19		4		Street Address	6.								
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire P	GI NO				= = = = = = = = = = = = = = = = = = = =					=			
Abatement Performed Outside of Norm	al Facility Hou	Urs		City, State, Zip Co	∞e								
Other - Describe:													
Scope of Work (Check all that apply)				Full Con	kainment with Ne	gative Pressure							
>3 sf or ≥3 H	Renova Demotio	tion		Cloveha	a Procedure	- Frinkle Procedur	12						
₹2160 sf or ≥260 H	⊗ reina	<u>~</u> .		Non-Exe	empted (') and No	on-Friable Procedur	AL	sterr					
	Is Locati Normal			S 20			_	Typ	e				
	used Sole	Hy by	Arbas	Description of tos Containing Mate	erial (ACM)	Amount			E P	Ē.			
Location of Asbestos-Containing Material (ACM)	Maintena	næl ial	(i.e.,	thermal systems if	isulation.	(Specify SF or LF)	Removal	Repair	caps	Enclosure			
TO BE ABATED IN FACILITY	Staff?		***	surfacing, VAT.	us)		levo	타	Encapsulate	om			
(13)	(12)								9				
	Yes No	N/A		O.daisite		1250 SF	X						
CINIIII		X		RANSITE		15000	-						
SIDING						-:	1						
								$\Box$					
				Cubic Yards	Name of Regi	stered Landfill	٠						
Name of Registered Waste Hauter		WOEP V	Yaste No.	of Wasie		M.Can	JA	1	_	_			
KLEMCO INC		1790	Y_	Disposal Date	City State		. 1 -	_					
City. State				J. D. D. T.	Woo	OBINE 1	NI	<u></u>	_	=			
						L-Sale							
MARE SHAWE W. J				Signature	$\sim$	1,00-	3-	19	157				

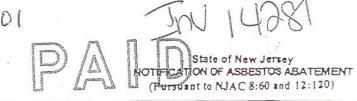
# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

L867141985

SEP - 9 2019

Date of Notification (1)	7-1G		Name	e of Buildin	Owner/Operator	(2) S CON	SIRUCTLE	)S,OC	NTI	ROL	8:						
	Type Notification	1	Stree	1 Address		T	Cens	711		And the last of th	Torra -						
Agencies Notified	M Initial				300 71	11-21-				_	=						
	Amended	_	City.	State, Zip	Code	CITY !	VI T 09	324	3		-						
₹ DOL	Amendment	including			ISLE		Telephone Numb			-	7						
Ø DOH	icustification)		Name	of Conta	51 2AW 1(		I GGA CHUID	~			_						
1 DCA	Cancellation		<u></u>								7						
* :				CILITY IN	ORMATION	Type of Facility	(4)				7						
Name of Facility Where	Abatement is Takin	ng Place (3)		***	1	☐ School (K-1	2)										
	ESIDEAL					Subchapter	8 (Other than K-12) private & commercia	i buildin	vgs,								
Street Address		11.11	i IA	1		homes, etc.	)		. Age	3	$\dashv$						
						Square Feet	# of Floors	5									
·City (5)	HAUL C	14			- CYAYE	1500	nor if being demoks		_		ᅱ						
Coumby (6)			Cou	nty Code (	7) (STATE		ACHRIT_				_						
CAD	E MAY				Name of Abatem	nent Contractor (9											
Name of Monitoring Fin	n Hired by Building	Owner	ASCM	140.		CMCO	INC				_						
(8)	VIA		L=		Street Address			_		3052							
Street Address					369	S. SPK	euce Auc				=						
•					City, State, Zip C	ode CII	MOF ALT	- 0	80	72							
City, State. Zip Code	*		1200		MAP	LE SH	HOE N.		00		딕						
- Gall	witoring Firm	Te	elephone	No.	Telephone No. 856-779-0472 License No. 371												
Project Manager for Mi		_   _			Name of OSHA Monitor												
Start Date (10)	Sche	sduted Comp	Hetion Da	ate (11)	Name of USINA MOTING												
0 12 -	9		3-1	9	Street Address												
	ing Abatement (Che	eck only one	:}		30000,000.000						=						
					City. State, Zip C	code											
Abatement Perform	ed Outside of Norma	al Faculty no	JUI 3	-355							=						
Other - Describe:						ntainment with Ne	agative Pressure										
Scope of Work (Check	all that apply)				MINI-EN	closure	39844611000010										
		☐ Renov	ation		= c:	an Dimensione	on-Friable Procedu	re									
≥160 st or ≥260 H		N Della			M Nou-Ex	empted () and it	G F I I BOR I I GOOD!	AŁ	oaten								
<u>~</u>		Is Loca							Typ	e —							
		Used So			Description o	f	Amount			ш	т						
Location	of (ACM)	Mainten	ance/	Asbe	stos Containing Ma thermal systems	insulation.	(Specify	Ro	R	Encapsulate	Enclosure						
Asbestos-Containing TO BE AB	ATED	Custo		(1.6	surfacing, VAI	. 01	SF or LF)	Removal	Repair	luec	Sur						
IN Faci	ity	(12			other miscellane	ous)		/al	1	alo	9						
(13)		Yes N	o N/A	1.			V	1	-	$\dashv$	_						
		YES N	11/	-	TRANSI	TE	1250SE	X	_								
SINIA	SIDIMG									_	_						
SIVING				-			1				_						
					T Cubic Yards	Name of Rec	gistered Landfill			B502							
Name of Registered W	laste Haufer	1	NUDEP	Waste D.No.	of Waste		C.MU.A.				_						
			Harder 1	104	15-11	City State					153						
1// 5/11/	1) 1/1/				Disposal Date-	City. State	OBINIE 1	VIT									
ICLEMO						11/61/1	1/03/06/1-	V									
City. State	SUMME	MI. J	08	520x	Cigantina		Dala	7	10								
	SHAVE	MI. J		250	Signature .			-3.	-19		=						

### CK# 4901





Date of Notification (1)	-1-19		Name of Building, Owner/Operator (2) SURFSIDE CONST LICENSING										
Agencies Notified	Type Notifical	on	Street	Addre:	116111	WEST ALE							
⊠ ∞ .	Amended Amendmen	nt#	City, Sta	ate. Zu	OCTAN								
Ø DOH □ DCA	Emergency justificatio	n)	Name o		aci 1101		Telephone Number						
		FORWATION .	00266										
Name of Facility Where	Abatement is Ta	king Place (3)				Type of Facil	(A) (A) (A)						
Street Address	SIDENC	£					er 8 (Other than K-						
Steel Address	4. 000					homes, e							
City (5)	t AU	(174	(2)		ewoul w	Square Feet	# of Floors		186g. A		_		
County (6)			County USE Of	Code	(7) (STATE	Current Use (	Prior if being demo	Eshed)					
CAPE			ASCM No.		Name of Abatem		ACAWT (9)				=		
Name of Monitoring Firm (8)	I.A	J OHIIG				LEMCO	IMC		_		=		
Street Address	1				Street Address	S. Se	RUCE Wit	=_			_		
City, State, Zip Code					City, State, Zip C	∞de	LADE N.)	1	05	7			
							License No.	-			=		
Project Manager for mornioning 7 min					856-779-0472 # 01371								
Start Date (10)	Sch	eduled Comple 9 - 78-	etion Date (	11)	Name of OSHA Monitor N / A								
9-18-19 Occupancy Status During	Abatement (Ch		11-		Street Address								
M Earth CheerWarates	1 During Entire F	eriod of Abate	men!		City, State, Zip Code								
Abatement Performed  Other - Describe:	Outside of Norm	ar Faculty 100	13	_									
Scope of Work (Check all	that apply)				Full Cont	ainment with N	egative Pressure						
☐ ≥3 sf or ≥3 ff		Renovati	ion		☐ Mini-End	losure p Procedure							
≥160 sf or ≥260 H		Demotitio	n 		Non-Exe	moted (*) and N	Ion-Friable Procedu	re A	bates	nent	$\dashv$		
		Is Location Normally	.					L	Typ		_		
Location of	- in (ACM)	Used Soleh Maintenan	œ/ A	Asbes	Description of os Containing Mate	rial (ACM)	Amount (Specify	D	_	Enc	En		
Asbestos-Containing Material (ACM)  Custodial  TO BE ABATED  Staff?				(i.e.,	thermal systems in surfacing, VAT, o	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
IN Facaty (13)			other miscellaneou	۵)		) è		alo	6				
		Yes No	N/A		014-15155		3750SE	X	Н				
SIDING			X -		CANSITE		375030	1					
											_		
											$\dashv$		
Name of Registered Waste	Hauler		IDEP Waste		Cubic Yards of Waste	Name of Reg	istered Landfill	IA					
	INC		7904	-	Disposal Date	City State .	POLL WILL	, .					
City, State	25 IN T			_		WOO	NOBINE V	4.	)	_	=		
Completed By	Title	2 2			Signature	n_	- Geç.	1-	-19				
MICHAEL VICKE	u_ _	PRES_			- Herry			_					

GIANC.				
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_	rin	IT.	-0	rn
				212

Semble   Containing Material (ACM)   Containing Material	INV# K	+280			_										Р	rint f	
Agencies Notified   Type Notification   Street Address   Initial Amended   DoL   Amended Amended   DoL   Amended Amended   DoL   Amended   DoL   Amended   DoL   Amended   Amended   DoL   Dol   Amended   Dol   Amended   Dol   Dol   Dol   Dol   Dol   Dol   Dol	CK 75(94PA)		NOTI (	FICATIO	ON OF AS	BESTOS	ABATE	MENT	I	NE	G	E		y E	2		
Separation   Property   Propert							Name of Building Owner/Operator (2)								An artistante of the Annual of	Andreas de la company	
DOP	To a standard	n			000000000000000000000000000000000000000					12	SEF		1 21	119	di anti-ordini	2	
DOA	DEP Amended	nt#		200	The state of the s		00000		-	l_ AS	BEST	OS C	ON	RUL	<u></u> j		
Name of Facility Where Abatement is Taking Place (3)   School (K-12)   School (K-12)   Subchapter (9)   School (K-12)   School (K-12)   Subchapter (9)   School (K-12)   Sch	☐ Emergence justification	y (includin n)	g	Name			08008			Te	the state of the s						
Type of Facility (4)					CILITY IN	FORMAT	ION		//			_	_				
Subchapter 8 (Other (ise. Private & commercial buildings, homes, etc.)   Subchapter 8 (Other (ise. Private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square Feet   Hor (ise. private & commercial buildings, homes, etc.)   Square & commercial buildings, homes, etc.)   Square & commercial buildings, homes, etc. private & commercial buildi	Name of Facility Where Abatement is Tak Connell - Private Home	ing Place	(3)					Туре о	f Facility	(4)				11			
County (6)								SI X	ubchapte ther (i.e.	er 8 (Oth	er than & comm	K-12 nercia	) Il buil	dings,	hom	ies,	
Cocan   Strate Use (Note Note   Strate Use Only)	long Beach Twp NJ 08008							27. 93		10 18-2-2	f Floors	5	1		ge	,=	
Street Address    Street Address   Street Address   Po Box 329	Ocean						_			rior if bei	ing dem	nolishe	ed)				
Street Address    Street Address   PO Box 329		Owner (8	3)	ASC	M No.				Abatement Contractor (9)								
City, State, Zip Code    City, State, Zip Code   West Berlin NJ 08091	Street Address				Street	Address											
Telephone No.   Telephone No.   Stephone No.   Telephone No.   Stephone No.	City, State, Zip Code				City, S	tate, Zip	Code										
Start Date (10) 9/16/19  Scheduled Completion Date (11) 9/23/19  Same  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)  3 sf or ≥3 if ≥ 160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) In Facility (13)  Location of In Facility (13)  Exterior Siding  Asbestos-Containing Material (ACM) (13)  Exterior Siding  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Disposal Date  City, State  Street Address  Street Address  City, State, Zip Code  State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Name of Registered Landfill  G.R.O.W.S.  Plips Noll (In Pacifility G.R.O.W.S.)  Scope of Work (Check All That Apply)  Same  Occupancy Status During Abatement (Check Only One)  Street Address  Street Address  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Systems insulation, surfacing, VAT, or other miscellaneous)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Abatement Systems insulation, surfacing, VAT, or other miscellaneous)  Scope of Work (Check All That Apply)  Abatement Type  Abatement Period (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Proce	Project Manager for Monitoring Firm				one No.				NJ 08	091	Licens	se No					
9/16/19  Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other − Describe:   City, State, Zip Code	Start Date (10)				Data (11)												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State	9/16/19	9/23/1	9	COLUMNIC PRODUCTURE CONTRACTOR DE CONTRACTOR													
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  City, State, Zip Code  City, State	prompt of the state of the stat			2		57	Street /	Address		0.							
≥3 sf or ≥3 if   ≥160 sf or ≥260 lf	Abatement Performed Outside of Nor	nal Facilit	y Hours	ient S			City, St	ate, Zip	Code								
≥160 sf or ≥260 lf   Demolition   Description of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous   Description of Asbestos	Scope of Work (Check All That Apply)									-							
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior Siding  X Exterior Siding  NUMBER Hauler United Roll Off  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior Siding  NUMBER Hauler United Roll Off  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior Siding  NUMBER Waste Hauler Hauler ID No. 22459  Disposal Date  City, State				70073.610			X	Mini-E Glove	Enclosur bag Pro	e cedure							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior Siding  X Exterior Siding  Name of Registered Waste Hauler United Roll Off  Used Solely by Maintenance/ Custodial Staff? (12)  Name of Registered Waste Hauler United Roll Off  City, State  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Disposal Containing Material (ACM) Amount (Specify SF or LF)  Registered (ACM) (Specify SF or LF)  Registered Landfill G.R.O.W.S.		5.0							-xompto	u ( ) and	111011-1	Tiable		Abate	ment		
Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Name of Registered Waste Hauler United Roll Off  City, State  Custodial Staff? (12)  Yes No N/A  Custodial Staff? (12)  Yes No N/A  Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Name of Registered Landfill  G.R.O.W.S.  City, State  Disposal Date  City, State	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used Sole Maintena Custodial 3			ly by	Asbes	tos Conta	aining Material (ACM)			1) Amount				1 9			
Exterior Siding X Exterior Siding 1800 X  Name of Registered Waste Hauler United Roll Off Science August Planer ID No. 22459 August Planer ID No. 22459 Disposal Date City, State				Staff? (i.e. thermal surface			systems insulation, cing, VAT, or						Remov	Repai	ncapsu	Enclosu	
Name of Registered Waste Hauler United Roll Off  City, State  Disposal Date	F.4 0.1	Yes	No	N/A									al	-	late	ıre	
United Roll Off  Hauler ID No. 22459  Of Waste 4  G.R.O.W.S.  Disposal Date  City, State	Exterior Slaing			x Exter			ior Sidi	ding 1			800		Х				
United Roll Off  Hauler ID No. 22459  Of Waste 4  G.R.O.W.S.  Disposal Date  City, State																	
United Roll Off  Hauler ID No. 22459  Of Waste 4  G.R.O.W.S.  Disposal Date  City, State	Name of Registered Waste Usular		1 50	IDES:			• 000 00 00 00 00 00 00 00 00 00 00 00 0										
City, State Disposal Date City, State	United Roll Off		Ha	auler ID		of Was		10.00		12-10 July	ed Lan	dfill					
	City, State Elm NJ					Disposa					1000	7					
Completed by Title Signature Date	Completed by Anthony T Perna		ident					110		me rA	1300	Date					