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

Date of Notification	(1) 9/11/2019		N	lame	of	Buil	ding O	wner / Operator ngswood Urba	(2)	Panawal Owr	SEP	16	2019	
Agencies Notified	Type Notifica	ition	S	tree	t Ad	dres	ss	ngswood orbe	an i	tenewar own	IOI EEG			
⊠ EPA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	60 (	Clu	bho	use F	Road		To a constitution of	ACREST	OS COL	TROL	<u>&amp;</u>
☐ DEP ☐ DOL							Zip Co			last the		CENSIV	G 	A CONTRACTOR OF THE PARTY OF
	Amer							PA 19406			ITo	lephone	Num	her
□ DOH     □ DCA		gency ellation	1 322	lame								6-854-		
				FA	CIL	.ITY	INFO	RMATION						
Name of Facility Wh	nere Abateme	nt is Taking Pla	ce (3)	)				Type of Facility						
Morgan Properti	es/Parkviev	at Collingsw	ood	-*Bu	iild	ing	D*	School (K-	0.100000000		12)			
Street Address	Dead									(Other than K- rate & commerce		homes	etc.)	
700 W. Browning	Roau							Square Feet	, p	# of Floors		lg. Age		
City (5)		County (6)	Cou	unty	Coc	de (7	7)	211,000		10			70	
Collingswood		Camden	-		1 0		71	Current Use (P		if being demoli	shed)			
oog			10	20	10			Apartments						
Name of Monitoring		y Building Owne	er (8)		A	SC	M No.	Name of Abate						
Health & Safety	Services	- STP						Resource Ma	-	gement Grou	ip, LLC.			-
Street Address								Street Address		Avenue, Suite	202			
P.O. Box 365 City, State & Zip Co	ode							City, State & Zi			0 402			
Berlin, NJ 08009								Trenton, NJ	086	619				
Project Manager for			Telep				er	Telephone Nur		er	License Nu			
Jim Proctor			856-					609-914-4279		**		01185		
Scheduled Start Da 9/26/201		Scheduled Com	pletic 0/3/2			(11)		Name of OSHA		onitor e <mark>ntal Laborat</mark>	ories. Inc.			
Occupancy Status				_				Street Address			,			
Facility Clo	sed/Vacated	During Entire Pe	eriod (	of Ab	ate	mer	nt	2333 Route 2	22 \	West				
	Performed O	utside of Norma	l Hou	rs –	7an	n to	6pm	City, State & Z						
Describe:								Union, NJ 07	708	3				
	cupied During			-										
Scope of Work (Ch	eck all that ap	opiy)						Γ	П	Full Contains	ment with Ne	gative F	ressu	re
≥3 sf or ≥3	lf		$\boxtimes$	Re	nov	atio	n	Ī		Mini-Enclosu				
≥160 sf ≥26	60 If			De	emo	litior	n	Į	$\boxtimes$	Glove Bag P		F :- L1-	D	dura
								Description		Non-Exempt	ed and Non- Amount		ement	
	ocation of stos-Containir	10	Norr	Loca				Description Asbestos-Conta		na	(Specify	Abar		Турс
	iterial (ACM)	19		olely				Material (AC	CM)		SF or LF)	77		E E
TO	BE ABATED		Main					(i.e., thermal sy				Remova	Repair	Enclosure
	in Facility		Cust	odia (12	0.000000	att?	1	nsulation, surfaci or other miscella				oval	≅.	Enclosure
	(13)		Yes	No		N/A								œ l
Building D-Store	age Room		П	Г		$\boxtimes$		Pipe Insulat	tior	n	750 SF			
Danaing D Gton														리님
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N of Dociotoro	d Masta Hau	lor			TID	EP V		Cubic Yards	Na	me of Register	ed Landfill			
Name of Registere	eu vvaste nau	ICI		155			O No.	of Waste		2.				
Resource Mana	gement Gro	oup, LLC.		0	03	521	8	TBD	100000	ows Landfill				
City, State								Disposal Date		y, State				
Trenton, NJ 086								TBD	IVI	orrisville, PA		Date		
Completed By (Pri	nt or Type)			1.00	itle	side	ant	Signature		Ihani			/201	9
Brian Haney				1	. 6	Jiu	-114	11111		IWUU		J. 1 1		D

my# 14461

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Date of Notificatio		too too	Nam	e of	Bui.	lding	Owner/O	perator	(2)		in E		14	Te!
0 9 /11	0 1/1 1 9	_	Co	unty	of H	udsor	n		•		V.E		111	<u>.</u>
Agencies Notified	Type Notifica	tion			Addr									
[X]EPA	6		56	7 Pa	vonia	Ave.	., 3rd Flo	or			SEP 1	6	2019	
[X] DEP	[X] Initial Notifica	tion					Code			- 44				
X1DGL	[ ]Amended		Jei	rsey	City,	NJ 0	7306						1 - April (8)	1 0
(×1 DOH	Notifica		Nan	ne of	Con	tact			Te	lephone Numb	er	42.74	0	TEST USE
CX1DCA	[ ]Cancella	ition	Ra	lph S	Sax				20	1-369-2777 >	.2987		- House and Co	and the same of
			11.0			TY 18	NFORMATI	ON						
Name of Facility Wh	ere Abatemen	t is Ta	king						Type of Faci	lity (4)				_
									[ ]Scho	ol (K-12) hapter 8 (0	than t	han K	-121	
Hudson County Adm	in. Blag Sne	rim's On	ice A	rea					1X10the	r (i.e., pr	vate 8	& com	mer-	
								11	Square Feet	buildings.	rs Bl	dg. A	ge	-
595 Newark Avenue		County	(6)			Cou	nty Code	- (7)	50,000	9		50		·
City (5)		Country				(ST	ATÊ USE	ONLY)	Current Use		eing d	emoli	shec	.)
Jersey City, NJ 0730	6	Hudso	1 1 1 1 1	INCE	M No		!Name of	Abaten	Administration	on Building or (9)				-
Name of Monitoring Owner (8)	Firm Alred D	y Bullo	irig	ASC	11 190	.								
Whitman Companies	, Inc.						Four St	rong Bu	ilders, Inc.					
Street Address						1								
7 Pleasant Hill Rd.							180 Sai	rgeant /	Avenue Zip Code					
City. State. Zip Co	ode						_							
Cranbury, NJ 08512 Project Manager to	- Monitoring	Firm TT	elep	hone	Num	ner	Telepho	na Num	13-1935 Ger	Lic	ense N	umbe	-	
		1			-5858	- 1	973-61	4-0377		008	07			
Kevin Lovely Scheduled Start Da	te (10)  Sch	ed.Com	leti	on D	ate	(11)	Name of		Monitor					
1 0 / 0 4 / Day	1 9 11	101/19	0 17	1/12	119	1	Four St	rona Bu	uilders, Inc.					
Month / Day / Occupancy Status D	Year Mo	ent (Che	Day ck c	nly	one)			Addres						
[ ]Facility Clos	ed/Vacated Du	ring Er	ntire	Per	riod	}	180 Sa	rgeant /	Avenue					
of Abatement []Abatement Per	formed Outsid	le of No	rmal	L Fac	ilit	Y	City.	State.	Zip Code					
Hours - Descr	ibe: occupied bu	ilding				=	Clifton	NJ 070	)13					
Scope of Work (Che	ck all that a	apply)			•				Containment	with Negat	WA Dr	ocent	Δ.	
[ ]Demolit			DX1	Rend	ovati	on		[ ]Mini	-Enclosure		.ve ri	22201	_	
( 1>3 sf c									ebag Procedu Friable Proc					
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Asbestos-	Containing		Ţ	Used olel	-			os-Cont		Amount (Specif		RE	C A	C T.
TO BE	ABATED 111ty		by	Mai	n-		<pre>{i.e., t nsulatio</pre>		systems facing, VAT,	SF or	V	P A	PS	O S U R
	.3)		Cu	stod:	ial		or oth	er misc	ellaneous)		A L	I R	U	
				No	N/A			''' - Di-		350 SF		-	·-	E
Sheriff's Office Area				X			istical Ce		~		$\rightarrow \Diamond$	-		
Sheriff's Office Area	a - Back Office			X		VAT	& associ	ated ma	astic	350 SF	+	-		-
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Name of Registered	d Waste Haule	r	H	JDEP aule	Was r ID	No.	of Wast		name of Re	Arsteren ngr	~~~			
Four Strong Builde	rs, Inc.		1	2609	9				G.R.O.W.S	, Inc.				
City. State							Disposa	1 Date	City. Stat	e				
Clifton, NJ	<i>8</i> 1								Tullytown, I	PA				
Completed By (Pri	nt or Type)	Title				******	Si	gnatur	1		I	ate		
Bilyana Kulakovska	a	Office A	dmir	nistra	ator		C	te	you		1	9/10/	19	
ASB-41	× ×	UNG	16								J			
JUN 95	1 1/2 /	000	all a										G46	67

Check # 2194 Date of Notification (1) Name of Building Owner / Operator (2) September 11, 2019 Bank of America Agencies Notified Type Notification Street Address □EPA 502 Central Avenue DEP SEP 1 6 2019 **⊠**DOL Initial City, State & Zip Code Amended Teterboro, NJ 07608 Øрон Amendment # ASBESTOS CONTROL & DCA Cancellation Name of Contact Telephone Number Tom Ashman 607-624-9548 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 502 Central Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 3,500 60 Teterboro Current Use (Prior if being demolished) Bank County (6) County Code (7) Bergen USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) New York Environmental Synatech, Inc. Street Address Street Address 88 Harbor Road 829 Radio Road City, State & Zip Code City, State & Zip Code Port Washington, NY 11050 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Baudo 516-805-2703 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor September 21, 2019 October 28, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road X Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\ge 3$  sf or  $\ge 50$  If Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Removal or other miscellaneous) Repair Yes No N/A Lobby, Sales Platform, Office, Teller Line X Carpet Mastic 3,000 SF X Safe Deposit Vault X Floor Tile and Mastic 100 SF X Teller Line, Coupon Booths, Vault Lobby X Mastic on Tile 780 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc.



Title

City, State

Completed By

Diane Aloia

Little Egg Harbor, NJ 08087

27429

**Executive Administrator** 

Disposal Date

Signature

October 29, 2019

Fairless Hills

Morrisville, PA

September 11, 2019

City, State

rck NO. 0083 State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/11/2019 CHECK # 0283 SEP 16 2019 Agencies Notified Type Notification Street Address 165 PEAR ST **EPA** Initial DEP City, State, Zip Code Amended ASBESTOS CONTROL × DOL Amendment # PATERSON NJ,07501 LICENSING Emergency (including Name of Contact DOH justification) Telephone Number DCA SHAYA ZIRKIND Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 165 PEAR ST Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age PATERSON NJ,07501 50X100 2FL 50+ County (6) County Code (7) Current Use (Prior if being demolished) BERGEN (STATE USE ONLY) OCCUPIDE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING Street Address Street Address 24 CHURCH ST City, State, Zip Code City, State, Zip Code ELMWOOD NJ,07407 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-873 9418 01301 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/24/2019 09/25/2019 ALL SOLUTIONS CONTRACTING Occupancy Status During Abatement (Check Only One) Street Address 24 CHURCH ST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8:00AM TO 3:30 City, State, Zip Code × ELMWOOD NJ,07407 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf × Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

BASEMENT X PIPE INSULATION 80LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

ATLANTIC CARTING

Hauler ID No.

of Waste TDB

**GRAND CENTRAL** 

Disposal Date TDB

City, State PEN ARGYL PA18072

PEN ARGYL PA 18072 Completed by LUIS ARCILA

PRESIDENT

Signature

Date 09/11/2019

City, State

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PA		TI	FICATIO	State of New . ON OF ASBES at to NJAC 8:6	TOS ABAT	EMENT 20)		E (1)		Ŵ
Date of Notification (1) 8/13/19	Lauren		Name Jas	of Building Ov son Barger	vner/Operat	or (2)		CED	16	201
Agencies Notified Type Notification	out			Address			133 13	ULI	10	ZU
EPA Initial Amended Amendme				tate, Zip Code t Pleasant, N		42	AS	DEST	<del>01 001</del> Official	ITP G
DOH justification DCA Cancellation	1)	3	Name (	of Contact Eric Plackis		72	Telephone	Number		
Name of Facility Where Abatement is Tak	ing Place (	3)	FAC	ILITY INFOR	MATION	Type of Facili	ly (4)			
Street Address							K-12) oter 8 (Other than K e. private & commo		ildings, he	ome
City (5) Point Pleasant						Square Feet 975	# of Floors		Bldg. Ag∈	
County (6) Ocean			County (STATE	Code (7) USE ONLY)		Current Use (	Prior if being demo	lished)	J <i>a</i>	
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.	Nam	e of Abatement (	Contractor (9)			
Street Address			1		Stree	Brick Indus				
City, State, Zip Code					City.	State, Zip Code	D Box 915			***
Project Manager for Monitoring Firm			Tutocho			Brick, NJ 0872				
Troplet Mestages for Moritoning Pitts			Telepho	me NO.		732-899-7499	License	No. 01196		
Start Date (10) 8/14/19	Schedui		mpletion /21/19	Date (11)		e of OSHA Monit		01130		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe.	Period of	Abater	ment s			t Address State, Zip Code				
Scope of Work (Check All That Apply)							****			
☐ ≥3 sf or ≥3 H ☐ ≥160 sf or ≥260 ff		Renava Demakt				Mini-Enclos Glovebag P	ment with Negative ure rocedure ted (*) and Non-Fri			
	ls	Locat	ion			- 1100 1-00-010	1 1 1 1 1 1 1 1 1		Abateme	ent
Location of Asbestos-Containing Material (ACM)	Usu	Normal ed Sole	dy by	Ashastas	Description	n of Material (ACM)	Amount		Гуре	
TO BE ABATED In Facility (13)		intena todial 8 (12)	Staff?	(i.e. the		is insulation. AT, or	(Specify SF or LF)	Removal	Ropair	
	Yes	No	N/A	Flue Pipin	n		401.5		ā	-
			×	, 140 ; pii.	<b>9</b>		12LF	X		-
N										-
Name of Registered Waste Hauler			JDEP W lauler ID		ubic Yards Waste 3		of Registered Land			
Brick Industries, Inc.			21602		sposal Date					
Brick, NJ Completed by	Title	-			Sign=ti-		Morrisville,			
Fric Plackie	Time		seidont		Signatur	· S	_   1	)ate g	/13/19	

ASB-41 (R-06-08)



Print Form

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Date of Notification (1) 09/10/19				Name Matts	of Building Constru	Owne	r/Operator	r (2)				2	EP	1.0	20	10
Agencies Notified	Type Notification				Address				-	-  -	7 400	U		16	20	IJ
EPA DEP	Initial Amended		-		ene Cour tate, Zip Co					3-9-0	Δ	423-1 II-		S CC	o-men	
X DOL	Amendment Emergency (				wood, No		01			ings	JT) Manusumum	indictions	LIC	ENSI	NG.	North O
DOH DCA	justification)	IIICIUUIII	9		of Contact Constru	otion				7.4 S.200.00	lephone					
	Cancellation	: 			CONSTRUCTION OF CONTRACT		TION			/3	2-905	-449	14			
Name of Facility Where	Abatement is Taking	g Place	(3)			01(11)	TION	Ту	pe of Facility	4)						
Street Address								x	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comn	K-12 nercia	) I buil	dings,	hom	es,
City (5) Lakewood			(	·Q-	701			So	quare Feet	# 0	f Floors	3	E	Bldg. A	ge	
County (6) Ocean			T	County	Code (7)	)		Cı	ırrent Use (Pri	or if bei	ng dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building C	)wner (8	0		M No.		Name	of A	Abatement Cor	trantar	(0)					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i> .	1,100	W 140.		AAA	LE	AD PROFE	SSIO	NALS	3				
Street Address							Street 6 WF		iress E DOVE CO	NI IRT		7 - V-				
City, State, Zip Code							City, S	tate	, Zip Code							
Project Manager for Mon	itorina Eirm			Talaab	N-				OOD, NJ 0	8701						
r roject manager for more	itoring r iim			Telepho	one ivo.		732-6		: No. 3-9078		Licens 1200					
Start Date (10) 09/22/2019		Schedu 09/25/		npletion	Date (11)				SHA Monitor AD PROFE	9910	NIALS					
Occupancy Status During							Street			3310	IVALS					
Facility Closed/Vaca Abatement Performe	ated During Entire P	eriod of	Abaten	nent				I Unit Marie Co	E DOVE CO	URT	1					
Other – Describe:	ed Odtside of North	ai raciiii	y Hours			_			, Zip Code OOD, NJ 0	3701						
Scope of Work (Check Al	I That Apply)							100								-
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		-	Renova Demolit				×	1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					i	
			Locati											Abate Typ	ment	
Location Asbestos-Containing TO BE ABA In Facilii (13)	Materiai (ACM) TED	Use Ma Cus	Normall ed Sole aintenar todial S (12)	ly by nce/ staff?	Asbest (i.e.	os Cor therma surfa	escription ntaining M il systems acing, VA <sup>-</sup> miscelland	later ins T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIO	OR .	Yes	No	N/A		Λ.	M Cidie			00/	20.05	-			Ф	
LATERIO						AC	CM Sidir	ıg		200	00 SF		x	-		
														+		
Name of Registered Wast	e Hauler		1100000	JDEP W	1151 S.P. 7012	Cubic of Wa	: Yards		Name of F	Register	red Lan	dfill				
NEWARK CARTING			1.000000	509		12			IESI							
City, State NEWARK, NJ							sal Date 5/2019		City, State BETHLE		PA			-10/10/-		
Completed by JOSEPH PERLSTEIN	N	Title OWN	IER				Signature	*				Date 09/		9	177	

2CK No. 8731	^	<b>(Fin</b> )	-							40			Р	rint
P	A	<b>МОТ</b> І	FICATIO	N OF AS	lew Jerse BESTOS C 8:60 an	ABATE	MENT	-	A distance of		G [		W	E
Date of Notification (1) 09/10/19				of Buildin ter Truc	g Owner/e king	Operator	r (2)				SEP	1 6	201	q
Agencies Notified Type Notification	on			Address Bartlett	Avenue						ULI	1 0	201	J
EPA Initial Amended Amendment	ent #		City, S	tate, Zip (		92			-intend	ASI	BESTO LIC	S CC ENSI		JL (
DOH justificatio				of Contac er Truc					T 10 5-0000	lephone )9-294-				
Name of Facility Where Abatement is Tak	king Place (3	3)	FAC	ILITY IN	FORMAT	ION	Type	of Facility	(4)					
Street Address							×	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Oth	ner than h & comme	<-12) ercial bu	ildings	s, hom	ies,
City (5) Loveladies/ Beach Haven		0	980	708			Squa	are Feet	# 0	f Floors		Bldg.	Age	
County (6) Ocean			County (STATE	Code (7) USE ONL	y)		Curr	ent Use (Pr	ior if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCI	M No.		Name AAA	of Aba	atement Co	ntractor	(9) NALS			-57 M-11	
Street Address						Street	Addre							
City, State, Zip Code						City, S	state, Z	ip Code OD, NJ 0						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	none N	0.	0701	License	e No.		-	
Start Date (10) 09/22/2019	Schedule 09/26/2		ompletion Date (11)  Name of OSHA Monitor  AAA LEAD PROFE							NALS				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	2570.00	-50	nent			Street	Addre							
Abatement Performed Outside of No.  Other – Describe:	rmal Facility	Hours	S	ENTRE LA				ip Code OD, NJ 0	8701					
Scope of Work (Check All That Apply)								02,1100	0101					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Property and the same of the s	enova emolit	3.0			×	Mir Glo	I Containm ni-Enclosure ovebag Pro	e cedure					
Location of	100.00	Locati					110	n-Exempte	u ( ) an	и моп-гл	lable Pro	Abat	emeni /pe	i
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Mai	d Sole ntenar odial S (12)	ly by nce/	Description Asbestos Containing M (i.e. thermal systems surfacing, VA' other miscellan			aterial insula T, or	(ACM)	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A										ate	roi .
EXTERIOR					ACI	√ Sidir	ng		25	00 SF	X			
Name of Reyistered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		Cubic Yof Was			Name of I	Registe	red Land	fill			
City, State NEWARK, NJ					Disposa 09/26/			City, State		PA				-

Title

OWNER

Date

09/10/19

BÉTHLEHEM PA

09/26/2019

Signature

Completed by

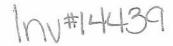
JOSEPH PERLSTEIN

Processon !	7	ПБ
ID)	/^\	State of New Jersey
-	141	NOTIFICATION OF ASBESTOS ABATEMENT
L	UN	(Rurseant to NJAC 8:60 and 12:120)

	I L				t to NJAC					174780	Check	#3	46	<u></u>	and the officers of the last
Date of Notification (1) 8/30/2019				Name of	of Building oute 46,	Owner/	Operato	r (2)		Garage Control	1). [6]			W	E
Agencies Notified Ty	pe Notification			100000000000000000000000000000000000000	Address	^					Ń.		car i vas	004	
EPA X	Initial Amended		-		oomfield ate, Zip Co		16					SEP	16	201	9
DEP DOL	Amendment				Brook, N		rsey 07	7058				and the section of the	rumen Alla	concension	uncon con hode
⊠ DOH	Emergency ( justification)	including			of Contact						ephone N			NTRI	OL &
DCA _	Cancellation				lan Marl	and the second				(9.	73) 575-	0070	nu errotit	esterolygeness	achermonul
Name of Facility Where Aba Pine Brook Motor Inn -			3)	FAU	ILIT INF	URIVIAT	ION	Туре	e of Facility (		The state of				
Street Address 12 State Route 46								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5) Pine Brook			6	10	58			Squa 47,7	are Feet	# o	Floors	-355	3ldg. /	Age	
County (6) Morris					Code (7) USE ONLY	)			ent Use (Prid nmercial	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hir TBD	ed by Building C	wner (8)		ASC	M No.				atement Con racting, LL		(9)				
Street Address							Street		77.7	Duide.	1/				
City, State, Zip Code									ey Road, S	Suite	n				
									lew Jersey	0747	70				
Project Manager for Monitori	ng Firm			Telepho	ne No.		Teleph (973)		lo. -5040		License 00874	No.			
Start Date (10) 9/16/2019		Schedule 12/30/2		npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor acting, LL	C					
Occupancy Status During Ab	atement (Check						Street								
Facility Closed/Vacated	During Entire P	eriod of	Abatem	nent					ey Road, S	Suite	K				
Facility Closed/Vacated Abatement Performed C Other – Describe:	Outside of Norma	al Facility	Hours				335335		ip Code lew Jersey	0747	70				
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gl	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				·e	
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Location of Asbestos-Containing Mat	erial (ACM)	Use	lormali d Sole	ly by	Asbes		scription taining N		L(ACM)	A	mount				
TO BE ABATEI In Facility (13)	<u>D</u>		intenar odial S (12)			thermal surfa	systems cing, VA niscellar	s insul T, or			pecify or LF)	Remova	Repair	Encapsulate	Enclosure
V-3/		Yes	No	N/A		outer 1	riisociiai	icous				val	=	ılate	ure
See Attache	d														
										37					
Name of Registered Waste H Service Transport Group			H	JDEP W auler ID )990		of Was	Yards ste		Name of F Minerva						
City, State New Castle, Delaware						Dispos	sal Date		City, State Waynes		Ohio				
Completed by Ljiljana Sekularac		Title Office	e Assi	stant		S	Signature	;	15	٦,	D	ate 130/20	019		

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CK5591	P/	III		Pursuan	N OF ASE	BESTOS 8:60 an	ABATE d 12:12	0)	A December 1		Ē (	0 57	E				
Date of Notification (1) 09/06/2019	23. &	REE	29		of Building Im Dobsi		Operator	(2)	the state of the s	And the second	SI	IP.	16	201	9	The same of the same of	
Agencies Notified  EPA	Type Notification			Street	Address				and the comment			· · · · · · · · · · · · · · · · · · ·	5.5			The same of the sa	
DEP DOL	Amended Amendment	#			tate, Zip C field, NJ						<del>obt.</del> (	LIC	<del>S OL</del> ENSI	NTR NG	OL 8		
≥ DOH	Emergency ( justification)		g		of Contact		71 <del>77</del>				Tele	pho	ne Nu	mber			a comme
DCA	Cancellation				m Dobso					ı		p		,,,,,,,,			
Name of Facility Where	Abatement is Taking	Place	(3)	FAC	ILITY INF	ORMAT	ION	Type	of Facil	ity (4)							
House									School								
Street Address					XI.			×	Subcha Other (i. etc.)	pter 8	(Othe	r tha	in K-1 imerc	2) ial buil	dings	, hom	ies,
City (5) Westfield			0	70	90			Squa N/A	re Feet		# of N/A		rs		Bldg. /	Age	
County (6) Union				County (STATE	Code (7) USE ONLY	2		Curre	ent Use	(Prior i	f bein	g de	molis	hed)			
Name of Monitoring Firm	Hired by Building C	)wner (8	3)	ASCI			Name D&S	of Aba	tement ement	Contra	ector (	9)					
Street Address							Street	Addre	ss				-				
City, State, Zip Code									gren A	venu	е						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									ip Code IJ 0751	12							
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 9733					Lice 013	nse N	lo.			
Start Date (10) 09/17/2019		Schedu 09/18/		npletion	Date (11)				HA Moni ement,								
Occupancy Status During	Abatement (Check	Only O	ne)				Street			1110.							
Facility Closed/Vaca Abatement Performs	ted During Entire Po	eriod of	Abatem	nent					gren A	venue	Э					0.5	
X Other – Describe: C	occupied	ai Facilit	y Hours			_			ip Code J 0751	2							
Scope of Work (Check Al	That Apply)	60000															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Min Glo	l Contair ni-Enclos ovebag F n-Exemp	ure Proced	ure					е	
		1	Locati												Abate	ement pe	
Location Asbestos-Containing I	Material (ACM)	Use	Normali ed Sole	ly by	Asbest	Des tos Conta	cription		(ACM)		Δm	oun			1 9		
TO BE ABA In Facilit (13)			aintenar todial S (12)			thermal surfac	systems ing, VA	insula Γ, or				ecify	,	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other m	niscellan	eous)						oval	air	sulate	sure
Basement Furna	ace Room		X			Pipe	Insulat	ion		+-	30	LF		X			
Basement Laun	dry Room		Х			Pipe	INsulat	tion		+		LF		Х			
Name of Registered Wast	o Uoules																
D&S Abatement, Inc.	e i laulei		Ha	JDEP W auler ID 1996	T0000000000000000000000000000000000000	Oubic Your of Was TBD			Name Fairle	.005			indfill				
City, State Totowa, NJ						Disposi	al Date		City, Si Morris		. PA						
Completed by Oliver Hegedis		Title Proje	ct Ma	nager			gnature				, . , .		Dat 09	te /06/2	019		



Check# 3460

Date of Notification (1) 8/30/2019					of Building oute 46,		Operato	r (2)	- r		E G	E		W	E	7
Agencies Notified  X EPA  DEP  DOL	Type Notification			77 BI	Address oomfield		ie				SE	P 1	6	201	9	
DEP DOL	Amended Amendment				ate, Zip C Brook, N		rsey 07	7058		1111			ni cotte	gy bayeryn	netchi.200	1
X DOH DCA	justification)  Cancellation	0) .05			of Contact Ilan Mar		sq.				ephone 73) 57				OL 8	) A
Name of Facility Where	Abatement is Takin	g Place (3	0)	FAC	ILITY INF	ORMAT	ION	Typo	of Facility							
Pine Brook Motor Ir	nn - Old Game I	Room B	uildir	g				_	School (K-							
Street Address 12 State Route 46								×	Subchapte Other (i.e. etc.)	er 8 (Oth	er than I & comm	K-12) ercial	buile	dings	hom	es,
City (5) Pine Brook		(	77	Œ	58			Squa 2,50	re Feet 0	# o 2	f Floors		10.53	ldg. <i>A</i>	\ge	
County (6) Morris					Code (7) USE ONLY	)			ent Use (Pr nmercial	ior if bei	ng demo	olished	d)			
Name of Monitoring Firm TBD	Hired by Building (	Owner (8)		ASCI	M No.		Name Sky	of Aba Contr	tement Co acting, L	ntractor LC	(9)					
Street Address								Addre: Valle	ss ey Road,	Suite	K					
City, State, Zip Code									ip Code ew Jerse	ey 0747	70					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N ) 928-	0.		License 00874					
Start Date (10) 9/16/2019		Schedule 12/30/2	d Con	npletion	Date (11)				HA Monitor acting, L							
Occupancy Status During							Street	Addres	SS		,					
Facility Closed/Vaca Abatement Performe Other – Describe:	Ited During Entire Ped Outside of Norm	eriod of A al Facility	batem Hours	ent			City, S	tate, Zi	y Road, ip Code							
Scope of Work (Check Al	That Apply)						vvayı	ne, N	ew Jerse	y 0747			_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoliti				×	Mir Glo	l Containm ni-Enclosur ovebag Pro	e cedure	-					
		Is	Location	on				1 1001	n-Exempte	d (*) and	I INON-F	lable		9331 93	ment	
Location Asbestos-Containing I			ormall Solel		Achoe	Des tos Cont	scription	of lotorial	(4.014)			-	-1	Ту	pe	
TO BE ABA In Facilit (13)	TED `		ntenar odial S (12)			thermal surface		insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
See Attac	hed	Yes	No	N/A								-			le l	
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic '	Yarde		Name of	Pagisto	ad Lon-	(6))				
Service Transport Gr			Ha	auler ID 1990		of Was			Minerva				;			
City, State New Castle, Delawar	e						al Date		City, Stat		Ohio					
Completed by Ljiljana Sekularac		Title Office	Assi	stant		Si	gnature	/1	Sun			Date 8/30/	20	19		

Old Game Room Building 12 State Route 46 Pine Brook, New Jersey

Location of Asbestos-Containing Material (ACM)		Location		Description of		emen pe	t		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	Used Solely by Maintenance/ Custodial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)						Encapsulate	Enclosure
	Yes	No	N/A			Removal		ate	.e
Old Game Room Building		Х		Roof Flashing & Pitch Pockets (All Roofs)	310 SF	Х			
Old Game Room Building		Х		Transite Panel (Boiler Room & Garage)	150 SF	Х			
Old Game Room Building		X		Floor Tiles (Throughout 1st Floor apartment under carpet)	1,000 SF	Х			
Old Game Room Building		Х		Brown Linoleum (2 <sup>nd</sup> Floor Apartment – Two Rooms)	250 SF	Х			
Old Game Room Building		X		Tar Vapor Barrier (Exterior Façade of 2 <sup>nd</sup> FL Penthouse)	500 SF	Х			



Date of Notification (1)	) CK		NOTI	FICATIO Pursuar	nt to NJA	BESTOS C 8:60 ar	ey SABATEMEN nd12:120) Operator (2)	Landanian III	7)-	EC	El	$\mathbb{V}$	E	n	
09/06/2019	裁			Colun	nbia Care	e Inc.	Operator (2)	Dark company	-	SFP	16 2	กรร			
Agencies Notified	Type Notification				Address illerica R	oad, Su	ite 204	40	Egint.				-	-	
☑ DEP ☑ DOL	□ Initial □ Amended Amendment #			City, S Chelm	tate, Zip C nsford, M	Code A 01824	1		ASSESTOS CONTHOL & LICENSING						
☑ DOH □ DCA	☐ Emergency (ir justification) ☑ Cancellation	cluding			of Contact stian Gra		idAtlantic Er	ng Partners		ephone No 9-337-39					
Name of Facility Where	Abatement is Takin	a Diago	(2)	FAC	CILITY INF	ORMAT									
Private Property	a Abatement is Takin	g Place	(3)				Type of Fa	acility (4)							
Street Address 1560 North West Bo	ulevard						☐ Subch	ol (K-12) papter 8 (Other (i.e. private & c	than I	K-12) ercial build	dings, ho	mes,	etc.)	ì	
City (5) Vineland, New Jerse	ey .			Square Feet # o 10,000 2					f Floors	Bl-	dg. A	ge			
County (6) Cumberland				County Code (7) (STATE USE ONLY)  Current Use (Prior if being der Offices					den	nolished)					
Name of Monitoring Fir Garden State Enviro	m Hired by Building ( nmental	Owner (8	)	ASC	M No.		Name of Al Lilich Con	patement Controoration	actor	(9)					
Street Address 500 South Broad Str	eet						Street Addr 246 Union	ress Boulevard							
City, State, Zip Code Glen Rock, New Jers	sey 07452						City, State, Totowa, N	Zip Code lew Jersey 07	512	9. <b>*</b> 77					
Project Manager for Mo Bruce Wolf	nitoring Firm			Telepho 201-65	one No 52-1119		Telephone 973-225-8	No. 400		License I 01104	No.				
Start Date (10) 06/03/2019		Schedule 06/24/2		pletion Da	ate (11)			SHA Monitor nmental Labo	rator	ies, LLC					
Occupancy Status Duri		8					Street Addr	ess e 22 West							
<ul><li>☑ Facility Closed/Vaca</li><li>☐ Abatement Perform</li><li>☐ Other – Describe:</li></ul>	ned Outside of Norma	riod of A il Facility	bateme Hours	ent I						-					
Scope of Work (Check	All That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renova Demolit				□ M □ G	Il Containment lini-Enclosure love Bag Proce on-Exempted (*	dure	/ Limited (	Containm	ent &	Ten	t	
		Is	Locat	ion				n Exempled (	) and	Amount	7	bate	200000		
Location Asbestos-Containing	And the Contract of the Contra		Norma ed Sole		Asha		Description of			(Specify SF of LF)		Тур	e	$\overline{}$	
TO BE AE In Fac (13)	BATED	V	intena todial ( (12)		Aspestos Containing Material (ACM) (i.e.						Removal	Repair	Encapsulate	Enclosure	
	*	Yes	No	N/A							-		te	(D)	
Exteri Boiler R		X		X			indow Caulk/	The state of the s		1980 LF	X				
UTS-62-96-00/2-0							Grey Flue Ven			3-6 SF	X				
1st Flo			Х		Vinyl Floor			2		120 SF	Х				
1st Flo Name of Registered Wa			X	LIDEDIA	11-	T	Plaster			1000 SF	X				
Lilich Corporation	ste riaulei	NJDEP Waste Hauler ID No. 18724				of Was 40		Name of Re							
City, State Totowa, New Jersey			Dispo 06/24				al Date 2019	City, State Morrisville,	PA			<u> </u>			
Completed by Adriana Olejarova		Title Pre	esiden	t			ignature	(de	_		ate 9/06/201	19			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 06/03/2019 PROJECT PUT ON HOLD Name of Building Owner/Operator (2) Columbia Care Inc. heck No. 1492 Agencies Notified Type Notification Street Address 321 Billerica Road, Suite 204 ☐ EPA Initial X DEP X City, State, Zip Code Amended ASBESTOS CONTROL & X DOL Amendment # Chelmsford, MA 01824 LICENSING Emergency (including Name of Contact ☑ DOH justification) Telephone Number ☐ DCA Sabastian Grant c/o MidAtlantic Eng Partners Cancellation 609-337-3946 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Property School (K-12) Street Address Subchapter 8 (Other than K-12) 1560 North West Boulevard Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Vineland, New Jersey 10,000 50 +County (6) Current Use (Prior if being demolished) County Code (7) Cumberland (STATE USE ONLY) Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Garden State Environmental Lilich Corporation Street Address Street Address 500 South Broad Street 246 Union Boulevard City, State, Zip Code City, State, Zip Code Glen Rock, New Jersey 07452 Totowa, New Jersey 07512 Project Manager for Monitoring Firm Telephone No Telephone No. License No. Bruce Wolf 201-652-1119 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/03/2019 ON HOLD 06/24/2019 ON HOLD Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083 ☐ Other - Describe: Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf П Demolition П Mini-Enclosure Glove Bag Procedure / Limited Containment &Tent X Non-Exempted (\*) and Non-Friable Procedure Amount Abatement Is Location (Specify Normally Туре Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED thermal systems insulation, surfacing, Enclosure **Custodial Staff?** Remova Repair In Facility VAT, or (12)(13)other miscellaneous) Yes No N/A Exterior X Grey Window Caulk/Glazing 1980 LF Χ Boiler Room X Grey Flue Vent 3-6 SF X 1st Floor X Vinyl Floor Tile 120 SF X 1st Floor X Plaster 1000 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No of Waste Lilich Corporation 18724 40 Fairless Landfill City, State Disposal Date City, State Totowa, New Jersey 06/24/2019 Morrisville, PA Completed by Signature Title Date Adriana Olejarova President 06/03/2019 0

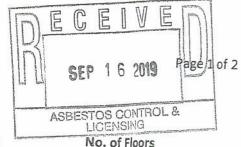
State of New Jersey

Ch13849

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

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Date of Notification	I all		N (D.				ILL	5E	9 ] [	0 21	m	200
8-19-19	101		Name of Bui HRP Hud:	lding Own son, 11 C	er/Operato	or (2)						1
Agencies Notified Type Notification	on O		Street Addre				1	ASDES"	TOS C	ONT	ROL	0
EPA E Initial			401 N Mic	higan A	ve, Suite	1630		Į.	JCEN:	SING	ANTENNA DE	
DEP Amended Amendme	nt# 2		City, State, Z					-		7		
Emergend	y (including	-	Chicago, I					12				
DOH justificatio			Name of Con Genaro Ho					elephone		r		
			FACILITY	-	TION		3	312-796-	6593			
Name of Facility Where Abatement is Tak	ing Place (3	5)	MOILITI	IN OKIVIA	ATION	Type of Facility	(4)					
Hudson Generating Station Street Address						School (K	11.00					
Dutfield Avenue						Subchapte	er 8 (O	ther than K	(-12)			
City (5)						Other (i.e. etc.)	private	e & comme	ercial bu	uilding	s, hor	nes,
Jersey City						Square Feet	1	of Floors			Age	
County (6)		10	County Code	(7)		627,470	10	-		55		
Hudson		1	STATE USE O	rior if be	eing demo	lished)						
Name of Monitoring Firm Hired by Building TBD	Owner (8)		ASCM No.		Name	Power Plant of Abatement Co		or (9)				
Street Address					Prec	ision Environr	nenta	l Compa	ny			
Street Address						Address						
City, State, Zip Code					_	Old Brecksvi	lle Rd					
						tate, Zip Code bendence, Oh	io 444	104				
Project Manager for Monitoring Firm		T	elephone No.			one No.	10 44		NI.			
						842-6040		License 01212	No.			
Start Date (10)	Scheduled	Comp	oletion Date (	11)		of OSHA Monitor			-			
9-17-19 Occupancy Status During Abatement (Che	12-20-19					sion Environn	nental	Compa	ny			
The state of the s			34		1.0000000000000000000000000000000000000	Address Old Brecksvil	In D.				â	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Ab nal Facility F	ateme Hours	nt			ate, Zip Code	ie Ka					
Other – Describe:						endence, Ohi	io 441	31				
Scope of Work (Check All That Apply)					1							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	and the second	novatio			×	Full Containme	ent with	Negative	Pressi	ire		
	X De	molitio	n		×	Mini-Enclosure Glovebag Prod	9	3				
	T				×	Non-Exempted	d (*) an	d Non-Fria	ble Pro	ocedu	re	
1		ocation	1								emen	
Location of Asbestos-Containing Material (ACM)	Used :	Solely		De	scription o	of aterial (ACM)			-	1)	/pe	
TO BE ABATED In Facility	Maint	enance	/i	.e. therma	systems	insulation.		mount Specify	R	_	Ē	ш
(13)	0.00000	12)		surfa other	cing, VAT niscellane	, or		or LF)	Remova	Repair	caps	nclos
	Yes	No	N/A	S	riio ociiai ic	ousj			val	air	Encapsulate	Enclosure
SEE ATTACHED LIST		+							-		tp.	
	+	-							/			
	-	_										
Name of Registered Waste Hauler		1 11										
Delaware Valley Container			EP Waste ler ID No.	Cubic of Was	11	Name of F						
City, State		1283	38	900		Cumberland County Landfill						
Redding, PA				Dispos	Disposal Date City, State						-	
Completed by	Title			1		Newburg	g, PA					
ohn Savage	Vice Pre	eside	nt	S	ignature	hn Sou	April 6		ite			
	1			1	00	00000000	of order	Section 1	9-9-	-10		



#### **Hudson Generating Station**

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

Intako Staustus

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		
Durch Inc. 1.11	200 SF	DACS
Floor Tile & Mastic		RACM
Pipe Fittings	1,800 SF	Cat I
	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	
	10.31	Cat II

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

m	E	C	E		$\mathbb{V}$	Æ	Print	Form
K		***************************************	-					
		SEP	1	6	2019	)	W	

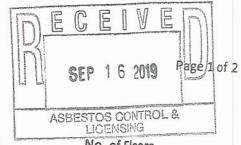
Date of Notification (1)					NJAC 8:60		95		S	EP	16	20	119	Print of Krape
8-19-19				IRP Hu	uilding Own dson, LL(	ner/Operat	or (2)							-
Agencies Notified Type Notifica	tion		S	treet Add	ress				ASBE					2
DEP Initial Amende Amendm	nent#		Ci	ty, State,	ichigan A Zip Code IL 60611		1630	L		LICI	ENC	ing.	n - Nagreet	
DOH Emerger justificati	ncy (includ	ding		me of Co										
DCA Cancella	tion			enaro F					Teleph	one N	umb	er		
Name of Facility Where Abatement is Ta					Y INFORMA	ATION			312-7	796-6	593	3		
Hudson Generating Station	iking Plac	e (3)				111014	Type of Facil	lity (4)						_
Street Address Dutfield Avenue							School Subcha	(K-12) pter 8 (	Other th	nan K-	12)			
City (5) Jersey City							Other (i. etc.)  Square Feet		# of Floo		cial b		gs, h	
County (6)			Cou	inty Code	/7\		627,470 10					55	y. Age	3
Hudson Name of Monitoring Firm Hind by D. H. D.			(STA	TE USE	ONLY)		Current Use ( Power Plan	Prior if	being de	emolis	hed,			
Name of Monitoring Firm Hired by Buildin TBD Street Address	g Owner	(8)	A	SCM No.		Name Preci	of Abatement C sion Enviror	Contrac	tor (9)					
City, State, Zip Code						Street /	Address Old Brecks			npan	у		- 11	-
ony, orac, zip code						City, St	ate, Zip Code				_			
Project Manager for Monitoring Firm			Telep	phone No.		Indep	endence, O	hio 44						
Start Date (10)						216-6	ne No. 42-6040		Lice 012	nse N	0.			
9-3-19	Schedu 12-20	led Co	ompletio	on Date (	11)	Name of	OSHA Monito	r				_		
Occupancy Status During Abatement (Che	ck Only O	ne)	-			Precis	ion Environ	menta	I Com	pany				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	D'- 1 6		ment rs				Old Brecksvi	lle Rd	ı					
cope of Work (Check All That Apply)		-					e, Zip Code ndence, Oh	io 44	131					
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Location of Asbestos-Containing Material (ACM)	Use	Locat Vorma d Sole	ly ly by		Desc	cription of		o ( ) an	iu ivon-r	Tiable		Abate	re emen /pe	t
TO BE ABATED In Facility (13)	Cust Yes	intena odial 8 (12) No	Staff?	Asbestos Containing Material (ACM)						Removal	Repair	Encapsulate	Enclosure	
SEE ATTACHED LIST	103	140	N/A										ate	ē
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mo of David														
ne of Registered Waste Hauler aware Valley Container		NJ Ha	DEP W	/aste No.	Cubic Ya of Waste	ırds	Name of R	egister	ed Land	Ifili				
State			838	Sal 700	900		Cumberl				fill			
lding, PA			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Disposal	Date	City, State			75.6	2000M			
npleted by	Title						Newburg	. PA						
n Savage	Vice P	resid	ent		Sign	ature	m Saw			Date 8-19-				

N4170		-						IME	G	FL	] P	·新t
h 3157	E Tributa	OTH	CATIO	tate of New . N OF ASSES 110 NJAC 8:6	TOS ABATE	EMENT				4 1	C 0	ner.
Date of Notification (1) 9/3/19		1	Name (	of Building Ov	vner/Operato	r (2)		Lad basi	SEP		0 2	019
	I seem on a supervisor.			nn Ockay					CARROW LINUT		ortinament.	
Agencies Notified Type Notification	1	Total California	Street A	Address				AS	BEST	OS C	CONT	TRO
EPA Initial Amended		F	City, St	ate, Zip Code				The same of the sa	Les MITTER PROPERTY			and the same
DOL Amendmer	Professional Partnerships		Ruthe	erford, NJ 07	070				•			
DOH justification	)			of Contact		Party States States		Telephone No	umber			
DCA Cancellatio	n			ric Plackis	WATER L					_		
lame of Facility Where Abatement is Taki	ng Place (3)	)	FAC	ILITY INFOR	MATION	Туре	of Facility (4	1)	and an extension			
Street Address	# Minchelle of		7 to 40 to 50 to 5				School (K-12 Subchapter	20		ildings	. hom	es,
City (5) Rutherford						Squa	re Feet	# of Floors		Bidg. A	Age	
County (6)		-1	County	Code (7)		Curr	554	r if being demolis				
Bergen				USE ONLY) _		Gurit	Condo	: a being demoasned)				
ame of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Name	of Aba	tement Cont	tractor (9)				-
						Brio	k Industrie:	s, Inc.				e e e e e e e e e e e e e e e e e e e
treet Address					Street	Addre	SS					
ity, State, Zip Code					Ch. C	Steel 7		ox 915				
ny, odd, cip owie							ip Code					
roject Manager for Monitoring Firm		1	Telepho	ne No.	of the response was provided	none N	JJ 08723 o.	License 1	No.	50011150		
		Y C TO TO TO A			7	732-89	9-7499	0	1196			
tart Date (18) 9/4/19	Scheduled 9/1	1/19	pletion	Date (11)	Name	of OSI	HA Monitor	Monitor				
Occupancy Status During Abatement (Che	ck Only One	<del>)</del>			Street	Addres	SS					_
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					- 10		ip Code	en e	na tro-der s	create care o	<u></u>	<b>.</b>
cope of Work (Check All That Apply)				The second second	J							
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The second secon		ocatio				J 100	n-Exempted	(*) and Non-Fria	ole Pri	Michael	ernen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	ormally Solel stenan	y y by ice/	(i.e. the		ption of ing Material (ACM) Amount stems insulation, (Specify 8 8 9 9				Encapsulate	Enclosure	
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ame of Registered Waste Hauler			IDEP Wauler ID		ubic Yards Waste 3			egistered Landfil				
Brick Industries, Inc. ty, State			21602					Grows North Landfill				
Brick, NJ	*			Di	sposal Date 9/11/19		City, State	Morrisville,	РΔ			
Completed by Title			Cimpotus				Date					
Eric Plackis		Pre	sident			2		`	9/3/19			

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

ID)-	E C		$\mathbb{V}_{\mathbb{C}}$	E Print Form
	SEP	16	2019	

Data of News			(Pui	rsuant t	o NJAC 8:	60 and 12:	120)		CEE	1	6 3	กรอ	
Date of Notification (1) 8-19-19			N	ame of		Vner/Oneral		H L	OLI		0 2	013	
Agencies Notified Type Notific	ation		S	treet Ad	dress	Ave, Suit	- 1000	/	ASBEST L	OS O			. &
DEP Amenda		Idina	Ci	ty, State	, Zip Code		e 1630	The second second		CONTRACT OF THE	30.842 6.174	75, 10 DEM	
DOH justifical Cancelli	tion)	dirig	Na	me of C				13	Felephone	e Num	ber		
Name of Equility NA					TY INFORM	I A TION		3	312-796	659	3		
Name of Facility Where Abatement is T Hudson Generating Station	aking Pla	ce (3)		THOILI	INFORM	MATION	Type of Faci	114					
Street Address							-						
Dutfield Avenue							School Subcha Other (i.	pter 8 (O	ther than	K-12)			
City (5) Jersey City							Square Feet	.e. private					
County (6) Hudson			Cou	nty Cod	e /7\		627,470	27,470 10				g. Ag	е
Name of Monitoring Firm Hired by Buildin	22.0	(0)	(STA	TE USE	ONLY) _		Current Use ( Power Plan	Prior if be	eing demo	olished	d)		
IBD	ig Owner	(8)	A	SCM No		Name	of Abatement (	Contracto	r (9)				_
Street Address			Precision Environmental Company Street Address 5500 Old Brecksville Rd							iny			
City, State, Zip Code						City, St	ate, Zip Code						
Project Manager for Monitoring Firm			Telen	hone N	0.	Indep	endence, O	hio 441					
Start Date (10)	16:-					Telepho 216-6	one No. 42-6040		License 01212				
9-3-19	1 12-20	1-19	ompletio	n Date	(11)	Name o	f OSHA Monito	or					
Occupancy Status During Abatement (Che	ck Only (	One)		+	¥	Street A	ion Environ	mental	Compa	ny			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period o	f Abate ty Hou	ment rs			5500 (	Old Brecksvi	ille Rd					
cope of Work (Check All That Apply)					-	Indepe	te, Zip Code endence, Oh	nio 4413	31				
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generales es	l:	Locat	ion				Non-Exempte	u (*) and	Non-Frial	ble Pro			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Normal ed Sole	lv bv	Ash	Des	scription of						emen /pe	(
In Facility (13)	Cus	intenar todial S (12)	Staff?	(i	e. tnermal. surfac	aining Mate systems in: cing, VAT, c niscellaneou	or I		ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
SEE ATTACHED LIST	Yes	No	N/A							al	Ť.	ılate	ure
										/			
ne of Registered Waste Hauler			25									-	_
aware Valley Container		Ha	DEP W uler ID 838	aste No.	Cubic Y of Wast	ards e	Name of R						-
State ding, PA		1 120			900 Disposa	I Date	Cumberland County Landfill City, State						
						Newburg, PA  Signature John Savasi   Date   8-19-19							
pleted by n Savage	Title						, wowburg	, PA					1



#### **Hudson Generating Station**

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

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

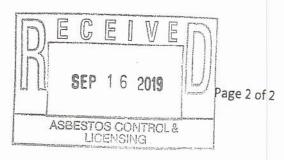
Conveyor & Transfer House No Asbestos Reported

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	<del>200 SF</del>	D4.01.1
Floor Tile & Mastic	1,800 SF	RACM
Pipe Fittings	460 LF	Cat I
Galbestos Siding	12,600 SF	RACM Cat II
Pipe Insulation Cement Board	3,600 LF	RACM
cement board	16 SF	Cat II



#### P3 - Locker Room Building No Asbestos Reported

P3 - Turbine Building Coating Floor Tile & Mastic	32,000 SF 400 SF	Cat II Cat I
P3 - Unit 1 Pipe Insulation Pipe Fittings Tank Insulation Galbestos Siding	4,100 LF 84 EA 220 SF 3,100 SF	RACM RACM RACM Cat II
P3 - Unit 2 Pipe Insulation Tank Insulation Galbestos Siding	2,750 LF 450 SF 2,800 SF	RACM RACM Cat II

#### Hudson Generating Station Precision Environmental Work Hours

Week 1 (Week of 9/16/19)

Monday off

Tuesday: 7am to 5:30pm (Sept 17th Start)

Wednesday: 7am to 5:30pm Thursday: 7am to 5:30pm Friday: 7am to 5:30pm Saturday 7am to 3:30pm

Sunday: off

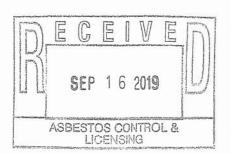
Week 2-

Monday: 7am to 5:30pm Tuesday: 7am to 5:30pm Wednesday 7am to 5:30pm Thursday 7am to 5:30pm

Friday off Saturday off Sunday off

\*\*Precision Environmental shall follow the above listed work hours on a rotating two week schedule\*\*

This schedule shall take effect at the listed state date



Chiaga Ton	illin	Noti	State of N fication of As	ew Jersey bestos Abatement 8:60-7 and 12:120-7)	, low	NEC	E		E	lat.	1
Date of Notification (1)	- I CHOT	(Pur	suant to N.J.A.C.		I Pro-			-	V	The state of the s	,
9/10/2019 Agencies Notified	I November 11			Name of Building Ow Igor Bass	ner/Operator (2	SE SE	P 1	6 20	19	I low	1
	Notification	n Type		Street Address						T	
☑ EPA □ DCA ☑ DOL	☑ Initial N ☐ Amend	ed#	on ification (including	City. State, Zip Code Fair Lawn NJ 074	10	ASBES	LICEN		ROL &	(	
□ DEP 図DOH	justificatio	n)	incation (including	Name of Contact Alex Kaminsky	Elizabeth and	Teleph	one Nu	mber			
Name of Facility 145			FACILITY II	NFORMATION							-
Name of Facility Where Abatemen Private House	t is Taking Place	(3)		Type of Facility (4)				000000000000000000000000000000000000000			
Street Address				☐ School (K-12) ☐ Subchapter 8 (other	er than K-12)						
City (5) County	/O)		-	XOther (i.e. private & Sq. Feet: #700 of Flo	commercial but	ildings., ho	mes, et	c.)			
Fair Lawn, NJ Bergen 07410			ty Code (7) e Use Only)	Current Use (prior if be	eing demolishe	ge: 70 year d):	'S 010				
Name of Monitoring Firm Hired by I Consulting Services of America, Inc	3ldg. Owner (8)	ASCI	M No.	Name of Contractor (9)	1						
Street Address				BL Contracting Inc.							
9 Glenside Trail				Street Address 5 Marguerite Lane							
City, State, Zip Code Sparta NJ 07871				City State, Zip Code							-
Project Manager for Monitoring Firm	<u>Telephone</u>	Number		Towaco NJ 07082 Telephone Number		T					L
Mike Chane Scheduled Start Date (10)	732-921-92	23		973-901-0153		License 01265	Numbe	<u> </u>			
9/20/ 2019	9/29/2019		tion Date (11)	Name of OSHA Monito	ring						
Occupancy Status During Abatemee    Facility Closed/Vacated During E   Abatement Performed Outside of	ntire Period of Al	atemen	t	Street Address							
Describe	riomian radiity r	10013		City, State, Zip Code							
⊠Other – Describe: Monday-Sund		Л									
Source of Work (Check all that apply	()										
≥ 3 sf or ≥ 3 lf X≥ 160 sf or ≥ 260	lf		☑ Renovat	on [	□ Mini-Enclosu □Glove-bag Pro ☑ Non-Friable	ocedure					
Location of Asbestos- Is Containing Material (ACM) in U	Location Norma sed Solely by	lly	Description of As	bestos Containing Materia	al Amou	nt	Abate	ment T	Гуре		Т
Facility (13)	lain/Custodial Sta	aff (12) NA	surfacing, VAT, o	nal systems insulation, or other misc.)	(Spec	ify SF or	Remove	Repair E	Encap Enc	close	
Basement		X	Floor Tile		800 S	F	X				
											П
Name of Reg. Waste Hauler  BL Contracting Inc	NJDEP Was 0036784	te Haule	er ID #	Cubic Yards of Waste 10		Name of T.R.R.F	Registe	red La	ndfill		
					Disposal Da	<u>te</u>		y, State			-
Completed by (Print or Type) Nedo Vasilic	<u>Title</u> Project Man	ager		Signature Noto Ugsila	9/30/2019	Date 9/1	<u>0</u> /2019				
					4						13

Ch 37390		NO	TIFIC	CATIC Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	16)	DE C	<u>E</u>			3 0 0
Date of Notification (1)						ing Owner/Operator	(2)	HI II SEF	16	20	19	110
	_ /1	19		T	im Smith				7	3	21	1
57	Notificatio	n		Stre	eet Address	3		ASBEST			iOL:	&
⊠ EPA ⊠ In								L	ICENS	MG	per hardway afters	HSG WISSTAM
	mended nendment	#		City	, State, Zip	Code						
	nergency (		-	0	akhurst,	NJ 07755						
	stification)	incidal	ig	Nan	ne of Conta	act		Telephone Nu	mhar			
☐ Ca	ancellation			T	im Smith			, releptione ivu	IIIDEI			
				F	ACILITY I	NFORMATION		,				
Name of Facility Where Abatem	ent is Takir	ng Plac	ce (3)		AOILITT	MONMATION	Type of Facility	(4)				
Residence			(-)				Type of Facility					
Street Address							School (K-1)	<sup>2)</sup> 8 (Other than K-	12)			
							Other (i.e., p	rivate and comm	ercial t	ouildin	gs,	
City (5)							homes, etc.					
Oakhurst							Square Feet	# of Floors	E	Bldg. A	\ge	
County (6)		-		10-		(7) (07)	2500	2		60		
Monmouth				Co	unty Code	(7)(STATE USE ONLY)		ior if being demo	lished)			
Name of Monitoring Firm Hired b	n. D. ildia	0	(0)	1000			Residence					
Guardian Contracting, Inc		Owner	(8)	ASCI	vi No.		ent Contractor (9)					
Street Address	C.						ntracting, Inc.					
						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9	9, Unit 61					
City, State, Zip Code	-17447334100000000					City, State, Zip C	ode			-180		
Toms River, New Jersey (						Toms River,	New Jersey 08	755				
Project Manager for Monitoring F	irm		Tel	ephone	e No.	Telephone No.		License No.				
Nicholas Fernicola					9-9932	732-349-9932	2	00624				
Start Date (10)					ate (11)	Name of OSHA N	Monitor					
09 /26 /19				7 /	19	E.M.S.L. Ana	lytical	73 V				200
Occupancy Status During Abater	ment (Chec	k only	one)			Street Address						
Facility Closed/Vacated Durin	g Entire Pe	eriod of	Abate	ement		1056 Stelton						
Abatement Performed Outside Time of Abatement: Al					scribe	City, State, Zip Co	nde					
Time of Abatement:Af	MP	M/	PM	l	_AM	1 S S S	New Jersey 08	R54				
Scope of Work (Check all that ap	ply)						tow belocy out					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emoliti			∐ Mini-Enc ☑ Glovebag	tainment with Neg losure g Procedure mpted (*) and Nor		ure			
A Transparence			Loca						Ab	atem	ent T	vpe
Location of Asbestos-Containing Material	(ACM)		Norma	ely by	A - 1-	Description o	f			_	T	I
TO BE ABATED	(ACIVI)	Ma	inten	ance/	ASDE (i.e	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)		Yes	No	N/A	-	other miscellane	ous)				late	0
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basement/crawlspace					asbesto	os pipe insulatio	n	250 If				
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Jama of Davistand 1111	- 44		Щ									
Name of Registered Waste Haule			1 1000	JDEP		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contracting, Inc.	18			1auler I 2022		Waste 3	T.R.R.F.					
City, State						Disposal Date	City, State				1,5	
Toms River, New Jersey						09/27/19		Pennsylvania				
· ome raver, new dersey						34 C-141 CONTROL (CONTROL (CON	,,	Jimayivaina				
Completed By (Print or Type)	Title	9				Signature		TE	ate /	-		

INVIH	418													
VIV DE	7110					State of	New	v Jersey		ME	S E		W	
Ch 513		NO	TIF	(Pi	ATIO Irsua	N OF A	AC	STOS ABA 8:60 and 5	TEMENT					
Date of Notification (1)					Nam	ne of Buildi	iñg C	Owner/Operator	(2)	SE SE	P 1	6 2	019	
		19				& A Dem				12,0	7-2	61	1	
Agencies Notified	Type Notificat	ion			Stre	et Address				ASBES	3103 (	JON	FRO	-6
⊠ EPA					21	56 Camp	olair	n Road			LICEN			striken.
☑ DOH	Amended					State, Zip					202001000		MOUR GROWN	NOR CARRO
□ DCA	Amendmer Emergency		-		1 22			NJ 08844						
(NJAC 5:23-8)	justification	7 (ITICIUUII 1)	ng		-	e of Conta				Telephone Nu	mhar			
	☐ Cancellatio	n			Ar	ntonio Di	muz	zio		732-713-44				
					F.A	CILITY	NEC	DRMATION		702-710-4	+50			_
Name of Facility Where A	batement is Ta	king Plac	ce (3	3)		(OILITTI	iui c	MOLIVIALION	Type of Facility (	(4)	SMITTER			
Former Bank				•					School (K-12					
Street Address									Subchapter 8	(Other than K-1	12)			
1005 Hamburg Turr	pike								Other (i.e., pr	ivate and comm	ercial b	uildin	gs,	
City (5)					7:	(			homes, etc.) Square Feet	# of Floors	I n	14- 1		
Wayne			ί.	)	16	411	)		5000 sf	# 01 Floors		ldg. A	Age	
County (6)			_		Cou	inty Code (	7)/\$7	TATE USE ONLY)		_		60		
Passaic						my code (	, ,(0,	TATE OOL ONE!	Current Use (Price Former Bank)		lished)			
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	1,	ASCM	l No	N	ame of Abatom	ent Contractor (9)	×				
Tiger Environmenta		J	(-)	1	.00.	. 110.			ntracting, Inc.					
Street Address							_	treet Address	muacung, inc.					
256 A Jefferson Cou	ırt						10000	1889 Route 9	O Unit 64					
City, State, Zip Code				_				ty, State, Zip C			metra en		5-1000-	
Lakewood, NJ 0870	1								New Jersey 087					
Project Manager for Monit	oring Firm		T	eler	ohone	No	-	elephone No.	New Jersey 087					
Kelly Walton						2-4301		732-349-9932	,	License No.				
Start Date (10)	Sch	neduled (	Com					ame of OSHA N		00624				
09/26/						19		E.M.S.L. Ana						
Occupancy Status During							-		iyucai	27		-		
☐ Facility Closed/Vacated	During Entire I	Period of	Δhs	) otan	ont			reet Address						
Abatement Performed	Outside of Norm	nal Facili	tv H	ours	- Des	scribe	1	1056 Stelton						
Time of Abatement:	AM	PM/	P	M		AM		ty, State, Zip Co						
Scope of Work (Check all	that apply)							Piscataway, I	New Jersey 088	54				
	шас арріу)							☐ Full Cont	tainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		□ Re			2.7.11			Mini-Enc	losure	ilive i ressure				
23 _ 100 0. 0. <u>1200 1</u>		M De	emoi	IIUOI	1			☐ Glovebag	g Procedure mpted (*) and Non	Eriable Dressel				
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Asbestos-Containing M TO BE ABAT	laterial (ACM) FD		ainte		y by ce/	Asbe	stos	Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enc
IN Facility		Cus			taff?	(1.6	:., trie	ermal systems surfacing, VAT,	insulation, or	(Specify SF or LF)	SVOI	ai-	apsi	Enclosure
(13)			(1				ot	ther miscellane	ous)	SI OILF)	=		ulat	re
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interior		+=-	-	-				oor tile and i	mastic	1200 sf		Ш	Ш	Ш
exterior		ᆜ		-		linoleur	n			600 sf				
						stucco				1800 sf				
Name of Registered Waste	Haules			1										
Guardian Contracting				Ha	DEP V uler ID	No.	Wa		Name of Registe T.R.R.F.	ered Landfill				
City, State				2	0223		_	0						
Toms River, New Jer	sey							posal Date 0/04/19	City, State Tullytown, P	ennsylvania				
Completed By (Print or Typ		tle						Signature.	. any town, F		-4-	1	-	
Nicholas Fernicola		Project	Ma	nac	ger			J.g.iatule,		Da	ate /	J		
SB-41									1	and the same of th	17	1//	7	

Date of Notification (1)												
MOID	15		(1	Pursua	ant to NJ	AC 8:60 and 5:	16)		. 1	C 0	nan	OLT Vaso, No.
				Nan	ne of Buildi	ng Owner/Operator	(2)	THE SEP	'	0 /	113	100
/	11 /	19		P	ine Beacl	h Fire House			32		_	ĺ
	J. J	in		Stre	et Address	1		1				- &
				82	25 Prospe	ect Avenue		L	CIEIN	ONVO	recomment (	dontie
The state of the s	_	#		City,	State, Zip	Code			-			-
□ DCA		_	na	Pi	ine Beach	n, NJ 08741						
(NJAC 5:23-8)	justification)		5	Nam	ne of Conta	ct		Telephone Num	ber			
	Cancellation			Do	oug							
				FA	ACILITY	NFORMATION						
		ng Plac	ce (3)				Type of Facility	(4)				
Pine Beach Fire Hous	е											
Street Address							Subchapter	8 (Other than K-12	)			
825 Prospect Avenue							Other (i.e., p	rivate and commer	rcial b	uildin	gs,	
City (5)										old- 0		
Pine Beach								The Section Committee			\ge	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)			h = d\	00		
Ocean					, , , , ,	· /(OTTIL OOL ONLI)		ioi ii being demolis	inea)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCN	1 No	Name of Abatem						
			, ,									
	<u> </u>						muacung, inc.	: 				
1889 Rte. 9, Unit 61						100	Linit C4					
Toms River, New Jers	ev 08755							755				
			Tel	lenhone	No		New Jersey U8					
	3		1				<b>1</b> 73	11 11 11 11 11 11 11 11 11 11 11 11 11				
Start Date (10)	Sche	duled (	40.0				•	00624				
09/25/1	\$10.5 E				42 (2)							
						Street Address						_
☐ Facility Closed/Vacated D	uring Entire Pe	eriod of	Abate	ement		1056 Stelton						
Lime of Abstement:	tside of Norma	al Facili	ty Hou	ırs - Des		City, State, Zip Co	ode					
		'IVI/	PM		_AM			354				
	t apply)					mirrous avair				-		
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	÷			33730170	<b>*</b> 10	☐ Mini-Encl	osure Procedure		۵			
		1 000					I		_	atem	ent T	vne
Location of Ashestos-Containing Mate	orial (ACM)					Description of	f			_	T	1
TO BE ABATED	)	Ma	aintena	ance/	Asbe	stos Containing Mat	terial (ACM)	100000000000000000000000000000000000000	lem	(epa	nca	nc
		Cus			(1.0	surfacing, VAT,	or		ova	=	psu	nso
(13)		Voc	T		+	other miscellaneo	ous)	essentia levaliate de la	-		ilate	9
Banquet Hall & ladies Ba	throom		-	-	achosto	os floor tile and r			-	_		
100 100		1=		+=-			nasuc	o-control visa	-			
				+=-	uansite	parieis		120 St	-	-		
		-							-			Ш
Name of Registered Waste H	auler			TIDED !	Nasta	Cubic Varda of	Non- (5				Ш	
			10000		250000000000000000000000000000000000000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ered Landfill				
				20223	3							
Toms River, New Jerse	v											
Completed By (Print or Type)						10/02/19	i ullytown, l	Pennsylvania				
Nicholas Fernicola	Title P	roject	Man	ager		Signature	1	Date	e /	-	et.	
ASB-41 AN 13	*	Do not	1100 11	vio f-	for!	as licensure exempt	1	gy adulting the Committee of	//1	111	1	

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

### IN 14413 Ch 31393 Date of Notification (1)

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

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M			4	_	2019	Total State Control	A STATE OF THE PARTY OF THE PAR

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Date of Notification (1)								Owner/Operator	(2)	lask	1	SEP		6_2	019	- 11
	of Notification (1)  09 / 11 / 1  cies Notified  DA					alters Re	esid	ential				17.	1	3	2-	2
Agencies Notified  EPA		ication			Stre	et Address	3				AS	BEST	OS (	MOC	TROI	- 8
⊠ DOLWD	100000000000000000000000000000000000000	o.d								EXTREME	ranta and m	Li	UEN	SINC	Z turnium	AND THE REAL PROPERTY.
☑ DOH	The state of the s				City,	State, Zip	Cod	le				111				
☐ DCA			udina		Ba	arnegat, I	NJ 0	8005								
(NJAC 5:23-8)	justifica	ition)			Nam	e of Conta	ct			Tel	ephone	Numb	per		V 12 11 11	
	☐ Cancell	ation			Vi	ctor					•					
Name of Facility VAII					F.A	CILITY	NFC	RMATION								
The second secon	e Abatement is	Taking F	Place	(3)					Type of Facility (	(4)						
Street Address									School (K-12	)		14 400				
									Subchapter 8 Other (i.e., pr	ivate	and cor	K-12) mmer	cial bu	uildin	gs,	
City (5)		375	X	17	lan.				Square Feet	# (	of Floors	s	BI	dg. A	ae	
Lavallette		1	0 1		")				700		1			65	.5-	
County (6)		100			Cou	nty Code (	(7)(S7	TATE USE ONLY)	Current Use (Price	or if b	eing de	molish	ned)			
Ocean									Residence							
	m Hired by Bui	ilding Ow	ner (8	3)	ASCIV	No.	N	ame of Abatem	ent Contractor (9)							
N/A								Guardian Co	ntracting, Inc.							
Street Address					See Sterrices		St	reet Address								
City Ctaty 7' O								1889 Route 9	9, Unit 61							
City, State, Zip Code							1000	ty, State, Zip C								
Project Manager for Ma	-'t' F'						_		New Jersey 087	55						
r roject warrager for ivio	nitoring Firm			Tele	phone	No.		elephone No.		Lic	ense N	0.				
Start Date (10)		Cabadal	10					732-349-9932		(	00624					
25 5	/ 19							ame of OSHA N		E-13-15						
					_ ′	19 -		E.M.S.L. Ana	lytical							
□ Facility Closed/Vaca	ted During Ent	iro Porio	nly on	e)			1	reet Address								
☐ Abatement Performe	ed Outside of N	lomal Fa	cility	раце Нош	ment rs - Dec	cribe		1056 Stelton								
Time of Abatement:	AM	PM/_		PM		AM	1 3	y, State, Zip Co		200			CHANGE WES			
Scope of Work (Check a	all that apply)						1	Piscataway, I	New Jersey 088	54						
	u.a. app.))							☐ Full Cont	ainment with Nega	ative	Pressur	φ.				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Rend	ovat	on				losure		100001					
			Dem	Ulltit	211			☐ Glovebag	Procedure mpted (*) and Non-	-Frial	ble Proc	edure				
				ocai	20.7					1 1100	010 1 100	zoduro		atem	ent T	Vne
		0	No Used	ma Sole				Description o	f					VIII TANK		1
			Main	tena	nce/	Asbe	stos	Containing Ma ermal systems i	terial (ACM)		Amount		Remova	Repair	nca	inclo
IN Faci		1 (		dial : (12)	Staff?		5	surfacing, VAT,	or		Specify F or LF		oval	Ŧ	Encapsulate	Enclosure
(13)		Y		No	N/A	1	ot	her miscellane	ous)		10 mm				late	e
exterior				<b>X</b>		asbesto	20.5	iding					_	_		
					-	aspesic	05 5	laing			700 sf			Ш	Ш	Ш
			] [													
													П	П	П	П
Name of Registered Was				N	JDEP V	Vaste		oic Yards of	Name of Registe	ered l	andfill					_
Guardian Contract	ing, Inc.			H	auler IE 20223		Wa 3	ste	T.R.R.F.							
City, State								posal Date	City, State							
Toms River, New J	ersey						1 00	9/25/19	Tullytown, P	enn	sylvan	iia				
Completed By (Print or T	ype)	Title						Signature			,	Date	1			
Nicholas Fernicola		Proje	ect N	lana	iger				Page Activity			Date	1	1	6	
SR-41								1 1	and the second second			1 /	111	11	1.5	

Ch 7569		NOT	IFICATI (Pursua	DN OF A	SBESTO C 8:60 a	S ABATE nd 12:12			D	) <u>虐</u>	G			<b>W</b>	4
9/11/19 TN- LL	つう										SEI	1	6 2	2019	an constant
EPA Initial Amended										AS	BEST L	ros ICEI	CON	TRO G	1.8
Emergency	(includir	ng	Harv	ey Ced	ars NJ	8008									
T DOL					ct				Te	ephor	ne Nu	mber			
Name of Facility Where Abatement is Takir	ng Place	(3)	FA	CILITY IN	FORMAT	TION	T								
Magda Boctor Private Home Street Address							School Subcha	(K-12) oter 8	(Oth	er tha & com	n K-1:	2) al bui	ildings	s, hon	nes,
Harvey Cedars NJ 08008		Sales -					Square Feet 1000+			Floor	rs	1	1000	Age	
County (6) Ocean			County (STATE	Code (7)	) .Y)		Current Use (	Prior i	-	ng de	molish	- 1			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.			of Abatement	Contra	actor	(9)					
Street Address						Street	Address								
City, State, Zip Code															
Project Manager for Manitarian Firm						West	Berlin NJ 0	8091	1						
			Telepho	one No.								ο.			
Start Date (10) 9/20/19	Schedu 9/27/1	led Co	mpletion	Date (11	)	Name o	of OSHA Monit	or		007					
The second secon															
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abater y Hour	ment s			City, St	ate, Zip Code					200	-	(8)	
Scope of Work (Check All That Apply)												-1-2-1-1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf							Mini-Enclose Glovebag Pr	ure rocedu	ıre						
	Is	Locati	ion				Non-Exemp	ted (*)	and	Non-l	Friable				
Location of Asbestos-Containing Material (ACM)															
TO BE ABATED In Facility (13)	Cus	todial S (12)	Staff?	(i.e.	thermal surfac	systems ing, VAT	insulation, ´		(Sp	ecify		Removal	Repair	Encapsula	Enclosure
Exterior Siding	Yes	No			Extor	or Cirli								te	
			_ ^		Exteri	ior Sidir	ng	- 2	240	0 SF		Х			
								<u> </u>				-	-		_
N. CO.															-
United Roll Off		Ha	auler ID		of Wast		The several re-	17.0		d Lan	dfill				
City, State Elm NJ	Magda Boctor Private Home    Page Bendes Notified   Type Notif														
Completed by Anthony T Perna	Title Pres	ident					- Wionis	VIIIC I		1900					

Date of Notification (1)	N	OTIF	(Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	16)		G			$\mathbb{V}$
8 / 20 /	19				ling Owner/Operato	r (2)		SEP	11	5 2	019
Agencies Notified Type Not					ommunications						
☐ EPA	ilication			eet Address			AS	3EST	0S C	ONT	TRO
☑ DOLWD ☑ Amend	ded				ontgomery Stree	t	Land of the same o	LI	OEMS	SING	i Carriero
	dment #2-9/		7 1	, State, Zip						7.2	
DCA Emerg	ency (includ	ling			PA 15212						
Cance				me of Conta			Telephone Nu	mber			
				nthony P			412-633-4	021			
Name of Facility Where Abatement i	s Taking Pla	co (3)	F.	ACILITY	INFORMATION						
Verizon Dennisville Central (	Office	100 (3)	1:			Type of Facility					
Street Address						School (K-12	?) 8 (Other than K-	(0)			
1021 Fiddler Road						Other (i.e., p	rivate and comm	(2) ercial	buildi	nas.	
City (5)						homes, etc.)		-		.50,	
Woodbine						Square Feet	# of Floors		Bldg.	Age	
County (6)			100	unhi O I	(7) (OTATE : 10 = 1	+-10,000	2		+-5	0	
Cape May			Col	unity Code	(7)(STATE USE ONLY)	,	or if being demo	lished)	)		
Name of Monitoring Firm Hired by Bu	ilding Owne	r (0)	ASCN	/ NI-	1	Verizon					
USA Environmental, Inc	maning Owne	1 (0)	ASCI	VI NO.		ent Contractor (9)					
Street Address		-				IVIRONMENTAL	_, INC.				
8436 Enterprise Ave					Street Address						
City, State, Zip Code					1123 BEAVE						
Philadelphia, PA 19153					City, State, Zip C						
Project Manager for Monitoring Firm		Te	elephone	No.	BRISTOL, PA	A 19007					
Mark Jenkins		- 1		5-5810	Telephone No. 215-788-6040		License No.				0-1
Start Date (10)	Scheduled						00509		-01075		
9/3/19			13 /		Name of OSHA N		1110				
Occupancy Status During Abatement						VIRONMENTAL	, INC				
☐ Facility Closed/Vacated During En	tire Period o	f Ahat	ement		Street Address						HI III CATA
Abatement Performed Outside of N	Normal Facil	itv Ho	urs - De	scribe	1123 BEAVE						
Time of Abatement:AM	PM/ <u>5:0</u>	0PM-	1:30AM	l	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)		11/4			BRISTOL, PA	19007					
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enova emolit				ainment with Nega losure g Procedure mpted (*) and Non		ITA.			
2	2.1	s Loca				,	· Habie i Toceat		patem	ont T	Tuno
Location of Asbestos-Containing Material (ACN		Norm ed So	ally lely by		Description o				_	T	-
TO BE ABATED	M	ainten	ance/	Asbe	stos Containing Ma ., thermal systems i	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	Cus	stodial (12	Staff?		surfacing, VAT,	or	(Specify SF or LF)	ova	≒	Isdi	uso
(10)	Yes	No		1	other miscellaned	ous)	standarda di dirika termina ₹	-		late	e e
Generator Room				12×12 \	AT/Mastic			-			
Generator Room		H			ATTIVIASTIC		145 SF				
Outside Generator Room		=		Caulk			30 LF				
The Contract Room				12x12 V	AT/Mastic		25 SF				
ame of Registered Waste Hauler											
SERVICE TRANSPORT GROUP	INC.		NJDEP V Hauler ID		Cubic Yards of Waste	Name of Registe					
ity, State	, INC.		20990			MINERVA LA	ANDFILL				
YARDLEY, PA					Disposal Date	City, State					
					TBD	WAYNESBU	RG, OH				
ompleted By (Print or Type) Dillan DeCaro	Title Estima	tor			Signature	(DeCano	, Da		//-	10	

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

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

Date of Notification (1)			IMa		" 0 ::-		11				
8//	19				ding Owner/Operato	or (2)	c	EP :	16	204	0
Agencies Notified Type Notific	ration							LI	ıU	201	J
☐ EPA	Jauon		4	eet Addres							
☑ DOLWD ☑ Amende	d				ontgomery Stree	et .	ASBE	STOS	CO	NTR	0
□ DOH Amendm	nent #1-9/	5/19	1 3	, State, Zi				LICE	NSH	iG.	Marin.
DCA Emerger	ncy (includ	ling			1 PA 15212						
(NJAC 5:23-8) justificat				ne of Cont	0.06/6		Telephone Nur	nber			_
☐ Cancella	ition		A	nthony F	orta		412-633-40				
N- 65 W III			F	ACILITY	INFORMATION						
Name of Facility Where Abatement is		ice (3)				Type of Facilit	v (4)				_
Verizon Dennisville Central Of	fice					School (K-					
Street Address						─ Subchapter	r 8 (Other than K-1	2)			
1021 Fiddler Road						homes, etc	private and comme	ercial l	ouildir	ngs,	
City (5)						Square Feet	# of Floors	- 1	71-1-	Λ	_
Woodbine						+-10,000	2	10	Bldg. /		
County (6)			Co	unty Code	(7)(STATE USE ONLY)		Prior if being demol	-1-1	+-5(	U	_
Cape May					. Manne out one in	Verizon	not it being demol	isned)			
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCI	И No.	Name of Abaten	nent Contractor (9	2)				
USA Environmental, Inc	3					NVIRONMENTA					
Street Address					Street Address	A A IVOIMINIEW I Y	AL, INC.				
8436 Enterprise Ave					1123 BEAVE	D OTDEE					
City, State, Zip Code											
Philadelphia, PA 19153					City, State, Zip C						
Project Manager for Monitoring Firm		Tel	ephone	No	BRISTOL, P	A 19007					
Mark Jenkins				5-5810	Telephone No.		License No.				
y drawn and the same of the sa	cheduled				215-788-604		00509				
9 / 3 / 19			o L		Name of OSHA I			- 14-2	- 20		-
Occupancy Status During Abatement (C	heck only			(para-		IVIRONMENTA	L, INC			5.5	
☐ Facility Closed/Vacated During Entire	e Period o	f Ahate	mont		Street Address						Ī
Abatement Performed Outside of No.	rmal Facil	ity Hou	rs - De	scribe	1123 BEAVE						
Time of Abatement:AM	PM/ <u>5:0</u>	0PM-1	:30AM		City, State, Zip C						
cope of Work (Check all that apply)					BRISTOL, PA	A 19007					
					⊠ Full Con	tainment with Neg	gotive Deserve				_
<ul><li>3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		enovat			☑ Mini-End	closure	gative Pressure				
<u> </u>	⊔р	emoliti	on		Gloveba	g Procedure					
		s Local	tion	1	□ Non-Exe	empted (*) and No	n-Friable Procedu	re			
Location of		Norma	lly		Description of			Ab	atem	ent T	)
Asbestos-Containing Material (ACM)	Us	ed Sole aintena	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amount	Re	Re	Ш	1
TO BE ABATED IN Facility	Cus	aintena stodial	Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	
(13)		(12)			surfacing, VAT other miscellane		SF or LF)	val	70	Sul	
	Yes	No	N/A		enier middenand	ous				ate	
enerator Room				12x12 \	/AT/Mastic		145 SF				1
enerator Room		П		Caulk							+
utside Generator Room					/ A T/Man4: -		30 LF		Ш	Ш	
				12312	/AT/Mastic		25 SF				
ame of Registered Waste Hauler		LN	IDEBY	N/ant-	101: V						l
SERVICE TRANSPORT GROUP,	INC	1	JDEP V auler IE		Cubic Yards of Waste	Name of Regis					-
ty, State			20990		1,000,000	MINERVA L	ANDFILL				
YARDLEY, PA					Disposal Date	City, State					-
					TBD	WAYNESB	URG, OH				
mpleted By (Print or Type)	T:41-										
mpleted By (Print or Type) Dillan DeCaro	Γitle Estima				Signature	0	. Dat	e V — 5			_

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

Date of Notification (1)				No	me of D. I	110 10		111	1156	1	W	/ /6	
8 /20	/	19				ding Owner/Operations				To the last of the		Productions	The same of the sa
Agencies Notified Type No	otification	on		Stre	eet Addres			111	SEP-	16	201	0	-
					construction variation and construction	lontgomery Stre	<b>~</b> t	l-cl	ULI OLI	1 0	201	3	
DOLWD 5449 Ame							et		_[				
☑ DOH 5 4 5 6   Ame	ndment			1	, State, Z				ASBESTO	S CO	NTR	01.5	7
DCA Eme	rgency	(includ	ling	_		h PA 15212		Despuis a service	LIC	ENSI	VG.	- La C	-
	ication)			Nar	ne of Con	tact		1	Telephone Nu	mber	COMMUNICATION IN	in here	-
☐ Cano	ellation	1		A	nthony I	Porta			412-633-40				
				F.	ACILITY	INFORMATION					-		-
Name of Facility Where Abatement	t is Tak	ing Pla	ace (3)				Type of Facili	ity (4)					_
Verizon Dennisville Central	Office	9					School (K	-12)					
Street Address			A CONTRACTOR				── ☐ Subchapte	er 8 (0	Other than K-1	2)			
1021 Fiddler Road							homes, et	, priva	ate and comm	ercial l	ouildir	ngs,	
City (5)							Square Feet		# of Floors	1.	21-1-	A	_
Woodbine							+-10,000		# 01 F1001S	1	Bldg.		
County (6)				Cor	inty Code	(7)(STATE USE ONLY			1.000	_1_	+-5	J	
Cape May				00.	anty odde	(THOTATE USE ONLY		Prior	if being demol	ished)			
Name of Monitoring Firm Hired by E	Building	Owne	r (8)	ASCN	/ No	Nome of Al.	Verizon						
USA Environmental, Inc	9	O	. (0)	AGUN	1110.		ment Contractor (						
Street Address							NVIRONMENT	AL, I	NC.				
8436 Enterprise Ave						Street Address							-
City, State, Zip Code						1123 BEAV							
. 경상경 장식 사람들에 가장 바다 가장 하는 것이다.						City, State, Zip (	Code	No.					-
Philadelphia, PA 19153						BRISTOL, P	A 19007						
Project Manager for Monitoring Firm	1		1.5	ephone		Telephone No.		Ti	License No.				-
Mark Jenkins					5-5810	215-788-604	0		00509				
Start Date (10)9 /3 /19				etion Da	ate (11)	Name of OSHA							-
그 그들은 전 경기를 보는 것이 되었다면 그 그 그들은 것이다.						BRISTOLE	VIRONMENTA	AL, II	NC				
Occupancy Status During Abatemen	it (Chec	k only	one)			Street Address					-		-
☐ Facility Closed/Vacated During E  Abatement Performed Outside of	ntire Pe	eriod o	Abate	ement		1123 BEAVE	R STREET						
Time of Abatement:AM	Nomia	M/5.0	TY HOU	rs - Des	scribe	City, State, Zip C	ode						-
		WII <u>0.0</u>	01 101-1	.ouAlvi		BRISTOL, PA	A 19007						
Scope of Work (Check all that apply)						_	*						-
≥3 sf or ≥3 If		⊠ R	enovati	ion		⊠ Full Con	tainment with Ne	egativ	e Pressure				
☐ ≥160 sf or ≥260 lf			emolitic			⊠ Mini-End	g Procedure						
5	-					☐ Non-Exe	empted (*) and No	on-Fri	iable Procedur	'e			
21 D W G		1	s Locat					Τ			atem	ent T	
Location of Asbestos-Containing Material (AC			Norma ed Sole		l	Description of	of				_	_	1
TO BE ABATED	·IVI)		intena		Asbe	stos Containing Ma	iterial (ACM)		Amount	Ren	Repair	Enc	1
IN Facility		Cus	todial	Staff?	(1.6	e., thermal systems surfacing, VAT	insulation,		(Specify	Removal	air	aps	
(13)			(12)			other miscellane	ous)		SF or LF)	a		Encapsulate	1
		Yes	No	N/A								te	I
enerator Room				$\boxtimes$	12x12 \	/AT/Mastic			145 SF				-
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utside Generator Room				$\boxtimes$	12x12 \	/AT/Mastic			25 SF				
											-	] [	-
ame of Registered Waste Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	tored	Londell			Ш	
SERVICE TRANSPORT GROU	P, INC	:.	Ha	auler ID		Waste	MINERVA						
ty, State				20990		Diamond Date		LAN	DFILL	1000000			
YARDLEY, PA						Disposal Date TBD	City, State						
impleted By (Print or Type)	Title						WAYNESB	URG	, OH				
impleted by (Print or Type)						Signature			/ Date				-
Dillan DeCaro	10-11-27/253	timat				100	A A	- 1				-10	ģ

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Date of Notification (1)  09 / 1	12 /	1	9			1			Owner/Operator racting, LLC	(2)		35.7	3	20	9	and the section of
Agencies Notified T	ype Notif	ication	1				et Address				I ACD	FOTOE	1 0	30.000		-
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	Amend		121				State, Zip				and other section of the section of	01070			Мисори	CALL PARTY NA
□ DOH	Amend			_	3				NJ 08751							
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						F/	CILITY	NFO	ORMATION		102110					
Name of Facility Where Aba Residence	tement is	Takir	ng Plac	ce (3	3)				ortina (TON	Type of Facility ( ☐ School (K-12						
Street Address				-				_		Subchapter 8	) 3 (Other than	K-12)				
										Other (i.e., pr	rivate and co	mmerci	al b	uilding	js,	
City (5)							-			homes, etc.)	4 - 5 = 1		To		eron i	
	14									Square Feet 900 sf	# of Floor	S	1	dg. A	ge	
County (6)						Cou	nty Code (	7)/S	TATE USE ONLY)	Current Use (Pri	1 .		1	65		
Ocean							my oddo (	, NO.	TATE OOL ONLT)	Residence	or it being de	molisne	ea)			
Name of Monitoring Firm Him	ed by Bui	Iding	Owner	(8)	TA	SCM	No.	N	ame of Abatem	ent Contractor (9)						
N/A	-	J		(-)	1					ntracting, Inc.						
Street Address		1000						_	treet Address	madang, me.						
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Project Manager for Monitorin	ng Firm			Т	elep	hone	No.	-	elephone No.	ton colocy co.	License N	0				-
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Occupancy Status During Ab	atement (	Chec	k only	one)	)			-	reet Address	,	-		_			
☐ Facility Closed/Vacated D						ent		1	1056 Stelton							
☐ Abatement Performed Out	tside of N	ormal	Facilit	у Но	ours	- Des	cribe		ty, State, Zip Co	nde						_
Time of Abatement:	_AM	PI	VI/	P	M		AM	10000		New Jersey 088	54					
Scope of Work (Check all that	t apply)								,,,	55,55, 555				20101		
☐ ≥3 sf or >3 lf									☐ Full Cont	ainment with Nega	ative Pressur	е				
≥3 si oi ≥3 ii     ≥160 sf or ≥260 if			☐ Re						☐ Mini-Encl	osure Procedure						
							a//		Non-Exer     ■     Non-	mpted (*) and Non-	-Friable Proc	cedure				
			TT. 100/5		catio								Aba	ateme	nt T	уре
Location of Asbestos-Containing Mate	rial (ACN	1)	1000		nally olely		Acho	otoo	Description of Containing Mat		17 <b>8</b> 0 00000 00000		Į,	D.	Ш	Ш
TO BE ABATED		·/			nand		(i.e	., the	ermal systems in	nsulation.	Amount (Specify		Removal	Repair	ncap	Clo
IN Facility (13)			Cus	toala (1:		ап?			surfacing, VAT,	or	SF or LF	)	Val	7	Encapsulate	Enclosure
(13)			Yes	N		N/A		Ot	ther miscellaned	ous)					ate	(0
exterior							asbesto	s s	iding		900 sf		X			
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Name of Desistance																
Name of Registered Waste Ha						DEP V	Vaste	Cul	bic Yards of	Name of Registe	red Landfill					
Guardian Contracting, I	nc.					0223	7533-60-5303-5	vva 3		T.R.R.F.						
City, State				1000	-17.5.				posal Date	City, State						
Toms River, New Jersey	У							1	0/07/19	Tullytown, P	ennsylvan	ia				
Completed By (Print or Type)		Title							Signature	71		Date	1	į		
Nicholas Fernicola		Pr	oject	Ma	nag	er			1	x -1		9	11	21	19	
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CK3140C	) NO	OTIF	ICATION (Pursu	ON OF A	New Jersey ASBESTOS AB JAC 8:60 and 5	ATEMENT :16)	SEF	1	5 20		1			
Date of Notification (1)	50-5		Na	me of Build	ding Owner/Operato	or (2)	ind ind			13				
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Agencies Notified Type Notif	ication		Stre	eet Addres	S		ASBEST LI	OS CI CENS	ING	ROL	<u>ال</u>			
☑ EPA   ☑ Initial     ☑ DOLWD   ☐ Amendo	ed						And the state of t			-	estima-una			
□ DOH Amenda	ment #		17 17 6366	, State, Zi										
DCA Emerge justifica	ency (includ	ing			n, NY 11787									
Cancell	18.50		40.00	ne of Cont <b>evin Har</b>			Telephone Nu	mber						
					-		***							
Name of Facility Where Abatement is	Taking Pla	ce (3)		ACILITY	INFORMATION	T (5								
Residence	3	(0)				Type of Facility ☐ School (K-1)								
Street Address  City (5)						─ Subchapter	8 (Other than K-	12) nercial l	buildii	ngs,				
Seaside Park						Square Feet	# of Floors	E	Bldg.	Age				
County (6)			Co		77 (07.	1150 sf	1		65					
Ocean			Col	unty Code	(7)(STATE USE ONLY)	,	for if being demo	lished)						
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASC	/ No	Name of Abeter	Residence								
N/A	•	(-)	1.00.		Name of Abatement Contractor (9)  Guardian Contracting, Inc.									
Street Address					Street Address	ontracting, inc.								
					1889 Route	9. Unit 61								
City, State, Zip Code					City, State, Zip C									
Design t M.					Toms River,	New Jersey 08	755							
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.			-				
Start Date (10)	Dah - 1 1 1				732-349-993		00624							
<u>09</u> / <u>27</u> / 19	Scheduled 09		letion D		Name of OSHA									
Occupancy Status During Abatement (					E.M.S.L. Ana	alytical	*1							
□ Facility Closed/Vacated During Entit	re Period o	f Ahat	ement		Street Address 1056 Stelton									
☐ Abatement Performed Outside of No	ormal Facil	ty Ho	urs - De	scribe	City, State, Zip C									
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Scope of Work (Check all that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	□ R ⊠ D	enova emolit	tion ion		☐ Mini-End	tainment with Neg closure g Procedure empted (*) and Nor		ıre						
Logotion of		s Loca Norm						1	atem	ent T	vne			
Location of Asbestos-Containing Material (ACM	) Us	ed So	lely by	Ashe	Description of estos Containing Ma	of			_	1	T			
TO BE ABATED IN Facility			ance/ Staff?	(i.e	e., thermal systems	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
(13)		(12			surfacing, VAT other miscellane	, or	SF or LF)	val.	7	Sul	sure			
	Yes	No	N/A	1	other miscellane	ous)				ate	"			
exterior				asbesto	os siding		1150 sf			П	Ь			
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	П							12			ᆜ			
	1													
Name of Registered Waste Hauler			JDEP V	Naste	Cubic Yards of	News								
Guardian Contracting, Inc.			Hauler II	No.	Waste	Name of Registe T.R.R.F.	ered Landfill							
City, State			20223		3 Disposal Date	City, State								
Toms River, New Jersey					09/30/19		ennsylvania							
Completed By (Print or Type)	Title				Signature	1		to	7					
Nicholas Fernicola	Project	Man	ager		1	4	Da	4	1					
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Date of Notification (1) 09/12/19			Name	of Buildir	ng Owner	/Operat	or (2)			000	1 6	0010		TRACTICAL CANADA	
										SEP	1 6	2019		l lan	
EPA X Initial Amended			077					at to the state of	L	SBESTO	05.00	NTR	71 8	- dela	
X DOL Amendme	nt #		Lake	kewood, NJ, 08701										Other administrative	
DOH Emergence justification Cancellation	n)	ig	Name	of Contac	et	and Carriery			Te	elephone N	lumber				
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY IN	FORMAT	TION	Typ	e of Facilit	v (4)						
Street Address							×	School (F Subchapi	(-12) ter 8 (Oti	ner than K- & comme	-12) rcial bu	ildings	, hon	nes,	
City (5) Lakewood							Squ	are Feet	# 0	of Floors		Bldg. /	Age		
County (6) Ocean			County (STATE	Code (7)	Y)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	le of Abatement Contractor (9) A LEAD PROFESSIONALS								
Street Address						Stree	t Addre								
City, State, Zip Code						City, S	State, 2	Zip Code							
Project Manager for Monitoring Firm	one No.	_	Telepi	AKEWOOD, NJ 08701 ephone No. License No. 1200											
Start Date (10) 09/23/2019	Schedul 09/26/	led Cor 2019	mpletion	Date (11)	)	Name	Name of OSHA Monitor  AAA LEAD PROFESSIONALS								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	ck Only O	ne)	nent		- 11	Street	Addre				-		11	t	
Abatement Performed Outside of Nor  Other – Describe:	mal Facility	y Hour	S			City, S	State, Z	Zip Code					25410100		
Scope of Work (Check All That Apply)									00701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	II Containn ni-Enclosu ovebag Pro	re ocedure						
Location of	1	Locati Normal	ly		Des	scription	110	n-Exempte	ed (*) and	i (*) and Non-Friat		Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Conta	aining M systems ing, VA	laterial s insula T, or	erial (ACM) Ar asulation, (S or SF		mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
EVTEDIOD	Yes	No	N/A			NO. 2000 S. COLLANS							ate	œ'	
EXTERIOR					ACI	M Sidir	ng		2	000	х				
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic	/arde		Nama of	Dogists	ad Le Jen					
NEWARK CARTING		H	auler ID 1509	No.	of Was			IESI	rvegistei	ed Landfill					
City, State NEWARK, NJ					Disposa			City, Stat		D.					

09/26/2019

Signature

Title

OWNER

Completed by

JOSEPH PERLSTEIN

Date

09/12/19

BETHLEHEM PA

Inva	4350												P	rint F	
CV 1007	PAID	NOT	TFICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MENT	r Th	ME	G		$\mathbb{V}$		$\overline{\mathbb{n}}$	
Date of Notification (1) 09/09/19			Name of Building Owner/Operator (2)						MI						
	otification			ency De	velopm	ent		-		SEP	16	2019	) Live	U	
☐ EPA ☐ In	itial		120 4	Address 4th Stre	:T3:T50					elina ni kalindana disensi susa	~3~~~		Action or section	CALACITY	
DOL Ar	mended mendment #		City, State, Zip Code ASBESTUS CONTROL LICENSING										- &		
≥ DOH jus	nergency (includ stification) ancellation	ing		of Contac	77.0	ent				lephone					
Named Road				CILITY IN					1	32-730-	7094		1011		
Name of Facility Where Abatemen	nt is Taking Plac	e (3)	170	JILITI IN	FORMAT	ION	Туре	of Facili	ty (4)						
313 Regina Avenue								School (	K-12)						
Street Address 313 Regina Avenue							×	Subchap Other (i.e	oter 8 (Oth e. private	ner than h & comme	K-12) ercial bu	ildings	s, hom	nes,	
City (5) Rahway								etc.) are Feet		of Floors		Bldg.			
County (6) Union	County (6)							ent Use (Prior if being demolished)							
Name of Monitoring Firm Hired by	Building Owner	(8)		M No.	nd -		of Aba		ement Contractor (9)						
Street Address						AAA		DPROFESSIONALS							
City State 7in Code						6 WH	HITE	DOVE	COURT	•					
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701													
Project Manager for Monitoring Fir	m		Telepho	one No.		Teleph 732-6	one N	0.		License	e No.				
Start Date (10) 09/12/19		Scheduled Completion Date (11)  09/20/19  Name of OSHA Monitor  AAA LEAD PROFESSIONALS													
Occupancy Status During Abateme	ent (Check Only	One)				Street				INALO					
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	g Entire Period of e of Normal Faci	of Abate lity Hou	ment rs	City, State, Zip Co					DOVE COURT p Code DD, NJ 08701						
Scope of Work (Check All That Ap	olv)					LAKE	EWO	OD, NJ	08701						
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renov Demol				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is Loca Norma	77						1	21101111	Lable 11	Abat	emen	į		
Location of Asbestos-Containing Material (		sed Sol	ely by	Ashas		escription of			n		-	1	Туре		
TO BE ABATED In Facility (13)	1 1	Maintenance/ Custodial Staff? (12)			Asbestos Containing I (i.e. thermal system surfacing, V/ other miscella				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
INTERIOR	Yes	No	N/A		DIDE :	10/11/11	TIC						ate	e.	
NOINELINI		-	-		PIPE IN			l		OOLF	х				
		-			EL	BOWS			10	OOLF	-				
lame of Registered Waste Hauler EWARK CARTING		F	JDEP W lauler ID 4509	1000 CO	Cubic \ of Was			Name o	f Register	red Landi	fill	-			
City, State					Disposa			City, Sta							
Completed by	Title				08/01/			RELHI	LEHEM						
OSEPH PERLSTEIN		NER			Sig	gnature					Date 17/18/	10	net to the		

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Date of Notification (1) 09/09/19			Name of Build Best of Life		/Operato	r (2)	al all and a second		SE	<del>p +</del> <sub>1</sub>	20	19				
Agencies Notified Type Notification		1	Street Address	S		100-100	- Application					-	Total Control			
EPA X Initial DEP Amended			129 Virginia		Э		and the state of t	ASBESTOS CONTROL & LICENSING								
X DOL Amendment			City, State, Zip Atlantic Cit		401				Port material		emokes 40		and the second			
DOH Emergency justification)		1	Name of Conta	ect				Te	lephone	Numbe	r					
DCA Cancellation			Best of Life						32-232							
Name of Facility Where Abatement is Takin	g Place (3)		FACILITY I	NFORMAT	TION	Туре	of Facility	(4)								
Street Address						x o	chool (Koubchapte other (i.e. tc.)	er 8 (Oth	er than & comm	K-12) ercial b	uilding	s, hor	nes,			
City (5) Atlantic City						Square		# 0	f Floors		Bldg	Age				
County (6) Atlantic County		C	County Code (	t Use (Pr	se (Prior if being demolished)											
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM No.		ement Co	nt Contractor (9)										
Street Address					Street	Address										
City, State, Zip Code					City, S	tate, Zip	OVE C	St. Carrier								
Project Manager for Monitoring Firm	Te	elephone No.		Teleph	KEWOOD, NJ 08701  phone No. License No.											
Start Date (10)	Comp	letion Date (1	1)	1		78 Monitor		1200								
09/23/2019	19		**			AD PROFESSIONALS										
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P						Address	OVE C	OURT								
Abatement Performed Outside of Norm  Other – Describe:	al Facility H	ours	nt		City, St	ate, Zip										
Scope of Work (Check All That Apply)					L/ titl		D, 140 0	10701				V - 100 NS				
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TO BE ABATED In Facility	Mainte	ial Sta	-/ /i	e. thermal	systems cing, VAT	insulation	on,	(S	nount pecify or LF)	Rer	Re	Enca	End			
(13)		12) No	N/A	other n	niscellane	eous)		O.	01 21 )	Removal	Repair	Encapsulate	Enclosure			
INTERIOR				-	Boiler			20	) SF	x		-				
i i																
Name of Registered Waste Hauler		NID	EP Waste	Cubin	VI-		. ].									
NEWARK CARTING		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ler ID No.	of Was		11	Name of Registered Landfill IESI									
City, State NEWARK, NJ				Dispos 09/26/			City, State		PA			——————————————————————————————————————				
Completed by JOSEPH PERLSTEIN	Title OWNER	?		Si	gnature				111 6	Date 09/09/	19					

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OCCUPATION.	ESA D Casalida	/E84	HUIDENE	973-917	3/3/											
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	Name of State of Stat	PARTY NE	A. Mas Con	A Mas Controlling Inc.												
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	Animals (ACM)	Custoda Cada		ACM Amond	Pall											
	(40)	Yes No NR														
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	Mayarit Caring, Inc.	and the second		Grand Central Benkery Levilla												
	Newark, N.J. 07108	Ties Freedderd	9/4/19:00	Pen Argyl, PA 06073	1.10											
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Date of Notification (1) 09/09/2019			Name	of Building Hayes	Owner/	Operato	or (2)	1		o.me	10	ante	-	
Agencies Notified Type Notification	n			t Address						SEF	່ ບ	2019	A. Der of Graft	lad
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Emergence	y (includi	ng		na, NJ 07							-110111		Mineral Property Control	
DOH justification Cancellation			100000000000000000000000000000000000000	of Contact Hayes				ESSAN SE	Te	elephone	Numbe	r		
Name of Eacility Whore Abstract Tu				CILITY INF	ORMATI	ION								
Name of Facility Where Abatement is Tak House	ing Place	(3)					Тур	oe of Facil	ity (4)					
Street Address								School (	(K-12) oter 8 (Oth	ner than k	( 12)			
							×	Other (i.	e. private	& comme	ercial bu	uilding	s, hon	nes,
City (5) Verona							Squ N/A	etc.) uare Feet A	# c	of Floors A		Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7)	)		Cur	rent Use (	Prior if be	ing demo	lished)			
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City, State, Zip Code			- 4	8		11 R	oser	ngren Av	/enue					
City, State, Zip Code								Zip Code NJ 0751	2					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License	No			
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In Facility (13)		(12)	ruii.		surfaci other mi	ng, VAT	, or			or LF)	Removal	Repair	Encapsulate	Enclosure
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city, State otowa, NJ					Disposal TBD	Date		City, Sta		988 				
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(13)		Yes	No	NI/A	-	otner n	niscellan	eous)				oval	air	Encapsulate	sure
Basemer	nt	res	X	N/A		Pipe	Insula	tion		75 LF		X		(D	
Boiler Roo	om		X				Plaster			120 SF		x	-		
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0&S Abatement, Inc.				20996	INO.	TBD	ole.	Fa	irless Lar	ndfill					
City, State Fotowa, NJ						The state of the s	al Date		, State						
Completed by		Title				TBD	lanet		orrisville,	PA					
led Joksimovic			ct Ma	anager		5	ignature	7	1/		Date	0/2	010		

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rojest Manager for Monitoring Firm			Telepi	ione No.	and the second second	MICH	ind Perk, NJ one No.	07432		0			
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and the same of th	mel Pacit	A Han	1		-	City, St	eta, Zip Code	THE TANKS					
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Asbastos-Containing Material (ACM) TO BE ABATED In Facility	Ver Mr	ed Sake eintens eistlet i	ly by	Asses	TOR CAME	oription of	of Itariel (ACM) Insulation,		meunt	-	1	P-0	
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<sup>\*</sup> Do not use this form for embestes floensure exempted sotivities.

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Agencies Notified	cation			Stree	t Address						1-14	10	- Indiana	1
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Cancella			-		tt Pirolli				relephone	- Vullion	51			
				FA	CILITY II	NFO	RMATION				-			
Name of Facility Where Abatement is	Taking F	Place	(3)					Type of Facility	(4)					
Pirolli Residence			4					School (K-1) Subchapter		V 121				
Street Address								Other (i.e., p	rivate and con	nmerc	ial bu	ildin	gs,	
City (5)		-						homes, etc.						
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County (6)				Cou	atu Cada (	71/07	ATT LICE ON VA	2,422	2			91		
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Name of Monitoring Firm Hired by Buil	Idina Ow	ner i	(8)	ASCM	No	No	ma of Abatama	ent Contractor (9)			v 2000-011			
Management & Enviro. Consu			2.5	ASCIVI	INO.	1000		onmental, LLC						
Street Address	iting or		,03			-	reet Address	millerital, LLC						
PO Box 341							323 Cutler Av	/eniie						
City, State, Zip Code						1	y, State, Zip Co		-					
Chesterfield, NJ 08515							Vlaple Shade							
Project Manager for Monitoring Firm			Tele	phone	No.		lephone No.	,	License No	)	-			-
Bill Weisgarber			60	09-298	-4070	8	356-755-0099		00842					
Start Date (10)	Schedule	ed C	omple	tion Da	ite (11)	Na	me of OSHA M	onitor	1		2			
09 /20 /19	09	_ /	_ 24	1_/	19	E	EMSL Analyti	ical, Inc.						
Occupancy Status During Abatement (		250				Str	eet Address				-			201100
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2 <sup>nd</sup> Floor Bathroom			$\boxtimes$		Duct Pa	aper			10 SF		$\boxtimes$			
	Г	7	П	İπ							П			П
Name of Registered Waste Hauler			IN	JDEP \	l Vaste	Cub	oic Yards of	Name of Regis	tered Landfill					
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City, State				15939			posal Date	City, State						
Freehold, NJ							9/24/2019	Morrisville	PA					
Completed By (Print or Type)	Title					L	Signature	1		Date				
Christina Fay		Pre	eside	nt of (	Operation	าร	Munde	01/		0.0000000000000000000000000000000000000		**	Í	
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Name of Facility Where Abatement is Tal	king Place	/2)	FA	CILITY INFORM	AATION							
Private Dwelling	ding Place	(3)				Typ	e of Facility	(4)				
Street Address							School (K-	12)				
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City (5)	201-20-00					×	Other (i.e. etc.)	private & comm	ercial b	uildin	gs, ho	mes,
Cliffside Park NJ 07010						Squ	are Feet	# of Floors		Bldo	g. Age	
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555.1.y (0)			County	Code (7) USE ONLY)	201000	Cur	rent Use (Pri	or if being demo	olished)	)		
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2108 Fulton Street Suite 2A					Street							
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Project Manager for Monitoring Firm							d Park NJ	07424				
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nax Contracting LLC			JDEP Wa auler ID I		c Yards aste		Name of Re	egistered Landfi	11	70.00		
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Disposal Date

10-25-2019

Signature

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0036184

Project Manager

Title

Completed by

Tome Maslarkov

City, State

Amax Contracting LLC

Woodland Park NJ 07424

Date

09-10-2019

Fairless Hills

Morrisville PA

City, State

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arne of Registered Waste Hauler			JDEP W		Cubic `	Yards		Name of F	Registered La	andfill		i i	
Brick Industries, Inc.		F	lauler ID	No.	of Was	<sup>le</sup> 2			ws North				
ty. Stale			21602		Dispos	al Date		City, State		Lanunn			
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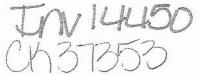
Lincoln Park, NJ  Completed by  Title  Disposal Date NONE  Morrisville, PA	34 1770		NOT	TFICATI	ON OF A	New Jers SBESTO: AC 8 60 a	SABATE	EMENT	Andreas y P The Strategy	D)-L	G			
EPA	09/06/2019	5	)	Name	e of Build	ing Owner			1		SEP	16	20	9
DEP   Amendment #   Emergency (including)   Westwood, NJ 07675   Name of Contact   Mark Quartello   Vestwood, NJ 07675   Sincet Address   Debt   De	X EPA X Initial	n		Stree	t Address	)			-	AS	BESTO	S CC	NTR	OL &
Second   Cancellation   Name of Contact   Name of Facility (April 1995)   Name of Contact   Name of Facility (April 1995)   Name of Contact   Name of Facility (April 1995)   Name of Name of Facility (April 1995)   Name of Name of Registered United Safety LLC   Name of Registered United Safety LLC   Name of Name of Registered United Safety LLC   Name of Name of Registered United Safety LLC   Name of Na	DEP Amended	nt#					75		laumes.		LIC	ENSI	NG	
Same of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION   School (K-12)   Substitute (4)   School (K-12)   Schoo	DOH Emergency justification	/ (includi	ing				75		Т	elephone	e Numbe	er		
Tracter Joe's  Sirteet Address 20 Irvington Street  City (5) Westwood  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental  City, State, Zip Code Union, NJ 07035  Subchapter 8 (Other than K-12) Subchapter 9 (Ot							TION							
20 Irvington Street    Subchapter 8 (Other tina. F.) City (5)   Westwood   Square Feet   St of Floors   Bidg. Age   N/A     County (6)   Square Feet   St of Floors   Bidg. Age   N/A     County (7)   Current Use (Prior if being demolished)     Trader Joe's   N/A     In State   S	Name of Facility Where Abatement is Take Trader Joe's	ng Place	(3)			ii Ortini-ti	TON	Type of Facility	(4)					
Westwood   N/A   # of Floors   Bidg. Age   N/A	20 Irvington Street							Subchapte Other (i.e.	er 8 (Ot	ther than	K-12) nercial b	uilding	ıs, hoi	mes,
County (6)   Bergen   County Code (7)   Current Use (Prior if being demolished)   Trader Joe's	Westwood							Square Feet		of Floors			Age	.5
Name of Monitoring Firm Hired by Building Owner (8)  Instance To Manager for Monitoring Firm Alfred by Building Owner (8)  Street Address 233 Route 22 West City, State, Zip Code Union, NJ 07083  Project Manager for Monitoring Firm Rick Eustaquio  Scheduled Completion Date (11) 09/10/2019  Scheduled Completion Date (11) 00/2019  Scheduled Com				County (STATE	Code (7	) 		Current Use (Pr	ior if be	eing dem	olished)			
Street Address 22 Troy Lane City, State, Zip Code Union, NJ 07083  Project Manager for Monitoring Firm Rick Eustaquio  908-206-0073  973-276-0099  Ster Date (10) 09/10/2019  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer-Describe: 24 How Accesses a Needed to Compiletion  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Expectation of Asbestos-Containing Material (ACM) To Custoidal Starry (12)  Yes No N/A  Exterior Facade  In Facility (13)  Full Containment with Negative Pressure Minite-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type  Asbestos-Containing Material (ACM) To other miscellaneous)  Full Containment with Negative Pressure Minite-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*)	Name of Monitoring Firm Hired by Building Iris Environmental	Owner (	(8)	ASC	CM No.		Name	of Abatement Co	ntracto	or (9)				
Union, NJ 07083  Project Manager for Monitoring Firm Rick Eustaquio  Scheduled Completion Date (11) 09/13/19  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: 24 Hour Access as Needed to Complete Project  Scope of Work (Check All That Apply)  ≥ 3 of or ≥ 3 if ≥ 160 of or ≥ 260 if  License No. 973-276-0099  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exe							Street	Address	,					
Project Manager for Monitoring Firm   Telephone No. 908-206-0073   Telephone No. 908-206-0073   Telephone No. 908-206-0073   Telephone No. 973-276-0099   Disparation No. 973-276-0099							City, St	ate, Zip Code						
Start Date (10) 09/10/2019 Scheduled Completion Date (11) 09/13/19 Name of OSHA Monitor United Safety LLC  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Scope of Work (Check All That Apply)  Safe of a 28 of or 28 of or 280 of Solely by Maintenance/Custodial Staffy (12) Yes No N/A  Name of Registered Waste Hauler United Safety LLC  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035  Full Containment with Negative Pressure Mini-Enclosure M	Project Manager for Monitoring Firm								7035	Licens	e No.	CII - 1100-	1-2-1-2	
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 24 Hour Access as Needed to Complete Project  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if ≥ 150 sf or ≥ 260 if  Renovation Demolition    Street Address   22 Troy Lane	Start Date (10)	Schedu	aled Co			1970	Daniel Commence			0131	7			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Officer - Describle: ≥ 4 Hour Access as Needed to Complete Project  Scope of Work (Check All That Apply)    ≥ 3 sf or ≥ 3 if   ≥ 160 sf or ≥ 260 lf		09/13	/19		Date (11	,								
Abdatement Performed Outside of Normal Facility Hours  City, State, Zip Code Lincoln Park, NJ 07035  City, State None Lincoln Park, NJ 07035  City State None Lincoln Park, NJ 07035  City State None Lincoln Park, NJ 07035  City State None Lincoln Park, NJ 07035	Facility Closed/Vacated During Entire	Period of	Abator	mont										
Society of Work (Check All That Apply)   Society of Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Society of Work (Check All That Apply)   Society of Work (Check Apply)   Society of Wor	Other – Describe: 24 Hour Access as Neede	al Facili	ty Hour				City, Sta	ate, Zip Code	7035			-		
Serious   Full Containment with Negative Pressure   Full Containment with Non-Frable	Total Control of the						Linco	in rain, No U	1035					
Location of Asbestos-Containing Material (ACM)	-0 0, 01 -0 11	-					×	Glovebag Prod	edure					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Exterior Facade  X Gray Paint, Black & Brown 700 SF  Flashing, Roofing Material  Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by  Vanco Petkoy  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Agreed To Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Registered Wannender  Amount (Specify SF or LF)  Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Flashing, Roofing Material  Name of Registered Landfill  Fairless Landfill  City, State NONE  NONE  Disposal Date NONE  NONE  Date								Non-Exempled	( ) and	u Non-Fr	able Pro			t
Custodial Staff? (12)   Custodial Staff? (12)   SF or LF)   Security   Secu	Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	Des	cription o	f torial (ACM)	•		-	Ty	/pe	
Exterior Facade X Gray Paint, Black & Brown 700 SF X  Flashing, Roofing Material  Name of Registered Waste Hauler  United Safety LLC  City, State Lincoln Park, NJ  Completed by Vanco Petkov  A Gray Paint, Black & Brown 700 SF X  Flashing, Roofing Material  Name of Registered Landfill  Fairless Landfill  City, State NONE  Disposal Date NONE  Signature  Date	In Facility		stodial S		(i.e	thermal s. surfaci	systems iing, VAT.	nsulation, or	(S	pecify	Remov	Repai	Encapsu	Enclosu
Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by Vanco Petkov  Flashing, Roofing Material  NJDEP Waste Hauler ID No. 0036820  NJDEP Waste Cubic Yards of Waste Hauler ID No. 0036820  NONE  Disposal Date NONE  Signature  Date  Date	Estate E. A.	Yes		N/A							<u>a</u>	7	late	ire
Name of Registered Waste Hauler United Safety LLC United Safety LLC  City, State Lincoln Park, NJ  Completed by Vanco Petkov  NJDEP Waste Hauler ID No. 0036820  NJDEP Waste Cubic Yards of Waste NONE  Disposal Date NONE  Signature  Date  Date	Exterior Facade		Х						70	0 SF			Х	
United Safety LLC  Hauler ID No. 0036820  OWaste NONE  Disposal Date Norrisville, PA  Completed by  Vanco Petkov  Fairless Landfill  Cotty, State NONE  Disposal Date Norrisville, PA  Signature  Date					Fla	shing, R	loofing	Material						
United Safety LLC  Hauler ID No. 0036820  OWaste NONE  Disposal Date Norrisville, PA  Completed by  Vanco Petkov  Fairless Landfill  Cotty, State NONE  Disposal Date Norrisville, PA  Signature  Date	Name of David													
City, State  Lincoln Park, NJ  Completed by Vanco Petkov  Disposal Date NONE  Disposal Date NONE  NONE  Disposal Date Norrisville, PA  Signature  Date								The second second			fill			
Lincoln Park, NJ  Completed by  Vanco Petkov  Title  Project Manager  Disposal Date  NONE  Morrisville, PA  Signature  Date	City, State		00	36820		NONE			Land	fill				
Vanco Petkov Project Manager Date	Lincoln Park, NJ								le PA	\				
	Completed by Vanco Petkov	0.000	ct Ma	nager				and the	\			0010		

INILL	40
Ch3734	6

## NOTIFICATION OF ASSEST OS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

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		cep	4	n .	2010		

11010	10			(1	rursu	ant to NJ	AÇ	8:60 and 5:1	.6)	1111	4.0			
Date of Notification (1)  09 /	06 /	1	9			ne of Buildi acobs De		Owner/Operator	(2)	FEP SEP	16	2019	17	
Agencies Notified	Type Notif	ication				et Address				AGDESTO	<b>SECURITIONS</b>	3/	the relation	<u></u>
⊠ EPA						O Box 9			1	Lic	ENSIN	G	IL CL	
⊠ DOLWD	☐ Amend	717				, State, Zip	Co	nde			- weare the see	APRITA NA GE	PART HOSTLEY	COMMON
☑ DOH □ DCA	Amend			_	14. 158.5	anasquar								
(NJAC 5:23-8)	☐ Emerge justifica		ncludii	ng		ne of Conta		10 00/30		I = 1				
-	☐ Cancell					nda	G.			Telephone Nu 732-528-38				
					F	ACILITY II	NF	ORMATION					SKI11-21-10-	
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility	(4)				
Residence									School (K-1)	2)				
Street Address						2001	-11	37	Subchapter	8 (Other than K-1	2)			
0'1 (5)						$OO^r$	1.	20	homes, etc.	rivate and comm	ercial c	ullair	gs,	
City (5)									Square Feet	# of Floors	E	Bldg. A	\ae	
Sea Girt									2600	2		65	•	
County (6)					Cou	inty Code (	7)(S	STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Monmouth									Residence					
Name of Monitoring Firm	Hired by Bui	lding (	Owner	(8)	ASCN	No.	N	Name of Abateme	ent Contractor (9)					
Ctroot Address								Guardian Cor	ntracting, Inc.					
Street Address							S	Street Address				-		
City State 7in Code								1889 Route 9						
City, State, Zip Code						C	City, State, Zip Co							
Project Manager for Menit	Manager for Monitoring Firm								New Jersey 08	755				
r roject Manager for Mont	oring Firm			Tel	ephone	No.	T	elephone No.		License No.				
Start Date (10)		Cohod	ulad C	\			L	732-349-9932		00624				
09/19/	19					ate (11) 19	1	lame of OSHA M		17				
								E.M.S.L. Anal	ytical	344				
Occupancy Status During  Facility Closed/Vacated	Abatement (	Check	only	one)			S	treet Address						
Abatement Performed	Outside of N	ormal	Facilit	Abate	ement	coribo	L	1056 Stelton						
Time of Abatement:	AM	PN	Λ/ <u></u>	_PM		AM	1	ity, State, Zip Co						
Scope of Work (Check all								Piscataway, N	lew Jersey 088	354				
	mat apply)							☐ Full Conta	ainment with Neg	otivo Deserves				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re						osure	auve Flessure				
			⊠ De	moliti	on			☐ Glovebag	Procedure npted (*) and Nor	Fails D				
			Is	Loca	tion	1		Z Non-Exem	npted ( ) and Not	I-FIIADIE Procedi				
Location of				Norma				Description of			Ab	1	ent T	
Asbestos-Containing N TO BE ABAT	laterial (ACN FD	1)		intena	ely by ance/	Asbes	stos	s Containing Mate	erial (ACM)	Amount	Ren	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(1.6.	., ui	nermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	air	aps	losu
(13)		1		(12)	T	4		ther miscellaneo		Si Oi Li-)	=		ulat	- F
			Yes	No	N/A								(D	
exterior-						asbesto	SS	siding		2600 sf				
											П			
			П								1			
		-									14	Ш	Ц	Ш
Name of Registered Waste	Hauler					Noot-	_	hi- V- 1						
Guardian Contracting					IJDEP I lauler II			ibic Yards of aste	Name of Regist	ered Landfill				
City, State	g,o.				20223		3	3	T.R.R.F.					
Toms River, New Jer	SOV.							sposal Date	City, State					
							0	09/20/19	Tullytown, I	Pennsylvania				
Completed By (Print or Typ Nicholas Fernicola	e)	Title						Signature		Da	ite	/	/	
iniciolas remicola		Pro	oject	Mana	ager			110		Note of the state	4	1.1	19	



				-		AC 8:60 and 5:	16)	11111:				
Date of Notification (1)				Nar	ne of Buildi	ing Owner/Operator	(2)	W SEP	1	6 21	019	
	09 /	19				ontracting, LLC	(-)	2	`	7 -	3,5	1.
Agencies Notified	Type Notification	on		Stre	et Address			ASBEST	OS C	<del>HONT</del>	ROL	- Ct
☑ EPA ☑ DOLWD	☐ Initial			3	13 Halyar	d Road	Tagas I	LIC	CENS	SING	Tribuumaera	TOWN.
⊠ DOLWD	Amended Amendment	ш		-	, State, Zip	53, 110, 120, 120, 120, 120, 120, 120, 120			100000000000000000000000000000000000000	- 00 - 00 1985-0		
DCA	☐ Emergency		_ na	0	rtley Bea	ch, NJ 08751						
(NJAC 5:23-8)	justification)	(miciaa)	ng		ne of Conta			Tolonhone N.				
	☐ Cancellation			11	ank Disa			Telephone Num 732-749-600				
				F	ACILITY I	NFORMATION		732-743-000	JJ			
Name of Facility Where A	Abatement is Tak	ing Plac	ce (3)			THE OTHER PROPERTY.	Type of Facility	'A\				
Residence							School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12	2)			
							Other (i.e., pr homes, etc.)	ivate and comme	rcial b	ouildir	ngs,	
City (5)		Ö					Square Feet	# of Floors	E	Olda	۸	
Lavallette							900 sf	1	P	3ldg. / 65	Age	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)		1 .		-		
Ocean					* 5.7.7.1	No me doc one n	Residence	or it being demolis	snea)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No.	Name of Abateme						
N/A			3 0				ntracting, Inc.					
Street Address						Street Address	intracting, inc.					
						1889 Route 9	Unit 61					
City, State, Zip Code			-			City, State, Zip Co						
							New Jersey 087	EE				
Project Manager for Monit	toring Firm		Tele	ephone	No.	Telephone No.	New Jersey Uo7					
						732-349-9932		License No.				
Start Date (10)	Sche	duled (	Comple	etion Da	ate (11)	Name of OSHA M		00624				
09 /24 /		09				E.M.S.L. Anal						
Occupancy Status During						Street Address	ytioai					
□ Facility Closed/Vacated	d During Entire Pe	eriod of	Abate	ment		1056 Stelton						
	Outside of Norma	al Facili	v Hou	rs - Des	scribe	City, State, Zip Co	al a					
Time of Abatement:	AMP	M/	PM-		_AM							
Scope of Work (Check all							low larger 000					
≥3 sf or ≥3 lf	that apply)					Piscalaway, N	lew Jersey 088	54				
	that apply)					☐ Full Conta	ainment with Nega					
≥160 sf or ≥260 If	that apply)		enovati			☐ Full Conta	ainment with Nega					
⊠ ≥160 sf or ≥260 lf	that apply)		enovati			Full Conta	ainment with Nega osure Procedure	tive Pressure	P			
⊠ ≥160 sf or ≥260 lf		⊠ De	emolitic Locat	ion		Full Conta	ainment with Nega	tive Pressure	-	atem	ent T	· VO
≥160 sf or ≥260 lf     Location o	of	⊠ De	Locat Norma	ion lly		☐ Full Conta	ainment with Nega osure Procedure npted (*) and Non-	tive Pressure	Ab	patem	1	-
≥160 sf or ≥260 lf      Location o     Asbestos-Containing M     TO BE ABAT	of laterial (ACM) 'ED	Is Use	Locat Norma ed Sole intena	ion lly ely by nce/	Asbe	☐ Full Contain Full Contain ☐ Mini-Enclusian ☐ Glovebag ☐ Non-Exer	ainment with Nega osure Procedure npted (*) and Non-	tive Pressure Friable Procedure Amount	Ab	_	1	-
≥160 sf or ≥260 lf      Location o     Asbestos-Containing M     TO BE ABAT     IN Facility	of laterial (ACM) 'ED	Is Use	Locat Norma ed Sole intena todial S	ion lly ely by nce/	Asbes (i.e.	☐ Full Contain Full Contain ☐ Mini-Enclain ☐ Glovebag ☐ Non-Exer  Description of Stos Containing Mateur, thermal systems in Surfacing, VAT,	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify	Ab	patem Repair	1	-
	of laterial (ACM) 'ED	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	Asbe:	☐ Full Contain Mini-Encl☐ Glovebag☐ Non-Exer  Description of stos Containing Mathamatic, thermal systems in	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	tive Pressure Friable Procedure Amount	-	_	ent T Encapsulate	-
∑ ≥160 sf or ≥260 lf  Location o Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	of laterial (ACM) 'ED	Use Ma Cus	Locat Noma d Sole intena todial s (12)	ion lly ely by nce/ Staff?	(i.e	☐ Full Conta ☐ Mini-Encl ☐ Glovebag ☑ Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify	Ab	_	1	-
∑ ≥160 sf or ≥260 lf  Location o Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	of laterial (ACM) 'ED	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e	☐ Full Contain Full Contain ☐ Mini-Enclain ☐ Glovebag ☐ Non-Exer  Description of Stos Containing Mateur, thermal systems in Surfacing, VAT,	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify	Ab	_	1	уре
∑ ≥160 sf or ≥260 lf  Location o Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	of laterial (ACM) 'ED	Use Ma Cus	Locat Noma d Sole intena todial s (12)	ion lly ely by nce/ Staff?	(i.e	☐ Full Conta ☐ Mini-Encl ☐ Glovebag ☑ Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate [	-
∑ ≥160 sf or ≥260 lf  Location o Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	of laterial (ACM) 'ED	Is Use Ma Cus	Locate Norma ed Sole intena todial (12)	ion Illy Ply by nce/ Staff?	(i.e	☐ Full Conta ☐ Mini-Encl ☐ Glovebag ☑ Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify SF or LF)	A Removal	Repair	Encapsulate [	-
	of laterial (ACM) 'ED	Is Use Ma Cus	Locate Norma ed Sole intena todial (12)	cion lly ely by nce/ Staff?	(i.e	☐ Full Conta ☐ Mini-Encl ☐ Glovebag ☑ Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	ainment with Nega osure Procedure npted (*) and Non- erial (ACM) nsulation, or	Friable Procedure  Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate [	-
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)  exterior	of laterial (ACM) ED	Use Ma Cus	Locate Norma ded Sole intena todial S (12)	cion Illy Ely by nce/ Staff?	asbesto	□ Full Conta □ Mini-Encl □ Glovebag □ Non-Exer  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous siding	ainment with Negalosure Procedure Inpted (*) and Non- erial (ACM) Insulation, or inus)	Friable Procedure  Amount (Specify SF or LF)  900 sf	Ab Removal	Repair	Encapsulate [	-
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)  Exterior	of laterial (ACM) ED	Is Use Ma Cus	Locate Norma ed Sole intena todial (12)	on  ion Ily ily by nce/ Staff?  N/A	asbesto	□ Full Conta □ Mini-Encl □ Glovebag ☑ Non-Exer  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous siding	ainment with Negalosure Procedure Inpted (*) and Non- Berial (ACM) Insulation, Insulation, Insulation (ACM)	Friable Procedure  Amount (Specify SF or LF)  900 sf	Ab Removal	Repair	Encapsulate [	-
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  exterior  ame of Registered Waste Guardian Contracting	of laterial (ACM) ED	Is Use Ma Cus	Locati Norma ed Sole intena todial (12)	cion Illy Ely by nce/ Staff?	asbesto  Vaste No.	□ Full Conta □ Mini-Encl □ Glovebag ☑ Non-Exer  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo  S siding  Cubic Yards of Waste 3	ainment with Negalosure Procedure Inpted (*) and Non- erial (ACM) Insulation, or inus)	Friable Procedure  Amount (Specify SF or LF)  900 sf	Ab Removal	Repair	Encapsulate [	-
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  exterior  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  exterior	of laterial (ACM) ED	Is Use Ma Cus	Locati Norma ed Sole intena todial (12)	on lion lly ely by nce/ Staff?  N/A	asbesto  Vaste No.	□ Full Conta □ Mini-Encl □ Glovebag □ Non-Exer  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous siding  Cubic Yards of Waste 3 Disposal Date	ainment with Negalosure Procedure Inpted (*) and Non- Berial (ACM) Insulation, Insulation, Insulation (ACM)	Friable Procedure  Amount (Specify SF or LF)  900 sf	Ab Removal	Repair	Encapsulate [	-
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	09 /	19			ean DeL	uccia			2 -	73	5	1
Agencies Notified  EPA	Type Notifi Initial	ication		Stre	eet Addres	s		ASBES	TOS	CON	IROI	_ &
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(NJAC 5:23-8)	justifica  Cancelli			1000000	ne of Cont			Telephone Nu	mber	_		
	_ ounce				ean DeLi							
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Residence	ioatoment is	Taking Fla	108 (3)	)			Type of Facility	•				
Street Address  City (5)							School (K-12 Subchapter (i.e., p homes, etc.)	8 (Other than K-1 rivate and comm	2) ercial l	buildir	ngs,	
Ortley Beach				1	070	$\lesssim 1$	Square Feet	# of Floors	1	Bldg.	Age	0.00
County (6)				4	01	21	1400	1		65		
Ocean				Col	unty Code	(7)(STATE USE ONLY)	· ·	ior if being demol	ished)			
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N/A	i novo provinci oroz 💆 v mocesnici	3	. (0)	710011	A 140.		nent Contractor (9) ontracting, Inc.					
Street Address						Street Address	muacung, inc.					
						1889 Route	9. Unit 61					
City, State, Zip Code						City, State, Zip C						
D : 111						The second secon	New Jersey 08	755				
Project Manager for Monitor	oring Firm		Te	elephone	No.	Telephone No.	•	License No.				
Start Date (10)		_				732-349-9932	772	00624				
	10	Scheduled				Name of OSHA N						
				25_ /.	19	E.M.S.L. Ana	lytical	- 51				
Occupancy Status During	Abatement (	Check only	one)			Street Address						
□ Abatement Performed (	Dutside of No	ormal Facil	ity Ho	urs - De	scriba	1056 Stelton						
Time of Abatement:	AM	PM/	PI	VI	_AM	City, State, Zip Co						
Scope of Work (Check all t	hat apply)					Piscataway,	New Jersey 088	854				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠D	enova	tion		☐ Mini-Enc	tainment with Nega dosure g Procedure mpted (*) and Non		ге			
Location of	:		s Loc Norm	Control Company Co.		20 W W			Ab	patem	ent T	уре
Asbestos-Containing Ma	aterial (ACM	) Us	ed So	lely by	Asbe	Description o stos Containing Ma	of terial (ACM)	Amount	Re	R	Щ	m.
TO BE ABATI	<u>ED</u>			ance/ I Staff?	(i.∈	e., thermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)			(12	!)		surfacing, VAT, other miscellane	or ous)	SF or LF)	/ <u>a</u>		sula	ure
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exterior					asbesto	os siding		1400 sf			П	
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									17	1		
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Name of Registered Waste	Hauler			NJDEP V	Naste	Cubic Yards of	IN.					
Guardian Contracting			100	Hauler II	No.	Waste	Name of Register	ered Landfill				
City, State				20223		3 Disposal Data						
Toms River, New Jers	ey					Disposal Date 09/25/19	City, State	lanna d				
completed By (Print or Type		Title	-		)	Signature	i uliytown, P	ennsylvania			1	
Nicholas Fernicola	-60)	Project	B//			Signature	1000	Da	te	İ	/	

TOULHH									Parameter Action and A			~	
CK 3735	0		NO	OTIFI (	CATI( Pursu	ON OF-A	New Jersey SBESTOS ABA IAC 8:60 and 5:	TEMENT	DEG	E		V	
Date of Notification (1)					Na	me öf Buildi	ing Owner/Operator	(2)	SEI SEI	2 1	6 20	119	200
	09 /	1	9		1	Disantis C	ontracting, LLC				122	· · ·	- I
Agencies Notified	Type Not	ification	n		Stre	eet Address			The state of the s	55	CANDITONIO VOL	50	
⊠ EPA					-	13 Halyar			ASBEST L	ICEN	SING	MUL	č
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□ DCA		dment		_	- 1		ch, NJ 08751						
(NJAC 5:23-8)	☐ Emerg	ency (i	includ	ing		ne of Conta							
(	☐ Cance					rank Disa	73		Telephone Nu				
									732-749-60	)09			
Name of Facility Where Al	natement i	s Takin	og Die	2= (2)	F.	ACILITY II	NFORMATION						
Residence	Jatement 1	STAKII	ig Pia	ce (3)				Type of Facility					
Street Address								School (K-1:	2)				
Curoti idaless								Subchapter	8 (Other than K-1 rivate and comm	2)	L		
City (5)								homes, etc.	)	erciai	Dullali	igs,	
Lavallette					7	47	25	Square Feet	# of Floors	- 1	Bldg.	Age	_
						JUL		600 sf	1		65	3	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Ocean								Residence	5	101100)	ž.		
Name of Monitoring Firm H	lired by Bu	uilding (	Owne	r (8)	ASC	ЛNo.	Name of Abateme	ent Contractor (9)					
Guardian Contractin	g, Inc.							ntracting, Inc.					
Street Address				17.			Street Address						
1889 Route 9, Unit 61							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						
Toms River, NJ 0875								New Jersey 08	755				
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.	itew sersey us	La Solita Control Control				
Nicholas Fernicola						9-9932	732-349-9932		License No.				
Start Date (10)		Sched	duled (			ate (11)	Name of OSHA M		00624				
_09_ / _20_ /	19					19							
Occupancy Status During A	batement						E.M.S.L. Anal	yticai				38	
☐ Facility Closed/Vacated	During Fn	tire Per	riod of	One) Abata	mont		Street Address				i i		
□ Abatement Performed O	utside of N	Vormal	Facili	ty Hou	rs - Do	scriba	1056 Stelton						
Time of Abatement:	AM	PN	Λ/	PM		AM	City, State, Zip Co						
Scope of Work (Check all th						- CO (CO) (CO)	Piscataway, N	lew Jersey 088	54				
	at apply)						□ Eull Conte	-i	out a process and a process of the control of the c				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovat					ative Pressure				
23 2 100 St 01 2200 II			⊠ De	emolitic	on		Glovebag	Procedure					
			Is	Locat	ion		⊠ Non-Exen	npted (*) and Nor	-Friable Procedu	re			
Location of				Norma	lly		Dogorintia r			Ab	atem	ent T	уре
Asbestos-Containing Ma	terial (ACI	VI)	Use	ed Sole	ely by	Asbes	Description of tos Containing Mate	erial (ACM)	Amount	Re	R	ш	ū
TO BE ABATE IN Facility	D	1		todial		(i.e.	, thermal systems in	sulation.	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)				(12)			surfacing, VAT, other miscellaneo	or	SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	sul	Sure
			Yes	No	N/A	1	other miscellaneo	us)				ate	
interior					П	ashesto	s floor tile			+			
					-	uobesto.	s noor the		400 sf	$\boxtimes$			
				Ш									
				П						1	Ш	ш	Ц
Name of Registered Waste H	lauler			N	JDEP V	Masta	Cubia Vanda of						
Guardian Contracting,				100000	auler IE		Cubic Yards of Waste	Name of Registe	ered Landfill				
City, State					20223		3	T.R.R.F.					
Toms River, New Jerse	214						Disposal Date	City, State					
		1					09/23/19	Tullytown, F	ennsylvania				
Completed By (Print or Type)		Title					Signature	71	Dat	te /	1		_
Nicholas Fernicola		Pro	oject	Mana	ger			11 2		7/2	ch	C:	

ASB-41 JAN 13

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

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	- Company	
ined bank	SEP 1 6 2019	lane.
	2 13/16	1
	ASBESTOS CONTROL &	-

Date of Notification (1)				Nar	ne of Build	ing Owner/Operato	r (2)	JUL S	EP 1	6 2	2019	-
09/09	/19					contracting, LLC		1 2	1	2/1	r.	***************************************
Agencies Notified Type No	otification				et Address			ACDE	eroe	CON	700	1 0
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☑ DOLWD ☐ Ame				and the second second	, State, Zip				e ath or more series	London to pursuant	and the second	A SALES AND
	ndment #_							đ.				
DCA Emer (NJAC 5:23-8) justif	rgency (ind	cluding	3			ch, NJ 08751						
Cano	ication)			1	ne of Conta			Telephone Nu	umber			
L Gallo	CHAUOH				ank Disa			732-749-6	009			
Name of Facility Where Abatement	ie Takina	Diese	(2)	F/	ACILITY	NFORMATION						
Residence	is raking	Place	(3)				Type of Facility (					
Street Address							School (K-12)	),,,,,	DW-123			
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City (5)			(	10	100		homes, etc.)		TOTOIGE	Janan	190,	
Lavallette							Square Feet	# of Floors	- 1	Bldg. /	Age	
County (6)				10		-	550 sf	1		65		
Ocean				Cot	inty Code	(7)(STATE USE ONLY)		or if being demo	lished)	)		
Name of Monitoring Firm Hired by E	2ll.di O		2)				Residence					
N/A	Building O	wner (	8)	ASCN	1 No.		ent Contractor (9)					
Street Address		2				Guardian Co	intracting, Inc.					
Street Address						Street Address						
Otto Otto Di a						1889 Route 9	9, Unit 61					
City, State, Zip Code						City, State, Zip C	ode				-	
						Toms River,	New Jersey 087	55				
Project Manager for Monitoring Firm	1		Tele	phone	No.	Telephone No.		License No.				
						732-349-9932	?	00624				
Start Date (10)	Schedu					Name of OSHA N	Monitor	00027				
09 /20 /19				3 /	19	E.M.S.L. Ana	lytical		ş.			
Occupancy Status During Abatemer	t (Check o	only or	ne)			Street Address				7 (1-52) en L		
☐ Facility Closed/Vacated During E	ntire Perio	d of A	bater	ment		1056 Stelton						
□ Abatement Performed Outside of	Normal F	acility	Hour	s - Des	scribe	City, State, Zip Co	odo					
Time of Abatement:AM			_PM-	-	AM		New Jersey 0885	54				
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf		Ren	ovati	on		☐ Full Cont ☐ Mini-End	ainment with Negat	tive Pressure				
≥160 sf or ≥260 lf	×	Dem	olitio	n		☐ Glovebac	Procedure					
						Non-Exer     Non-Exer	mpted (*) and Non-	Friable Procedu	ure			
Location of			ocati mal						At	patem	ent T	vpe
Asbestos-Containing Material (AC	CM)	Used	Sole	ly by	Achai	Description of	f		-	-	T	-
TO BE ABATED	- A	Main	tenar	nce/	(i.e	stos Containing Mat ., thermal systems i	erial (ACM)	Amount	em	Repair	nce	ncl
IN Facility (13)		Custo	dial S (12)	staff?		surfacing, VAT,	or	(Specify SF or LF)	Removal	=	psu	Enclosure
(13)	``	/es	No	N/A		other miscellaned	ous)		-		Encapsulate	Ге
exterior	Г	7 [	XI	П	asbesto	s siding		550 5	-	-	_	_
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		J   L	_									
Name of Registered Waste Hauler	L	1										
Guardian Contracting, Inc.				DEP V		Cubic Yards of Waste	Name of Register	ed Landfill		-		
			1100000	20223		vvaste 3	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Jersey						09/23/19	Tullytown, Pe	ennsvlvania		36		
Completed By (Print or Type)	Title				- I	Signature			ate /	- 1		
Nicholas Fernicola	Proj	ect M	lana	ger			· ·	Da	9/	9%	5	
SB-41						1	1. or I manus		11	11	1	

2019-199 B & G proj. #:

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

		RES	SUME 09/10	)/2019	9 @ 7:30 am	Check	# 9548			-
Date of Notification (1)	Nam	ne of Building Ow	ner/Operator (2	2)		In E	GEI	$\overline{\mathbb{W}}$		The same
0 9 / 0 9 / 1 9	Ne	ew Jersey Div	ision of Prop	erty	Management & Co	nstruction E	GEI	<u>\\</u>		
Agencies Notified Type Notificat		et Address				1161			11	
DEP Initial		O. Box 026					SEP 16	2019	-	اليا
X DOL X Amend		State, Zip Code renton, NJ 086	625							
<b>▼</b> DOH	and the second	e of Contact					BESTOS CO		L&	-
☐ DCA ☐ Cancella	ation D	rew DiDonato	)			Language	84-1750	THE PERSON NAMED IN		-
		FAC	ILITY INFORM	MATIO	N		54-1750			
Name of facility where abatement i	s taking place	(3)				Type of Facility	(4)			-
JMSF, North, JJC Johnsto			napter 8)			School	(K - 12)	-		
Street Address						1 2 2 2 2	apter 8 (Other		(-12)	
99 W Burlington Street							(Private/Comn Homes, etc.	nerciai		
City (5)	County (	6)		-		Square Feet	# of Floors	В	ldg. Ag	je
					unty Code (7) ate use only)				1\	
Bordentown, NJ 08505	Burling					Current Use (P Juvenile Det			ea)	
Name of Monitoring Firm Hired by I USA Environmental Mana			ASCM No.		Name of Abatement C	Contractor (9)				đ
Street Address	———	·.	N/A		B & G Restoration	on, Inc.				
344 West State Street					Street Address 105 Ryerson Ro	oad				
City, State, Zip Code				-	City, State, Zip Code					
Trenton, NJ 08618					Lincoln Park, N	IJ 07035				
Project Manager for Monitoring Firm William Weisgarber		Phone Numb 609-656-8			Telephone Number (973)696-6869		License Nur			
Scheduled Start Date (10)	ICahad Ca		23875615		Name of OSHA Monito		00378	)		_
09/10/2019		mpletion Date (1	1)		B & G Restoration					
//	09/11/2				Street Address					
Occupancy Status During Abatement Facility closed/vacated during					105 Ryerson Ro	ad				
Abatement performed outside	of normal facili	ty hours-			City, State, Zip Code	500000000000000000000000000000000000000				
Describe: OCCUPIED  Other-Describe: OCCUPIED				-	Lincoln Park, No	07035				
Scope of Work (check all that apply	)								- 1	-
☐ Demolition 🗶	Renovation			□F	ull Containment w/nega	ative pressure	Glovebag	orocedu	ıre	
▼ >3 sf or >3 if	≥160 sf or ≥260	) If		X	/lini-enclosure		Non-friable			
Location of		mally used solely	/			T	R	R	Е	E
asbestos-containing material to be	by maintenant staff(12)	ce/custodiai			sbestos-containing	Amount (Specify S	e m	e p	n c	n
abated in facility (13)	Yes	No N/A	material (	ACM)		LF)	o v	a	a p	L
Storage Room # 4		×	Brown Stic	k Pir	adhesive assoc.	72 SF	e X	In	n l	П
			with fil	pergla	ass duct insulation			情	計	計
			V	/RAP	& CUT procedure			T	司	
Pagistared Wasta Haules				V	T					
Registered Waste Hauler B & G Restoration, Inc.	NJDEP H 1956	53	ubic Yards of V 2	vaste	Name of Registered L Grand Central			Y		
City, State Lincoln Park, NJ		Disposal D 09/11/2	ate 019		City, State Pen Argyl, PA					
	Title Secretary/T	reasurer	Signature		Gordana Luna		Date 09/09/20	10	· ·	_
		404101					03/03/20	10		

### State of NJ Notification of Asbestos Abatement

2019-199 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: ON HOLD until further notice Check# N/A  $\Pi\Pi$ Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/10 16 1/11 19 1 New Jersey Division of Property Management & Construction Agencies Notified Type Notification Street Address EPA P.O. Box 026 Initial □ DEP City, State, Zip Code ASBESTOS CONTROL & LICENSING X DOL X Amendment Trenton, NJ 08625 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Drew DiDonato 609-984-1750 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JMSF, North, JJC Johnstone Campus (NON Sub chapter 8) Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial 99 W Burlington Street Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Bordentown, NJ 08505 Burlington Juvenile Detention Center Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. USA Environmental Management, Inc. N/A B & G Restoration, Inc. Street Address Street Address 344 West State Street 105 Ryerson Road City, State, Zip Code City, State, Zip Code Trenton, NJ 08618 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 William Weisgarber 609-656-8101 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. ON HOLD \*\*\* 10/31/2019 \*\*\* Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: OCCUPIED Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure Glovebag procedure × >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing e е n Amount Description of asbestos-containing staff(12) n m p material to be (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A V p е Storage Room # 4 Brown Stick Pin adhesive assoc. 72 SF X with fiberglass duct insulation WRAP & CUT procedure Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 09/09/19 - 10/31/19 Pen Argyl, PA Completed by (Print or Type) Signature Date Ciordana Luna Gordana Luna Secretary/Treasurer 09/06/2019

### State of NJ

Notification of Asbestos Abatement

ursuant to/NUAC 8 60-7 and 12:120-7) NEW Start date 09/14/2019 Check # 9549 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/10 19 1/11 19 1 Apple Montessori School Agencies Notified Street Address SEP 16 2019 EPA 75 E Ramapo Avenue Initial ☐ DEP City, State, Zip Code X DOL X Amendment Mahwah, NJ 07430 ASBESTOS CONTROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA John Donovan / Mark Lindsey & Son Plumbing 973-728-8900 x 120 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Apple Montessori School Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 75 E Ramapo Avenue Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Mahwah Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 09/14/2019 09/15/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) mrap & cut Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure X >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely E Location of by maintenance/custodial е e п asbestos-containing Description of asbestos-containing Amount staff(12) m C material to be (Specify SF or material (ACM) 0 a abated in facility (13) Yes No N/A boiler room boiler room 22 sf X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 09/16/2019 Pen Argyl, PA Signature Completed by (Print or Type) Title Date Gordana Luna Gordana Luna Secretary/Treasurer 09/09/2019

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

2019-187 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9531 Date of Notification (1) Name of Building Owner/Operator (2) 0 18 1/13 10 1/11 19 1 Apple Montessori School Agencies Notified Street Address EPA SEP 16 2019 75 E Ramapo Avenue X Initial DEP City, State, Zip Code X DOL Amendment Mahwah, NJ 07430 ASBESTOS CONTROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA John Donovan / Mark Lindsey & Son Plumbing 973-728-8900 x 120 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Apple Montessori School Subchapter 8 (Other than K-12) Street Address M Other (Private/Commercial 75 E Ramapo Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Mahwah Current Use (Prior if being demolished) Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 09/10/2019 09/11/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) wrap & cut Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial Ε asbestos-containing е e n Description of asbestos-containing Amount staff(12) n material to be m p (Specify SF or C material (ACM) 0 C abated in facility (13) a Yes LF) No N/A p boiler room boiler room 22 sf X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 09/11/2019 Pen Argyl, PA Completed by (Print or Type) Signature Title Ciordana Luna Gordana Luna Secretary/Treasurer 08/30/2019

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Date of Notification (1) 09-09-19			Name of PRC K	Building Owne	r/Operato	or (	2)		CHER	0.03	3	Level 1	7
Agencies Notified Type	Notification		Street Ac		onmout	h I	1	av l	SEP	16	2019		brance
DEP X DOL	Amended Amendment #2 Emergency (includin		City, Stat	e, Zip Code ong Branch				PER CONTRACTOR OF THE PER CONTRACTOR OF THE	SBESTO	S CON	VTRC	)L &	
DOH DCA	justification) Cancellation	g	Name of Peter V	Contact Versinger III	, Esq.		Service.		elephone (32) 222			07	li litaratina
Name of Facility Where Abater Fort Monmouth	ment is Taking Place	(3)	FACIL	ITY INFORMA	TION	1	Type of Facilit	y (4)					
Street Address 145 Sherrell Road	155)			¥3.			School (K Subchapt Other (i.e	ter 8 (Oth	ner than K & comme	-12) rcial bu	ilding:	s, hor	nes,
City (5) Oceanport, NJ							Square Feet ,000	# c	of Floors		Bldg. 1980	33.700	
County (6) Monmouth			County Co (STATE US	ode (7) SE ONLY)		0	Current Use (P Commercia	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired Langan Engineering & E	by Building Owner (8 nvironmental Ser	) vices	ASCM	No.	Name Pinna	of ac	Abatement C	ontractor nental	· (9) Corp.				
Street Address 300 Kimball Drive					Street 200 I		ldress oad Street						
City, State, Zip Code Parsippany, NJ 07054							e, Zip Code dt, NJ 0707	72					
Project Manager for Monitoring Vijay Patel	Firm		Telephone (973)560		Teleph	non			License 00756	No.			
Start Date (10) 09-10-19(1)Project Postp	oned 03-31-	20	npletion Da	ite (11)			OSHA Monito	r					
Occupancy Status During Abate  X Facility Closed/Vacated Du			20	¥)	Street	Ad		onuo					
Abatement Performed Outs Other – Describe:	side of Normal Facility	Hours	ent		City, St	tate	e, Zip Code		04				
Scope of Work (Check All That A	Apply)				Long	15	land City, N	NY 111	01				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renovat Demoliti			×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of		Locatio	7.51.5	_	2.02					T	Abate	emen	t
Asbestos-Containing Materia  TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ce/	Asbestos Con (i.e. thermal surfa	scription of taining Ma systems cing, VAT niscellane	ate ins	sulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor	103	140	X	Floor	Tile & M	las	stic	90	00SF	x		Ф	
Name of Barrier													
Name of Registered Waste Haule ATC, Inc. / Newark Carting		Ha	DEP Waste uler ID No. 310				Name of Minerva						
City, State Shirley, NY / Newark, NJ 03	7105	12-70	-10		al Date?	_	City, State Waynes	е		3.0			
Completed by Richard Doran	Title Projec	t Mar	nager		gnáture	-	A I	)_	Da		q		
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Date of Notification (1)								GHEEK	्रि€ विष्	4	$\mathbb{W}$	L
09-09-19			PRO	of Building Owner KKF Group	Operato	r (2)		3				A
Agencies Notified Type Notification	1			Address			1 1 0	<del>ll S</del>	EP 1	6	2019	100
EPA Initial Amended				Box 70, 40 Mo State, Zip Code	nmouth	n Park Highwa	ay					
X DOL Amendmen		10		t Long Branch,	NJ 077	64		ASBE	STOS			)L&
DOH Emergency justification	)	ng	Name	of Contact		4	TE	elephone	LICE		G	OLD .
DCA Cancellatio	n			r Wersinger III,				'32) 222			07	
Name of Facility Where Abatement is Takin	ng Place	(3)	FA	CILITY INFORMAT	ION	Type of Facility	(4)					
Fort Monmouth Street Address						School (K				60		
288 Sherrell Road					20000	Subchapt	er 8 (Oth	ner than k	(-12)	orani i		100 May 100
City (5)						Other (i.e. etc.)						nes,
Oceanport, NJ						Square Feet 15,000	1 1	of Floors		Bldg. 1980		
County (6) Monmouth			County (STATE	Code (7)		Current Use (P Commercial	rior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (	3)	ASC	M No.	Name	of Abatement Co		r (9)	100			
Langan Engineering & Environment	ntal Se	rvices			Pinna	acle Environn	nental	Corp.				
300 Kimball Drive						Address Broad Street						
City, State, Zip Code Parsippany, NJ 07054						tate, Zip Code tadt, NJ 0707	"2					
Project Manager for Monitoring Firm Vijay Patel			Telepho		Teleph	one No.		License	No.			
Start Date (10)	Schedu	led Cor		560-4983 Date (11)		939-6565		00756				
09-16-19(1)Project Postponed	03-31	-20	npietion	Date (11)		of OSHA Monitor -Air Inc.						
Occupancy Status During Abatement (Chec			- 1	1		Address Jackson Ave				91		
Abatement Performed Outside of Norm	Period of Ial Facilit	Abaten y Hours	nent s			ate, Zip Code	enue					
Other – Describe:						Island City, N	IY 111	01				
Scope of Work (Check All That Apply)			775A						-			
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	_	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	Is	Locati	on			TVOIT Exchipte	u ( ) and	I NOH-FIIE	able Pro	111-1111	ement	
Location of Asbestos-Containing Material (ACM)		Normalled Sole		Des	cription o	of				Ту	ре	-
TO BE ABATED	Ma	intenar	ice/	Asbestos Conta (i.e. thermal s	aining Ma systems	iterial (ACM) insulation,		mount pecify	R	_	Enc	ш
In Facility (13)		(12)			ing, VAT iscellane			or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						/al	<u> </u>	llate	ure
Ground Floor			х	Floor Ti	le & M	astic	1,4	00SF	x			
Ground Floor			X	Boiler F	Rib Ga	sket	(	60SF	x			
Ground Floor			Х	Mastic on R	Roof Ve	nt Pipes		15SF	x			
Name of Registered Waste Hauler		LN	IDED III									
ATC, Inc. / Newark Carting, Inc. (045	509)	Ha	JDEP Wauler ID I			Name of f			II			
City, State		24	010	Disposa	I Date	City, State						
Shirley, NY / Newark, NJ 07105 Completed by	Tive			TBD		Waynes	burg,	OH 446	88			
Richard Doran	Title Proje	ct Mai	nager	Sig	nature	dD	)	2000	ate 9-09-1	9		

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Date of Notification (1) 09/06/2019	WHA	55		Name o LAKE	f Building PBS L	Owner/e LC	Operator	(2)			) <u> </u>	7 11-	_!	71/	
Agencies Notified	Type Notification	490		Street A 557 B	ddress SUCK R	OAD	<del>,</del>				L SE	P 1	6 2	019	il lanc
DEP DOL	Initial Amended Amendment		Ì	City, Sta	ate, Zip C	ode O NJ 0	8028				ASBES	ros (	ONT	ROL	2
DOH DCA	Ernergency justification) Cancellation				f Contact JELOW			-		Tel	ephone Nu	ICEM	SHIG	- Constant	
Name of Facility Where	Abatement is Takir	g Place (3	)	FACI	LITY INF	ORMAT	ION	Tyne	of Facility (4)	4			and an immediate		
RESIDENTIAL Street Address									School (K-12	)					
			errore, process study, pure		در جورد در د محمد ر محمد الله				Subchapter 8 Other (i.e. pri etc.)	(Oth-	er than K-1 & commerc	2) al buil	dings,	hom	es,
City (5) GLASSBORO								Squa 160	re Feet 3	# 0	Floors		ldg. A	vge	
County (6) GLOUCESTER				County (	Code (7) USE ONLY	9		RES	ent Use (Prior SIDENTIAL	if bei	ng demolis	ned)			
Name of Monitoring Firm STRATEGIC ENVI	Hired by Building RONMENTAL	Owner (8)	V-V-E-1	ASCIV	No.		Name ASS	of Aba URE	tement Contr D ENVIRO	actor NME	(9) ENTAL SI	ERVI	CES	INC	
Street Address 1634 SOUTH DEL	AWARE STREE	ΞΪ					Street 570		ss MS RUN						
City, State, Zip Code PAULSBORO NJ 0	8066		-				City, S	tate, Z LICA	ip Code HILL NJ 0	8062	2				
Project Manager for Mon ED KEEGAN	itoring Firm		-	Telephor 856-42	ne No. 23-5711		Teleph 610-				License N 01145	0.			
Start Date (10) 09/09/2019		Schedule 09/11/2	d Cor	mpletion [	Date (11)		Name of EMS		A Monitor	l			***************************************	,	
Occupancy Status During		1			t Volument, 1974 S. J. J. J. S. del Hilliam		Street /		ss 30 NORTH	 I	7				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm VACANT RESIDEN	al Facility	Hours PERT	nent S TY					ip Code NSON NJ	 0807	77		-		
Scope of Work (Check A	That Apply)		,,	***************************************							*				
≥3 sf or ≥3 lf ≥160 sf or ≥260 if		CONTRACT.	enova emolit				1950	Ful Mir Glo	i Containmen n-Enclosure webag Proced n-Exempted (	dure					
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# (Pursuant to NJAC 8:60 and 12:120)

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Ø DOH	justificatio			Name	of Conta	500		Telep	shone Numb	ber			
DCA	☐ Cancellatio	n			SAU	VF.							
				FAC	JUTY IN	FORMATION							_
Name of Facility Where A			ce (3)				Type of Facil	ity (4)					
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Street Address							Subchapted Other (i.e. homes, et	, private &			lding	5,	
City (5)	TONE	Line	RA	P	N	80117	Square Feet		Floors	В	ldg.		
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Project Manager for Monit	torina Firm		Teleg	shone No	5.	Telephone No.			nse No.	_			
, roje ot monogon to monot						856 779	7-0472		_ Q1	3	1		_
Start Date (10)		eduled C			(11)	Name of OSHA M	fonitor						
9-20-1	9.	9-	30	-19			N/	<u>A</u>					
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address	1						
Facility Closed/Vacated	During Entire P	eriod of	Abatem	nent									_
Abatement Performed (	Outside of Norm	al Facilit	y Hours	;		City, State, Zip Co	xde						
Other - Describe:													_
Scope of Work (Check all	that apply)												
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≥3 sf or ≥3 lf			novation molition				g Procedure						
≥160 sf or ≥260 lf		H	11044011				mpted (*) and N	lon-Friable	e Procedure	9			_
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Asbestos-Containing Mat TO BE ABATE			stodial	"		nermal systems in		(Spe		R	71	nc	E
IN Facility	2	100	taff?			surfacing, VAT, c		SF or	r LF)	Remova	Repair	aps	clos
(13)		(	12)		(	other miscellaneou	<b>s</b> )			lavo	막	Encapsulate	Enclosure
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	L			FAC	ILITY INF	ORMATION						$\dashv$
Name of Facility Where	Ab -temport is Taking	Place	(3)				Type of Facility					
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Street Address	- marie						Other (i.e., p	private & commercial	buildir	ngs.		
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C A	PE MAY			ASCM I		Name of Abatem	nent Contractor (9	9)			30.272	
Name of Monitoring Firm	n Hired by Building (	)wner	1	ascm i	190.	141	COMICO	INC				=
(8)	VIA		ىل=			Street Address			_			
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City, State. Zip Code	•				_	MAF	CE 2H	ADE NIJ		00	1	=
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Project Manager for Mo							9-0472	1 - 1/1=				=
	T Schar	Juled C	omple	ion Da	te (11)	Name of OSHA	Monitor 4 /	<b>6</b>				_
Start Date (10)		-3	0 -	-19			- 14	4				
9-20-19 Occupancy Status Dur	1 - Abstament (Che	ok only	one)			Street Address	20					
				nent		City, State, Zip (	`ode					
Facility Closed/Vaca	ed Outside of Norma	Facilit	y Hour	5		City, State, 20	~~~					
Other - Describe:												
Scope of Work (Check	all that apply)					☐ Fut Co	ntainment with Ne	egative Pressure				
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ø De	moitio	n		Non-E	cempted (*) and h	Ion-Friable Procedur	e _	bater	nent	
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Ashestos-Containing	Material (ACM)	C	ustodia	ul	(i.e.	thermal systems surfacing, VAT	insulation.	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered W	aste Hauter		1	buser I	D NG	of Waste		-C.M.O.A.	_	3 .		
KLEMO	O DUC			119	04	Disposal Date-	City, State	0.0	1 7			
City. State		17	_	18	250		W00	DBINGE 1	<u>V</u>			
MAPLE	SHAVE	MI.	ل_	00	UJE	Signature	- 000.	, Dal9 -	-10	1-	4	
Completed By	Tito	9	UP			_ Whe	wie h					
MICHACI	CLOME -		V				N 221					

# CK + 4903 In 14427

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

DL	E	C	E		$\mathbb{V}$	E	M
M	S	FP	1	6	2019	9	

and the P. Ca	y											- 1	
Date of Notification (1)	-19			Nan	STA	ng Owner/Operato	USTRUC	影なて	ESTOS	<u> ૧૯</u> Ν	PO	<u>_</u> L &	
1	pe Notification	n		Stre	et Address		Congre		Warner and a	APIGLICIAN S	SPRINTERS.	Acionistaero	oneprox
	Initial Amended			_	P. 0		56	-		-	241		=
⊠ DOL	Amendment		_	City	State, Zip	RESTOL	14 14(1	7	0809	-7			
M DOH	<b>Emergency</b> justification		ng	Nam	e of Conta		WILL IN	Teleph	one Numb			1.1	_
	Cancellation			Hall	MIK			Гогори	orio ridira				
				F/		FORMATION							_
Name of Facility Where Abate	ement is Tak	ing Plac	ce (3)	-			Type of Facili	ty (4)					
RES	IDEN	Œ					School (K-		16.46				
Street Address							Subchapte Other (i.e., homes, etc.)	private &			dings		
City (5)	IM C	ITY			709	ppu	Square Feet	# of F	loors		dg. A		
County (6)						7) (STATE	Current Use (F			hed)			
CAPE M	AY			USI	E ONLY)			ACIAN	II				
Name of Monitoring Firm Hired	d by Building	Owner		ASCN	No.	Name of Abatem							
(8) $N/A$							100 I	NC.		_	_	_	_
Street Address						Street Address	S. Spr		AUE				
Cit. Ctata 7ia Cada						City, State, Zip C		UCE	TUE				=
City, State, Zip Code .							SHAD	EN	.70	080	52		
Project Manager for Monitoring	g Firm		Tel	ephone	No.	Telephone No.		Licen	se No. /	71.5	3		
			1_		_	856-779	1-0472		004	4-4		l li	_
Start Date (10) 9-20-19	Sche	duled (	Comple () —	etion Da	ate (11)	Name of OSHA	Vonitor N A						
Occupancy Status During Aba	tement (Che	-				Street Address							
☑ Facility Closed/Vacated Dur													_
Abatement Performed Outs	ide of Norma	al Facili	ty Hou	ırs		City, State, Zip C	ode						
Other - Describe:	apple												_
Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	арріу)		enovat emolitic			☐ Mini-End ☐ Gloveba	tainment with No closure g Procedure empted (*) and N			e			
			Location							A	bate		
. Landon of			lormaliy			Description of				_	Typ	rc T	
Location of Asbestos-Containing Materia	I (ACM)	Mai	ntenar	nce/		os Containing Mat	erial (ACM)	Amo		_		m m	Ш
TO BE ABATED  IN Facility			ustodia Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Spe		Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo				ova	air	sula	sure
		Yes	No	N/A						-		te	
SIDING				X	_	TRAWSI	TE	2750	SF	X			
- 11111				<u> </u>									
Name of Registered Waste Hau	uler			UDEP \	100000000000000000000000000000000000000	Cubic Yards	Name of Reg	gistered La	ndfill			-	A00000
	TWC.		17	lauler IC	04	of Waste	_C.	M.C	M.	U.	A		
City, State			<del>-</del>			Disposal Date-	City, State	5 .A .A .	14.1.1-			1556	
MAPLE SHU		M	. )			Signature	1 _ woo	OBI	NIE				=
Completed By MI'CHUEL KLOWN	Title	Su	P.			Mu	uo.		9-	0-	19		_

3h 17991	TW		NOT	IFIC (P	ATIO	NOF AS	BE	Jersey STOS ABA 3:60 and 5:4	TEMENT	DEC		7	V E	
Date of Notification (1)					Nam	e of Buildir	ng Ov	wner/Operator (	(2)	11111	D 1 (	0.0	140	
	11 /	19							Rossell Ave I	Jrban Renewa	P 1 ( I, LLC	20	119	la la
Agencies Notified	Type Notific	cation			Stree	et Address					THE PARTY NAMED IN	reservante		
⊠ EPA					87	5 New W	illow	v Street		ASBES			ROL 8	k
⊠ DOLWD	☐ Amende				City.	State, Zip	Code	9		PONICE	ICENS	HYG	no quida a tico	Tarrier and a state
☑ DOH	Amendn				100	enton, N.								
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		cluding	g	-	e of Contac				Tolonhone Nu	nhor			
(110710 3.20-0)	☐ Cancella	5.00						Dan Pelouze		Telephone Nur		,		
							36 8			609-868-77	08			
Name of Facility 14th A	h - t t *	<b>-</b>	-	(0)	FA	CILITY	VFO	RMATION				00.1175		
Name of Facility Where A									Type of Facility	(4)				
Page Homes (Build	ing 1 - 6 &	Boiler	Hou	ise)					School (K-12		0)			
Street Address										8 (Other than K-1 rivate and comm		uildin	as	
150 Rossell Avenue	2								homes, etc.)		oroidi o		30,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Trenton									140,000	3		60+		
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pr	ior if being demo	ished)			
Mercer								*	Former Hou					
Name of Monitoring Firm	Hired by Buil	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Atlas Environmenta	ıl						1		onmental Serv					
Street Address							-	reet Address		1000, 1110.				-
PO Box 11645							1	1100 Grosser	Road					
City, State, Zip Code								y, State, Zip Co						_
Philadelphia, PA							9.2	Gilbertsville,						
Project Manager for Monit	oring Firm			Tele	phone	No	-	lephone No.	FA 19323	11:				
Jason Dua	ioning r iim					-4693	1	10 933-4332		License No.				
Start Date (10)		Schedu	iled C			ite (11)		me of OSHA M		00836				
9 / 26 /		3			) /		10000000		onmental Serv	rices				
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address	<u> </u>					-
☐ Facility Closed/Vacated					ment		1	100 Grosser	Road					
☐ Abatement Performed	Outside of N	ormal F	acility	Hour		cribe		y, State, Zip Co						-
Time of Abatement: 7/	AM- <u>5</u> PM/	PM-		_AM				Gilbertsville,						
Scope of Work (Check all	that apply)							JIIDOI LOVIIIO,	TA 13323					$\dashv$
									ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		L	_ Rei ☑ Dei	novati				☐ Mini-Encl						
24 _ 1.00 01 01 <u>- 2</u> 00 11		L	△ Del	HOILIC	ALL:			☐ Glovebag ☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	ıre			
			ls	Locat	ion				( )			atem	ent Ty	ne
Location of				lorma	3			Description of			-	_		
Asbestos-Containing N TO BE ABAT		1)		d Sole		Asbe	stos	Containing Mat	erial (ACM)	Amount	Rem	Repair	nc	nc
IN Facility					Staff?	(i.e		ermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	ar.	aps	Enclosure
(13)		_		(12)	_	4		her miscellaned		Of Of Lif	=		Encapsulate	re
			Yes	No	N/A								е	
See Attached Spreads	sheet					See Att	ache	ed Spreadsh	eet	See Attached				
												П	П	
												П		H
			П	П	П									$\exists$
Name of Registered Waste	e Hauler			IN	JDEP V		Cub	oic Yards of	Name of Regist	ered Landfill				_
Horizon Disposal				Н	auler ID	No.	Was	ste	G.R.O.W.S					
City, State					10416			200 posal Date	City, State					-
Trenton, N.J. 08638								ct. 2019	Morrisville,	PA				
Completed By (Print or Type	ne)	Title	4-7-								-4-			_
Timothy Walter	,		oject	Mana	nnor			Signature	Orano.		ate		h 25	
ASP 41		110	Joot	waiic	-9c1				Walter	. PM	7-	P #	1 4	

SEP 16 2019

ASBESTOS CONTROL & LICENSING

### PROJECT NAME:

### Page Homes Apartment Complex

Area / Notes	Abatement Item	Unit	Quantity	REMOV
	- is attended to the	Onne	Quantity	KENIOV
Boiler Building		+-		
	Ceiling Plaster	SF	1,080	X
	Column Plaster	SF	80	X
Building 1		-	00	_ ^
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 1A	Bathroom Floor Tile	SF	5	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
				7.
Building 2				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 3B & 3C	Bathroom Floor Tile	SF	10	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 3				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 1A, 3A & 3B	Bathroom Floor Tile	SF	15	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 4				
Basement	Ceiling Plaster	SF	2,352	
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	×
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
	THE THE THE PLACE THE STATE OF	01	117	^
Building 5		_		
athrooms Throughout	Pipe Ins. Debris	LF	2,740	X
Il Windows Throughout	Perimeter Window Caulk	EA	150	X
pt. 2B, 3B & 3C	Bathroom Floor Tile	SF	15	X
erimeter Masonry Wall	Black Flashing	SF	1,833	X
erimeter Flashing	Interior Wall Black Flash	SF	117	×
uilding 6				
athrooms Throughout	Diag Inc. D			
Il Windows Throughout	Pipe Ins. Debris	LF	270	X
pt 2A & 3B	Perimeter Window Caulk	EA	150	X
erimeter Masonry Wall	Bathroom Floor Tile	SF	10	Χ
erimeter Flashing	Black Flashing	SF	1,833	X
enneter Flashing	Interior Wall Black Flash	SF	117	X
	Firedoors Throughout	EA	162	X
	i ii cdoors i iii oddiiodi		113/	

114960 A	HIO												Prin
CK 31104		NOT	TFICAT (Pursu	State of ION OF A ant to NJ	New Jer ASBESTO AC 8:60	SARAT	EMENT 20)	Recommended to the commended to the comm	加區	C		W	Ē
Date of Notification (1) 9/10/19			Nam	e of Build South	ing Owno	Holdi	or (2)	- 31		3EP	16	201	9
Agencies Notified Type Notificat  EPA X Initial	ion		Stree	at Address B Mapl					len't	ndara 14 5-17 5		. 1-9-5	201
DEP Amender  DOL Amender			City,	State, Zip	Code				ASE	ESTO	)S CL JENG	<del>NO</del>	101.
□ Emergen	cy (includi	ing	-	nnelon of Conta		405		L	والما عند يوانها الوسهوا سايرها الواسطانية م	-			
DOH justification Cancellal				Eric Plac					Telephone				
Name of Facility Where Abatement is Ta	king Place	: (3)	FA	CILITY IN	FORMA	TION	T =		732-0	399-74	99		
		· (~)					-	Facility (4)					W Formanian
Street Address  City (5)							☐ Sul	hool (K-12) bchapter 8 ( ner (i.e. privi	Other than ate & comm	K-12) ercial b	ouilding	s, ho	imes,
Waretown							Square i	Feet	# of Fibors 1		1000000	Age 0	
County (6) Ocean				y Code (7 E USE ONL			250.07	Use (Prior il	being dema	olished			
Name of Monitoring Firm Hired by Building	g Owner (	8)	ASC	M No.		Name		ome lent Contrac	etor (9)				
Street Address								ndustries, I					
						Street	Address						
City, State, Zip Code						City. S	tate, Zip C	PO Box	915				
Project Manager for Monitoring Firm						В	rick, NJ 0						
		Pid Vacable	relepno	one No.			one No.	100	License			25-17/200	
Start Date (10) 9/20/19	Schedu	led Con	pletion	Date (11)	1		32-899-74 of OSHA N			01196			
Occupancy Status During Abatement (Che		4/19				0: 1							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe.	Period of	Abatem	ient				Address ate, Zip Co	ode					
Scope of Work (Check All That Apply)													
23 sf or 23 ff 2160 sf or 2260 ff	1571	Renovat Demokta	0.000				Gloveba	ntainment w closure ng Procedur empted (*) a	e			a	
1 1 1	100	Locatic	100000								Abat	emen	ιξ
Location of Asbestos-Containing Material (ACM)	Use	d Solely intenan	by	Asbes	Des los Conta	cription o sining Ma	f terial (ACI	sas I	Amount		1	pe	Т
TO BE ABATED In Facility		todial St		(i.e.	thermal s	systems ing. VAT.	nsulation.		(Specify (F or LF)	Rei	R	Enca	Enc
(13)	Yes	No No	N/A			isceliane			ir os Erj	Removal	Ropair	Encapsulate	Enclosure
		1		Asbes	tos Sidi	ing	e and the segment of	90	00SF	X	A LONG		
	1-1												
							- 1000000000000000000000000000000000000						L
Name of Registered Waste Hauler			DEP Wa		Cubic Y of Waste		Nam	e of Regist	ered Landfil	1			
Brick Industries, Inc.		1	21602			5		Grows N	lorth Lan	dfill			Ì
Brick, NJ				2	Disposa 10/4/		City,	State Mo	rrisville, I	ΡΔ			
Completed by Eric Plackis	Title	Presi	ident		Sig	nature	2			ite	10/19		
		1 100	UCIIL						*	3/	·UII	0	

LYN	井 ) 山中	20												Р	rint F	orm
01/100	$\circ$ , $1$	70	NOT	FICATION	State of I	New Jers SBESTOS	ey S ABATE	EWE	NT	Tr	NE	C	EI	nn	F	process
CH101	8 If	DAI	In)	Pursua	nt to NJA	AC 8:60 a	nd 12:12	20)	•			6	5 [	$\mathbb{V}$	<u>L</u>	$ \Gamma $
Date of Notification (1) 09.06.19				Name	of Buildin	ng Owner	/Operato	or (2)	F HOUSIN			, J= p=	1 c			
Agencies Notified	Type Notification	n			Address		N, DEP	10	F HOUSIN	NG [ ]		EP_	16	2019		
X EPA	☐ Initial					STATE S	STREE	Т		i i			Particular Services		430 hyperson	
X DEP X DOL	Amended Amendmer	nt #1			State, Zip	Code NJ 0860	ng				ASBE	STOC	NSIN	THO	L &	
ĭ DOH	Emergency justification	(includin	ng		of Contac					I Te	lephone N			~	- and an in-	-
☐ DCA	Cancellatio	n			ROAC						9-989-3					
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	TON	Tvr	pe of Facility	(4)						
								· y	School (K-	10.5						
Street Address								×	Subchapte Other (i.e. etc.)	er 8 (Oth	er than K & comme	-12) rcial bu	ildings	, hom	es,	
City (5) TRENTON								Squ 96	uare Feet	# o	f Floors	-	Bldg. 99	Age		
County (6) MERCER					Code (7)			Cur PR	rrent Use (Pri RIVATE RE	ior if bei	ng demol NCE	ished)				
Name of Monitoring Firm A SEINE LIGHTHO	Hired by Building USE SOLUTIO	Owner (8 DNS, LL	B) LC	ASC	M No.		Name BRIN	of At	tatement Co	ntractor RVICI	(9) ES					
Street Address PO BOX 354							Street 1256		ess BERTY AV	Έ						
City, State, Zip Code SOUTH ORANGE,									Zip Code E, NJ 0720	05						
Project Manager for Moni SARAH CALANDRA	Itoring Firm				49-2666		Teleph 844-4				License 01316	No.				
Start Date (10) 09.11.19		Schedu 09.21.		mpletion	Date (11	)			SHA Monitor LIGHTH(		COLLIT	TONIO				
Occupancy Status During	Abatement (Chec						Street			JUSE	SOLUT	IONS	, LLC	,		
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire led Outside of Norm	Period of nal Facilit	Abater y Hour	nent s			PO B		354 Zip Code			(7,				
Scope of Work (Check All	That Apply)						SOU.	TH (	ORANGE,	NJ 07	079					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ттас Арріу)	X	Renova Demolit	ation tion			×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure						
Location	of		Locati Normal			Dee	ania ti a a			z ( ) unu	14011-1110	Die ric	Abate	ement pe		
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Ma	ed Sole iintenai todial S (12)	nce/	Asbes (i.e	stos Conta thermal surfac	systems ing, VAT	ateria insul 「, or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		other m	iscellane	eous)				ovai	oair	sulate	sure	
												-				
Name of Registered Waste	e Hauler			JDEP W		Cubic Y	⁄ards		Name of R	Register	ed Landfil					
NEWARK CARTING				auler ID 1509	No.	of Wasi	te		WASTE				ANDF	FILL		
City, State EAST ORANGE, NJ	······································					Disposa	al Date		City, State PEN AR		, PA	1				
Completed by ALISON LAMERS		Title OFFI	CE M	ANAGI	ER	Sig	gnature	14/	MON	5	Da	ate //	116	M.		

09 2019 03:55PM NJ Asbestos 0	Control	609	.633.06	54		р	age 1	€'	DE	C	E		$\mathbb{V}$	E
OVIEW PATT	SCC IN (()		ATION		# Jersey ESTOS Al				01 - 10	DA	V		586	i
Date of Notification (1)					Owner/Op			-	100 11	-		1	_	
September 09, 2019		1		200 - 200 L C 200 - 100	mam Pa				AS8:	ESTO	IS C			11. 8
Agencies Notified Type Notification		-	Street Ad				.,		SL		/	1	+	
EPA		5	30 Oak	Court I	Drive, S	uite 1	85		-	5/		1		
DEP Amended		(	City, State	, Zip Co	de			-		V		7	al participation of the last o	
DOL Amendment #_ Emergency (inc	aludia e	- M	lemphis	TN 38	117			MIA	IVER AP	PRU	1/1	1)		
DOH justification)	and a string	1	Name of t	Contact					-Telephone N					
DCA Cancellation		P	roject N	fanage	r				973-641-17	36				
Name of Facility Where Abatement is Taking F	lace (3)		FACIL	ITY INFO	RMATIO	N T	Type n	f Facility (4)		_		_		-
	1000 (0)						_	chect (K-12)						
roperty Street Address							S	ubchapter 8	(Other than K.					
7 Vreeland Road						-	15.00		rate & commer	cial bu	ilálng	s, ho	mea	b.
City (5)			-				Square	c.) Frat	# of Floors	T	Bldg	Age		
Torham Park						į				-				
County (6)			County C				Curren	t Use (Prior	if being demoli	shed				
forris		10	STATE U	SE ON(Y)	-	- 1			empty					
Name of Monitoring Firm Hired by Building Ov	rner (8)		ASCM.	No.		Name	of Abet	ement Contr.	actor (9)					
E.S.L.					T <sub>1</sub>			Group, LLI	3					
Street Address						T. C. C. C.	Address	St. W. 15						
200 Paterson Plank rd # 7								HWY N, S	TE 209				,	
City, State, Zip Code					1		itale, Zij							
lorth Bergen, NJ 07047								4J 08034						
Project Manager for Monitoring Firm			Telephon	esponence.		e out to have	none No		License	No.				
Carmelo Altomonte	-		01-864				759 - 5	A Monitor	00781		_			
	cuednie		pletion D		1				_					
9/10/19 Occupancy Status During Abatement (Check	Only On		2/31/19	-			Address	Group, LL	<u>,                                     </u>		-		-	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other - Describe:	ating of A	baten	ent			City, 5	tate, Zi		TE 209	-				
						Cherr	y Hill, I	VJ 08034				_		
Scope of Work (Check All That Apply)  ≥3 st or ≥3 if ≥160 sf or ≥260 if		enoval emoliti					Min Glo	-Englosure vebsg Proce	et with Nagative			e		
(i)		Locali											nent e	
Location of Asbestos-Containing Material (ACM)	Use	lormali d Sole	ly by	Ashee	Des stos Conta	criptie		(ACM)	Amount			T	1	
TO BE ABATED		ntenar odial S			. thermal		a insula		(Specify SF or LF)	Vel	2	9	ncap	Enclosure
(13)		(12)	_		other m					Vellighed	repair		Encapsulate	sure
Existing piles of ACM debris & steel	Yas	Na	N/A		ACM de	ebris	& stee		TBD	>		+	1	
						and the Party Comments			AND SHAPE THE PARTY OF THE PART			I		
						_				-	+	+	_	_
Name of Registered Wasta Hauter			J DEP W		Cubic '		-	Name of R	egistered Land	afill			1	-
Name de / Oans de -		-	direius (D		of Was			IESI BAH	lehem landi	Fill / N.4	inor	V2 I	200	
Newark / Spartan			450	14	Dispos	TBD al Date		City, State		III I IA	mel	AG E	116.	
Newark, NJ / Donora, PA					. N. C.	2/31/1			m, PA / Way	/nesh	ura	OH-	1	
Completed by	Title	-			15	gnatu		1777	9	Date	- 201		_	
Mike Cooper	Presid	lant			-	and the same	//			9/9/19	}			

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

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	(	<b>✓</b>		X	1	)	(	6	
***		(2)	E3	П	ПП	[73	774-	-u. I	

									-	-	-	
D	ate of Notif	ication 9/6/1	19	Name	of Building	Owner / Oper	ator (2)	- It	NEC	EH	W	
Agenci	iesNotified	Type of Not	ification								A FSC ANNUASION CO	111
	EPA		rgency Notific	ation	Address			dan des		10	200	1000
	DEP		Notification		State & Zip C	1 -			III SEF	162	019	l lun
X	DOL	Cartesian, Transference	nded Notificati		nne, NJ 07			1	di di			the state of the s
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Name	of English M	Mara Abeter			CILITY INF	ORMATION	B.C					
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Fnviro	nmental	y riim mirea Taatiaa	by Building O	wner (8)	ASCM No.	Name of Ab						
Street A		I actics			N/A	Global Ab		nt Service	ces, LLC			
	ad Street					Street Addr						
	ate & Zip C					443 School						
	an, NJ 07					City, State 8	& Zip Co	de				
		r Monitoring	F:	I		Monroe To	ownshi	p, NJ 08	831			
Tom G	oidor	ivionitoring	Firm	Telephone I		Telephone I			License	Number		
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Occupar	ncy Status	During Abate	ement (Check	only one)		Street Addre	acciliei	it Servic	es, LLC			
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Inu# 1443

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

CK 5234

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Project Manager for Moni	loring Firm	17	elepho	ne No.		Telephone No.	.CR, IV.	License No.				
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☐ Facility Closed/Vacated	During Entire Period	of Aba	tement			280 Hu	yler St	**				
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Name of Absentiant Certification (%)  A. Mac Centrificating Inc.  Street Address  Street Address  City, Siste, Zip Code  City, Siste, Zip	BENGEN			County	Coda (7) Van Only	)	770	Curre	IN Uso (Pi	dor s be	ing damo	He Field			-
Street Address   Street Address   165 Vereland Ave,   165 Verela	Name of Monitoring Firm Hired by Building	Dumer (8	)	ABC	N Ng.	-0.000000000000000000000000000000000000	Name :	of Abs	temani Ca	intractor	(0)		*		
City, State, Zip Code  City, State, Zip Code  Midland Park, NJ 07432  Telephone No. 201-262-5641  City Conserve.  Stant Date (10)  Schooling General Date (11)  Schooling British Park (Chack Only One)  State During Abstentent (Chack Only One)  Abstentent Parkermad Qualities of Normal Pacifity Hours  City Closed/Vested During Entire Partod of Abstentent (Chack Only One)  Abstentent Parkermad Qualities of Normal Pacifity Hours  City Closed/Vested During Entire Partod of Abstentent (Chack Only One)  Abstentent Parkermad Qualities of Normal Pacifity Hours  City Closed/Vested During Entire Partod of Abstentent (Chack Only One)  Stopp of Work (Check All That Apply)  Abstentent Parkermad Qualities of Normal Pacifity Hours  City Closed School Pacific (Chack All That Apply)  Abstentent Parkerman (Chack Only One)  In Facility Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Closed School Pacific (Chack All That Apply)  Abstentent Parkerman (Chack Only One)  In Facility Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Hours  Consolidation of Normal Pacifity Procedure  Normality Consolidation of Normal Pacifity Procedure  Normality Consolidation of Normal Pacifity Procedure  Normality Consolidation of Normal Pacifity Procedure  Normality Consolidation of Normality Procedure  Normality Consolidat	Street Address						Burst	Addre	20	-	-		<u> </u>		
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Location of Aebastor-Centaining Material (ACM) TO RE ABATED In Pacifity (13)  Name of Registered Weste Hauler Newark Certing Inc.  Name of Registered Weste Hauler Newark Certing Inc.  Disposal Date Newark, NJ 07105  Is Location Normally Used Solely by Meintenance Custodial Eurity (Le. thermal systems inculation. Surfacing, VAT, or other miscellanceue)  Abstention of Aebastoric (ACM) (Le. thermal systems inculation. Surfacing, VAT, or other miscellanceue)  Abstention: Type  Abstention: Type  The Custodial Eurity Custodial Eurity Surfacing VAT, or other miscellanceue)  Amount (Specify Gif or LF)  By By By By By By By By By By By By By	□ ≥160 ef er +260 ¥		Demoli	Hen Hen	op-	The state of the s	T. W.	Min	H-Endedin Waland Pro	eadura Cadura				Ura	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date	of Notification	(1)			Nan	ne of	Building	g Owner / Oper	ator (2)		112		Ca i	1 5	1	1				
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Projec	ct Manager for I	Monitoring F	phone	Nun	nber	Telephone I	Number			License N	dumber									
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	9/16/2019	9	Scheduled Co 0/22/2019			te (11	1)	Name of OS EMSL Ana		itor										
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DCA Justificatio	in) ion		1	ne of Contact			Telephone	Numb	er					
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100 (100 1/05 Me						Type of Fac								
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eject Manager for Monitoring Firm			Tal			Neck, Nev	Jersey							
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Asbestos-Containing Material (ACM)	Us	ed Sof	ely by	Asbestos Cont	scription of	1			T	ype	, .			
TO BE ABATED In Facility (13)	Cus	aintena todial (12)	Staff?	(i.e. Inermal surface	systems ir ing, VAT, iscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
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Date of Notification (1) 9/5/19	Check # 344	.9		Nam	e of Buildin	ng Owner	/Operato	or (2)	) 200		SEP	16	2019			
Agencies Notified	Type Notification	E			Mike Flynn Residence Street Address											
☐ EPA	☑ Initial		ASSESTOS CONTROL													
DEP DOL	Amended Amendme	-14			State, Zip				L	MOI	LIC	SUU	NI HE VG	)L &	-	
	Emergence	y (includ	ng		nwah, N.		130						-	THE BOMPON		
DOH DCA	justification Cancellation			Mr.	of Contac Mike Fly	nn/Can		าท		Tel	ephone	Numbe	er			
Name of Facility Where A Mike Flynn Residen	batement is Taki	ing Place	(3)	FA	CILITY IN	FORMAT	TION	Ту	pe of Facili	ty (4)						
Street Address									School (	K-12)						
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County (6) BERGEN				Count (STATI	y Code (7) E USE ONL	y)		Cu	rrent Use (F	Prior if beir	ng demo	lished)	0.30, 70, 100			
Name of Monitoring Firm F N/A		CM No.	2 35-	Name	of A	Private Residence of Abatement Contractor (9)										
Street Address		EA Services Corpo Street Address						poration								
City State 7:- C-1									Street							
City, State, Zip Code									Zip Code							
Project Manager for Monito	oring Firm			Telenh	one No.				erg, NJ 0	7093						
				, cicpii	one No.		Teleph 201-2		No. -1700		License 01074					
Start Date (10) 9/14/19		Schedu 9/18/2	iled Co	mpletion	Date (11)	) :	Name	of OS	SHA Monito		01074			15-5-1		
Occupancy Status During A	batement (Chec	k Only C	ne)				Street		above							
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D&S Proj. #: 19-182	<u></u>	PA	No (Pu (D)	otification of A	Asbe IAC 8	stos Abatement 3:60 and 12:120)		G C		V							
Date of Notification (1)    0   9   /   0   6   /   1   9  Agencies Notified Type Not		l i	t Grant	Owner/Operator	(2)			DES -	6 2	019	And the second state of the second second						
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DOL Emerge (includir justificat	ncy		te, Zip Coo na, N.I 071 Contact														
DCA Cancella		Rober	t Grant				Telep	hone Nun	nber								
Name of family			F	ACILITY INFOR	MATI	ON	,										
Name of facility where abateme	ent is taking	place (3)					11 =	hool (K -	-6								
Street Address							Oth Bld	bchapter 8 er (Private gs./Homes	e/Comr s, etc.	merci	al						
City (5)	Co	ounty (6)				ounty Code (7)	Square Feet 1,100 SF	# of Fl	oors	7	Bldg. 0	Age					
Verona, NJ 07044	E	ssex			(S	(State use only)  Current Use (Prior if being demolisher											
Name of Monitoring Firm Hired to N/A	ent Contractor (9)	Residential t Contractor (9)															
Street Address				1		D & S RESTO	DRATION, INC.										
Chu Chai				Street Address 20 California Ave.													
City, State, Zip Code						City, State, Zip Coo		W									
Project Manager for Monitoring Fi	rm .	Ιp	hone Num	Paterson, NJ 07503  Telephone Number License Number													
			none Num	ibei		ense Number 01169											
Start Date (10)	Sche	d. Complet	ion Date (1	11)	_	973-345-802 Name of OSHA M	onitor		01109								
09/09/19	09/1	3/2019				D & S Restora	ation, Inc.				A E						
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City, State PATERSON, NJ 07503			Disposal Da	/2 yds ate		TULLYTOWN, City, State	RESOURCE RE	COVER	Υ								
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BOGDAN JOLDZIC	PRESIDE	ENT		Signature 2	200	golon 5	101h	Date 09/06/1									

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D&S RESTORATIO

PAGE 02/04

State of NJ

D&S Proj. #: 19-182

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

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Date of Notification (1)	Nama	of Building C	חאל	er/Operator (2		**************************************	-	+0	OL	10	DAY	_	-
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DOL Amendment 4		tate, Zip Cod				-	The second second second		y 4	- Account	201		
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DOA justification	)							1010phar	id Numbe	11			
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Residential								-	apter 8 ((		than K	(-12)	
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			- Advantage				_   -		# of Floo		8	dg. Ag	98
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Verone, NJ 07044	Essex				(a)	ens nas muh)		Current Use (P Residential	rior if bair	tg der	nollah	<b>H</b> d)	
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and and of a						Street Address 20 California	A				1304		Service For
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09/09/19	09/13/201	0		·		D & S Rasto Street Address	ration,	Inc.					
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Name of Monitoring Firm Hired by CONFIDENCE ENVIRONN	ASO	ASCM No. Name of Abatement					ent Contractor (9)									
Street Address	>			CPC Street			MENTAL SERVICES CORP									
391 OCEAN AVENUE City, State, Zip Code				142 1	NOR	RTH 13TH Zip Code	STR	EET								
JERSEY CITY NJ 07305  Project Manager for Monitoring Firm	n		Tolonh	ana N		NEW	ARK	NEW JE	RSE	Y 07107						
JUDE ULOKAMEJE Start Date (10)	2018	one No. 925090		Telepho 97339				License 01335								
9/23/2019	10/04	/2019	mpletior	Date (11	1)			HA Monitor	UTAL							
Occupancy Status During Abateme  Facility Closed Vacated During				Street Address							-					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of of Normal Facili	Abater ty Hour	ment s			City, Sta	30 WEST 25TH STREET  City, State, Zip Code  NEW YORK NY 10007									
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
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Date of Notification (1) September 10, 2019	COUL		1	Name of Building Owner/O	perator	(2)	100	+6	250	7
Agencies Notified  ☑ EPA  □ DCA  × DOL  ☑ DEP  × DOH	Amend Emerge	Notification		The Valley Hospital Street Address 223 North Van Dien City. State. Zip Code Ridgewood, NJ 07 Jame of Contact Villiam Stasiak	Avenu	736	elephone I	Number	NTR( NG	OL &
Name of Facility Where Abatement	is Taking Place (3)	FACILI	TY INFOR	MATION		2	01-447-81	41		
I ne Valley Hospital Ware	house			ype of Facility (4)  School (K-12)  Subchapter 8 (other than K	(-12)					
599 Valley Health Plaza				Other (i.e. private & co g. Feet: Unknown	mmercial <u># of Flo</u>	buildin ors: 4	gs, homes Bldg. A	, etc.) \ <u>ge:</u> 5	0+ ye	ars
Paramus Ber	nty (6) gen	County Code (7) (State Use Only)		urrent Use (prior if being d						
Name of Monitoring Firm Hired by B Colden Corporation Street Address	ldg. Owner (8)	ASCM No.	Na Gi	me of Contractor (9) REENWOOD ABATE	MENT	CONS	ULTAN	TS, INC	 C.	
131 Varick Street- # 939 City, State, Zip Code			51	reet Address 11 MAIN STREET						
New York, NY 10013  Project Manager for Monitoring Firm	Telephone N	li i ma la a a	Bu	y State, ZipCode utler, NJ 07405						
Jim Miades Scheduled Start Date (10)	347.435.	3561	97	23-492-0477	1651	Lice 008	nse Numb	er		
September 23, 2019 Occupancy Status During Abateme	October	ompletion Date (11) 31, 2019	EN	me of OSHA Monitor /ISL inc.						
Facility Closed/Vacated Duri Abatement Performed Outside Describe	na Entire Period o	f Abatament	10	eet Address 56 Stelton Road						
Other – Describe:				v. State, Zip Code scataway, NJ 08854		23	*			20
Source of Work (Check all that apply)										
$\geq$ 3 sf or $\geq$ 3 lf $\square \geq$ 160 sf or $\geq$ 260		⊠ Reno     Demoliti		x Gl	Mini-Er ovebag l	nclosure Proced	ure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location N by Maint./Cus YES N	Contain	stion of Asbestos ning Material (ACM) (i.e. systems insulation, ng, VAT, or other miscell.)	Amour (Speci or LF)	nt ify SF	V.	n-Friable ent Type Repair E			
Exterior	X   X		TSI Wall FI	ashing	50 LF 10 sf		X			
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	NJDEP Waste See Below	Hauler ID #	Cubi	ic Yards of Waste:		Name Fairle	of Registers	ered Land	dfill	
Hauler #1) Greenwood Abatem NJ DEP # 12561 Hauler #2) Newark Carting, Inc Completed by (Print or Type)	. – Newark, NJ 0			Disposal Date October 31,2019		Grand City, S FL-10 19067 GCL-1 Argyle	Central I State 00 New Fo Permit#18 1963 Pen A , PA 18072	Landfill ord Rd, M 3072 Argyle Rd 2		lle,PA
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County (6) Passaic				Code (7)			Current Use (F	Prior if be	eing demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement C	ontracto	r /Q)				
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Street Address							Address Route 46 Su	ito 14					
City, State, Zip Code							ate, Zip Code	14		Constant is			
Project Manager for Marilla 1						Totov	wa NJ 07512	2					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 332 4244		License N	lo.			
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Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm Other – Describe:	al Facility	Abaten y Hours	nent			City, Sta	ate, Zip Code			-			
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Street Address							Street	Address Route 46 Su						
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Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one No. 832 4244		License	Vo.			
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Street Address							TWO	BR	OTHE	RS CC	ONTRAC	CTING,	INC.		
,							Street /		ess LAND	A1/E1					
City, State, Zip Code									Zip Code		IUE				
Project Manager for Manager			-5.27						, NJ 0						
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	ng Place	(3)					Entered .		ility (4)						
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City (5) Pittman								re Fee	t	# of Floor	rs		Bldg.	Age	
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City, State, Zip Code						6 WH	tate, Zi	p Code	9						
Project Manager for Monitoring Firm			Telepho	one No.		LAKE	one No	).	J 087		nse No				
Start Date (10) 09/20/2019	Schedu	led Cor	mpletion	Date (11)		732-6 Name o	of OSH	IA Mon		1200					
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Ahatan	nent			6 WH	ITE D	OVE		RT					
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	-Enclos rebag F	sure Procedi	with Negat ure and Non-l				9	
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lame of Registered Waste Hauler		Ha	JDEP W	2000000	Cubic Y of Wast	50.000000000000000000000000000000000000	- 1	Name	of Regi	istered Lan	ndfill				
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Name of Monitoring Firm Him	ed by Buildi	ng Owne	er (8)	1	ASCN	/ No.	1	Name of Abateme	ent Contractor (9)						
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ony, state, zip oode							0	City, State, Zip Co							
Project Manager for Monitorin	na Firm		Тт	olo	nhono	No	-		New Jersey 087	55					
	· · · · · · · ·		"	ele	phone	NO.	1	Telephone No. 732-349-9932		License No	0.		0.011		
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09 /24 /1	9					19	1	E.M.S.L. Anal							
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□ Facility Closed/Vacated Diagram	uring Entire	Period o	f Aba	aten	nent			1056 Stelton							
Abatement Performed Out	side of Norr	mal Facil	ity H	ours	- Des	scribe	C	City, State, Zip Co	de			-			
Time of Abatement:		_PIVI/	٢	'IVI		_AM			lew Jersey 0885	i4					
Scope of Work (Check all that	t apply)						_	11							
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City State 7: 0						1889 Route	9, Unit 61					
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Project Manager for Monitoring	Firm		T-				New Jersey 0	8755				
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Start Date (10)	Sche	eduled	Compl	etion D	ate (11)	732-349-993 Name of OSHA		00624				
09/25/19					19	E.M.S.L. Ana						
Occupancy Status During Abat	tement (Che	ck only	one)			Street Address						
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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) 09 Walters Residential ASSESTOS CONTROL & 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 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Surf City 1000 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 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-\_\_\_AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\square \ge 3$  sf or  $\ge 3$  If ☐ Renovation ≥160 sf or ≥260 lf ☐ Mini-Enclosure □ 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) Asbestos Containing Material (ACM) Remova Enclosure Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation. Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior X asbestos siding 1000 sf X П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 09/24/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager ASB-41

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Date of Notification (1) 8-22-2019	UU -		Nam	ne of Building Owne	er/Operato	or (2)	-					
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DOH Emergence	y (includ	ling		e of Contact	.5							****
DCA Cancellation				Doggett				Telephone N		er		
Name of Facility Whose Abata				CILITY INFORMA	TION			973-619-3	3897			
Name of Facility Where Abatement is Tak Residential	ing Plac	e (3)				Type of Facil	ity (4)					
Street Address						School (	(K-12)					
1						Subchar	oter 8 (	Other than K	-12)			
City (5)						elc.)	e. priva	ate & comme	rcial b	uilding	js, ho	mes,
Orange, NJ 07050						Square Feet 1202		# of Floors			Age	
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Essex			(STATE	E USE ONLY)		Current Use (	Prior if	being demol	shed)			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASC	CM No.	Name	of Abatement C	Contrac	rtor (9)				
Street Address					Gree	n Environme	ental	Services, L	.LC			
Succession					Street	Address						
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To the Committee of the						tate, Zip Code						
Project Manager for Monitoring Firm			Telenh	one No.		ey City, NJ 0	7304					
			rolopii	one No.		one No. 333-8855		License	No.			
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abater	ment		235 V	'irginia Aven	ue					
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Scope of Work (Check All That Apply)					Jerse	y City, NJ 07	7304					
≥3 sf or ≥3 If	×	Renova	***									
≥160 sf or ≥260 lf		Demoli			×	Full Containn Mini-Enclosu	nent w	ith Negative I	Pressi	ıre		
					×××	Glovebag Pro	ocedur	е				
		- 1 1			×	Non-Exempte	ed (*) a	nd Non-Friat	le Pro	cedu	re	
Location of		s Locat Normal	ly	_							emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED	Us:	ed Sole aintena	ly by	Asbestos Cont	scription of aining Ma	terial (ACM)		Amount		Τ.		
In Facility		stodial S		(i.e. thermal	systems i	nsulation.		(Specify	R	77	Enc	m
(13)		(12)		other m	ing, VAT, iscellane	or ous)	5	SF or LF)	Removal	Repair	aps	Enclosure
	Yes	No	N/A						val	=	Encapsulate	ure
1st Floor		X		Pine	Insulation	on.		0415	-			
1st Floor		X				JII		24 LF	X			
		- 1			Siding			15 SF	X			
Name of Registered Waste Hauler		1 50	IDED		2.253							
Breen Environmental Services		Ha	JDEP Wa	aste Cubic Y No. of Wast				ered Landfill				-
City, State			34889	1	5	Fairless	Lan	dfill				
ersey City, NJ				Disposa		City, State						-
Completed by	Title			8-23-2	1	Morrisv	ille, P	A				
iliana Serrano		Man:	ager	Sig	nature	n allowa	a).	Date				-
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CY144	PAI	D	(	Pursu	ant to N	JAC 8:60 and 5:1	TEMENT	NECE		直	村
Date of Notification (1)							117	NECE	1 10		
09/	05 /	19			Ir. Lee Bi	ling Owner/Operator	(2)	31		1	
Agencies Notified	Type Notification	nn n			eet Address				6 2019		100
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⊠ DOLWD	☐ Amended			City	01-1-7	•	, and a second		And the second second		1
☑ DHSS	Amendment		_		, State, Zip		İ	ASBESTUS	S CONTH	<del>UL C</del>	
DCA (NIAC 5:33 a)	☐ Emergency	(includ	ing			Camden County,	NJ 08081	LIUE	ENSING	ACCOUNT NAME OF THE OWNER, THE OW	
(NJAC 5:23-8)	justification)  Cancellation			20.00	ne of Conta			Telephone Nu	mber		
	Cancenation				/ill Milbey						
Name of Facility Where Al	patement is Tak	ing Pla	CP (3)	F.	ACILITY	NFORMATION					
Old Store		ing i ia	GG (3)				Type of Facility				
Street Address							Subshanton	12) · 8 (Other than K-	46)		
5S. White Horse Pike	e Winslow						Other (i.e.,	private and comm	(2) ercial buile	dinas	
City (5)	· William						nomes, etc	.)	Orolar ban	migo,	
Winslow Camden C	ounty NI ner	104					Square Feet	# of Floors	Bldg	. Age	-0.000
County (6)	ounty, NO 000	101						1		956	
Camden				Cot	unty Code	(7)(STATE USE ONLY)		rior if being demo	lished)		
Name of Monitoring Firm H	lired by Building	0	- (0)	1000			Vacant				20
reame of Monitoring Fiffi	med by Building	Owner	r (8)	ASCN	/I No.	Name of Abateme					
Street Address						Graham-Tech	n Environmen	tal Service, LL	C.		
0.0007/100/035						Street Address					
City, State, Zip Code						958 Jackson	Rd				
only, otate, zip code						City, State, Zip Co					
Project Manager for Monito	-i Fi		1=			Mays Landing	g, NJ 08330				
r roject warrager for wionito	ring Firm		Tel	ephone	No.	Telephone No.		License No.			
Start Date (10)	101					609-561-1901		01158			
08 /15 /					ate (11)	Name of OSHA M					
				0_/	19	Graham-Tech	Environment	tal Services, LL	.C.		
Occupancy Status During A	batement (Che	ck only	one)	20		Street Address					
☐ Facility Closed/Vacated	During Entire Pe	eriod of	Abate	ement		958 Jackson F	Rd				
Abatement Performed O Time of Abatement: 7AM	utside of Norma	II Facilii	ty Hou		scribe	City, State, Zip Con	de				
				_AM		Mays Landing	, NJ 08330				
Scope of Work (Check all the	at apply)										
□≥3 sf or ≥3 If		⊠ Re	enovat	ion		☐ Full Conta	inment with Neg	gative Pressure			
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TO BE ABATE IN Facility	<u>:D</u>	Cus	intena	ince/ Staff?	(i.e	., thermal systems in	sulation,	Amount (Specify	Removal	Encapsulate	Enclosure
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lame of Registered Waste H	Hauler		_	JDEP V	Vaste T	Cubic Yards of	Name of Date				
Graham-Tech Environ		e		auler ID	No.	Waste	Name of Regist				
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000 <del>7</del> (000 00 00 00 00 00 00 00 00 00 00 00 0						Disposal Date	City, State				
completed By (Print or Type)							1				
Vernice Graham			0.000 <b>4</b> 000			Signature		Dạ	fe ,	$\overline{}$	
	Pi	reside	nt			MILLE	W/h	11	4-4-	19	
B-41						V CONT		1/1	1 1	1	1

Print Forn State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/11/19 Bruce Delong Private Home 2010 Agencies Notified Type Notification Street Address FPA Initial DEP City, State, Zip Code Amended X ASSESTOS CONTROL & DOL Amendment # Cape May NJ 08204 LICENSING Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Bruce **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bruce Delong Private Home 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 Cape May NJ 08204 1000+ 50± County (6) County Code (7) Current Use (Prior if being demolished) Cape May (STATE USE ONLY) House & Garage Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/20/19 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Used Soleiy by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Siding X Exterior Siding 2400 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Roll Off G.R.O.W.S. 22459 5 City, State Disposal Date City, State Elm NJ 9/27/19 Morrisville PA 19067

Completed by

Anthony T Perna

Title

President

Date

9/11/19

Signature

Print Form

Inv	#14									F	Print
CK 1279 P.	AIID)	TFICATIO	State of New Jers ON OF ASBESTOS nt to NJAC 8:60 a	BABATE	EMENT (20)	(D).	EC	E	$\mathbb{V}$	E	In
Date of Notification (1) 09.09.19		CITY	of Building Owner, OF TRENTON	Operato N, DEP	r (2) T OF HOUS	ING	ÚEF	1 5	2019		
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DOL Amendmen	(including	TRE	NTON, NJ 0860	08				ENSIN	G	L &	
DCA justification Cancellation		DAN	of Contact ROACH				Telephone N 609-989-3	umber 518			
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	CILITY INFORMAT	ION	Type of Facili	ty (4)				1-1-1-0	
Street Address				_	School ( Subchar  Other (i.etc.)	ter 8 (0	Other than K- te & comme	-12) cial bu	ildings	, hom	nes,
City (5) TRENTON					Square Feet 1468	1	of Floors		Bldg. 7	Age	
County (6) MERCER			Code (7) USE ONLY)		Current Use ( PRIVATE F	Prior if	being demol	shed)			
Name of Monitoring Firm Hired by Building A SEINE LIGHTHOUSE SOLUTION	Owner (8) DNS, LLC	ASC	M No.	Name BRIN	of Abatement O	Contrac	tor (9)				
Street Address PO BOX 354				Street	Address LIBERTY A						
City, State, Zip Code SOUTH ORANGE, NJ 07079					tate, Zip Code SIDE, NJ 07	205					
Project Manager for Monitoring Firm SARAH CALANDRA		Telepho 201-3	one No. 49-2666	Teleph	one No. 162-7465		License 01316	No.			
Start Date (10) 09.13.19	Scheduled Co			Name	of OSHA Monito		1	IONO			
Occupancy Status During Abatement (Che	ck Only One)			Street	Address	1003	E SOLUT	IONS	, LLC	,	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Abate nal Facility Hou	ment rs	æ	City, St	OX 354 ate, Zip Code		· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check All That Apply)				SOU	TH ORANGI	E, NJ	07079				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi	300000000		×	Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedur	e			0	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Sole Maintena Custodial	ely by ince/	Asbestos Conta (i.e. thermal		aterial (ACM)		Amount (Specify	R			ш
In Facility (13)	(12)			ing, VAT			F or LF)	Remova	Repair	Encapsulate	Enclosure
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								-			
Name of Registered Waste Hauler NEWARK CARTING	F	JDEP W lauler ID 4509			1		ered Landfil		ND	311.1	
City, State EAST ORANGE, NJ		4008	Disposa	al Date	City, Sta	ite		- L	ועטוי	ILL	
Completed by ALISON LAMERS	Title OFFICE M	IANAGI	ER Sig		PEN A	KGYL	Da	ite	Ka	liCi	7

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State of New Jersey
NOTH-CATION OF ASSESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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SEP 1 6 2019

Date of Notification (1)	9-19			Na		ing Owner/Opera	TLANTIC	BLOKS	9709	300	MTF	3(N ]
Agensies Notified	Type Notification	on		Str	eet Addres			R O main disconsission	LIUE	[1]51 	MG	*1400000
DEPA	Initial Amended			City	, State, Zir	Code			===			=
⊠ DOL	Amendmen  Emergency	(includi	ing	L	EG		BORTW		08	2	34	_
DOH □ DCA	justification  Cancellation			Nar	ne of Conta	1E		Telephone Num	ber			_
	<del></del>			F	ACILITY IP	FORMATION						
Name of Facility Where A	batement is Tak	ing Pla	œ (3)			4	Type of Facil					
Street Address	SIDEWC	=					Subchapt	er 8 (Other than K-1) , private & commerci		dinas		
							homes, et			kig. A		$\dashv$
City (5)	CAN C	ITY					1500	_   _ Z		50		
County (6)				Co	unity Code E ONLY)	(7) (STATE		Prior if being demos:	shed)			
CAF			_	ASCA		Name of Abate	ement Contractor		_		_	닉
Name of Monitoring Firm (8)	I.A	Owno					CLEMCO	IMC		_		=
Street Address						Street Address		RUCE HIE	-			
City, State, Zip Code						City, State, Zip	Code		ΛF	05	7	
			TTO	lephone	Nh	Telephone No.	APLE SE	License No.				=
Project Manager for Moni				**		856-7	19-0472	# 013	37	_		=
Start Date (10)	Sche	duled (	2 q	etion D - 19	ate (11)	Name of OSHA	N LE	<i>†</i>				
9-19-19 Occupancy Status During	Abatement (Che	-				Street Address	, ,	2.4				
M Ennen MocarWarater	Ouring Entire P	eriod of	ADBI	alkall		City, State, Zip	Code				==	=
Abatement Performed  Other - Describe:	Outside of North	e Face	19 1100							_	_	=
Scope of Work (Check all	that apply)					☐ Full Co	ontainment with N	legative Pressure				
☐ >3 sf or ≥3 lf			evova			Glove	nclosure pag Procedure					
∑≥160 sf or ≥260 H		MIN	ernoë tik	on		Non-E	xempted (*) and h	ton-Friable Procedur	E A	bater	nent	$\neg$
		N	Locati ormali	У			-4			Typ	æ	$\dashv$
Location of	unial (ACM)		Sole ntenar		Asbes	Description tos Containing M.	aterial (ACM)	Amount (Specify	R		Enc	En
Asbestos-Containing Ma TO BE ABATE	D (ACM)		stoda Staff?		(i.e.,	thermal systems surfacing, VA	r, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			(12)			other miscellane	<del>,</del> 005)		/al		ale	0
		Yes	No	N/A	7	0.1.5.50		2250 SE	V		$\neg$	$\Box$
SIDING				X		RAN SITE		-2000	1			
		·		-								$\dashv$
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Name of Registered Waste	Hauler		TN	UDEP (	Waste	Cubic Yards of Waste		istered Landfill M. C. J. W. J. A.				
	INC		_ [ ]	790	<u> </u>	Disposal Date	City, State		_			
City. State	- IN T							DBINE N	J	<u>.</u>	_	=
MADE SHA	Title				1	Signature	M	15ale -	9-	19		_
Completed By MICHAEL VICAL	m_	2RES				- Mul	7/1					



NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)

SEP 16 2019

Date of Notification (1) OWSTRUCT Street Address Type Notification Agencies Notified Initial Amended City, State, Zip Code Amendment # Emergency (including DOH DCA iustification) Name of Contact Cancellation 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 & commercial buildings, homes, etc.) Square Feet City (5) # of Floors Bldg Age OCHAN 50 1 County Code (7) (STATE Current Use (Prior if being demolished County (6) USE ONLY) LACAN MAY Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Street Address Street Address City State, Zip Code City, State, Zip Code MAPI Telephone No. Telephone No. Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address 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 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Min-Enclosure Renovation \_\_\_>3 sf or ≥3 H \_\_≥160 sf or ≥260 H Glovebag Procedure Demotition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Custodial TO BE ABATED surfacing, VAT, or SF or LF) Staff? other miscellaneous) IN Facility (12)(13) NIA Yes 2250 SF RANSII SIDING Cubic Yards Name of Registered Landfill NUDEP Waste Name of Registered Waste Hauter House DNO. Disposal Date City State WOODBING City. State Signature Completed By MICHAE

· ---- avamnted activities

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

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Date of Notification (1) Date of Notification	Ta 1/1/15		NO	TIFIC	State of ATION OF A	New Jetsey ASBESTOS ABATE	EMENT	S S	EP ·	1 6	20	19
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Appeles Notified    State   St	Date of Notification (1)			-		REUTER	COWST	RUCTIASBE	STOS	CO	VTR	OL 8
Americanism   Americanism		ation			Street Addre	1959 M			Λ			
DOH	DOL Amendm	ent#		1	City, State, Z	p Code				, C		, <u> </u>
FACULTY INFORMATION   Type of Facility   (4)	□ DOH jœstificati	on)	ading	-	lame of Con	tact	7101 510		umber (	000	27	4
Name of Facility Where Abatement is Taking Place (3)    Street Address   S	U Ca Catalo	<u> </u>			EACK ITY II						_	
Street Address  City (5)  OCLIAN CITY  County (6)  OR PE MAY  County (6)  OR PE MAY  County (6)  Name of Northbridge First  Street Address  St			ace (3)		1400111	12 0100111011						
City (5)  CCLAIL CITY  County (6)  CAPE MAY  County Code (7) (5) ATE  USE ONLY)  Name of Monitoring Pirm Hired by Building Owner  (8) NAME MAY  Street Address		<u></u>		_		71-	Subchap	ter 8 (Other than K	-12)			
County (6)  CAPE WAY  County Code (7) (STATE  USE ONLY)  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Monitoring Firm Hired by Building Owner  (8)  Street Address  MAPLE SHADE N. J 05/05 Z  Project Manager for Monitoring Firm  Telephone No.  Street Address  MAPLE SHADE N. J 05/05 Z  Street Address  Street Addre	Qu. (f)						nomes, e	(C.)				
Street Address   Stre		LIT					1500	_   2		57		
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Street Address  City, State, Zip Code  City,	Name of Monitoring Firm Hired by Buildin		3	ASC	3M No.	Name of Abatem	ent Contractor	(9)			-	
City, State, Zip Code  Chy, State, Zip Code				_		Street Address			_	_		_
Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  9 - 19 - 9  Scheduled Completion Date (11)  9 - 19 - 9  Scheduled Completion Date (11)  9 - 19 - 9  Scheduled Completion Date (11)  9 - 19 - 9  Scheduled Completion Date (11)  9 - 29 - 19  Scheduled Completion Date (11)  9 - 29 - 19  Scheduled Completion Date (11)  9 - 29 - 19  Scheduled Completion Date (11)  Name of OSHA Monitor  1						City State Zin Co		RUCE AU	=			
Start Date (10)  Start	City, State, Zip Code					MA		LADE N.	10	505	- 2	
Start Date (10)  G = 19 - 9  Coopancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement:  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check all that apply)  23 of or 23 li  2160 of or 2260 li  Coalion of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Yes No N/A  SIDIALE  NOBE Waste Hauter  KUEMCO JMC  MARKE SHAVE FM. J.  Nobel of Marken Abatement  Nobel of Waste Hauter  NOBE ABATED  NOBel of Waste Hauter  NOBE ABATED	Project Manager for Monitoring Firm		Tel	ephor	ne No.		1-0472		37	1		
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Ourside of Normal Facility Hours     Other - Describe:     Scope of Work (Check all that apply)     23 sf or 23 lf		eduled	Comple	etion (	Date (11)	Name of OSHA M				8		
Abatement Performed Ourside of Normal Facility Hours   City State, Zip Code				17		Street Address	NIF	<u> </u>				_
Other Describe:    Scope of Work (Check all that apply)	M Facility Closed Vacated During Entire F	eriod o	f Abate	men!		City State Zip Cox	de	<del></del>		_		_
Safe or 23 ft   Renovation   Renovation   Renovation   Reprocedure   Renovation   Reproduct   Renovation   Renovation   Reproduct   Renovation   Ren	Other - Describe:	a raw	., 1100									
Signature   Sign	Scope of Work (Check all that apply)							egative Pressure				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) ID BE ABATED IN Facility (13)  Yes No N/A  N/A  TRANSITE  TRANSITE  Abatement Type  Asbestos Containing Material (ACM) Asbestos Containing Mater	□ >3 sf or ≥3 H □ >160 sf or >260 H					Glovebag	Procedure	an Frinkle Desert				
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facity (13)  Yes No N/A  SID INC-  TO Registered Waste Hauler  About (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  TO Waste Hauler  About (Specify SF or LF)  The AM SITE  The	<u></u>	,				Multerell	pled ( ) and iv	OFFINADIE PROCESO				
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  SLOTING  NIDEP Waste Hauler KLEWCO JWC  WARRENANCE  NIDEP Waste Hauler D No. 17 God Disposal Date  NIDEP Waste Hauler D No. 17 God Disposal Date  Custodial Staff? (i.e., thermal systems insulation. (Specify Surfacing, VAT, or other miscellaneous)  NIDEP Waste Hauler D No. 17 God Disposal Date  City State  WARLE SHAWE W. J.  Signature  Light Signature  Assessits containing Material (ACM) (Specify SF or LF)  Republic Specify	Location of	Used	Solety	by			12/14/24)	A may int	-	178		$\sqcap$
SIDING  Yes No N/A  X TRANSITE  ZOOO SC X  TRANSITE  Ame of Registered Landfill  Waste Hauler  KLEWCO INC  Ty, State  MARE SHAWE W. J  Signature  Yes No N/A  X TRANSITE  ZOOO SC X  Name of Registered Landfill  Of Waste  Cubic Yards  Of Waste  Cubic Yards  Of Waste  City State  WOOD BING. N. J	Asbestos-Containing Material (ACM)	C	stodal		(i.e., t	nermal systems insu	ulation.	(Specify	Ren	Re	ncap	Enclo
SIDING  X TRANSITE ZOOO SC X  TRANSITE ZOOO SC X  Anne of Registered Waste Hauler  NUDEP Waste Hauler D No. 17904  Disposal Date  Wood Brance N. J.  Signature  Wood Brance N. J.	IN Facility					ther miscellaneous	()	0. 4 2 ,	revoc	pair	sulate	ems
A SID IN C.  A SID		Yes	Но	N/A		1.6.50		3. 50	V	-	-	-
TY. State  WARE SHAWE W. J  Waste Hauser D No. Disposal Date City State WOOD BING. N. J	SIDING		-+	X	_ IK	ANDITE		5000 2L	X	-	1	$\dashv$
TY. State  WARE SHAWE W. J  Waste Hauser D No. Disposal Date City State WOOD BING. N. J			-									
TY. State  WARE SHAWE W. J  Waste Hauser D No. Disposal Date City State WOOD BING. N. J						S. L. Vanda	Name of Page	tared Landfill				$\dashv$
TY. State  WARE SHAWE W. J  Signature  Disposal Date  City State  WOODBING N. J	lame of Registered Waste Hauter			sec D	No. 0		Carle of Rogs		W	A		
MARE SHAWE N. J. Signahare			11	00		isposal Date			7			
THO (1) (1)	MARE SHAWE W. J					Signature	WOOV	DINE. IV.	0	10		=
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Date of Notification (1)   19	Nicholas Fernicola	Pro	ject	Mana	ager			· God		1	- 1	1 =	
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Date of Notification (1) 09 / 12 / 19 Name of Building Owner/Operator (2) NCN Properties, LLC  Agencies Notified □ FPA □ DOLUPD □ Amended □ DOLH □ Cancellation □ (NJAC 5:23-8) □ Cancellation □ City, State, Zip Code □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (6) □ County (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) Residence  Name of Monitoring Firm Hired by Building Owner (8) □ ASCM No. □ Guardian Contracting, Inc.  Street Address □ Cancellation □ County (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Carrent Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Carrent Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Carrent Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Carrent Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) □ Carrent Use (Prior if being demoli			Yes	No	N/A			,				ite	
Date of Notification (1) 09 / 12 / 19 Name of Building Owner/Operator (2) NCN Properties, LLC  Agencies Notified □ Type Notification □ Initial □ DOUND □ Amended □ DOH □ Cancellation □ Telephone Number □ School (K-12) □ Subchapter 8 (Other than K-12) □ Subchapter 8 (Oth	Asbestos-Containing Material (ACN TO BE ABATED IN Facility	И)	Use Ma	Norma ed Sol aintena todial	ally ely by ance/ Staff?	Asbe (i.e	estos Containing Ma e., thermal systems surfacing, VAT,	terial (ACM) nsulation, or	(Specify		_	ent Encapsulate	yr
Date of Notification (1)  09 / 12 / 19  Agencies Notified  EPA  DOLWD  DOLWD  DOA  (NJAC 5:23-8)  Name of Building Owner/Operator (2)  NCN Properties, LLC  Street Address  2033 Westfield Avenue  City, State, Zip Code Scotch Plains, NJ 07076  Name of Contact Nick Novello  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Residence  Street Address  County (6)  Union  Name of Monitoring Firm Hired by Building Owner (8)  Guardian Contracting, Inc.  Street Address  Telephone No.  Toms River, New Jersey 08755  Folget Manager for Monitoring Firm  Telephone No.  Toms River, New Jersey 08755  Folget Manager for Monitoring Firm  Telephone No.  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Folget Manager for Monitoring Firm  Telephone No.  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms Ri	≥3 sf or >3 If		⊠ De	emoliti	on		☐ Mini-Enc	losure Procedure		dure			
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Date of Notification (1)  O9 / 12 / 19  Name of Building Owner/Operator (2)  NCN Properties, LLC  Agencies Notified  EPA  Initial  DOLWD  Amended  Armendment #  DCA  (NJAC 5:23-8)  DOH  Cancellation  Name of Facility Where Abatement is Taking Place (3)  Residence  Street Address  Street Address  Type of Facility (4)  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Residence  Street Address  County Code (7)(STATE USE ONLY)  Guardian Contracting, Inc.  Project Manager for Monitoring Firm  Nick Nov  Telephone No.  Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Page Nov.  Name of Monitoring Firm  Telephone No.  Telephone No.  Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Page Nov.  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Talephone No.  Telephone No.  Talephone 09 /24 /19	0	9_	/ _2					et w					
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Date of Notification (1)  O9 / 12 / 19  Name of Building Owner/Operator (2)  NCN Properties, LLC  Agencies Notified  EPA  DOLWD  Amended  Amendment #  DCA  (NJAC 5:23-8)  Emergency (including justification)  Cancellation  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Residence  Street Address  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings homes, etc.)  City (5)  Westfield  County (6)  Union  Name of Monitoring Firm Hired by Building Owner (8)  Guardian Contracting, Inc.  Street Address  Name of Building Owner/Operator (2)  NCN Properties, LLC  Street Address  ASSESTOS CONTROL  LICENSING  ASSESTOS CONTROL  LICENSING  ASSESTOS CONTROL  LICENSING  Telephone Number  908-963-2886  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  County (6)  Union  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Street Address  Street Address								9, Unit 61					
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Date of Notification (1)  O9 / 12 / 19  Agencies Notified  EPA  DOLWD  DOLWD  DOA  (NJAC 5:23-8)  Name of Building Owner/Operator (2)  NCN Properties, LLC  Street Address  2033 Westfield Avenue  City, State, Zip Code  Scotch Plains, NJ 07076  Name of Contact  Nick Novello  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Residence  Street Address  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)	City (5)							homes, et	c.)				
Date of Notification (1)	555(7)dd1635							☐ Subchapte	er 8 (Other than h , private and com	(-12) Imercial	buildin	as.	
Date of Notification (1)  O9 / 12 / 19  Name of Building Owner/Operator (2)  NCN Properties, LLC  Agencies Notified  EPA  DOLWD  Amended  Amendment #  DCA  (NJAC 5:23-8)  DCA  (NJAC 5:23-8)  DCA  (NJAC 5:23-8)  Purpose Address  Street Address  2033 Westfield Avenue  City, State, Zip Code  Scotch Plains, NJ 07076  Name of Contact  Nick Novello  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)							And the second second	School (K	-12)				
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Date of Notification (1)  Name of Building Owner/Operator (2)	Agencies Notified Type Noti	fication	_						1	7		29	The same
(Pursuant to NJAC 8:60 and 5:16)	09 /12/	19	9					r (2)	II II DEF	. 0	2019		-
Pursuant to NJAC 8:60 and 5:16)	Date of Notification (1)									1.			deliberto.
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State of New Jersey  NOTIFICATION OF ASPESTOS APATEUR.		D	Aiz		0 A T1	State of	New Jersey		MEG	FI	W	F	-

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

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CK 3739	V PA	ATT	TIFI (	CATIC Pursu	ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT ()			$\mathbb{V}$		Constitution in the same
Date of Notification (1)				Nar	me of Buildi	ng Owner/Operator	r (2)	SEP	162	019	11	Ш
/	12 /	19		IV	liracle Ho	me Improvemer	nts		72	17		
Agencies Notified  EPA	Type Notifica	ation		Stre	et Address		-	ASBESTOS	CON	ROL	<u></u>	
⊠ DOLWD		4				ndoah Blvd.			NSING			
⊠ DOH	Amendme	e:		100	, State, Zip							
DCA (NIAC 5:33.8)	☐ Emergen	cy (includi	ing			r, NJ 08753						
(NJAC 5:23-8)	justification Cancellat				ne of Conta			Telephone N	lumber		e e e e e	
	Guriociiat	1011				me Improvemen	ts	732-270-3	3277			
Name of Facility Where Ab	atement is T	aking Pla	00 (3)	F	ACILITY II	NFORMATION				5.00 years (year)		
Residence	ottoment is i	aking Flat	ce (3)				Type of Facility (					
Street Address			-				School (K-12)	(Other than K	12)			
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City (5)			E74 [127]				homes, etc.)				- 500 - 50	
Brick							Square Feet 1850 sf	# of Floors		Bldg. A	Age	
County (6)				Cou	unty Code (7	7)(STATE USE ONLY)		1 1	olichad			
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Name of Monitoring Firm H	ired by Buildi	ing Owner	r (8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
N/A Street Address							ontracting, Inc.					
Street Address						Street Address			1000			
City, State, Zip Code				- /21 (5)		1889 Route 9						
only, orate, zip code						City, State, Zip C						
Project Manager for Monito	ring Firm		To	lanhana	Ne		New Jersey 087	55				
	g		16	lephone	NO.	Telephone No. 732-349-9932		License No.				
Start Date (10)	Sc	cheduled (	Compl	etion Da	ate (11)	Name of OSHA N		00624			- 100	
09 /23 /	19				19	E.M.S.L. Ana						
Occupancy Status During A	batement (CI	heck only	one)			Street Address	Tytical					
□ Facility Closed/Vacated	During Entire	Period of	Abate	ement		1056 Stelton						
□ Abatement Performed O	utside of Nor	mal Facili	tv Hoi	irs - De	scribe	City, State, Zip Co						
Time of Abatement:		_PM/	PN		_AM	A STATE OF THE PROPERTY.	New Jersey 088	54				
Scope of Work (Check all th	at apply)											
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Re ⊠ De	enova			☐ Mini-Enc	tainment with Nega losure g Procedure mpted (*) and Non-		Hura			
Location of			Loca Norma							batem	ent T	vne
Location of Asbestos-Containing Ma	terial (ACM)	Use	ed Sol	ely by	Ashes	Description o stos Containing Ma	f	<b></b>	1 100	1	T	1
TO BE ABATE IN Facility	<u>D</u>	Ma	intena todial	ance/ Staff?	(i.e.	, thermal systems i	nsulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned	or	SF or LF)	Va.	"	Sul	sure
***************************************		Yes	No	N/A		other miscenaries	ous)				ate	
exterior					asbesto	s siding		1850 sf		П	П	
										17		
		П	П							12		닏
											Ш	
Name of Registered Waste H	lauler			JDEP V	Vaste	Cubic Yards of	News 15					
Guardian Contracting,				lauler ID	No.	Waste	Name of Register T.R.R.F.	ed Landfill				
City, State				20223	-	3 Disposal Date	City, State				20100	
Toms River, New Jerse	17					09/24/19	Tullytown, Pe	ennsylvania				
Completed By (Print or Type)	T	itle				Signature						
Nicholas Fernicola		Project	Mana	ager					ate	1		
SB-41						3	The second secon		11	/2 }	19	

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() K 3/200	21 11	M	A. (F	ursua	ant to NJ	AC 8:60 and 5:1	16)					
Date of Notification (1)						ng Owner/Operator			p. 1.	2010	-	
09 / 12	/ 1	9				erties, LLC	(2)	니니	r 0	CUIS	-	house
Agencies Notified Type No	tification									13	1	27
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☑ DOLWD ☐ Ame						field Avenue		L	<u> JOENSIN</u>	<u>//u</u>		
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Cano				5000	ck Novel			Telephone 908-963				
				FA	CILITY	NFORMATION						
Name of Facility Where Abatemen	is Takin	g Plac	e (3)				Type of Facil	lity (4)				
Residence							School (K	(-12)				
Street Address							Subchapt	er 8 (Other than , private and co	K-12)	huildin	90	
Ciby (5)	- Section						homes, e	tc.)	minerciari	Julialit	ys,	
City (5) Westfield							Square Feet	# of Floor	s F	3ldg. A	ge	
County (6)				10			2500 sf	2		100		
Union				Cou	inty Code (	7)(STATE USE ONLY)		(Prior if being de	molished)			
Name of Monitoring Firm Hired by I	Ruilding (	Jwnor	(0)	ASCM	I NI -	111	Residenc					
Guardian Contracting, Inc.	runung (	JWITEI	(0)	ASCIV	I IVO.	Name of Abateme						
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1889 Rte. 9, Unit 61						1889 Route 9	Unit Cd					
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Toms River, New Jersey 083	55					Toms River,		0.0755				
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Nicholas Fernicola			100		9-9932	732-349-9932		00624	0.			
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09 /24 /19		9_ /	_ 2	3_ /	19_	E.M.S.L. Ana	lytical					
Occupancy Status During Abateme	nt (Check	only	one)			Street Address						
Facility Closed/Vacated During B	ntire Per	riod of	Abate	ment		1056 Stelton					2	
Abatement Performed Outside on Time of Abatement:AM	Normal	Facilit	y Hou	rs - Des		City, State, Zip Co	ode					
		///	_PM		_AM	Piscataway, N	New Jersey (	08854				
Scope of Work (Check all that apply	)										_	
≥3 sf or ≥3 If ≥160 sf or ≥260 If			enovat				losure 1 Procedure	egative Pressur				
			Loca							bateme	ent T	ype
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Name of Registered Waste Hauler				JDEP V	0/0040	01: 11:	T					
Guardian Contracting, Inc.				auler IE 20223	O No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
City, State				20223		Disposal Date	City, State					
Toms River, New Jersey						09/26/19		n, Pennsylvan	iia			
Completed By (Print or Type)	Title					Signature	73	, , , , , ,	Date /	- 7		
Nicholas Fernicola	Pr	oject	Mana	ager			· · · · · · · · · · · · · · · · · · ·	Contracting to the second	in I	, /	12	

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

Check 10774

	NU# 1448 PATT	D	(	Pursuar	nt to NJAC 8:60 a	nd 12:12	:MEN   :0)	- 174 175	1			
	Date of Notification (1) $9-13-16$	۹		Name	of Building Owner	/Operato	. 1		GE		V [	
	Agencies Notified Type Notification	1	P. 1	Street	Od how Address	15	Brother	111711	Spo	Sa	1	
	☐ EPA Initial ☐ Amended			City, S	tate, Zip Code	) <u></u>	state P	oute s	34	6 20	019	11.
	DOL Amendment  Emergency		ıg .	6	Farm	ingo	dale	N2T (	770	72-	1	
	DOH justification) □ DCA □ Cancellation	**		Name	of Contact Sa	Ko	etis	Telephone	Number 1	SING	760	<del>a</del> 90-
	Name of Facility Where Abatement is Taking				CILITY INFORMAT		Type of Facility	(4)	00,			
	Street Address Street	DV	re li	ing			☐ School (K	-12)				
					**		Other (i.e.	er & (Other than private & comn	K-12) nercial b	uildings	s, hom	ies,
-	City (5) Long Brack Ch		N	T	07740	)	Square Feet	# of Floors	3	Bldg.	-	
	County (6)	18	- 4	County (STATE	Code (7) USE ONLY)		Current Use (P	nior if being dem		725	0+	-
	Moving Firm Hired by Building C	ribs .			M No.	Name	of Abatement Co	ontractor (9)			ing	<del></del>
-	Street Address	Sie	\$		N/A	Street	PC TO	chnol	<u>ogie</u>	.\$	Ir	38
-	City, State, Zip Code	57				P.	O. Box	337				
	New Equat	N	7	80	533	1 10 %	tate, Zip Code	A ta	50	18	53	3
	Project Manager for Month ril gr-irm	2		Telepho	one No. 758-3365		one No. 37	Licens	e No.	20	H	
			led Cor	npletion	Date (11)	Name	of OSHA Monito		JUI			
1	Occupancy Status During Abatement (Check	Only O		0	19	Street	EPC Tec	hnologi	<u>es 1</u>	کرر		
	Facility Closed/Vacated During Entire Property Abatement Performed Outside of Normal	eriod of al Facilit	Abaten y Hours	nent S			ate, Zip Code	337	11		gers, -	22
-	Other – Describe:  Scope of Work (Check All That Apply)						w Egypt	TU	08	53	3	
1	≥3 sf or ≥3 if		Renova	tion			Full Containm	ent with Negativ	va Pracc	ure		
	X ≥160 sf or ≥260 lf		Demolit	ion			Mini-Enclosur Glovebag Pro	e cedure				
	:	ls	s Locati	on			, Non-Exempte	d (*) and Non-F	riable Pr		re ement	
	Location of Asbestos-Containing Material (ACM)	Use	Normali ed Sole	ly by	Des Asbestos Conta	cription	of	Amount	-	Ty	/pe	Н
	TO BE ABATED In Facility		intenar todial S		(i.e. thermal	systems sing, VAT	insulation, ,	(Specify SF or LF)	Remova	Re	Encar	Encl
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H	Name of Registered Waste Hauler		N.	JDEP W	aste Cubic	/ards	Name of	Registered Land	Hill			_
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Agencies Notified Type Notifi	cation			Stree	et Address						SEP	1	6 2	019-		1000
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Name of Facility Where Abatement is	Taking F	lace	(3)				- TON	Type of Facil	ity (4)	,						-
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Name of Monitoring Firm Hired by Bui	lding Ow	ner (8	)	ASCN	No.	Na	ame of Abatem	ent Contractor	(9)							
Management & Enviro. Consu	Iting Se	rvice	es			11 10		onmental, LL								
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PO Box 341							623 Cutler A	venue								
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Chesterfield, NJ 08515						1	Maple Shade	e, NJ 08052								
Project Manager for Monitoring Firm			Tele	phone	No.	Te	lephone No.			Licens	se No			erroriani derma hasa		
Bill Weisgarber			60	09-298	3-4070	1	856-755-0099	€		008	42					
	Schedule	d Cor	mple	tion Da	ate (11)	Na	me of OSHA N	Monitor			-	-				
10 / 28 / 19	10	/ .	30	)/	19	1	EMSL Analyt	tical, Inc.								
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Completed By (Print or Type)	Title		-				Signature	1	-			Date	-			
Christina Fay	Vice	Pres	ide	nt of (	Operation	ns	Charts	Hay						19		

IANI # 14455 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/11/2019 CHECK # 0284 Agencies Notified Type Notification Street Address **EPA** Initial ASSESTOS CONTROL & DEP City, State, Zip Code Amended LICENSING × DOL Amendment # MADISON NJ,07940 Emergency (including Name of Contact DOH justification) Telephone Number DCA JOSEPH RUSSO Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 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 MADISON NJ,07940 50X100 2FL 50+ County (6) County Code (7) Current Use (Prior if being demolished) **MORRIS** (STATE USE ONLY) **OCCUPIDE** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING Street Address Street Address 24 CHURCH ST City, State, Zip Code City, State, Zip Code ELMWOOD NJ.07407 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-873 9418 01301 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/25/2019 09/27/2019 ALL SOLUTIONS CONTRACTING Occupancy Status During Abatement (Check Only One) Street Address 24 CHURCH ST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8:00AM TO 3:30 City, State, Zip Code ELMWOOD NJ.07407 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If × Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT AND GARAGE X ACM PAPER DUCT INSULATION 45 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATLANTIC CARTING GRAND CENTRAL TDB City, State Disposal Date City, State PEN ARGYL PA 18072 TDB PEN ARGYL PA18072 Completed by Signáture Date LUIS ARCILA PRESIDENT 09/11/2019

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

Print Form

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,	Cancellation				yne Testa				Tele	phone Nu	mber		
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Street Address					130			Subchapte  Other (i.e.	er 8 (Othe	r than K-1	2)	. 71.41	
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ranklin, NJ 07416								Square Feet	# 0	f Floors		Bldg.	Age
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lame of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASCI	VI No.	Name	of Abatem	nent Contractor	(9)				
treet Address						1	ch LLC		(0)				
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tart Date (10) 09 /22 /	Sch	neduled	Compl	etion D	ate (11)		of OSHA N	Monitor	10112				
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ccupancy Status During Facility Closed/Vacate	Abatement (Chi d During Entire	eck only Period a	one) f Abat	omost		Street	Address				_		
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/11/19 Woodbridge Township School District Agencies Notified Type Notification Street Address **EPA** X Initial PO Box 428, School Street DEP Amended City, State, Zip Code X DOL Woodbridge, NJ 07095 Amendment # Emergency (including Name of Contact Telephone Number X DOH justification) Brian Wolferman STOS CONTROL & DCA Cancelation LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ross Street School #11 X School (K-12) Street Address Subchapter 8 (Other than K-12) 110 Ross St. Other (i.e. private & Commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodbridge 55,500 3 1920 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Middlesex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Wav City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/20/19 10/11/2019 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure ≥160 If or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Location of Normally Туре Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specity In Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Repair Yes No N/A Roof X Built Up Roofing, Bottom Layer 17,000 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste

150+ CU YD

Signature

Disposal Date

TBD

04509

General Manager

Newark Carting Inc

Newark, New Jersey

City, State

Completed by

Dimo Golcev

Name of Regustered Landfill

Gity, State

Morrisville, PA

Grand Central Sanitary Landfill

9/11/19

Inv# 14451

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 09-06-19		Name Jone	e of Building es Lang L	Owner/d	Operato Ameri	r (2) cas Inc. J	PN	16	14 10	7 15		14/	15	100 100 100 100 100 100 100 100 100 100
Agencies Notified Type Notificati	on	Stree	t Address 1 Pasquir						SE	i q	6 2	019	and make	
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DCA justification Cancellate	on)		e of Contact n Kamins			į.	<u></u>		(732)				WARET RESE	
Name of Facility Where Abatement is Ta	king Place (3)	FA	CILITY INF	ORMATI	ON	Tune of F	- 111							
Chase Bank	3 . 1200 (0)					Type of Fa								
Street Address 24 Park Avenue City (5)						Subc	hap	ter 8	(Other th	an K-1 mmerc	2) ial bu	ildings	s, hon	nes,
Rutherford, NJ 07070						Square Fe	et		# of Flo	ors		Bldg.	Age	
County (6) Bergen			y Code (7) E USE ONLY	,		Current Us Bank	e (I	Prior	if being d	emolis	ned)			10.000
Name of Monitoring Firm Hired by Buildin Apex Companies, LLC	g Owner (8)	ASC	CM No.		Name Pinna	of Abatement	nt C	Contra	actor (9)	<u> </u>				
Street Address 2001 Route 46, Waterview Plaza	, Ste. 310				Street	Address Broad Stre								
City, State, Zip Code Parsippany, NJ 07054						tate, Zip Coo tadt, NJ 0		72						
Project Manager for Monitoring Firm Don Wendt			none No. 887-078	3	Teleph	one No. 939-6565			C	ense N	0.			
Start Date (10) 09-21-19	Scheduled 09-30-19		n Date (11)		Name o	of OSHA Mo	onito	or						
Occupancy Status During Abatement (Ch    X   Facility Closed/Vacated During Entire						Address Jackson	Δν	/enii	Δ.					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	rmal Facility H	ours	EE	_	City, St	ate, Zip Cod Island Cit	le							
Scope of Work (Check All That Apply)					Long	Intact Re			11101					
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City, State Newark, NJ 07105				Disposal TBD	Date	City, Pen			PA 180	72				
Completed by John A. Tancredi	Title Project I	Manager	<u> </u>	Sig	nature	10	_	ĺ	ven-	Date 09-		9		
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Date of Notification (1) Og-05-19 Agenoles Notified    PPA				NOT	FICATI	State of New Jer ION OF ASBEST( ant to NJAC 8:60	S ABAT	EMENT						
Agencies Notified    DEP   Common					Name	e of Building Owne		(8)	F GH	ECK	603	E		<i>y</i> // [i
DOL     Amendment 1   Work Long Branch, NJ 07764   ACRESTIC COUNTROL   Work Long Branch, NJ 07764   Top of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8	EPA [	Initial			Stree P.O	t Address . Box 70, 40 M	onmout	h Park Highwa	y	1	)[i	1 0	20	19
Name of Contact   Peter Wersinger III, Esq.   Telephone Numbre: \(\sigma_{a}\)   Type of Facility (Appendix Form Numbre: \(\sigma_{a}\)   Type of Facility (Appendi	X DOL	Amendment #		na .	Wes	st Long Branch	, NJ 077	764		\CD:	~ ~ ~ ~ ~ ~	0.00		
Name of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8	=	_ justification)			10 (00:00.000)		Fsa		Telep	hone N	lumbe	FNSI	NIC	IOL 8
Fort Mornmouth    Street Address   School (K-12)   School (K-1	Non								(132	) 222	-2000	XZZ	07-	
145 Sherrell Road   Subchapter 8 (Other tine, try private & commercial buildings, homes, etc.)   County (5)   County (6)   Square Feet # of Floors   Bldg, Age   1880   County (7)   County (8)   County (7)   Coun	Fort Monmouth	tement is Taking	Place	(3)				Type of Facility	(4)			-		
City (5) Cocanport, NJ County (6) County (7) County (8) Monmouth Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services Streat Address 300 Kimball Drive Streat Address 300 Kimball Drive City, State, Zip Code Parsippany, NJ 07054 Project Manager for Monitoring Firm Vijay Patel Start Date (10) 09-10-19 Scheduled Completion Date (11) 09-10-19 Scheduled Completion Date (11) 09-10-19 Scheduled Completion Date (11) 09-10-19 Scheduled Completion Date (11) 09-10-19 Full Containment with Negative Pressure Streat Address 10-59 Jackson Avenue City, State, Zip Code Carlstadt, NJ 07072  Telephone No. (973)560-4983 City, State Jip Code Carlstadt, NJ 07072  Telephone No. (973)560-4983 Streat Address 10-59 Jackson Avenue Cocupancy Status During Abatement (Check Only One) Streat Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101  Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Yes No N/A  Ground Floor  Name of Registered Landfill Minerva Enterprises City, State TBD  Name of Registered Landfill Minerva Enterprises City, State C								Subchapter  Other (i.e. p	8 (Other	than K-	-12) cial bu	ilding:	s, hoi	mes,
County (6)   County Code (7)   Current Use (Prior if being demolished)	Oceanport, NJ							Square Feet			П	Bidg.	Age	-
Langan Engineering & Environmental Services  Street Address 300 Kimball Drive  City, State, Zip Code Parsippany, NJ 07054  Project Manager for Monitoring Firm Vijay Patel  Stard Date (10) 03-31-20  Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf 21-03 school of Abbestos-Containing Material (ACM) 10 Se ABATED In Facility (13)  Renovation Demolition  Sis Location of Abbestos-Containing Material (ACM) 10 Se ABATED In Facility (13)  Renovation Demolition  Sis Location of Abbestos-Containing Material (ACM) (15) Yes No N/A  Ground Floor  Normally Sec Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  City State Subject Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. Telephone	Monmouth				County (STATE	y Code (7) E USE ONLY)		Current Use (Pric	or if being	demoli				
Sireet Address 300 Kimball Drive  City, State, Zip Code Parsippany, NJ 07054  Project Manager for Monitoring Firm Vijay Patel  Scheduled Completion Date (11) 03-31-20  Cocupancy 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 Carlstadt, NJ 07072  Telephone No. (973)560-4983 201-939-8565  D0756  Name of OSHA Monitor Even-Air Inc.  Street Address 10-59 Jackson Avenue  City State, Zip Code Long Island City, NY 11101  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exe	Langan Engineering &	ed by Building Ov Environmenta	wner (8 al Ser	vices	ASC	CM No.	Name Pinna	of Abatement Cor acle Environme	ntractor (9) ental Co	rp.		-		
Parsippany, NJ 07054  Project Manager for Monitoring Firm Vijay Patel  Start Date (10) 09-10-19  Scheduled Completion Date (11) 09-10-19  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  City, State, 2p Code 201-939-6565  00756  Start Date (10) 09-10-19  Scheduled Completion Date (11) 03-31-20  Name of Registered Waste Hauler ACCUPACHARIT (Normal Pacific Normal Paci	300 Kimball Drive						Street	Address						
Vijay Patel   (973)560-4983   201-393-6555   C0756   C0756	Parsippany, NJ 07054								2					
Scheduled Completion Date (11) 09-10-19    Scheduled Completion Date (11)   O3-31-20   Even-Air Inc.	Vijay Patel	ng Firm							10000		No.			
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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  Location of Asbestos-Containing Material (ACM) In Facility (13)  Ground Floor  Ground Floor  Asme of Registered Waste Hauler  Name of Registered Waste Hauler  ATC, Inc. / Newark Carting, Inc. (04509)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Long Island City, NY 11101  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fri														
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Solution work (Check All That Apply)  Salid of or ≥3 if    X   Renovation   Demolition   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*)	Other - Describe:								11101					
Section   Demolition   Description of   Description of   Asbestos Containing Material (ACM)   Amount   Cspecify   SF or LF   Demolition   Description of		at Apply)												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Ground Floor  Name of Registered Waste Hauler  ATC, Inc. / Newark Carting, Inc. (04509)  Asbestos Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  Secription of Asbesto						ja .	×	Mini-Enclosure Glovebag Proce	edure				e	
Asbestos Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Ground Floor  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  900SF  X  Floor Tile & Mastic  Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile & Mastic  900SF  X  In The Total Action (Specify Specify Spe			1	Vormally	V	De	scription o					Abate	ement	t
ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Completed by  Registered Waste Hauler ATC Floor Tile & Mastic  Cubic Yards of Waste Hauler ID No. 24310  Disposal Date TBD  City, State Waynesburg, OH 44688	TO BE ABATED In Facility	enal (ACM)	Mai	intenan odial Si	ce/	(i.e. thermal surfa	systems cing, VAT	insulation, , or	(Speci	ify	Remov	Repai	Encapsu	Enclosu
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Completed by  ATC Proof Tile & Mastic Shirley & Waste TBD  Name of Registered Landfill Minerva Enterprises  City, State TBD  City, State TBD  City, State Waynesburg, OH 44688	0 15		Yes	No	N/A						<u>a</u>		ate	re
ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Completed by  ATC, Inc. / Newark Carting, Inc. (04509)  Hauler ID No. 24310  Minerva Enterprises  City, State TBD  City, State Waynesburg, OH 44688	Ground Floor				Х	Floor T	ile & Ma	astic	9008	SF.	х			
ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Completed by  ATC, Inc. / Newark Carting, Inc. (04509)  Hauler ID No. 24310  Minerva Enterprises  City, State TBD  City, State Waynesburg, OH 44688													-	
ATC, Inc. / Newark Carting, Inc. (04509)  City, State Shirley, NY / Newark, NJ 07105  Completed by  ATC, Inc. / Newark Carting, Inc. (04509)  Hauler ID No. 24310  Minerva Enterprises  City, State TBD  City, State Waynesburg, OH 44688	Name of Registered Waste Ha	uler		NI	DEBW	anta laur								
Shirley, NY / Newark, NJ 07105  Completed by  Completed by	ATC, Inc. / Newark Cartir		9)	Ha	uler ID	No. of Was	The state of the s	A 25250 TO 50000						
Completed by		07105				Dispos	al Date	City, State	7,000		Ω			
	Completed by Richard Doran	4. 57	100000	t Man	ager		gnature	V	)	Dat	e			-

IN	#140	- 4-14	1	CATI	State of	New Jersey				
Check#3428	PAID	147	)	Pursu	on OF A	SBESTOS AE	SATEMENT 5:16)	DEF		EF
Date of Notification (1)						ling Owner/Operate		DECH	EIV	追加
					s Selfridg		100			
Agencies Notified  EPA	Type Notificati	on		Stre	eet Addres	\$		<u> </u>	6 2019	
☑ DOLWD	Amended						and the second s	The state of the s		Manual Paris
☑ DHSS ☐ DCA	Amendmen			1 "	/, State, Zi			ASBESTO	CONTRO	L &
(NJAC 5:23-8)	Emergency justification	)	ing	Nar	dlesex, N	J 08846	L	The state of the s	ENSING	
	Cancellation	n		28.00	Selfridge			Telephone No	ımber	
Name of Facility 1911						INFORMATION				
Name of Facility Where A	batement is Tak	ing Pla	ce (3)				Type of Faci	lity (4)		
Street Address							School (K	(-12) er 8 (Other than K-1		
City (5)							homes, e	e., private and commetc.)	2) tercial buildir	igs,
Middlesex, NJ 08846						Channel College State College	Square Feet	# of Floors	Bldg.	Age
County (6)				Cou	inty Code (7	) (STATE USE ONLY	1 Current Hoo	(Dring if had a second		
Middlesex					,	, ( 002 0142)	)   Current Ose	(Prior if being demo	dished)	
Name of Monitoring Firm	Hired by Building	Owne	r (8)	ASCA	I No.	Name of Abater	ment Contractor	(9)		
Street Address						Gr Tech LLC				
				24		Street Address	#0.00			
City, State, Zip Code						576 Valley Rd City, State, Zip	#283 Code			-
Project Manager for Monito	oring Firm		Tol	ephone	Ne	Wayne, NJ 074	170			
	<b>.</b>		100	ahmome	NO.	Telephone No.		License No.		
Start Date (10)					ate (11)	973-638-1777 Name of OSHA	Monitor	01127		
	-	09	/ _2:	2 /	19	Envirovision C				
Occupancy Status During A	Abatement (Che	ck only	one)			Street Address	onsultaints, inc			7
Abatement Performed (	Dutside of Norma	al Facili	ty Hou	s - De	scribe	20-21 Wagarav City, State, Zip C	Road, Bldg .	# 35E		
Time of Abatement.	VIAI-	PM/	PM_		_AM	Fair Lawn, NJ				
Scope of Work (Check all t	hat apply)					Clean	p and decontant	nination with negative	e pressure	
>3 sf or >3 If > 160 sf or >260 If			enovati emolitio			Mini-En Gloveba	ntainment with N closure ag Procedure   [	legative Pressure  Tent with Negativ Non-Friable Procedu	re Pressure	
Location o			s Locat Norma		T			Total Fraced		ent Type
Asbestos-Containing Ma	aterial (ACM)	Us	ed Sale	ly by	Asbe	Description stos Containing Ma	of			T
TO BE ABAT IN Facility	<u>ED</u>	Cus	aintena stodiai	nce/ Staff?	(i.∈	., thermal systems	insulation.	Amount (Specify	Removal	Enclosure Encapsulate
(13)			(12)		1	surfacing, VAT other miscellane	or eous)	SIF or LF)	val	sulat
st floor-utility room		Yes	No	N/A						e
st floor-3 closets		+			Transite			110 SF		
st 11001-3 Closets		#		X	VAT flo	or tiles		20 SF		
		닏			-					
Name of Registered Waste	Hauler		L	[]	16-1-12-11-1					
Fr Tech LLC	uu				Hauler ID No.	Cubic Yards of Was				
City, State		-	0	03378	3	TBD Disposal Date	T.R.R.F. Inc			
Vayne, NJ 07470						TBD		) A		
Completed By (Print or Type	e) Titi	e				Signature A	Tullytown, F	1.5	ate	
.Jevtic	Ow	ner				Heu	Ic Wenas	1	/09/19	
30-41		1.00						. 109/	U2/17	

### Inv#14446PAID

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

CHECK# 3462

Data of National (d)									en	C (1034	- 5 '	<u> </u>			
Date of Notification (1) 8/30/2019					of Building oute 46,		er/Operato	or (2)	-		16	G [		W	E
	pe Notification	)			Address	Ave	nue				1	resolvent for Survey	1		
EPA X DEP X DOL	Initial Amended	,		City, S	tate, Zip C	ode						EP-	6	2019	-
	Amendmen Emergency			_	Brook, N		ersey 07	7058							and de la constant
DOH DCA	justification Cancellation	)	,		of Contact Ilan Mar		Esq.			Tele (97	29hone N 3) 575	umber	COP	ITRO	11_8
None of Coults and an analysis				FAC	CILITY INF	ORMA	TION			11-			14(3)11		-
Name of Facility Where Abate Pine Brook Motor Inn -	ement is Takir Apartment	ng Place ( s 77 & 7	3) '8					Туре	of Facility						
Street Address 12 State Route 46								×	School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-	12) cial bu	ildinas	hom	es
City (5)									etc.)						
Pine Brook								1,20	are Feet 00	# of	Floors		Bldg. 7 50	Age	
County (6) Morris					Code (7) USE ONLY	2			ent Use (Pri	or if beir	ng demoli	shed)			
Name of Monitoring Firm Hire TBD	ed by Building	Owner (8)		ASC	M No.				atement Cor acting, LL		(9)				
Street Address							Street	Addre			(				
City, State, Zip Code							City, S	tate, Z	ip Code ew Jersey						
Project Manager for Monitorin	g Firm			Telepho	one No.		Teleph	one N	0.		License	No.	-		-
Start Date (10) 9/16/2019				mpletion	Date (11)		Name	of OSI	-5040 HA Monitor		00874				
	11 (0)	12/30/2							acting, LL	.C					
Occupancy Status During Aba  X Facility Closed/Vacated [				nent			Street 1385		ss ey Road, S	Suite K					
Abatement Performed Or Other – Describe:	utside of Norm	nal Facility	Hour	S			City, St	tate, Z	ip Code ew Jersey						
Scope of Work (Check All Tha	it Apply)									6.0000 2000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova				×	Mir Glo	I Containme ni-Enclosure vebag Proc n-Exempted	edure	55%			0	
		ls	Locati	ion					LACINIPIO	( ) and	14011-1 IIa	T	INCOME NAME	ement	
Location of		l N	lormal	ly		De	escription	of					Ту	ре	
Asbestos-Containing Mater TO BE ABATED In Facility (13)		Mai	d Sole ntena odial S (12)	nce/	Asbest (i.e.	os Cor therma surfa	ntaining Ma al systems acing, VAT miscellane	aterial insula Г, or	(ACM) ition,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	О
Bottom - Kitche	en		Х		F	loor 1	Tile 2nd	Laye	r	110	SF	Х			
										<u> </u>		-			
Name of Registered Waste Ha	uler		LM	IDED W	lanta	0. 1:	V- 1								
Service Transport Group,			Н	JDEP W auler ID		of Wa	: Yards iste		Name of R Minerva	1000 STATE					
City, State			120	0990		TBD	aal Dai				// 1005, L				
New Castle, Delaware						TBD	sal Date		City, State Waynesh		Dhio				
Completed by Ljiljana Sekularac		Title Office	Assi	stant		3	Signature	1	16		11 3323	ite 30/20	19		
								1			•				

1W1 #10	444	<b>う</b>					048		Vita or the second		F	Print Fo					
CK 1274 PAI		NOT	IFICATION (Pursua	State of New Jer ON OF ASBESTO nt to NJAC 8:60	S ABATE and 12:12	20)	IT STATE	DE	C		$\mathbb{V}$						
Date of Notification (1) 09.05.19			Name	of Building Owne	r/Operato	r (2)	de a manager par		BEP	16	2019						
Agencies Notified Type Notification	n		1 285000 Care	Address ROUTE 57				and tret				Los					
X EPA X Initial Amended Amendme			City, State, Zip Code				ASBESTOS CONTROL & LICENSING										
■ Amendme     ■ Emergence     □ justification	y (includin	g		of Contact	J 07882			Tolonhono	Alemaka		and Charles of Char						
DCA Cancellation			WILL	IAM HUNT		Telephone 908-835-											
Name of Facility Where Abatement is Tak 30 SOUTH MAIN ST	ing Place	(3)	FAG	CILITY INFORMA	TION	Тур	e of Facility (4)	)									
Street Address 30 SOUTH MAIN ST							School (K-12) Subchapter 8	(Other than I	K-12)								
City (5)						×	Other (i.e. pri etc.)	vate & comm	ercial b			nes,					
STOCKTON							iare Feet 16		Bldg. Age 1979								
WARREN	County (6) WARREN					County Code (7) Current Use ( (STATE USE ONLY) PRIVATE					e (Prior if being demolished)  RESIDENCE						
Name of Monitoring Firm Hired by Building A SEINE LIGHTHOUSE SOLUTION	Owner (8 ONS, LL	) C	ASC	M No.	TANK SER	ontractor (9)											
Street Address PO BOX 354					Street	Addr					- 727						
City, State, Zip Code SOUTH ORANGE, NJ 07079					City, S	tate,	Zip Code E, NJ 07205										
Project Manager for Monitoring Firm Telephone No. SARAH CALANDRA 201-349-2666						Telephone No. License No.											
Start Date (10) 09.20.19	Scheduled Completion Date (11)   Name of OSHA Monitor   O.19   O.30.19   A. SEINE LIGHTHOUSE SOLUTIONS LICE																
Occupancy Status During Abatement (Che		000000			Street	Addre	ess	JOE 30E0	TION	J, LL(	-						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: PRIVATE RESIDER	mal Facility	Abater / Hour	ment s			tate, Z	Zip Code				-						
Scope of Work (Check All That Apply)					SOU	THC	DRANGE, N	J 07079									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	Renova Demoli	ation tion		×	Mi Gl	III Containment ni-Enclosure ovebag Proced on-Exempted (*	lure									
Acros Arrae Waster		Locat				,,,	n Exempled (	) and Non-Fi	able Pi	Abat	emen	t					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial 3 (12)	y by Asbestos Containing (i.e. thermal system surfacing,)			ription of ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure					
	Yes	No	N/A			,			/al	=	ılate	ure					
EXTERIOR		Х		TRAN	SITE SII	DINC	3	1500 SF	х								
		\ \ \							-								
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W	Yards ste		Language Company	Registered Landfill  MANAGEMENT LANDFILL										
City, State EAST ORANGE, NJ		U2	1509	Dispos	sal Date		City, State		_INI L	AND	ILL						
Completed by ALISON LAMERS	Title OFFICE MANAGER				Signature	PEN ARGYLE, PA											
	UFFI		ANAG	EK	d.C	W	11 W/\										

Inv# 144	142	-										f	Print F		
LARON TO	Port	NOT	IFICATI	State of New J ON OF ASBES int to NJAC 8:6	TOS ABAT	EMEN 20)	NT		E C	E			3 3		
Date of Notification (1) 09/06/2019	W.		Name	of Building Ow ert Delacruz	ner/Operato	or (2)			SEP	1 8	30	19			
Agencies Notified Type Notification  EPA Initial	n		Street	Street Address											
X DEP Amended Amendmen		City, State, Zip Code Short Hills, NJ 07078					ASBESTOS CONTROL & LICENSING								
DOH justification Cancellation	1)	ng	Name	Name of Contact Robert Delacruz					Telephone Number						
Name of Facility Where Abatement is Taki	ing Place	(3)	FA	CILITY INFORM	TATION	-									
House		(0)				lyp	oe of Facility School (K								
Street Address	Subchar					(K-12) apter 8 (Other than K-12) i.e. private & commercial buildings, homes,									
City (5) Short Hills	Square F N/A					N/A N/A				Age					
County (6) Essex	County Code (7) Current Use (STATE USE ONLY) House					(Prior if being demolished)									
Name of Monitoring Firm Hired by Building N/A	ASC	ASCM No. Name of Abatement CD&S Abatement,					Contractor (9) , Inc.								
Street Address		10.000.000.00	Street Address 11 Rosengren Avenue												
City, State, Zip Code							Zip Code NJ 07512								
Project Manager for Monitoring Firm		Telephone No. Telephone No. 9733458685					License No. 01311								
Start Date (10) 09/18/2019	09/19/	2019	mpletion	Date (11)		me of OSHA Monitor &S Abatement, Inc.									
Occupancy Status During Abatement (Chec					Street			W078 740 CD			-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  Other – Describe: Occupied	nent s	City, State, Zip Code Totowa, NJ 07512													
Scope of Work (Check All That Apply)					10101	wa, r	NJ 0/512								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mi Gl	ull Containm ni-Enclosur ovebag Pro	e cedure							
Location of	1	Locati Normal					- Zampie	a ( ) and	NOII-I IIal	Friable Procedure  Abatement Type					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole sintenar todial S (12)	nce/	e/ Aspestos Containing N			I (ACM) ation,	(Sp	nount pecify or LF)	Removal	Repair	m	Enclosure		
	Yes	No	N/A								=	ılate	ure		
Basement		Х			VAT			320	) SF	Х					
ame of Registered Waste Hauler		I N.	JDEP W	laste Cub	ic Yards		None	Danist							
&S Abatement, Inc.	H	auler ID 1996	/aste	e			Registered Landfill s Landfill								
ity, State otowa, NJ	Disp TBD	osal Date	j	City, State Morrisville, PA											
ompleted by liver Hegedis	Title Proje	ct Ma	nager		Signature	11	7		Da	te /06/2	2019				