NOCIL		N	S OTIFICATIO (Pursuan	N OF AS		ABATEME	NT	In E	C		$\mathbb{V}$	E	$\overline{\mathbb{n}}$
Date of Notification (1) 8/23/2019			Atla	antic C	g Owner/O	Operator (2)			SEP	18	2019	)	
Agencies Notified	Type Notification			Address	dina H	ighway							
EPA  DEP	Initial Amended			tate, Zip C		igriway		AS	BEST			)L &	
DOL DOL	Amendment Emergency	# 2	3.0			NJ, 0833	30	ASSESSMENT OF THE PARTY OF THE	LK.	DENSI	4(d	to the state of the	provincement
DOH DCA	justification Cancellation		Transaction and St	of Contact f Belfu					phone N		. ^		
				-	S FORMATI	ON .		85	6-433	3-600	U		
Name of Facility Where		g Place (3)				Ту	pe of Facility	/ (4)				-	
ACE Landis Su Street Address	bstation						School (K	(-12) er 8 (Other	r than W.	15)			
1545 Gallagher	Dr.					~		. private &			dings	, hom	es.
City (5) Vineland						F) 92	uare Feet 200	# of F	Floors	8	Bldg. A	\ge	
County (6)  Cumberland				Code (7) USE ONL			rrent Use (P Substatio						
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			batement Co			ctors		8000 (n. j.e. 100 dnu	***
Street Address						Street Add	-						-
City, State, Zip Code				monocologico de la cologica del cologica del cologica de la cologi		City, State	Zip Code	00070					
Project Manager for Mon	itoring Firm		Telepho	ine No.		Telephone		11	License				
Start Date (10)		Scheduled	Completion	Data (11)			25-0100 SHA Monito		00750	)			
9/9/2019 Occupancy Status During	Abote week (Charles	9/18/20	019	Data (11)		Enviro	nmental		3				
Facility Closed/Vaca						Street Add							52
Abatement Performe Other - Describe:	ed Outside of Norm	nal Facility F	iours			City, State, Mataw	Zip Code an, NJ, (	07747			<del>unt our c</del>		
Scope of Work (Check Al	! That Apply)		***************************************										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition				iull Containn Jini-Enclosu Blovebag Pr	re ocedure	1770				
		le I	ocation			V	lan-Exempte	ed (*) and f	Von-Fria	ble Pro	cedur Abate		-
Location		No	rmally Solely by		Des	cription of						pe	
Asbestos-Containing TO BE ABA		Maint	enance/ lial Staft?			nin <mark>i</mark> ng Mater systems inst			ount acify	R	ייב	Enc	En
In Facilit (13)	ty		12)		surfaci	ing, VAT, or iscellaneous		Section 2011	rLÉ)	Removal	Repair	Encapsulate	Enclosure
		Yes	No N/A							面		ate	rō i
Exterior Walls	111111111111111111111111111111111111111		<b>V</b>	Trans	ite Par	nels		1200 5	SF	1			
			ELECTRIC STATE OF THE STATE OF										
Name of Registered Wast	e Hauler		NJDEP W	fasta.	Cubic Y	arde	Non-	Daniel	d 1 10:				Ш
Freehold Cartag			Hauler ID 15939		of Wast		To assess the same	Registered Solid V			nple	X	
Freehold, NJ				1	Disposa 9/17/	1 Date 2019	City, Sta Rose	<sub>te</sub> nhayn,	NJ				
John Evanovich		Estim	ator		Sig	gnature Sin	Evano		D	ate /9/20	19		

Ch 230	7	P	NOTI	FICATIO	N OF ASE	BESTOS	ABATE	MEN 0)	т		E	C E			
Date of Notification (1) 9/16/19	V 1451	3					Operator	(2)	50.	La lan	St	:P 1	8	201	9
	Type Notification	1		Street	Address					-	ASRES	STOS	00	NITO	<b>△1</b> 8
	× Initial			City St	tato Zin C	odo					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LICE	NSI	1G	01.0
X DOL	Amendmer			1215	(5) 20						,				
DOH DCA	justification	)	g	Name o	of Contact					Teleph	none Num	nber			
				1996			ION			_					
Name of Facility Where Residential Home	Abatement is Taki	ng Place	(3)					Тур	2500 M 92577						
Street Address								×	Subchapter 8 Other (i.e. pr	Other t	han K-12 ommercia	) al build	ings,	hom	es,
City (5) Newark								The second second	are Feet	0 544 December	oors	100.00	_	-	
County (6)				County	Code (7)			1	7.7	77	demolish	1000	D+/-		
Essex				(STATE	USE ONLY	n		Re	sidential Ho	me	a o i i i o ii o i i	ou)			
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8	)	ASCI	M No.										
Street Address	8						E-100 E-150		7.7.						
City, State, Zip Code										Ø					
										663					
Project Manager for Mon	itoring Firm			Telepho	one No.							),			
Start Date (10)				mpletion	Date (11)		Name	of OS	SHA Monitor						
	Abatement (Char	0.000.000.000					Ctores								
Facility Closed/Vaca	ated During Entire	Period of	Abater	ment				5025-5-577			*				
X Other – Describe: 8	3 A.M to 4 P.M		, moun				City, Si	iale,	Zip Code						
Scope of Work (Check Al	ll That Apply)														
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf							×	M G	ini-Enclosure lovebag Proce	dure				9	
	2	1		2007/00/00									bate	ment	
		Use	ed Sole	ely by	Asbes	Des tos Cont	scription aining M	of ateria	al (ACM)	Amoi	int				
In Facilit		2000		Staff?	(i.e.	thermal surface	systems cing, VAT	insu Γ, or	lation,	(Spec	ify	Remo	Repa	=ncaps	Enclosure
		Yes	No	N/A		Caror II	oonan	Jous				val	Ŧ.	ulate	ure
Date of Notification   1)															
Bathroo	om		х				VAT			22 S	F	x			
Laundry R	Room		Х				VAT			203 8	SF	x			
			х				VAT			108 5	SF	x			
			1	Hauler ID	No.	of Was						Land	lfill		
City, State		<u> </u>	10	030392	-	Dispos	al Date		City, State		armary	Lanc	41111		_
		Title					anct	5/9	Pen Argy	I, PA	1-				
			ident			5	igriature #		111	-	2000000				

				material facility		Colo	e li de la la constante de la			Lamo	F		3 1	∏/Pr	intFo
North Village Associates															
Date of Notification (1) 9/16/19	1450	14					7.0	(2)				G. 1 .	0 [	-018	
Agencies Notified  EPA		1				ge Dr. S	South			ASTRONOMIC COMM	ASBE				_&
DEP	Amended Amendmen		_				08902	2			*				
	justification)	)				)				0.0000000					
				FAC	ILITY INFO	ORMATI	ON								
		ng Place (3	3)					Туре	173.00	(18)					
Street Address 682-684 Village Dr.	South							×	Subchapter Other (i.e. p	8 (Othe			ildings	, hom	es,
City (5) North Brunswick							1	3 15 52 51	are Feet		Floors		2007.00	(7)	
County (6) Middlesex	380 - 12 12 23 - 1					)		Curr	ent Use (Prid	or if beir			30.1		
	Hired by Building	Owner (8)		ASCN	/ No.			of Ab	atement Con	tractor					
Street Address	et Address						Street	Addre	ess						
City, State, Zip Code	, State, Zip Code						City, S	tate, 2	Zip Code		277-0-2-			-	
Project Manager for Mon							Teleph	none N	No.	7663					
Start Date (10)				npletion	Date (11)		776556	95000			01305				
Facility Closed/Vaca	ated During Entire ed Outside of Norr	Period of	Abaten		15										
Scope of Work (Check A	ll That Apply)			-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mi GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				~a	
			Locati			720	12 12	89	JII Exempted	( ) and	14011-111	able 11	Abat	ement /pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	ed Sole intena todial S (12)	ly by nce/		tos Cont thermal surfac		lateria s insul T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	6
Crawl Sp	pace	-	Х			Pip	e Wra	р		16	8 LF	X	-		
Name of Registered Was	N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed I and	fill					
All Stages Abatemer	H	lauler ID 036592	No.	of Was			Grand (	5			ndfill				
City, State Saddle Brook, NJ						Dispos	al Date		City, State						
Completed by Richard Cristofol		Title Presi	ident			S	ignature	111		1		Date 9/16/1	19		

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(	M	10	M
-	A	104	

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

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7					
	een	4 0	2019	211	1.1

Date of Notification (1) 9/16/19 Tov 14505	)		me of Building Cranford Pa						SEP	18	201	9
Agencies Notified Type Notification  X EPA Initial Amended		40	reet Address 01 Centenn y, State, Zip C	CORDINATION OF THE PARTY	е.		non communication of the commu	AS	BESTO LIC	S CC ENSI	NTR NG	OL &
DOL Amendment Emergency (		_ C	ranford, NJ	07016	6							
DOH justification)  Cancellation		1 2102	me of Contact teve Robert				10.0	elephone 908-709-				
Name of Facility Where Abatement is Taking	g Place (3)		FACILITY INF	ORMA	TION	Type of	Facility (4)					
Commercial Pool House Street Address 401 Centennial Ave.			72.0			Sc Su	hool (K-12) bchapter 8 (O ner (i.e. private	ther than h	(-12)	ildinas	home	es.
City (5) Cranford						Square 20000	.) Feet #	of Floors		Bldg. /	Age	
County (6) Union			unty Code (7) ATE USE ONLY	?			Use (Prior if b		lished)			
Name of Monitoring Firm Hired by Building C Project Manager	Owner (8)	- F	ASCM No.			of Abater	nent Contract					
Street Address					Street	Address	and Ave					
City, State, Zip Code					100 (100 (100 (100 (100 (100 (100 (100	state, Zip o	Code k, NJ 0766	.3				
Project Manager for Monitoring Firm		Tele	ephone No.		Teleph	none No. 600-318		License 01305				
Start Date (10) 9/17/19	Scheduled 9/20/19	Comple	etion Date (11)		Name	of OSHA	Monitor	1				
Occupancy Status During Abatement (Check	Only One)				Street	Address				_		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	eriod of Aba al Facility Ho	tement			City, S	tate, Zip (	Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		ovation iolition			×	Mini-E	ontainment wi inclosure bag Procedure		e Pressu	ıre		
	1					0.000	xempted (*) a		iable Pro	cedur	е	
Location of	Non	cation nally		D	escription	of					ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custodi (1	enance/ al Staff 2)	Asbes	therma surfa			n, ´	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Room #1	)	<		Р	ipe Wra	р		63 LF	X			
									-			_
Name of Registered Waste Hauler			P Waste	35,000,000	Yards	N	ame of Regis	tered Land	fill			-
All Stages Abatement		Haule 0036	er ID No. 3592	of Wa			Grand Cent			ndfill		
City, State Saddle Brook, NJ				Dispo TBD	sal Date		ity, State Pen Argyl, F	PA				
Completed by Richard Cristofol	Title Preside	nt			Signature	M		2	Date 9/16/1	9		

Chalo	In	11	NOT	IFI	CATI Purs	ION	of NOF AS t to NJA	BES	STO	ey S ABA and 5:1	DEMENT 6)	D/E	C E		$\mathbb{V}$		
Date of Notification (1) 9 /	16 /	40								Operator	2.6		SEP 1	8	2019		
	16 /	19				Eaw	ard Frie	dm	an	1	Job #1909-24	90 Chk. #	2101				
Agencies Notified  EPA	Type Notific	cation			St	treet /	Address					ASB	ESTOS LICE	CON	ITRO G	)L &	
☑ DOLWD	☐ Amende	d			Ci	ty St	tate, Zip (	nde.				**********	Mark Street Street	ninac prilicie	uz es pecendo	gración de Sues	and a second second
☑ DHSS	Amendm						odcliff La			07677		**					
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g			of Contac		110	01011		Telepho	no Numb	.or			
(10/10 0.20-0)	☐ Cancella					740 T 18	ard Frie		an			Гегерио	ne num	)ei			
						FAC	ILITY IN	IFOI	RMA	TION				277	- 3000		
Name of Facility Where A	batement is	Taking	Place	e (3)	)		333113400, 312,1112,000				Type of Facilit	y (4)					
Gloucester Healtca	re Properti	es / A	dvan	ced	Sub	acut	te Care				School (K-						
Street Address											Subchapte						
685 Salina Road											Other (i.e., homes, etc	;.)		cial bu	ulding	js,	
City (5)						1	2018	21	}		Square Feet	# of Flo	ors	BI	dg. A	ge	
Sewell							1000	1			65,413	1			59		
County (6)					0	ounty	y Code (7	)(STA	TE U	SE ONLY)	Current Use (F			ned)			
Gloucester											Vacant po		ilding				
Name of Monitoring Firm		ding C	wner	(8)	AS	CM N	10.	Na	me o	of Abateme	ent Contractor (	9)					
Criterion Laboratori	ies							A	Asbe	estos an	d Mold Servi	es, Corp.					
Street Address								Str	eet A	Address							
400 Street Road, Su	ite 100							1	835	Underw	ood Blvd						
City, State, Zip Code								City	y, Sta	ate, Zip C	ode	3-2-3-2-1					
Bensalem, PA 1904	22								)elra	an, NJ 08	3075						
Project Manager for Monit	toring Firm			1	lepho			Tel	epho	ne No.		License	No.				
Mike Panepresso				1	215-2					702-0400		0086	2				
Start Date (10)9 /25 /			uled C				CONTRACTOR OF THE PROPERTY OF			f OSHA N L Analyt	lonitor ical, Inc.						
Occupancy Status During	Abatement (			8-						ddress					_	-	
☐ Facility Closed/Vacated	Commence of the Commence of th					ıt					te 130 North						
☐ Abatement Performed	Outside of No	ormal	Facility	у Но	urs - I	Descr	ribe			ate, Zip Co							
Time of Abatement:		PN	//	_PI	Λ- <u> </u>	A	M			Company of the second	, NJ 08077						
Scope of Work (Check all	that apply)								$\boxtimes$	Full Cont	ainment with N	egative Pres	sure E	ncla	sura	,	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re     De     De     De     De     Re     Re	moli					X	Mini-Enc Gloveba	Procedure 7	wrap an	d cut	-			
									$\boxtimes$	Non-Exe	mpted (*) and N	on-Friable P	rocedure	9			-
• 22.00000				Loc	ation				711220001-07					Ab	ateme	ent Ty	уре
Location of Asbestos-Containing N		n			lely b	у	Ashes	etne (		scription o	f terial (ACM)	Amo	unt	Re	Re	En	E
TO BE ABAT	<u>red</u>	<b>'</b>			ance.	2000		, the	rmal	systems	insulation,	(Spec	TRO-1217	Removal	Repair	cap	Enclosure
IN Facility (13)	/		Gusi	(12	PORT CONTRACT	17				cing, VAT,		SF or	LF)	/al	) 0.5as	Encapsulate	ure
(10)			Yes	No	N	/A		Oti	ici ii	nscenarie	ous)					te	
Basement						]	Pipe ins	ulat	tion			392	LF				
Crawlspace					×	]	Pipe Ins	ulat	tion			460	LF				
Boiler/Electric Room					×	]	Pipe Ins	ulat	tion			10 L	_F				
Back Stairwell Landin	g				×		Floor Ti	le				30 5	SF				
Name of Registered Waste	e Hauler			- 1	NJDE		(4.4.2)			ards of	Name of Reg	istered Land	lfill				
Waste Management					Haule 172	er ID I 273	No.	Was	ste		Grand Ce	ntral					
City, State					117	0		Disp		I Date	City, State						
Lafayette, NJ								10	>	2019	Penn Arg	yle, PA					
Completed By (Print or Typ	oe)	Title							Sig	nature			Dat		_	3	
Kaysi Gruner		Of	fice A	Assi	stan	t			0				9	-16	-19		

M QCoil	2005	opr	NOTIF ) (P	ICATION ursuant	tate of Ne N OF ASE t to NJAC	w Jerse ESTOS 8:60 an	y ABATE	MENT		J E	C	E I	$\mathbb{V}$		
Date of Notification (1) 9/16/2019	1451		Prod	Name o	of Building	Owner/	Operator	(2)		)) <u> </u>		4 0	0044	2	
Agencies Notified	Type Notification	ğ.			Address				111	Li,	SEP	18	2019		
П ЕРА	× Initial								-		- Surniterment Color	www.co.com			
DEP	Amended				ate, Zip Co					AS	BESTO	S CO! ENSIN		DL &	
× DOL	Amendment Emergency (			(0.5) (0.6)	ood, Ne	w Jerse	ey 076	48	Maritani	and the control of the	Literature o	CHOIN	G 	major major pr	-manned
DOH DCA	justification) Cancellation			YIIi AI						Tel	ephone	Numbe			
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (	1)					
Vacant Residence		, (	7/					7.55.00	School (K-1						
Street Address									Subchapter		er than k	<-12)			
									Other (i.e. petc.)	orivate 8	& comme	ercial bi	uildin	gs, ho	mes,
City (5)									re Feet	# of	Floors		Bldg	g. Age	
Norwood										2			60-	H	
County (6) Bergen					Code (7) USE ONLY	)		Curre	ent Use (Pri ant	or if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building (	Owner (8	)	ASC	M No.				atement Cor		(9)			Tell Myses	
Street Address							Trillio		ontracting ss	Inc.					
							418	N 10t	th Street						
City, State, Zip Code							1.55		ip Code						
Desired March 14								ASS - 192	New Jers	ey 07	022				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 201-				License 02012				
Start Date (10) 9/28/19		Schedul 10/02/		npletion	Date (11)	3	Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Check						Street	Addre	SS					-	
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire P	eriod of	Abatem	nent					ip Code	***					,
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***	_	Renova Demolit				×	Mir	II Containme ni-Enclosure ovebag Prod n-Exempted	edure				duro	
200		le	Locati	00				1 140	II-Exempled	1 ( ) and	I NOII-FI	lable F		ateme	ent
Location	of	1	Vormal	ly		Dec	scription	of						Туре	
Asbestos-Containing TO BE ABA In Facilit (13)	TED	Ma	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac	taining M systems cing, VA	laterial insula T, or		(S	mount pecify or LF)	Kemova	) Topan	Encapsulate	Enclosure
(10)		Yes	No	N/A		othern	miscellan	eous)				lval	.   1	ulate	ure
Siding	1	100	X	14//3		Т	ransite			92	6 SF	X	+		
							ranoito				.0 01		+	-	
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Varde		Name of F	Doglete	rod!	1611			
Tri-State Transfer As			Н	auler ID W1896	No.	of Was			Minerva	997.0					
City, State			3	v 1030	,		sal Date		City, State		10		-		
Bronx, NY						TBD	Date		Waynes		Ohio				
Completed by		Title				S	ignature		/	3,		Date			
Jose M. Amaris-Quire	os	Proje	ct Ma	nager		4	Jon	, ,	Amas	is =	<b>&gt;</b>	9/16/	201	9	
ASB-41 (R-06-08)						1	* Do no	t use t	his form for		os licens	ure exe	empte	ed act	vities.

AAD 350 20017	56	9 Noti	FICATIO	State of N	BESTOS	BABATE	EMENT			<u> </u>	<u> </u>	R	F.
Date of Notification (1)	11	) 7	Name	of Buildin					E G L	*. Named - 124	V	5	Total Market State of the Control of
09/05/19 Agencies Notified Type Notification			Buck						SEP	18_	2019	Agricultural confe	
			Street	Address				and track				and well and	to substant *
DEP Amended				tate, Zip (				1 6	ASBESTO			L či	
X DOL Amendment Emergency				Reading	•			1	LICE	NSIN	<u>e</u>	ومحدث فصارات م	
DOH justification) DCA Cancellation		3		of Contac Amengu				T	elephone N	umber			
East Control			1	ILITY IN		ION				_			
Name of Facility Where Abatement is Takir Buckeye	g Place	(3)					Type of F	acility (4)					
Street Address							Scho	ool (K-12)					
City (5)	141 <del></del>						Othe etc.)	chapter 8 (O	& commer	12) cial bu	ildings	, hom	nes,
Port Reading County (6)							Square Fe		of Floors		Bldg.	Age	
Middle Sex			County (STATE	Code (7) USE ONL	y)		Current Us	se (Prior if b	eing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.				nt Contracto					
Street Address							M. Constr	uction LL	O. ———				
		-34.11					Lincoln A	ve.					
City, State, Zip Code							tate, Zip Co ide Park.	de NJ, 0701	0				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. )500-9896		License I	No.		11/2	
Start Date (10) 09/16/2019				Date (11)			of OSHA M		02004				
Occupancy Status During Abatement (Chec	11/16					Ctract	A -1-1						
Facility Closed/Vacated During Entire F		2000	ment			Street	Address						
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	S			City, St	ate, Zip Co	de					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-End Gloveba	tainment wit losure g Procedure mpted (*) ar					
		s Locat								T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	- J	Ashaa	Des	scription	of			-	Ty	rpe 	
TO BE ABATED In Facility		aintena todial S		(i.e.	thermal	systems	aterial (ACN insulation,	(	Amount Specify	Re	77	Enc	Ē
(13)		(12)				cing, VAT niscellane		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>	7	late	re
Facility Grounds		X				TSI		3	30 LF	Х	X	Χ	Х
												530	
			-										
Name of Registered Waste Hauler		TN	JDEP W	acto	Cubic `	Vordo	LAI	(D : 1					
TBD		Н	auler ID I BD		of Was	7	TB	ne of Registe D	ered Landfill				
City, State TBD					Dispos. TBD	al Date	City,	State			Vicentinis	Vica-consv.	
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TYN# 145006 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 05 1 Mr. Lee Brahin Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # LICENSING Winslow Camden County, NJ 08081 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Will Milbey **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Old Store ☐ 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 Winslow Camden County, NJ 08081 1 1956 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC. Street Address Street Address 958 Jackson Rd City, State, Zip Code City, State, Zip Code Mays Landing, NJ 08330 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-561-1901 01158 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_08\_\_ / \_\_15\_\_ / \_\_19 10 / 10 / 19 Graham-Tech Environmental Services, LLC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 958 Jackson Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-11:30PM/ PM-\_\_AM Mays Landing, NJ 08330 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure 23 sf or 23 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Basement Staircase П П X Floor Tile and Mastic 85SaFt X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Graham-Tech Environmental Service Hauler ID No. Waste Pioneern Crossing 0034500 30 City, State Disposal Date City, State Completed By (Print or Type) Title Signature Vernice Graham President ASB-41

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						35/33750		swick, NJ	08901					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No	D.	L	icense N	lo.			
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City, State						sal Date		City, State	,,,,,,,			-		
New Brunswick, NJ					1	July 20	019	Morrisvil	le, PA	12900	J.			
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Project Manager for Monitoring Firm	W		Telepho			Teleph 732				Licens 0128					
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roof		x			site pir d-up ro				000sf	K	-		+	$\exists$	
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44 South Broadway						47 Foster Ro						
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White Plains, NY 10601						Staten Island	NY 10309					
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Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	List Man	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole aintena	ement rs - Des saturda ion on llly elly by ince/	scribe ay.	Name of OSHA M Testor Tech Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  nsulation,	native Pressure n-Friable Procedu Amount (Specify	A	_	1	
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Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	Lick only eriod of all Facilities /11:30	one) Abate Abate by Hou PM-S Abate Norma ad Sole aintena (12) No	ement rs - Des saturda ion on llly elly by ince/	scribe ay.	Name of OSHA M Testor Tech Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT,	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  sulation, or	native Pressure n-Friable Procedu Amount (Specify	A	_	ent Encapsulate	
Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	ck only eriod of all Faciliti /11:30	one) Abate A	ement rs - Des saturds ion on tion illy ely by ince/ Staff?	ate (11) 19 scribe ay, Asbe	Name of OSHA M Testor Tech Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT,	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  sulation, or	native Pressure n-Friable Procedu Amount (Specify	A	Repair	1	
Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	Lick only eriod of all Facilities /11:30	one) Abate Abate by Hou PM-S Abate Norma ad Sole aintena (12) No	ement rs - Des aturda  ion on  tion elly elly by ince/ Staff?	ate (11) 19 scribe ay, Asbe	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  sulation, or	Amount (Specify SF or LF)	4 Removal	Repair	1	
Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	LS Recursive Management of the Custon Manageme	one)  Abate ty Hou PM-S  enovati emolitic s Locat Norma ed Sole sintena todial (12) No	ement rs - Des aturda  ion on tion llly elly by ince/ Staff?	ate (11) 19 scribe ay, Asbe	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  sulation, or	Amount (Specify SF or LF)	4 Removal	Repair	1	
Start Date (10)	ment (Chec g Entire Pe e of Norma A-2:00PM pm. AM	List Cus Yes	one) Abate ty Hou PM-S enovati emolitic S Locat Norma ed Sole intena (12) No	etion Da  1 / ement rs - Des Saturda  ion on lly ely by ince/ Staff?	ate (11) 19 scribe ay, Asbe	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  sulation, or	Amount (Specify SF or LF)	A Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Andrews And	LS Recursive Management of the Custon Manageme	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole intena todial (12) No	etion Da  1 / ement rs - Des  aturda  ion on  tion ally elly by ince/ Staff?	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure  Procedure  npted (*) and Nor  erial (ACM)  nsulation,  or  us)	Amount (Specify SF or LF)	4 Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Andrews And	List Cus Yes	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole intena (12) No	etion Da  1 / ement rs - Des  aturda  ion on  tion llly elly by ince/ Staff?	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure Procedure Inpted (*) and Nor  erial (ACM) Insulation, or us)  Name of Regist	Amount (Specify SF or LF)  4000 SF	A Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Andrews And	List Cus Yes	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole intena (12) No	etion Da  1 / ement rs - Des  aturda  ion on  tion ally elly by ince/ Staff?	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure Procedure Inpted (*) and Nor  erial (ACM) Insulation, or us)  Name of Regist	Amount (Specify SF or LF)	A Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Andrews And	List Cus Yes	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole intena (12) No	etion Da  1 / ement rs - Des  caturda  ion on  tion elly elly by ince/ Staff?  N/A  DDEP V auler ID	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo  ile and Mastic  Cubic Yards of Waste 80 Disposal Date	onitor  on Avenue  de  ainment with Negosure Procedure Inpted (*) and Nor  erial (ACM) Insulation, or us)  Name of Regist	Amount (Specify SF or LF)  4000 SF	A Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Andrews And	List Cus Yes	one) Abate ty Hou PM-S enovati emolitic s Locat Norma ed Sole intena (12) No	etion Da  1 / ement rs - Des  caturda  ion on  tion elly elly by ince/ Staff?  N/A  DDEP V auler ID	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	onitor  on Avenue  de  ainment with Negosure Procedure npted (*) and Nor  erial (ACM) nsulation, or us)  Name of Regist Grand Cent	Amount (Specify SF or LF)  4000 SF	A Removal	Repair	1	
Start Date (10)	ment (Checog Entire Pere of Norman Al-2:00 PM pm. All poly)  (ACM)	12   ck only eriod of all Faciliti /11:30   ls   Use Ma Cus   Yes   Cus   Cu	one)  Abate ty Hou PM-S  enovati emolitic  Locat Norma ed Sole intena todial (12)  No	etion Da  1 / ement rs - Des  caturda  ion on  tion lly ely by ence/ Staff?  N/A  D  JDEP V auler ID  NJ-56	Asbe (i.e	Name of OSHA M Testor Tech  Street Address 10- 59 Jackso City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo  ile and Mastic  Cubic Yards of Waste 80 Disposal Date	onitor  on Avenue  de  ainment with Negosure Procedure Inpted (*) and Nor  erial (ACM) Insulation, or insulatio	Amount (Specify SF or LF)  4000 SF  ered Landfill tral Sanitary La	A Removal	Repair	Encapsulate	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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LK	78	1200
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CIONHANT	, , , , , , , , , , , , , , , , , , ,	elongs.			Pui	rsua	ant to NJ	AC	8:60 and 5:1	16)	-						
Date of Notification (1)  09 /	17 /	19	9	-3 703			ne of Buildin		Owner/Operator	(2)	13	EC		1	W	E	In
Agencies Notified	Type Notifi	ication			-		et Address			4100000	15	40.7				1100	
⊠ EPA		.000.011					South B		dway	***************************************		ll SE	p 1	8 2	010	90 00	
□ DOLWD	☐ Amende				-		State, Zip			autrices of	tai la	1		u c	013	-	-
☑ DHSS	Amend			_		THE WEST			NY 10601			Lateran resources	*****	***	e Terration in 1	South Read	
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (ir	ncludir	ng	-		e of Contac		10001			ASBES				8	
(10/10/0.20-0)	☐ Cancell				1		no Nappi			i_,		Telephon	***************************************	-		UPCD (TOVIS	an orange and
									DRMATION	18-65H (-13-64H)		516-97	2-880	)9			
Name of Facility Where A	batement is	Takin	g Plac	e (3)		17	CILITI	ALC	DRIVIATION	Type of Faci	1:4. / /	1)					
Bank of America			<b>3</b> .000	. (0)						School (K		· 60					
Street Address								-		☐ Subchapt	er 8	Other that	n K-12	2)			
307 Bergen Blvd										Other (i.e	., priv	ate and c	omme	rcial b	uildin	gs,	
City (5)			-		_					homes, e		1 11 - 6 51					
Fairview, NJ										Square Feet 5,000		# of Floo	rs	B	ldg. A	ige	
County (6)					Т	Cou	nty Code (7	71/97	TATE USE ONLY)		/D-i-			1 15	45		
Hudson								/(0)	TATE USE ONET)	Current Use	(Prio	r it being a	emolis	snea)			
Name of Monitoring Firm	Hired by Bui	ilding (	Owner	(8)	TA:	SCM	No.	N	ame of Abateme	ent Contractor	/0\				-		
ARCADIS U.S Inc.									JVN Restora		(3)						
Street Address									treet Address								_
44 South Broadway									47 Foster Ro	ad							
City, State, Zip Code								Ci	ity, State, Zip Co	ode							
White Plains, NY 10	601							10	Staten Island								
Project Manager for Monit	oring Firm			Te	eleph	none	No.	-	elephone No.			License I	Nο	00-2			
Dino Nappi					516	-972	2-8809		718-605-6256			00774					
Start Date (10)		Sched	uled C	omp	letio	n Da	ite (11)	Na	ame of OSHA M	lonitor				_			
10 /11 / _	19	_ 1	1 /		30	. /	19		Testor Tech								
Occupancy Status During								St	reet Address				_	_			
☐ Facility Closed/Vacated	d During Enti	ire Per	riod of	Aba	teme	ent			10- 59 Jackso	n Avenue							
Abatement Performed Time of Abatement:	Outside of N	lormal	Facilit	у Но	urs -	Des	scribe	Cit	ty, State, Zip Co	de				752.57		199	_
Sunday 9:00 am to	3: 00 pm	_/MA	11.30	-PIVI-	Sati	uraa	ay,	1	LIC NY 11101								
Scope of Work (Check all	that apply)						7										
≥3 sf or ≥3 If			⊠ Re	nova	ation					ainment with N	legat	ive Pressu	ire				
≥160 sf or ≥260 lf				moli					☐ Glovebad	Procedure							
			la la	Loc	atio -		T		☐ Non-Exer	mpted (*) and I	Non-F	Friable Pro	cedur	е			
Location o	ıf			Norm		l.			Doggrinting of					Ab	atem	ent T	ype
Asbestos-Containing M	laterial (ACN	A)		d So			Asbes	stos	Description of Containing Mat	erial (ACM)		Amoun	ıt	Re	Re	En	En
TO BE ABAT IN Facility				inter todia			(i.e.	, the	ermal systems in	nsulation,		(Specif	y	Remova	Repair	cap	Enclosure
(13)				(12		2000			surfacing, VAT, ther miscellaned			SF or LF	F)	<u>a</u>		Encapsulate	ure
			Yes	No	1	N/A				/						te	
1 <sup>st</sup> Floor			$\boxtimes$				Floor Til	le a	ind Mastic			125 SF	=			П	
			$\boxtimes$	П	1	7					+						
					1						-						
Name of Registered Waste	Hauler		Ш				Vaste	Cul	nio Vosda af	N (5					Ш	Ш	Ш
Newark Carting	, 100101				Haul	er ID	No.	Wa	bic Yards of ste	Name of Reg	5,510,000						
City, State					N.	J-560	6	_1	5	Grand Ce	entra	ii Sanitar	y Lar	ndfill			
Newark, NJ									posal Date	City, State							
Completed By (Print or Typ	12)	Title						Т	1/31/2019	Pen Argy	1, P/	4					
Ralph Barnhardt	) (	Title	oject	Mar	and	ar.			Signature		1	~	Date	e / /	7	G	
		1	اناداد	ivial	aye	-1			101111111	Allen.	2	)	6	11	1 ]	F	

### JAV# 14516 PATE NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

#### State of New Jersey

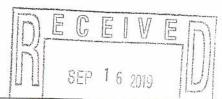
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Data of Natification (4)					T				(:)	15_	11 11	11 11	2 1
Date of Notification (1)	17 /	19	)		15	e of Buildin ank of An	ng Owner/Operator nerica	(2)		5	II /		
Agencies Notified ⊠ EPA	Type Notific ⊠ Initial	cation				et Address South B	roadway		SET	18	20	19	The residence to the
□ DOLWD	☐ Amende	all a manager				State, Zip							DE BANK
□ DHSS     □	Amendm		100		10 92		s, NY 10601	Party	ASBEST	05.00	MITE	201	e de
DCA (NJAC 5:23-8)	☐ Emerger justificati		cludin	g		e of Conta			11	CENIC	NG	4 CA III.	CR
(110/10 3.23-0)	Cancella				500000000	no Nappi	T.T.		Telephone Nur		THE REAL PRINTS	LPS-mod Spin	
						10.00			516-972-88	09	12-11		
Nome of Facility Miles	• • • • • • • •				FA	CILITY II	NFORMATION	·					
Name of Facility Where A Bank of America	Abatement is	raking	g Place	e (3)				Type of Facility  School (K-12	2)				
Street Address								Subchapter (	Other than K-1 rivate and comme	2)	ildia		
186 Newark Avenue	Э							homes, etc.)	ilvate and commi	ercial Di	ununn	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Jersey City, NJ								5,000	1	1	45	_	
County (6)	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Hudson								,	, , , , , , , , , , , , , , , , , , ,	,			
Name of Monitoring Firm	Monitoring Firm Hired by Building Owner (8						Name of Abatem	ent Contractor (9)					
ARCADIS U.S Inc.							JVN Restora						
Street Address							Street Address						
44 South Broadway	(6) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5						47 Foster Ro	ad					
City, State, Zip Code		-					City, State, Zip C						
White Plains, NY 10	0601						Staten Island						
Project Manager for Moni				Tele	phone	No	Telephone No.	141 10309	11:				466
Dino Nappi	toring i iiiii					2-8809	718-605-6256		License No. 00774				
Start Date (10)	15	Schedu	uled C	-		ite (11)	Name of OSHA M		00774				
10 / _05/						19	Testor Tech	MOTILOT					
Occupancy Status During							N-2000 N-2011-0-11-0-20-0-1						
☐ Facility Closed/Vacate					mont		Street Address	page a page statement and					
□ Abatement Performed						cribe	10- 59 Jackso						
Time of Abatement:	AM-2:00	0PM/1	11:30	PM-S	aturda	ay,	City, State, Zip Co						
Sunday 9:00 am to	3: 00 pm.	AM		1 (37)			LIC NY 11101						
Scope of Work (Check all	tnat apply)						⊠ Full Cont	tainment with Neg	ativo Progouro				
☐ ≥3 sf or ≥3 lf			⊠ Re				☐ Mini-Enc	losure	ative Flessule				
≥160 sf or ≥260 If			☐ De	molitic	n			g Procedure	F: 5				
			le	Locat	ion	T	□ Non-Exe	mpted (*) and Nor	n-Friable Procedu			100.000	
Location	of			Norma			Description o	, f		Ab	atem	ent T	ype
Asbestos-Containing N		1)		d Sole		Asbe	stos Containing Ma		Amount	Re	Repair	Ē	Enc
TO BE ABA				intena odial		(i.e	., thermal systems i		(Specify	Removal	oair	apo	Enclosure
(13)	y	L		(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A							e	
1 <sup>st</sup> Floor			$\boxtimes$			Floor Ti	le and Mastic		1200 SF	$\boxtimes$			
Mezzanine	zzanine						ile and Mastic	,	300 SF				
			$\boxtimes$										
			П	П	П		2						
Name of Registered Wast	e Hauler				JDEP V	Naste	Cubic Yards of	Name of Regist	orod Landell			Ш	
Newark Carting				1	auler IC		Waste			un alfill			
					NJ-56	6	15		ral Sanitary La	indtill			
Pity State							Disposal Date	City, State					
•							11/31/2019	Pen Argyl,	DΛ				
City, State Newark, NJ							1110112013	View Jight	A				
Newark, NJ Completed By (Print or Ty	pe)	Title					Signature/	1 // //	7) Da	ate			1 0
Newark, NJ	pe)		oject	Mana	iger		0 A	h	7) Da	ite 09 -	17	-/	19

GAC Project # 060-18 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GACTIOJECT # 000-18	~~ ~					포 ///	Ul		era — ni curnosarea	professional France	
Date of Notification (1)					Name of Building Own	***	1				1111
August	30, 20				Name of Building Own RUTGERS, THE Street Address	STATE UN	IVERS	ITY OF	N.I		
Agencies Notified		Notification	n Type		Street Address	fir l		01	1 (-17	10	11:00
<b>D</b> 50.		<b>I</b> Initial	Notific	cation	ENVIRONMENTA	I HEALTH	12 541	EETVD	FPT	/DEL	16/
□ EPA		☐ Amer	ided No	otification #	74 STREET 1603,	DI DC 44	16 LIV	INCOT!	ON O	(IXE)	10)
□ DCA		5.17-25.07.23		(including	City State Zin Code	DLUG 41	IO, LIV			IMPL	18
<b>⊠</b> DOL			-	`	City, State, Zip Code		en tour	LICEN	ISING	* C	40
DEP- No Longer REQUIR	RED		ication	1)	PISCATAWAY, N	J 08854	The state of the s	***	The same of the sa	-	The state of the state of
X DOH		□ Cance	elled		Name of Contact		Telep	hone Nu	mber		
2011					MICHAEL F. SMIT	TH, ENV.	848-	445-25	50		
					HEALTH & SAFE	TY			2020		
				FACILITY IN	FORMATION						
Name of Facility Where Abatem	nent is Tal	king Place (3)	)		Type of Facility (4)						
RWJMS RESEARCH T	OWER	, BLDG#	3688		School (K-12)						
						17 (0)					
Street Address					Subchapter 8 (other th	ian K-12)					
RBHS PISCATAWAY	CAMPU	IS			Other (i.e. private & c	ommercial buil	dings, hor	mes, etc.)			
					Sq. Feet: N/A	# of Floors:	8 Bldg	. Age:	60+ ye	ars	
<u>City (5)</u>	County (6	)	Count	ty Code (7)							
PISCATAWAY	MIDD	LESEX	(State	Use Only)	Current Use (prior if bei	ng demolishe	d): ACA	DEMIC			
Name of Monitoring Firm Hired I	h. DIJ - 6										
ATC	by Blag. C	Jwner (8)	ASCN		Name of Contractor (9)						
AIC			000	98							
Change Address					GREENWOOD ABA	ATEMENT (	CONSU	LTANT	S, INC		
Street Address				22	Street Address						
3 TERRI LANE											
					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 0	8016				BUTLER, NJ 07405						
Project Manager for Monitoring F		Telephone	Numbor				,				
BRIAN R. KEARNEY	<del></del>	609-386			Telephone Number		Licens	e Number	_		
- war		009-300	-0000		973-492-0477		0004	_			
Scheduled Start Date (10)		Scheduled I	Complet	ion Date (11)			0084	U			
09/13/2019		09/16/20		ion Date (11)	Name of OSHA Monitor	•					
					ENVIROVISION, IN	C.					
Occupancy Status During Aba	tement (C	Check only o	ne)		Street Address						
Facility Closed/Vacated Dur	ing Entire	e Period of A	bateme	nt	20-21 WARGARAW	ROAD, BL	DG# 35	5E			
Abatement Performed Outs	ide of No	rmal Facility	Hours -	- 7am -3pm		85.9					
Describe: Schedule: 5PM – 5	5AM (24	HRS. & W	EEKE	NDS AS	City, State, Zip Code						
NEEDED) NOT SUB 8					FAIRLAWN, NJ 074	10					
☐ Other- Describe:											
					1						
Scope of Work (Check all that ap	nly)										
	DIYI				-	_					
□≥ 3 sf or >3 lf				F-77	1	☐Full Contain	ment with	h Negativ	e Press	sure	
	100 00 00			⊠Renovation		■ Mini-Enclo	sure				
<b>⊠</b> ≥ 160 sf or ≥ 260	) If			Demolition		Glove bag I	Procedure	e / Wrap	& Cut		
						Non-Exemp				Proced	turo
Location of Asbestos-Containing	Is Loc	ation Normal	ly Used	Description of Ast	bestos Containing Material	Amou		Abateme		10000	uic
Material (ACM) in Facility (13)		by Maint./Cu	stodial	(ACM) (i.e. therm	nal systems insulation, surface	ing, (Speci	30.70	Abateme	iii Type		)
	Staff?			VAT, or other mis	cell.)	or LF)		Remove I	Repair E	ncap	1
	YES	NO	NA				- 1	Enclose			
V12 & V12A		X		VAT				-			
		123		VAI		950	SF	X			
Name of Reg. Waste Hauler		NJDEP Was	te Haule	rID#	Cubic Yards of Waste:	20 CY	Name	f Register	red Land	4611	
See Hauler Below #1 & 2		See Below			ouble raius or waste:	20 01		.W.S. N			n l
Harris #1\ Company							G.IV.O.	.44.5. 14	Ditti La	anum	
Hauler #1) Greenwood Abateme	nt Consu	Itants, Inc. –	Butler,	NJ 07405		Disposal Dat	te	Cit	ty, State		
NJDEP # 12561								10	0 New F	ord M	ill
Hauler #2) Newark Carting, Inc.	., Newark	, NJ 04509				09/16/201	19		I. Morris	sville,	Pa
NJ DEP # 4509						30, 10,20		1 (33)	067		
								21	5-736-1	700	
Completed by (Print or Type)	Tit				Signature		Date				
RAYMOND C. PEDALIN	0   S	ENIOR PF	ROJEC	T I	The state of the s	n, l		st 30, 2	0110		
		ANAGER			Raymond C. Pe	dalino	Augus	J. JU, 2	.010		
	101				-						

		P	AA	Har	ATIO	State of I	New Jersey		In	V井	145	55	2
OK ORZ	<u></u>	44 2	UNA	E (F	ursua	ant to NJ	SBESTOS ABA AC 8:60 and 5:1	TEMENT	n E C	IS I	N// 1	5 1	$\leq$
Date of Notification (1)							ng Owner/Operator	. 111			W I	5,1	
	26/	1	9				ounty Improvem	A C STORE		1		Anna la Poulon	The same
Agencies Notified	Type Notifi	ication	1			et Address		l l l	UI SEP	162	019	-11	11
⊠ EPA						20 Market							
☑ DOLWD	☐ Amend					State, Zip			ASBESTO	101 (171A)	10/51		
☑ DHSS	Amend			_	1 33	amden N		and the second		CENSING		O.	4
	☐ Emerge justifica		includii	ng	-	e of Conta	100 Turk		-				!
(10.10 0.20 0)	☐ Cancell					nna Marie			Telephone				
					_				856-825	55543			
Name of Facility Where A	hatamant in	Tali	- DI-	- (0)	FA	ACILITY II	NFORMATION						
Masonic Building	batement is	такіг	ng Plac	e (3)				Type of Facility					
Street Address								School (K-1	2)				
		20						Subchapter Other (i.e., p	8 (Other than orivate and co	K-12)	huildir	nae	
1201 Haddonfield B	erlin Road	1						homes, etc.	.)	mmercial	Juliuli	gs,	
City (5)								Square Feet	# of Floor:	s	Bldg. A	Age	
Cherry Hill								20,500	2		+/- 7	70	
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being de	emolished	)		
Camden								Vacant					
Name of Monitoring Firm					ASCN	1 No.	Name of Abateme	ent Contractor (9	)				
Environmental Cons	sulting As	socia	atesLl	_C			USA Environ	mental Manag	gement, Inc.				
Street Address							Street Address						
P.O. Box 217							8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode			-		
Schwenksville Pa. 1							Philadelphia,	PA 19153					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License N	0.			
Andrew Melinchuk						9-1566	215-365-5810		1156				
Start Date (10)		Sche	duled (	Comple	etion Da	ate (11)	Name of OSHA M	onitor					
9_/_9_/_	19	-	10	1	5_/	19	USA Environ	mental Manag	ement, Inc				
Occupancy Status During					27/19/		Street Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		8436 Enterpri	se Avenue					
Abatement Performed	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co						1000
Time of Abatement: _Al		W.FIM		_AM			Philadelphia,	PA 19153					
Scope of Work (Check all I	that apply)							4. Wild 20 20000 Promotion					_
≥3 sf or ≥3 If			Пра	enovat	00		Full Cont	ainment with Neg	gative Pressur	e			
≥160 sf or ≥260 lf			-	emolitic	200								
							Non-Exer     ■	npted (*) and No	n-Friable Proc	cedure			
1 #			100	Loca: Vorma			26/4				batem	ent T	ype
Location o Asbestos-Containing M		<b>4</b> )		ed Sole		Achor	Description of stos Containing Mat					T	T
TO BE ABAT	ED	••,		intena		(i.e.	., thermal systems in	enai (ACIVI)	Amount (Specify		Repair	nca	Enclosure
IN Facility			Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF	) ova	=	psu	Sur
(13)			Yes	No	N/A		other miscellaneo	ous)		-		Encapsulate	, G
Upper Level						Black M	lastic Wall Studs		141 SF				
Lower level							Floor Mastic		2025 SF		-		H
Lower Roof							& Flashing		2820 SF		-		
Upper Level							Tile Mastic		725SF		+		H
Name of Registered Waste	Hauler			N	JDEP \		Cubic Yards of	Name of Regis					
Service Transport				Н	auler II		Waste	Minerva La					
City, State					20990		5 Disposal Date	City, State					
New Castle De.							7/16/19	Waynesbu	rg Pa.				
Completed By (Print or Typ	e)	Title	9)				Signature	6 1	11	Date			7.7
Kevin Meldrum		Pr	oject	Mana	iger		(A)	Mula	Ø'				



1-1	Man Minne					CUIJ	1
Solely I	tion Normal by Maint./Cu Staff? (12) NO	ly Used ustodial NA	thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF) ASBE	Abatem STOS CC	NTROL 8	ap Enclose
		х	Door Caulk	80 SF	X	1	LICIOSE
		х	Pipe Insulation	30 LF	x		
		Х	Vermiculite	165 SF	x		
		X	Fire Doors	200 SF	х		
			28	- 34			_
				_	-		
	Solely I	Solely by Maint./Cu Staff? (12)	x x X	Solely by Maint./Custodial Staff? (12) YES NO NA thermal systems insulation, surfacing, VAT, or other miscell.)  X Door Caulk  Pipe Insulation  X Vermiculite  X Fire Doors	Solely by Maint./Custodial Staff? (12) YES NO NA Door Caulk 80 SF  X Pipe Insulation 30 LF  X Vermiculite 165 SF  X Fire Doors 200 SF	Solely by Maint./Custodial Staff? (12) NA Expression insulation, surfacing, VAT, or other miscell.)  X Door Caulk 80 SF X  X Pipe Insulation 30 LF X  X Vermiculite 165 SF X  X Fire Doors 200 SF	Solely by Maint./Custodial Staff? (12) NA Pipe Insulation 30 LF X  X Pipe Insulation 30 LF X  X Fire Doors  X Fire Doors  Solely by Maint./Custodial Staff? (12) ASBES TOS CONTROL 8 IREM. Type  ASBES TOS CONTROL 8 IREM. Typ

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Date of Notification (1)						Nar	me of Buildi	ing Owner/Operat	tor (	(2)	}				7	-
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Agencies Notified	Type Noti	ficatio	n		-		eet Address			1 64 5	A ULI		3 4	119	-11	land f
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□ DCA	☐ Emerg			ina				n, NJ 08037		L	[]{	CENS	ING	wiscong.	The story	أ
(NJAC 5:23-8)	justifica	ation)		ing			ne of Conta				Telephon	o Nium	hor			
	☐ Cancel	llation				M	r. Henry \	Veigel			609 56					
						F	ACILITY I	NFORMATION			000					
Name of Facility Where A	batement is	s Taki	ng Pla	ce (3	)				1	Type of Facility	(A)					
Store										School (K-12						
Street Address									$\exists$	☐ Subchapter 8	Other than	n K-12	)			
1066 N. Delsea Driv	е									Other (i.e., proposed homes, etc.)	ivate and co	omme	rcial b	uildir	gs,	
City (5)									+	Square Feet	# of Floo	rs	IF	idg. A	Ane.	
Vineland										>2200	1		-	iug. /	,gc	
County (6)						Cou	inty Code (	7)(STATE USE ONL)	Y)	Current Use (Pri	or if being d	emolis	hed)			
Cumberland										Store		51170110	ou,			
Name of Monitoring Firm I	Hired by Bu	ilding	Owne	r (8)	A	SCN	No.	Name of Abate	mei	nt Contractor (9)						
Lea Environmental								Delta/BJDS								
Street Address								Street Address								
900 Route 168, Suite	E4							1345 Indus	tria	al Blvd						
City, State, Zip Code Blackwood NJ 08012								City, State, Zip	Cod	de						
The second of the second secon								Southampte	on	Pa 18966						
Project Manager for Monito	oring Firm				eleph			Telephone No.			License N	No.				
Start Date (10)		Caba	d. I. d.				-0201	215 322-290			00783					
_ 9 / _26 / _	19		11_	/ _:	30		ate (11) 19	Name of OSHA n/a	Mo	pnitor						
Occupancy Status During /	Abatement	(Chec	k only	one)				Street Address						0.000		
Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	teme	nt										
Abatement Performed C Time of Abatement: 7A	Outside of N	lorma	Facili	ty Ho	urs -	Des	scribe	City, State, Zip (	Cod	le						
			VI	A	VI											
Scope of Work (Check all the	hat apply)															
≥3 sf or ≥3 If			⊠ Re	enova	ation			☐ Full Cor Mini-En	ntai	inment with Nega	tive Pressur	re				
≥160 sf or ≥260 lf				emoli	tion			☐ Gloveba	ag F	Procedure						
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Location of				Norm	ally			Description	of				Ab	atem	ent T	ype
Asbestos-Containing Ma <u>TO BE ABATE</u>		/I) .		ed So ainten			Asbes	tos Containing Ma	ate	rial (ACM)	Amount		Re	Re	En	E
IN Facility	<u>=U</u>			todia			(i.e.,	thermal systems surfacing, VAT	ins	sulation,	(Specify		Removal	Repair	cap	clos
(13)				(12	)			other miscellane	ou eou	r is)	SF or LF	)	/al		Encapsulate	Enclosure
			Yes	No	1	I/A				,					te	
Floor Tile and Mastic						]	Main Sto	ore Show Room	n		1,800 SI	F				
Transite Paneling							Heater a	nd Closet Ceili	ing	1	32 SF		$\boxtimes$			
													П	П	П	П
													П	$\overline{\Box}$	П	
Name of Registered Waste							Vaste	Cubic Yards of	1	Name of Register	ed Landfill					
Service Transport Gro	oup			1	Haule	er ID 990	No.	Waste		Minerva Lan						
City, State						- 50	I	Disposal Date	1	City, State						_
58 Pyles Lane New Ca										Waynesburg	, Ohio					
Completed By (Print or Type	)	Title			-			Signature		-	T.	Date		11-11-1		
Christine Del Viscio		As	st. A	dmir	nistr	ator	r	Chri	-	· DOW	, .	Jake (	1_/	3	21-1	9

N+ 1450 PAID State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 13 19 Adams, Rhemann & Heggan Associates 2019 Agencies Notified Type Notification Street Address **⊠** EPA 215 Belleveve Ave **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code **⊠** DOH Amendment #\_ LICENSING Hammonton, NJ 08037 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Mr. Henry Weigel 609 561-0842 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1062 N. Delsea Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Vineland >2200 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland house Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lea Environmental Delta/BJDS, Inc Street Address Street Address 900 Route 168, Suite E4 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Blackwood NJ 08012 Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 26 / 19 \_ 11 / 30 / 19 n/a Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/\_\_\_\_PM-\_\_ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 If Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Enclosure Asbestos Containing Material (ACM) Remova Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A ROOF П  $\boxtimes$ Silver Roofing Cement Over Metal 50 X П П ROOF X BLACK/SILVER ROOFING AND \*\*\*\*\* CHIMNEY CEMENT 200 If X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Group Hauler ID No. Waste Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Christine Del Viscio Asst. Administrator ASB-41

**JAN 13** 

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⊠ DOLWD	☐ Amend				City	State, Zip	Cor	de	- 1	Louis	****		-	100	
⊠ DOH □ DCA	Amenda Emerge			_	6.00	arlton NJ			all the same	ASB	ESTOS CON	TROL	8	1100	
(NJAC 5:23-8)	justifica		riciuali	ıg	Nam	e of Conta	act		<u> </u>		LICENSING Telephone No	3			
	☐ Cancell	ation			Pa	at Giorda	no				856 355-09				
N- (5 W					F	ACILITY I	NF	ORMATION					- E- E- 110		
Name of Facility Where A		Takin	ig Plac	e (3)					F-0310	f Facility (4	1)				
Our Lady of Lourde	S- 								Sch	ool (K-12)					
Street Address	12-7								Othe	cnapter 8 ( er (i.e., priv	Other than K-	12) ercial b	uildin	as	
1600 Haddon Avenue          □ Other (i.e., private and commercial building homes, etc.)          City (5)          □ Square Feet															
											# of Floors	В	ldg. A	\ge	
Camden >50,000 7															
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)															
Name of Monitoring Firm H	fired by Bui	lding (	Owner	(8)	ASCN	1 No	l NI	lama of Abatam		- 1 (0)					
Vertex Environment		9		(0)	71001	1140.	14	lame of Abatem Delta/BJDS,		actor (9)					
Street Address							S	treet Address	IIIC						
700 Turner Way, Sui	te 105							1345 Industri	ial Rlvd						
City, State, Zip Code							c	ity, State, Zip C							
Aston, Pa 19014								Southamptor		966					
Project Manager for Monito	ring Firm			Te	ephone	No.	-	elephone No.			License No.				
Don Heim				6	10 558	3-8902		215 322-2900	i		00783				
Start Date (10)		Sched	luled C	Compl	etion Da	ate (11)	Na	ame of OSHA N	Onitor						
9 / 26 /	19	_1	1_ /	3	0 /	19		Criterion							
Occupancy Status During							St	reet Address						-112	-
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		1	400 Street Ro	oad						
Abatement Performed C Time of Abatement: <u>7</u> A	Outside of N M-APM/	lormal	Facilit	y Hou	rs - Des	scribe	Ci	ty, State, Zip Co	ode					0/=	
			-		V); 			Bensalem Pa	19020						
Scope of Work (Check all to	nat apply)							M Eull Cont	niam ent :	uith Namet	D				
☐ ≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Encl	amment v losure	with Negati	ve Pressure				
≥160 sf or ≥260 lf			☐ De	emoliti	on			☐ Glovebag	Procedu	ire	Friable Procedu				
			Is	Loca	tion				ripted ( )	and Non-r	Tiable Procedi		-1	4 -	
Location of				Norma	ally ely by			Description of	f				atem		
Asbestos-Containing Ma TO BE ABATI		4)		inten				Containing Mat ermal systems in			Amount	Rem	Repair	nca	incl
IN Facility			Cus		Staff?	(1.0		surfacing, VAT,			(Specify SF or LF)	Removal	air.	ısde	Enclosure
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Name of Registered Waste	Haules						-		1						
Service Transport Gr				1/100	IJDEP \ lauler I[	District Control		bic Yards of ste	7.00	of Register					
City, State	Jup				20990		(Controls)		2000 6 2000 6 200	rva Land	itill				
58 Pyles Lane New Ca	etle DE						Dis	posal Date	City, Sta						
		T'						10.	Wayr	nesburg,	Ohio				
Completed By (Print or Type Christine Del Viscio	:)	Title	- A	d'	later t	1211		Signature		7 1	1	ate			700
- VISCIO		AS	51. A	umin	istrato	I		1 1/100	110	~///	1/11/1	2-1	)_	20	191

C A THE CALL OF TH	Company of the Compan						
ASSESTOS CONTAINING	IS LOCATION	DESCRIPTION OF	AMOUNT	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAL (ACM)	SPECIFY			and the same	
MATERIAL (ACM)	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SF OR LF				
IO BE ABATED	MAINTENANCE/	SURFACING, VAT, OR	enters.				
IN FACILITY	CUSTODIAL STAFF?	Service Control			-		
		387			errana.		
	A/N ON CEL						
Hallway	×	Pipe Insulation fiberglass seam mastic	50 Ea			×	-
Hallway adjacent M elevator	×	Pipe Insulation		<			DATE OF THE OWNER, STATE OWNER, STATE OWNER, STATE OWNER, STATE OWNER, STATE OWNER, ST
Lab/hall adjacent Bye office	×			< >			
David Bye Office	×		10015	< ;			-
Hallway adjacent boiler room	×		100 1	< > >			-
Room C-33	×	on fittings	7 60 5	< >		Secure	
Transition hallway from	×	7	50 1 E				
main to north wing			AND DESCRIPTION OF THE PERSON NAMED IN	The second secon			
Hallway north at electric rm	×	Seam mastic on Fiberglass pipe insulation	200 62	The same of the sa			distance of the last of the la
Sterile processing offic	×		270 66	<		>	-
Basement Level			10.01	>	Commonwed Common		The same of the sa
EP Lab 1	×	Pipe Insulation(penetration	4 - 7	<	ļ		The state of the s
Material management	×		115 65	< >	-		-
Main Bldg 1st Fl Wellness Room (Future	(Future IDP)		1.00	7			
Wellness Room above ceiling	×	Pipe Insulation	15   6	<	1		
North Wing 2nd Floor Social Work Office (Furture IDP)	rk Office (Fu			7	1		STATES OF THE PERSON NAMED IN
North social work office throughout	×	12 X 12 Beige Floor Tile	150 SF	×			
Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)	onsultation I				1		The state of the s
Room 401 consultation room t/o	×	Mastic a/w non-ACM 12"x 12"	220 SF	×			
Main Building 7th Floor Room 701 (Future IDP	)1 (Future ID				1		
Room 701 Throughout	×	Pipe Insulation (Above Ceiling Tile	40 LF	×	-		
	-						

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	7-1	NO.	, TIFI(	CATIO	State of ON OF A	New Jersey SBESTOS ABA	TEMENT E	GEI	WE	D base	1	
1538-02	AI	D	(1	Pursu	ant to N	JAC 8:60 and 5:	16)		(4) [F		Salara de	
Date of Notification (1)		_		Na	me of Build	ing Owner/Operator	(2)	-		111	2000	
9 / 12	19				'irtua	ing Owner/Operator	(4) III (1) (1)	SEP 18 2	2019		1	
Agencies Notified Type Not	ification			Stre	eet Address	S	L			1	100	
Z midai				2	0 Stow R	d	ASBE	ESTOS CON	TROL 8	À	Special	
	ded dment#			City	, State, Zip	Code	- The Control of Contr	LICENSING	3	100 Hours		
1 7	gency (inc		_	14 11/22	lariton N.							
	cation)	Juuii	ig	_	ne of Conta			I Talantan S				
Cance	ellation			1	at Giorda	1.7°		Telephone N 856 355-0				
Name (5 m)				F	ACILITY I	NFORMATION						
Name of Facility Where Abatement		Place	e (3)				Type of Facility (	4)				_
Our Lady of Lourdes-Willing	boro						School (K-12)	)				
Street Address							Subchapter 8	(Other than K	-12)			
218 Sunset Road							Other (i.e., pri	vate and com	mercial I	buildir	ngs,	
City (5)			100				Square Feet	# of Floors	1	21-1-	^ -	
Willingboro							>50,000		t	Bldg.		
County (6)				Cor	inty Code (	7)(STATE USE ONLY)		5		30+		
Burlington					arity code (	THOTALL OSE ONLY)	Current Use (Price	ir if being dem	olished)			
Name of Monitoring Firm Hired by Br	uilding Ov	wner	(8)	ASCN	4 No	Nome of Alex						
Vertex Environmental	g 01		(0)	AGGI	i NO.		ent Contractor (9)					
Street Address						Delta/BJDS,	Inc					
700 Turner Way, Suite 105						Street Address						
City, State, Zip Code						1345 Industri						
Aston, Pa 19014						City, State, Zip Co						
						Southamptor	n Pa 18966					
Project Manager for Monitoring Firm  David Brown				ephone		Telephone No.		License No.				
					3-8902	215 322-2900		00783				
Start Date (10)	Schedul					Name of OSHA M	onitor					
9/26/19				)_/	19	Criterion						
Occupancy Status During Abatement	(Check o	nly o	ne)			Street Address						
□ Facility Closed/Vacated During En	tire Perio	d of A	Abate	ment		400 Street Ro	ad					
□ Abatement Performed Outside of I	Normal Fa	acility	Hour	s - Des	scribe	City, State, Zip Co						
Time of Abatement: 7AM-4PM/			_AM			Bensalem Pa						
Scope of Work (Check all that apply)						Delisalelli Pa	19020					
☐ >3 sf or >3 If		1 Par	novati	00		Full Conta	ainment with Negat	ive Pressure				
≥160 sf or ≥260 If			nolitic			☐ Mini-Encl	osure Procedure					
	West.					☐ Non-Exen	npted (*) and Non-l	Friable Proced	lura			
W 322			Locat	1					_	atem	ont T	
Location of Asbestos-Containing Material (ACI	(A)		ormal Sole			Description of				-	-	1
TO BE ABATED	,	Mair	ntena	nce/	Asbes	stos Containing Mate	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility	(	Custo		Staff?	(1.6.	, thermal systems in surfacing, VAT,	or	(Specify SF or LF)	VOL	air	aps	losi
(13)	-	, 1	(12)		1	other miscellaneo	us)	SF OF LF)	<u>a</u>		Encapsulate	Jre
		'es	No	N/A							fe	
			$\boxtimes$		Please S	See Attach			П		П	
			$\boxtimes$						+=		=	=
		-	П								Ш	Ш
		-										
Name of Registered Waste Hauler												
Service Transport Group			Ha	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Register					
City, State				20990		Diamanda		11111				
58 Pyles Lane New Castle DE						Disposal Date	City, State	No.				
							Waynesburg,	Ohio				
Completed By (Print or Type)	Title					Signature	~	/ D	ate			
Christine Del Viscio	Asst	. Ad	mini	strato	r	Chut	Legal) A	1.	9-1	2.	> 1	9

LUCATION OF	5		MENTALONCOLTHI TENDESSESSESSESSESSESSESSESSESSESSESSESSESS	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS			
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAL (ACM)	AMOUNT	REMOVAL	REPAIR	ENCAPSULATE ENCLOSURE	ENCLOSURE
MATERIAL (ACM)	USED SOLEY BY	(IE THERMAI SYSTEMS INICIII ATIONI	SPECIFY				
TO BE ABATED	MAINTENANCE/	SUBFACING VAT OF	SF OR LF				
IN FACILITY	CUSTODIAL STAFF?	-			Marine and		Cascociii.
1st Floor Medical Records office	YES NO N/A						
North End Office	×	9x9 Black Floor Tile w/black mastic below					
		Carpet(Only a portion of the room will be					
		abated)	12 000 KE	<			STATEMENT STATEM
1st Fl. G Wing Respiratory			1000	>			
Therapy area Storage Closet					L		
Throughout	×	12x12 Gray Floor Tile with black mastic					20.5-20
		(Bottom Layer)	100 SE	×	1		
1st FI-H Wing Hallway				,			
Custodial break room					Ļ		
Custodial break room	×	9 X 9 tan floor tile w/black mastic	100 SF	×			APTIONING CONTINUES.
			1000	7	1		
5th Fl. E Wing Tower/Supply Closet		12 X 12 Floor tile w/Black Mastic			1		
Throughout	×	Below Carpet	120 SF	×	1		
3rd Floor-E Wing Tower Office					-A		
Throughout	×	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	×	-		
Throughout	×			Stimum			
			50 SF	×	1		
2nd Floor -E Wing Tower Office						6.09-D	
Inroughout	×	12X12 White Floor Tile w/Black Mastic			$\downarrow$		
			OU SF	>			

NOCK		NO <sup>-</sup>	TIFIC.	ATIO	NOFAS	lew Jersey BESTOS AB AC 8:60 and 5	AT	FEMENT ()			V E	TO 1 TI
Date of Notification (1)	12 / 10	1		1		g Owner/Operate	or (:	2)	H SEP	182	019	14
Agencies Notified	Type Notification			Stree	Y IXM I	or trope	34.	ty Groi	ASBESTO	S CON	rani	2
E ÉPA E ÓOLWD	☐Initial ☐ Amended					yette S	4	eet Is	1510 Je			
DOH	Amendment #			City.	State, Zip	odde NOCKCN	1		128			
DCA (NJAC 5:23-8)	☐ Emergency (in justification)	ncludin	g	Name	of Contac	t		H 19	Telephone i	Vumber		
	Cancellation			Pr	anav	Ambo	4	- <u>i</u>	610-8		770	19
Name of Facility Where A	hatement is Takin	a Place	12)	FA	CILITY IN	IFORMATION						
		971ac						Type of Facility  ☐ School (K-1				
Street Address 980 Shrey							1	☐ Subchapter		K-12)	huildina	15
City (5)	usburg	Hur	nu	e			1	homes, etc.	)			
Tinton Fo	2115						- 58	Square Feet 30,000	# of Floors		Bidg. Ag 50+	500
County (6)				Cour	nty Code (7	STATE USE ONLY		Current Use (P	rior if being der			
Monmouth Name of Monitoring Firm	Hired by Building (	)wner	(8)	ASCM	No	Name of Abater		Comme	rcial re	etail		
Vertex	i mod by ballolling (	JATTICE 1	(0)	NJCIVI	140.	ecoser			) . (			
Street Address	1 1 1			- 1		Street Address	11,000					
100 Turner   City, State, Zip Code	ndustrial	Wa	4.	ste	102	303 B1	V	ational	Road			
Aston PA	19014					City, State, Zip		PA 1931	11			
Project Manager for Monit			1.	ohone		Telephone No.	77		License No	),		
Dave Turo Start Date (10)	7154 School	luled C			te (11)	484-87 Name of OSHA	2-	- 888A	0110	1_		
	19 11			_ / _		EMSL.	MO	nitor				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed	d During Entire Per Outside of Normal	riod of a	Abaten / Hours	nent : - Des	cribe	200 Ro	<del>U</del>	e 130	North			
Time of Abatement:	AMPM	N 4	_PM	12	AM	City. State, Zip C			J 08	077	)	
Scope of Work (Check all	that apply)						0.000					
≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			novatio			면 Mini-Er	nclo		gative Pressure	9		
□ ≥100 St 01 ≥200 II		∐ De	molitio	1				Procedure pted (*) and No	n-Friable Proc	edure		
Location		100	Locati							А	bateme	ent Type
Asbestos-Containing N	faterial (ACM)	Use	d Solel intenar	y by		Description tos Containing M	late		Amount	Remova	Repair	End End
TO BE ABAT			odial S		(i.e.	thermal systems, surfacing, VA	Т, с	or	(Specify SF or LF)	loval	air	Enclosure Encapsulate
(13)		Yes	(12) No	N/A		other miscellan	eou	12)	**			ate
Space on i	3			d	Par	ctilem	<u> </u>	+ic	6000 5		1	
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Name of Registered Waste			11 07 11	DEP V		Cubic Yards of Waste		Name of Regis		,	10	,
City, State	igement			12"	13	Disposal Date	-	GIZOWS City, State	North	Lan	141	1
Trenton N	J				-	TBD		Morns	Sville (	DA		
Completed By (Print or Typ	De) Title	0	8	40. 1897		Signature				Date	101	10
Jaal Bally	2	. Tr	Djec	1.	Nanag	n Cac	h	Bally		91	12	M
AN 13	• (	Do not i	use this	s form	for asbesto	s licensur exem	pte	ed activities.				

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Date of Notification (1)  8 / 27 /	بيانانانان 19		1		ig Öwner/Operator ( gement Services	111 1	SEP	18	2019	)	and the same
Agencies Motified Type Not	ilication		Street	l Address		- Constitution		-		-	
ballet 🖾 🖂 N4.1 🗟			91	Hasting:	s Avenue	Legenge	ASBESTO	SCO	NTR	OL	Č.
Ø DOLWD □ Amen			City,	State, Zip	Code		LIC	ENSI	162		
M1952	dnient # jency (includin		Ru	therford	NJ 07070						
	,alim))	U	Name	of Contai	st		Telephone Nun	ber	*		
[] Cance	ellation		Kai	ren Trav	ers		201-460-743	34			
			FA	CILITY I	VEORMATION		N				
Name of Facility Where Abatement	is Taking Plac	e (3)	## \$1.			Type of Facility (	4)		- 100		
Forest Street Manor		0.000				School (K-12)					
Street Address	Pality				G		(Other than K-12				
16 Forest Street						homes, etc.)	ivate and comme	rciai bu	mont	а,	
City (5)	- Paris Const. (Const.)					Square Feet	# of Floors	Ble	dg. Ag	ge	10.000
Montclair						6000	4		90		
County (6)	1.00 E.00		Cour	ntv Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)			
Essex					,	Occupied		- 1			
Name of Monitoring Firm Hired by B	uilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	<del>"</del> "		50		
Sky Environmental Services		` ′			Super, LLC	, ,					
Street Address	and all the large age	Acres 1	A	and the second	Street Address	and the second second second second second		intro. (eff) rla	an cestors.	40/144/194	era die
140 Boulevard					203 Belmont	Avenue					
City, State, Zip Code					City, State, Zip Co	ode	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.14.1877		
Mountain Lakes, NJ 07046					Haledon, NJ						
Project Manager for Monitoring Firm	w =	Tol	ophone	No.	Telephone No.		License No.		Na		
Leonid Shereshevsky		9	73-588	-4821	201-336-0477	B	01195				
Start Date (10)	Scheduled C	Comple	tion Da	te (11)	Name of OSHA M	onitor	d				
9 / 12 / 19	9	/ 20	) /	19	Super, LLC						
Occupancy Status During Abatemen	nt (Check only	one)	Maria Liber	eran eta (eta eta eta eta eta eta eta eta eta eta	Street Address	and an order to a second state of the second second	ARABAMA, ARABAM BARAN, AND ARABAM	contra	**+		1000
☑ Facility Closed/Vacated During E			ment		203 Belmont	Avenue					
Abatement Performed Outside of				cribe	City, State, Zip Co	ode	The state of the s			**********	
Time of Abatement:AM	PM/	PM	•	AM	Haledon, NJ						
Scope of Work (Check all that apply)	**************************************		2.75		Acceptance of the second second second			p = 100 kg (#)		- HE . 10	
≥3 st or ≥3 l/ ⊠ ≥160 st or ≥260 lf	⊠ Ri	enovat emoliti			☐ Mini-Enc 図 Gloveba			Ire			
	1 1	s Loca	tion	1	-	1		1 -	ateme	ent Ty	vue
Location of		Norma	elly		Description o	r			P		1
Asbestos-Containing Material (A	CM) Usi	ed Sol aintena	ely by ance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	ncio
TO BE ABATED IN Facility		todial	Staff?	(1.6	surfacing, VAT		SF or LF)	EN CO	2.	psul	Enclosure
(13)	Participal Control	(12)	- Ton	-	other miscellane	ous)				ate	(1)
and the second s	Yes	No	N/A		And the section of the section of	months to the minimal states	a				-
Basement				Therma	al System Insulat	tion	466 LF				[.
The second secon			D								L
The second secon			10		and the state of t	Marian	ALL DO NOT THE WORLD	m	n	П	-
))		l de				(10 F x x x 2 F x x x x x x x x x x x x x x		12	1		-
NIS PURE TURNS ANDRON INDEED-MAIN	JD			1	# 0.000 A 600 - 200 A 0.000 A 0.000					LJ	L
Name of Registered Waste Hauler		1000	NJDEP ( Hauler II		Cubic Yards of Waste	Name of Regist					
SUPER, LLC			00348		TBD	1	Waste Manag	emen	l		
City, State Haledon, NJ		5.0			Disposal Date	City, State Morrisville,	PA	1.97			
	1 mar					,	100	on serio			
Completed By (Print or Type) Tailor Dominguez	Title Projec	t Man	ager		Signature	of the	1	Ale s	21	15	
ranoi Dominiguez	LIGIGO	141011	2961		1	-	-	47 -	3	1 /	

Lnut	上   (	45	52	3								Γ	P	rint F
X 25972 PAI	Mn:	NOTI	FICATIO	N OF AS	lew Jerse BESTOS C 8:60 an	ABATE	MENT 0)	r	D		C E		$\mathbb{V}$	
Date of Notification (1) 9/13/2019	<u> </u>		Name	of Buildin	g Owner/o			ction Grou	P	S	EP 1	8 2	019	Collange Est
Agencies Notified Type Notification  EPA Initial	1		Street	Address	105	White	Oak	Lane	the same of	ASBE	STOS	CON	FROI	8
DEP Amended  X DOL Amendment			City, S	tate, Zip (		d Bridg	e, N.	J 08857	L	DATE OF PERSONS ASSESSED.	LICEN			
■ Emergency       Justification     □ DCA	)	g		of Contac hn Che	t				Tele		Number 482-1			
N			FAC	ILITY IN	FORMATI	ON				(. 02)				
Name of Facility Where Abatement is Takin Garage/ Office	ng Place (	(3)					Туре	of Facility (	1 (1)					
Street Address 1147 S. Olden Ave.							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	r than h	<-12) ercial bu	ildings	, hom	ies,
City (5) Hamilton, NJ 08610							70.00	are Feet 000	# of	Floors 2		Bldg. /		
County (6) Mercer				Code (7) USE ONL	y)		Curre	ent Use (Pri	or if bein	g demo	olished)			
Name of Monitoring Firm Hired by Building MECS	Owner (8	)	ASCI	M No.		Name of Steve	of Aba	atement Cor	ntractor (	(9) ervice:	s, Inc.		-	
Greet Address PO Box 341						Street /	Addre	ss						
City, State, Zip Code Crosswicks, NJ 08515				<del></del>				ip Code , NJ 0850	1					
roject Manager for Monitoring Firm Tom Gieger			Telepho 609 29	ne No. 98-4070		Telepho	one N	0.		License				
tart Date (10) 9/30/2019	Schedul		npletion /15/20	Date (11)			of OSI	HA Monitor						
Occupancy Status During Abatement (Chec	k Only O		2. (15.153.195.75)			Street A		SS			-			
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten y Hours	nent		-	PO B	ox 34	33					-	
cope of Work (Check All That Apply)						Chest	terfie	eld, NJ 08	515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×××	Mir	I Containme ii-Enclosure ivebag Proc n-Exempted	edure				e	
Location of	1	Location Normally				crintian o						Abate	ement pe	5
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	intenar	d Solely by intenance/ odial Staff?  (12)  Asbestos Co (i.e. therm sur			Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure	
Basement	No	N/A								<u> </u>		ate	re e	
	-		X		ermal B					sf	Х			
Garage 2nd Floor	-		X	Th	ermal F			on		) If	Х			
Exterior Roof Windows			X			/ Mast				) sf	X			
ame of Registered Waste Hauler		l NI	JDEP W	acto		ng/ Ca	ulk	No. 1		0 sf	X			
evens Environmental Services		3000	auler ID 18292	No.	Cubic Y of Wast			Name of R	- Recorded		till			
ity, State Ientown, NJ					Disposa 10/	Date 15/201	19	City, State Morrisvil						
ompleted by ahlon E. Stevens	Title Proje	ct Ma	nager		Sig	nature		12		0	Date 9/13/2	2019		

JAN#1438	3						graftesharakis		-		~******	Print Fo
CKSUZ P.	AII	) NO.	TIFICAT (Pursu	State of New Jer TON OF ASBESTO ant to NJAC 8:60	SARAT	EMEN 20)	NT	)EGI		$\mathbb{V}$		Government of the state of the
Date of Notification (1) 09/12/19			Nam La	e of Building Owne Casa Don Pedr	r/Operato	or (2)	and the second	SEP	18	2019		
Agencies Notified Type Notifica  EPA Initial	tion			et Address ' Roseville Aver	nue					a part for a fai		
DEP Amende Amende	nent#		City, Nev	State, Zip Code wark,NJ,07107				ASBESTO: LICE	S CON	NTRO IG	L&	LEGURGE
DOH justificati		ling	Name	e of Contact is Pagan				Telephone	Numh	er		
Name of Facility Where Abatement is Ta Private House	aking Plac	e (3)	FA	CILITY INFORMA	TION	Typ	e of Facility	(4)				
Street Address						.,,,	School (K	-12)				
City (5)						V	Other (i.e. etc.)	er 8 (Other than private & comm	K-12) ercial b	uilding	js, ho	mes,
Newark						Squ N/A	are Feet	# of Floors N/A		Bldg N/A	Age	
County (6) Essex			Count (STAT	y Code (7) E USE ONLY)		Curr	rent Use (P	rior if being demo	olished)			
Name of Monitoring Firm Hired by Buildir N/A	ng Owner	(8)	ASC	CM No.	Name	of Ab		intractor (9)				
Street Address	-				Street	Addre	ess					
City, State, Zip Code							KLIN ST	REET				
Project Manager for Monitoring Firm			Teleph	one No.	PATE	ERSC	ON,NJ,07					
Start Date (10)	Sched	uled Co		Date (11)	973-3	333-5	5144	License 01274				
09/13/2019	09/14	4/2019	mpietion	Date (11)	Name of EHW	of OSI ABA	HA Monitor ATEMEN	TLLC				
Occupancy Status During Abatement (Chi Facility Closed/Vacated During Entire	Daried		ment		Street A 89 FF	Addres	ss KLIN STF	REET				
Abatement Performed Outside of No Other – Describe: OCCUPIE	rmal Facili	ity Hour	S		City, Sta	ate, Zi	ip Code DN,NJ,07					
Scope of Work (Check All That Apply)					IAIL	noc	70,071,170	524				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ĭ	Renova Demolit	ition tion			Glo	ii-Enclosure	ent with Negative eedure f (*) and Non-Fria				·
Location of		s Locati Normali	lv		S 0000000			( ) and 11011-1 116	JUIG F 10	Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole	nce/	Asbestos Conta (i.e. thermal s	cription o	terial	(ACM)	Amount		T .		
In Facility (13)	Cus	stodial S (12)	staff?	surfac	ing, VAT, iscellane	or	uon,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A		***	- 35			val	1	ulate	ure
- IOCIVICIAL		X		PIPE IN	SULATI	ION		60 LF			Х	
j.									-			
lame of Registered Waste Hauler			DED.:									
HW ABATEMENT LLC		Ha	IDEP Waller ID I 37095	No. of Waste				egistered Landfil TE TRANSFE				
						1						
ity, State ATERSON,NJ				Disposa TBD	l Date		City, State BRONX,	NIX 4				

// In	V#	1	394	28		ų					Defeat
Date of Notification (1)	PAI	D	,	State of New J ATION OF ASBEST Buant to NJAC 8:60	OS ABA	120)	DEC		V		Print
08/22/2019 Agencies Notified Type Not	Sootlan		1 -	ame of Building Own a Casa Don Peo	ner/Opera dro	tor (2)	SEP.	18	201	9	
EPA Initia			3	reet Address 17 Roseville Ave	nue		Comments and a comment		, trasport	THE SHARE STATE	and Charles
DOL Ame	ndment#_	ding	-   N	y, State, Zip Code 9wark,NJ,07107	,		ASBESTO LIC	S CO ENSIR		0L.8	-
DCA Justin	cation) ellation		C	me of Contact Oris Pagan			Telephor	no Mun		-	
Name of Facility Where Abatement in PRIVATE HOUSE	s Taking Pla	ce (3)		FACILITY INFORM	NOITA	17					
Street Address  City (5)  Newark						Subo Othe	ool (K-12) Chapter 8 (Other than Ir (i.e. private & com	mercial	build	ings, h	iomes,
County (6) Essex			Cour	nty Code (7)		Square Fe N/A	N/A		1 N	ig. Ag 'A	е
Name of Monitoring Firm Hired by Bul N/A	Iding Owner	(8)	(STA	TE USE ONLY)		1 11145/1	se (Prior if being den E HOUSE	nolished	1)		
Street Address					1 51141	ABAIEN	nt Contractor (9) MENT LLC				
City, State, Zip Code					89 F		STREET				
Project Manager for Monitoring Firm					City, St PATE	ate, Zip Coo	ie J,07514				
Start Date (10)			Telepi	hone No.	Telepho		Licens	e No.		-	
08/24/19	1311	"M	mpletio	n Date (11)	Name o	FOSHA MO ABATEM	0127	4			_
Occupancy Status During Abatement (C Facility Closed/Vacated During En Abatement Performed Outside of			ment	1	Street A			- 4			$\dashv$
Abatement Performed Outside of I	vormai Facili	ty Hou	ns		City, Sta	te, Zip Code				-	
Scope of Work (Check All That Apply)					TATE	RSON,NJ	,07524				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli		90	8	Glovebag I	nment with Negative sure Procedure pted (*) and Non-Fri				
Location of	1 1	Locati Vormal	ion			TACIN	Jed ( ) and Non-Fri	able Pro	45.57	ire temen	+
Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	d Sole intenar	ly by	Asbestos Conta	cription of ining Mate	arial /Aosa	A	-		уре	
In Facility (13)	Cusi	todial S (12)	Staff?	surfaci	ystems in ng, VAT, o scellaneou	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A	PIPE INS	SUI ATIO	)N	10.15		H	ulate	sure
							40 LF	X			
me of Registered Waste Hauler		I AL	DEP Wa								
IW ABATEMENT LLC		Ha	uler ID N 37095	No. Cubic Ya of Waste N/A	rds		f Registered Landfill				
TERSON,NJ				Disposal TBD	Date	City, Sta	te .	-			_
mpleted by stor Espiritu	Title Projec	t Man	ager		atura //	/ 11/1	Dai	te 3/22/20			

TV	W# 1	4	521	4	<b>-</b>	No.			tri karang yang		AN APPAR COST	
OK	800		Pin	TIFIC	State of Ne CATION OF ASI (Pursuant to NJAC	BESTOS ABA	TEMEN	ID/E	C		$\mathbb{V}$	
Date of Noti 8/13/19	fication (1):	Na	me of I		Owner/Operator (2):				SEF	13	2019	ACCIDING LIVERS
Agencies 7	Type Notification		eet Ado		GE							- 1
A company of the comp	) Initial				INGTON AVE.		- W	LASE	ESTO	SCOR	ITRO	
(X) EPA (X) DEP	Notification X) Amendment	EA	y, State	, Zip Co	de: NJ 07017					ENSIN		10. O1
(X) DOL	Notification ) Emergency	Na	me of C	ontact:			Telephone	Number: 973	583 9	646		
(X) DOH (	) Cancellation	MF	R. MOH	IAMME	D			riamoot, 775	-505-0	1040		
					FACILITY INFO	DRMATION						
Name of RESIDENTA	Facility When L/APARTMEN	e Ab TS	atemen	t is '	Γaking Place (3):	() School (K-12	)					
Street Addres	ss: 215 NORTH	ARLIN	IGTON	AVE.		(X) Other (i.e., p homes, etc.)	(Other than K rivate & comm	(-12) nercial building	s,			
	(5): EAST ORAI	NGE, N	NJ			Square Feet: N	A	# of Floors:	3	Bldg	Age:	NA
County (6): ESSEX				ounty Co STATE I	ode (7) USE ONLY)	Current Use (P RESIDENTAL	rior if being /APARTME	demolished): ENTS				
Name of M	Ionitoring Firm	Hire	d by	Buildin	g   ASCM No.:	Name of Abate	ment Contra	ctor (9):				
Owner:(8) ENVIRONM	ENTAL CONSU	II TING	GROI	ID INC	NA	GUILIANO E		7007	7			
Street Address	s;	DIIII	3 GRO	01,1110		Street Address:	21 7 21 21 11 11 11	- LIVERL, LLC				
71 ARCH ST	TREET					PO BOX 1124	L					
City, State, Zi	p Code:				<del></del>	City, State, Zip						
PATERSON,						SAYREVILL		1				
Project Manag	ger for Monitorin	g Firm	:		Telephone No.:	Telephone No.:	3,110 0007	License No.:	***	_		
FERNANDO			(2)		973-418-4036	(732) 238-7400		01342				
Start Date (10) 8/27/19	101	Schedu 10/30/	iled Co 19	npletion	Date (11):	Name of OSHA GUILIANO E		ENTAL LLC	7			
Occupancy Stati	us During Abateme	ent (Che	ck only	one)		Street Address:						
(X) Facility Clos	sed/vacated During Performed Outside	Entire CN	Period o	f Abatem	ent	P.O. Box 1124						
( ) Other – Des	cribe:		nai raci	ity Hours		City, State, Zip SAYREVILLE,						
	Check all that app	ly):					202 12 1202					
$ \begin{array}{c} () \ge 3 \text{ sf or } \ge \\ (X) \ge 160 \text{ sf o} \end{array} $	3 lf or ≥ 260 lf			()[	Renovation Demolition		(X) Mini E	ntainment wit nclosure ag Procedure able Procedure	h Nega	ative P	ressur	е
Locat	tion of		Locat Vorma		Des	cription of			T		emen	t
Asbestos-Cont	aining Material	Use	d Sole	ly by	Asbestos Conta	ining Material (	ACM)		-	1	уре	T
	CM) ABATED		aintena Custodi		(i.e., thermal surfaci	systems insulating, VAT, or	on,	Amount	70	177	En	En
	acility		Staff?			iscellaneous)		(Specify	Removal	Repair	caps	Enclosure
(1	3)	Yes	(12) No	N/A			1	SF or LF)	val	H.	Encapsulat	sure
Bldg.#247-255 /	BASEMENT	1 03	X	IN/A	PIPE INSULATIO	)N		1200 LF	X			
Bldg.#247-255 C	CRAWL SPACE		X		PIPE INSULATION			1500 LF	X			
Bldg.#221-229 /	Section - Control of the Control of		X		PIPE INSULATION			800 LF	X	-		
Bldg.#221-229/ (	CRAWL SPACE		X		PIPE INSULATIO			800 LF	X			-
Name of Regist FREEHOLD C	tered Waste Hau ARTING, INC	ler:			NJDEP Waste Hauler ID No.: 04509	Cubic Yard of Waste:	1 1	Name of Regis GRAND CEN	stered	l landfil LAN	l l: DFILI	
City, State: NEWARK, NJ			Dispo 9/30/	sal Date		City, State: PEN ARGLY						
Completed By:				Title:		Signatufre;	Λ .	Al Date:				
Melinda					istrative Assidon		n l. le	Date: 9/10/19				
Trapa,				rice man	Diranc hosa(II)	WALKER THE PROPERTY OF THE PRO	W MOV					1

TOV# 1458	35				State of	New Jersey				and the second	a Colonia de	
CK 1415 P	ATTO	NOT	IFI(	Pursu	uant to N	SBESTOS ABA JAC 8:60 and 5:	16)	) E G E		<u> </u>	000	1
Date of Notification (1)	/ 19	_				ding Owner/Operator Intain Industries,		SEP 1	8 20	)19	One or passed and water	
Agencies Notified Type No				Str	eet Addres	S		lead	1000		21.00	
☐ EPA ☐ Initial ☐ Amer				F	O.O Box 1	515	Armania	Printer Constitution program program of	0011	201	الس	
	ded dment#			City	y, State, Zip	Code		ASPLESTOS LICEN	USING	HUL	ca	
The state of the s	gency (incl	udino	1	S	ecaucus,	NJ 07096	Lucytoners	THE THE PARTY OF T		active entropy (C)	RINED CHILD	Parkate Marie paras
(NJAC 5:23-8) justific	cation)		0		me of Conta			Telephone N	umber			
. Cance	ellation			D	ave Hoel	nmann		(201) 252-	8600			
No. of the same of				F	ACILITY	INFORMATION			1774			
Name of Facility Where Abatement	is Taking F	Place	(3)				Type of Facilit	ty (4)				
1 International Drive Street Address							School (K-	12)				
1 International Drive							Other (i.e., homes, etc	r 8 (Other than K- private and comn c.)	12) nercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	T	Bldg.	Age	
Newark							219,924	6		50		
County (6) Essex				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished	)		
17000000000							Vacant					
Name of Monitoring Firm Hired by B Health and Safey Services, In		ner (8	3)		M No.	Name of Abatem						
Street Address	10			001	117		mental Service	es, LLC				
PO Box 365						Street Address						
City, State, Zip Code							Road, Suite 1	02				
Berlin, NJ 08009						City, State, Zip Co						
Project Manager for Monitoring Firm			T-1-			Fairfield, NJ	07004					
Jim Proctor				phone		Telephone No.		License No.				
Start Date (10)	Schedule	d Co			2-1311	(973) 852-344		01349				
09 /23 /19					19	Name of OSHA M						
Occupancy Status During Abatement						SAI Environm	ientai Service	es, LLC				
☐ Facility Closed/Vacated During En	tire Period	of Al	e) nater	ment		Street Address						
☐ Abatement Performed Outside of I	Normal Fac	cility F	Hour	s - Des	scribe	277 Fairfield I City, State, Zip Co		02				
Time of Abatement:AM	me of Abatement:AMPM/PN											
Scope of Work (Check all that apply)			-			Fairfield, NJ 0	7004					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Reno Demo				☐ Mini-Encl	Procedure	gative Pressure	ıre			
		ls Lo						100000	1	atem	ent T	vne
Location of Asbestos-Containing Material (ACI	(A) U	sed S	mall Solel		Ashaa	Description of				-	T	
TO BE ABATED		Maint	enar	ice/	(i.e.	stos Containing Mate , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	C	ustod (	ial S 12)	taff?		surfacing, VAT,	or	SF or LF)	ova	=	nsdı	osur
(13)	(13) Yes No N/A other miscellar							350	-		late	e.
Located Throughout Floors 1 to												
All Windows Floors 1 to 6								19,062 SF		П	П	П
								,	-			
			1									
Name of Registered Waste Hauler			N.II	DEP V	Vaste T	Cubic Yards of	Name of Regist	lored Landen			Ш	Ш
Service Transport Group, Inc			Ha	uler ID	No.	Waste	Minerva La					
City, State			S	SW21		2,500 Disposal Date		num				
Yardley, PA						Various	City, State Waynesbur	ah Ou				
Completed By (Print or Type)	Title					Signature	- aynesuur			,		
Mary Petrovski	Presid	lent				Mile	A Fins	Dai	(e)/	2/	10	

Thy-	# 1450	3(0	)				ş	records T	0 [	1 // // II	e i	- Company	1 11	
01/ 05	) IID A ==		TIFIC	Star ATION	te of New Jers OF ASBESTO	ey Sabatei	MEN		CE				2	92
UL 1201	+ PAI	D			o NJAC 8:60 a				1		heck	# 14		1 -
Date of Notification (1)	1/13/19		10		Building Owne	255	90 TH 1	g Grid Front 1	)Ll	8 2019		and a		
Agencies Notified	Type Notification				dress :				**************************************	CONTRACT	1.8		***************************************	$\dashv$
EPA				48	dress :	lis 1	CI.	ea tell	POICE	INSING	L CI	- mary france	The second secon	
DEP DOL	Initial Amended Amendment #	-	C		e, Zip Code Dea Ba								v	
	Emergency (inc justification)	luding		ame of	Contact		-		Tele	phone Numb	der 2/~	18	7 5 5	
DOH DCA	Cancellation				TY INFORMA	TION		4	10	01-20	-0	0 0		
Name of Facility Where A	Abatement Is Taking P	lace (3)		POIL	ATT HAT ORGAN	11014	Тур	e of Facility (4	1)		-			
ST. PHILS	CHURCH						M	School (K-12 Subchapter		rthan K-12\				
Street Address 488 SA	BLE RIVER	RE	1.40	,				Other (i.e. pi	rivate &	commercial	buildi	ngs, h	ome	S,
City (5) SADOLE BIE	2001/5							uare Feet	∯ of	Floors		ig. Ag		
County (6)					ode (7)		Cur	rrent Use (Prio			d)			
BERGE & Name of Monitoring Firm	Hired by Building Ow	ner (8)	1 (5	ASCM	No.	Name		CALL /2C batement Con	1					-
DETAIL ASSO	이번 역사 전염이 되었다. 그런 그는 사람이 가장 하나 있다. 나는 사고	1101 (0)			12			Contracting						
Street Address -560 SYLVAV	AUE SOUTA	3005	~		Section 2015 Control Control Control	Street 185		ress eland Ave.						
City, State, Zip Code						City, 8	State,	, Zip Code						$\neg$
ENGLAWER CL	*	0)						Park, NJ 0	7432	11 N-				_
Project Manager for Mor	nitoring Firm ルフルビ			elephor	10 No. 569 - 670	5 Telep 201-		-5841		License No 00156	•			
Start Date (70)				oletion D	Date (11)			SHA Monitor Environmer	ntal Se	ervicer inc				
Occupancy Status Durin	g Abatement (Check (					Stree		ress rier Street		1.4				
Facility Closed/Vac Abatement Perform	ated During Entire Per ned Outside of Normal	fod of Al Facility I	ateme Hours	ent				, Zip Code	-	Very constant of the latest of				
Other - Describe:						Hac	ken	sack, NJ 07	606					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  Renovation  Full Containment with Negative F									Negative Pr	essun	e			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitic					Mini-Enclosure Glovebag Prod	e cedure					
						<u>E</u>		Non-Exempted	d (*) and	d Non-Friabl		Abate		
Locatio	n of	N	ocatio	1		Descriptio	n of					Ту	ре	
Asbestos-Containing TO BE AB	g Material (ACM)	Mair	Solel	ce/	Asbestos C	ontaining nal systen	Mate	rial (ACM) sulation,		mount Specify	Re	20	Enc	En
In Fact (13)	ility	Custo	dial S (12)	tatt?	SL	rfacing, V. er miscella	AT, o	or T	SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	×	Yes	No	N/A						٠	al	,	ate	6
BOILER ROOM	n			X	ELL	فالمالك				40	X.			
											_			-
			1 01	JDEP W	frata I Cu	bic Yards		Name of	Dagieta	ered Landfill				
Name of Registered Wa Newark Carting Inc			H	auler ID 509		Waste	٠			al Sanitary	Lar	dfill		
City, State Newark, NJ 07105						sposal Dat		City, Star Pen Ar	te gyl, P	A 08072		5		•
Completed by R. McDonald		Title Presid	dent			Signatu	ire	RME	Dom	ld Da	te 9//	3/1	9	

B & G proj. #: 2019-221

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

IN# 14527

	0					Check	# 9555		
Date of Notification (1)	I I Name	of Building Ov	wner/Operator (	2)		MEC	EIV	E	[3]
0 9 /1 3 /1 19	11	hael Toone		-/			E I V		Treesment organization description
Agencies Notified   Type Notifica		Address			2000 - No. 100 - 1			27.	
EPA Initial						III III SE	9 1 8 2019		
☐ DEP ☐		64 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1					
▼ DOL		tate, Zip Code adell, NJ 07				ASBEST	TOS CONTRO	DL &	Par Charles
₩ DOH		of Contact					ie Number	40 TA 2000M	en de la company
☐ DCA ☐ Cance	llation   Mid	chael Toone	еу			Ι.			
		FA	CILITY INFORM	MATIO	N	1	417		
Name of facility where abatement	is taking place (3	)				Type of Facility	(4)	0.000	
Michael Tooney	, , , , , , , , , , , , , , , , , , ,	,				School	ol (K - 12)		
Street Address				-		200.000	apter 8 (Other to (Private/Commo		-12)
ot out / tadiooo							(Private/Commit /Homes, etc.	ercial	
011.75	T 0 1 70					Square Feet	# of Floors	Blo	dg. Age
City (5)	County (6)			100000000000000000000000000000000000000	inty Code (7) ate use only)	Current Use (P	rios if baina das	nolich a	)d)
Oradell, NJ 07649	Bergen			. (	,,	residential	nor if being der	nonsne	·
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)			
					B & G Restorati	on, Inc.			
Street Address					Street Address 105 Ryerson R	oad			
City, State, Zip Code					City, State, Zip Code				_
,,,,					Lincoln Park, !	NJ 07035			
Project Manager for Monitoring Fire	m ·	Phone Num	nber		Telephone Number		License Num	ber	
					(973)696-6869		00378		
Scheduled Start Date (10)	Sched. Com	pletion Date (	11)		Name of OSHA Monit B & G Restorati				
09/23/2019	09/24/20	19			Street Address	011, 1110.			
Occupancy Status During Abateme					105 Ryerson Ro	oad			
Facility closed/vacated during Abatement performed outside					City, State, Zip Code				
Describe:	e or normal facility	nouis-		_	Lincoln Park, N	1.07035			24
Other-Describe:					- Lincoll Lark, N				, i.
Scope of Work (check all that app				=	vrap & cut		7		
<ul> <li>✓ Demolition</li> <li>✓ &gt;3 sf or &gt;3 lf</li> </ul>					ull Containment w/neg //ini-enclosure	ative pressure	Glovebag p		
	≥160 sf or ≥260		shel	X V	mini-enclosure		Non-friable	I R	
Location of asbestos-containing	by maintenance			ion of a	sbestos-containing	Amount	е	e	E E
material to be abated in facility (13)	staff(12)		- material		obcoloo-containing	(Specify S LF)	F or o	p a	c c
abated in facility (15)	Yes N	lo N/A					v e	i	p L
main rm, boiler rm, elec closet		X	pipe insul	ation		15 lf	X		
									밀니므
			-			96007A		141	님님
-			-						님님
Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registered	l Landfill			<u> </u>
B & G Restoration, Inc.	19563	3	1/2		Grand Central I				,
City, State Lincoln Park, NJ		Disposal 0	Date 9/24/2019		City, State Pen Argyl, PA				¥
Completed by (Print or Type)	Title		Signature		Gordana Luna		Date		
Gordana Luna	Secretary/Tre	easurer			Jordana Luna		09/13/20	19	

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

Chl2#3632

	00	255-115-23		_	1.1	(5 ""		To .									
Date of Notification (1)  9 / 13 / 19							g Owner/Operator ( de Nemours	(2)	INE	CE		W	E	I			
Agencies Notified	Type Notific	ation	5:11		Stree	t Address				<u>U</u> <u>L</u>	<u>[]</u>	U	L				
☐ EPA	☐ Initial	ation				VT-10047746	quake Road							Tanana Ta			
⊠ DOLWD	☐ Amended	d								SEP 1	0	2016	-				
☑ DHSS	Amendm	ent#_				State, Zip (		J [ ]	0	-010	Ł	Personal Per					
☐ DCA	☐ Emergen		luding	3		rlin, NJ 0							- SUBSI				
(NJAC 5:23-8)	justificati					of Contac	15		Telephone Number CONTROL &								
	☐ Cancella	tion			Nic	hol Rein	hold		732-613	3-2400	ISIN	IG		TO/OTEN-			
					FA	CILITY IN	IFORMATION										
Name of Facility Where A				(3)			Type of Facility (4)										
DuPont Parlin Facil	lity - Admin	Build	ling	Z-12-27		School (K-12)											
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,										
250 Cheesequake F	Road							homes, etc.)									
City (5)								Square Feet # of Floors Bldg. Age									
Parlin							1/24										
County (6)						nty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being de	emolishe	d)						
Middlesex									X <del>2</del> 0		100						
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)			-0-10					
Cardno ATC							VIRONMENTAL, INC.										
Street Address						Street Address											
3 Terri Lane							1123 BEAVER STREET										
City, State, Zip Code						City, State, Zip Code											
Burlington, NJ 0801	16						BRISTOL, PA 19007										
Project Manager for Moni		Tele	phone	No.	Telephone No.		License No.										
John Lutz			100000	9-386		215-788-6040	00509										
Start Date (10)	iled C	1		te (11)	Name of OSHA M												
_10_ / _2 /					1		BRISTOL ENVIRONMENTAL, INC.										
Occupancy Status During							Street Address										
☐ Facility Closed/Vacate					ment		1123 BEAVER STREET										
	cribe	City, State, Zip Code															
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/PMAM							BRISTOL, PA 19007										
Scope of Work (Check all	that apply)						BRISTOL, PA	19007									
- Coope of Work (Officer all	that apply)						☐ Full Cont	ainment with Ne	gative Pressu	ire							
⊠ ≥3 sf or ≥3 lf       ⊠ Renovation         □ ≥160 sf or ≥260 lf       □ Demolition							☐ Mini-Enc										
≥100 St of ≥260 If		l	De	molitic	n		☐ Glovebag	g Procedure mpted (*) and No	n-Friable Dro	cedure							
		T	ls	Locat	ion			pros ( ) and MC	Habie FIU		Δh	ateme	nt T	/ne			
Location of Asbestos-Containing Material (ACM) TO BE ABATED			Normally				Description o	f		-							
				d Sole intena			stos Containing Ma	terial (ACM)	Amoun	nt :	Removal	Repair	Encapsulate	Enclosure			
IN Facility				odial		(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>	(Specif SF or LI	y S	SVOI	air	aps	uso				
(13)			(12)				other miscellane	ous)	3F OF LE	r)  :	-		ulat	ře			
			Yes	No	N/A						1		œ				
Basement Secured Area				$\boxtimes$		Pipe Ins	sulation		10 LF	. [	X						
Basement Closet			$\boxtimes$		Floor Ti	le & Mastic		150 SI	F [	X							
									[								
										1		П	П	П			
Name of Registered Wast	te Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill	1							
- 1000					auler II		Waste	1 X53	Fairless Landfill								
City, State					18706	)	1 Cu Yd Disposal Date	City, State		-							
Bristol, PA							10/3/19		rless Hills, PA								
Completed By (Print or Ty	/pe)	Title					Signature O . Date										
Gino Pizzigoni	50 S	Estimator						Punio Paragoni / 91 9-13-19									

t Forn
COLL

ON WOOLE	MA		OTIE	State ICATION O	of New J	ersey		Company				L	-	
UL UDDUS	+	and the second	(P	ursuant to	NJAC 8:50	OS ABA and 12:	TEMENT 120)	m	EC	E	1	V		
Date of Notification (1) 9/19/2019			T	Name of Bu	uilding Owr	ner/Onera	tor (2)	HULF		Marine and State of S		Manual Pro-		
1				LANXES	S Solution	ons US	Inc.		SE	_			- Archite	
7,500,000	Type Notification  Initial  Amended				Street Address						8 20	119	Phoneman	
I DED					1020 Kings George Post Road								ALV COMME	
DOL Amend	- 1	City, State,	Zip Code			ASSESTOS CONTROL &								
Emerge		Fords, N.			LICENSING									
DOH justifica Cancell		Name of Co Lisa Dani	ntact			Telephone Number								
					INFORMA			7	32-306	6-495	9			
Name of Facility Where Abatement is T LANXESS Solutions US Inc.	aking Pla	ace (3)		MOILIT	INFORMA	NOTE	Type of Faci	list. (4)					_	
Street Address							1	55400000000						
1020 King George Post Road		(K-12) apter 8 (Other than K-12)												
City (5)							Other (i etc.)	.e. private	& comn	nercial	buildir	igs, h	ome	
Fords							Square Feet		f Floors			g. Age		
County (6)			TC	numb O 1							Dia	y. ny	5	
Middlesex	(S	ounty Code TATE USE O	(/) DNLY)		Current Use	(Prior if be	ng dem	olished	1)					
Name of Monitoring Firm Hired by Buildin		ASCM No.	use piping, processing plant & tank											
Emilcott Associates, Inc. Street Address						Strvk	of Abatement	ent Contractor (9)						
190 Park Avenue				ion & Environmental Services, LL										
City, State, Zip Code							Address Old Eagle So	chool Ro	re he	TE 01	0			
Morristown, NJ 07960						City, S	tate, Zip Code			L 31	· · · · · ·			
Project Manager for Monitoring Firm			1 = 1			Wayr	ne, PA 1908	7						
David Tomsey	97	Telephone No. Tele 973-538-1110 48			ephone No. Licen			nse No.						
Start Date (10)	Sched	luled C		etion Date (1		484-581-7428			01286					
2/18/2019	9	tion bate (1	11)	Struke	ame of OSHA Monitor tryker Demolition & Environmental Services, LLC									
Occupancy Status During Abatement (Che	eck Only	One)				Street A	Address	1 & Envi	ronme	ntal S	ervic	es, l	LLC	
Facility Closed/Vacated During Entire	Period o	of Abate	ement		-	992 Old Eagle School Road, STE 910								
Abatement Performed Outside of Nor  Other – Describe: boiler house	mal Faci	lity Hou	irs			City, State, Zip Code								
Scope of Work (Check All That Apply)						Wayn	e, PA 19087	9						
≥3 sf or >3 if														
≥160 sf or ≥260 lf	×	Renov				×	Full Containm	nent with N	enativo	Droce	iro			
		- 011101	10011			×	Mini-Enclosur Glovebag Pro		oganvo	1 1035	JI C			
	T						Non-Exempte	d (*) and I	lon-Fria	ble Pro	ncedu	20		
Location of Normally									Abaten				t	
Asbestos-Containing Material (ACM)	Us	ed Sole aintena	ely by	Ashe	Desc	cription of				Туре			-	
TO BE ABATED In Facility			nce/ Staff?	(i.∈	pestos Containing Material (ACM) i.e. thermal systems insulation,			Amount (Specify		1_		Щ	-	
(13)		(12)			surfacil	ng, VAT, scellaneo	or	SF or		Remova	Repair	сар	inclo	
	Yes	No	N/A	A		eounai ieo	uo)			oval	vair	Encapsulate	Enclosure	
#6 Fuel Line	1	X	-		Pino Inc.	uloti - "	TOU					te	CD	
Door Gasket, caulk, counter		X	-		Pipe Insu		181)	197	LF	X				
QA, M1D, E2, E1 Area		X		-		r Misc.		530	_F	X				
ZAA, Ester 2, PA Tank, E1					Pipe Insulation (T		TSI)	2682	LF	X				
ame of Registered Wests II I				10/		acing	2563 SF X					-		
rwith Trucks, Inc.		Ha	auler II	Waste D No.	Cubic Ya of Waste	ırds	Name of R						-	
y, State		SV	V-19	98	45		Cumberl	and Cou	inty La	ndfill				
rthampton, PA					Disposal		City, State							
npleted by			9/19/20		Shippensburg, PA									
	Title				Sign	nature Date								
rk Klotzbach	Vice F	resid	ent		O.g.,	diure	<i></i>	_	Date	9				