

Date of Notification (1)						Operator (2					110000		
9/9/2019		_			gston	Street As	sociates LLC) 	SEF	14	9 2	340	
Agencies Notified Type Notification			Street A	aaress Box 276					ULI	1	JL	JIJ	
EPA X Initial DEP Amended		+		ate, Zip Co	ode						-		
X DOL Amendment			The second secon	ood, NJ		8							
Emergency (justification)	including	F	Name o	f Contact				Telepho	ne Nur	nber			
DCA Cancellation			Keith	Geasey				9142	61-05	88			
Name of Facility Where Abatement is Taking	a Place /	2)	FACI	LITY INFO	ORMAT		one of Facility /	4)					
445-461 Livingston Street	y Flace ()				1	ype of Facility (4						
Street Address							School (K-1) Subchapter		an K-12	2)			
445-461 Livingston Street						Ē	Other (i.e. p	rivate & cor	nmerci	al buil	dings	hom	es,
City (5)				4 000		S	etc.) quare Feet	# of Floo	ors	E	Bldg. A	ge	
Norwood		0	7604	18		4	10000			11 39	50		
County (6)				Code (7) USE ONLY			urrent Use (Pric	or if being d	emolish	ned)			
Bergen							MIXED USE						
Name of Monitoring Firm Hired by Building (Novirex	Jwner (8))	ASCN	ЛNo.			Abatement Con ine Contracts						
Street Address						Street Ad		5, 1116.					
3587 Highway 9N #205							lerton Ave						
City, State, Zip Code						City, Stat	e, Zip Code						
Freehold, NJ 07728			Telepho			Yonke	rs NY 10704						
	oject Manager for Monitoring Firm arowslaw Stankiewicz						e No.	1	ense N	0.			
Start Date (10)	Schodul	ed Com		77-6204 Date (11)	-		OSHA Monitor	01	230				
9/12/19	9/11/2		ipiction	Date (11)			ELINE CON	TRACTS	IN				
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street Ad	[편사공항문					2000	
Facility Closed/Vacated During Entire F	Period of	Abatem	ent				LERTON A	VENUE					
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours					e, Zip Code	(ODIC 40)	704				
Scope of Work (Check All That Apply)						TONK	ERS, NEW Y	ORK 10	704	-		-	
≥3 sf or ≥3 If	П	Renova	tion				Full Containme	nt with Noo	ativo P	roccu	TO		
X ≥160 sf or ≥260 lf	CO-CONTRACTOR .	Demoliti					Mini-Enclosure	£	jauve r	16220	16		
						X	Glovebag Proc Non-Exempted		n-Friab	le Pro	cedur	e	
	Is	Locati	on	1.			1				Abate	emen	t
Location of		Normall ed Sole				escription of				-	Ty	ре	1
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/			ntaining Mate al systems in		Amour (Speci		77		四	m
In Facility	Cus	todial S (12)	Staff?	(1.0.	surfa	acing, VAT,	or	SF or L		Remova	Repair	caps	Enclosure
(13)	-		T		other	miscellaneo	us)			oval	air	Encapsulate	sure
	Yes	No	N/A X		77 C W C -1 (***)					_		Ф	
	445 White House						ılk	800/5		X			
455 Brown House		X		VCT	/Roof Cau	ılk	700/5	SF	X				
459 Carpet Store		X			VCT		25 SI	F	Х				
Garage behind 457-461			X			Roofing		400 S		X			
Name of Registered Waste Hauler		1000000	JDEP W auler ID	1070	Cubic of Wa	c Yards aste		Registered l					
R.E.D. Technologies, LLC		10000	036160		***********	*******		Enterpri	ses				
City, State Bloomfield, CT					Dispo	osal Date	City, State	sburg, OF	1 4469	38			
Completed by	Title	111-1-1-1				Signaturje	//	Jourg, Or	Da				
Sean Ruane		ect Ma	anager			11	Thorn			9/20	18		

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

Date of Notification (1) 09-09-19	***************************************				Building on Cosby		perator	(2)			C	EP	4 0	201	n
Agencies Notified	Type Notification		-	Street A							0	ET	19	CUI	<u>J</u>
EPA	Initial		Ц												
DEP DOL	Amended Amendment	#			ite, Zip Co ay, NJ 0										
	☐ Emergency	(including	-		Contact					Tel	ephone Nu	mber			
DOH DCA	justification) Cancellation				n Cosby					1 15					
				FACI	LITY INFO	PRMATI	ON	_		_					_
Name of Facility Where Private Home	Abatement is Takir	ig Place (3))					Тур	e of Facility (
Street Address								H	School (K-1 Subchapter		er than K-1	2)			
									Other (i.e. p etc.)	rivate a	& commerc	ial buil	dings,	home	es,
City (5)								Squ	are Feet	# 0	f Floors	E	ldg. A	ge	
Rahway			(570	DG.	5									
County (6) Union				County (Code (7) USE ONLY)			Cur	rent Use (Prid	or if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.				ntracting L		(9)				
Street Address							Street								
oudet/idaress									st Grand S	t.					
City, State, Zip Code									Zip Code n, NJ 0720	1					
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph				License N	10.			
Start Date (10)	art Date (10) Schedu						201 2		9603 SHA Monitor		01206		-		
09-18-19									ntracting L	LC					
Occupancy Status Durin							Street		ess st Grand S	+					
Abatement Perform	Facility Closed/Vacated During Entire Period o Abatement Performed Outside of Normal Facil						City, S	itate,	Zip Code						
					•		Eliza	beth	n, NJ 0720	1					
Scope of Work (Check A	All That Apply)		enova	tion			Г	٦ -	ull Containme	ant with	Nogotivo	Dronni			
≥160 sf or ≥260 lf		Name and Address of the Parket	emolil					N	lini-Enclosure Iovebag Prod)	i Negative	-1e55u	ie		
								JN	lon-Exempted	d (*) an	d Non-Fria	ole Pro			
		1.0	Locat											emen pe	t
Locatio Asbestos-Containing		Used	d Sole	ly by	Asbes		scription taining N		al (ACM)	А	mount			m	
TO BE AB		12.00 (A.14.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Staff?	(i.e.		system: cing, VA				Specify F or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)				miscellar				- /	lova	Repair	sula	Sure
		Yes	No	N/A										ਰਿ	Ψ.
Basem	ent		Х			Pipe	Insula	tion		2	28 LF	х			
	* 134.24		1000-110												
Name of Registered Wa		IJDEP W lauler ID		Cubic of Wa	Yards ste		S. Manual Manager	100.00	ered Landfi		on. F	0.5!!!	4		
Delfa Contracting LI		35240		- 5	4				source F	ecov	ery r	acııı	ty		
City, State Elizabeth, NJ				100000000000000000000000000000000000000	sal Date 20-19		City, State Tullytov		4						
Completed by	N /	200		5	Signature	9 /	4		1000	ate	10				
Jaime Delgado	iviana	ager.				10	J			9-09-	19				
ASB-41 (R-06-08)				it	1.5		* Do no	r ot use	e this form for	asbes	tos licensu	e exer	npted	activi	ties.
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			11	1	10										

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Date of Notification (1)	47 .		•				e of Buildi				or ((2)	J LL	SEI	++	9 2	019		
	17 /	1	_			Ma	arcus L.	War	d H	ome		d d	/ Job	#190	9-249	1 C	nk. #	210	3
Agencies Notified	Type Notific	cation				Stree	et Address	19					AS	SBEST	08 (CON	TRA	0	
☑ EPA ☑ DOLWD	☑ Initial					48	14 Outlo	ok [Drive	, Suite	20	01	conditional and screenings	L	IOEN	SINC	3	- CX	
☑ DHSS	☐ Amende Amendn	0.000	Ł		(State, Zip			100				i i		41 - W. D. Spir	Industrial Control	Not the enter	het didune
□ DCA	☐ Emerger			ng		Wa	all Towns	ship	, NJ	07753									
(NJAC 5:23-8)	justificat	ion)			1	Nam	e of Conta	ct					Tele	phone	Numl	oer			
	☐ Cancella	ation				He	ather Fa	lkof	f					32-430					
						FA	CILITY	NFC	RM	ATION									
Name of Facility Where A		Takin	g Plac	e (3))						T	Type of Facility	(4)						
Winchester Gardens	S										-	School (K-1	2)						
Street Address												Subchapter	8 (Othe	er than	K-12)		2.0		
333 Elmwood Avenu	ie e											Other (i.e.,) homes, etc.	orivate i .)	and col	mmer	cial b	uildin	gs,	
City (5)											7	Square Feet	# 0	f Floors	S	ТВ	ldg. A	Age	
Maplewood												473,763	5	i			89	Ü	
County (6)						Cou	nty Code (7)(ST	ATE	JSE ONLY)	Current Use (P	rior if be	eing de	molis	hed)			
Essex				-								Senior Hou	sing/	ssist	ed Li	ving			
Name of Monitoring Firm I		ding (Owner	(8)	AS	SCM	No.	Na	ame	of Abaten	ne	nt Contractor (9)						
Criterion Laboratorio	es								Asb	estos a	nd	Mold Service	es, Co	rp.					
Street Address	400 Street Road								reet	Address							- 5-5		
City, State, Zip Code							3ox 123												
Bensalem, PA 19020							ate, Zip (
Project Manager for Monito								-		an, NJ 0	080	075							
Mike Panepresso	oring Firm				eleph					one No.			Lice	ense N	0.				
Start Date (10)	16	S-1					-1300		20210203	702-040			0	0862					
9 / 26 /	19		0 /				ite (11)			of OSHA									
						<i>'</i> -	19	l l	EMS	L Analy	tic	cal, Inc.							
Occupancy Status During / Facility Closed/Vacated						10.00				Address	00								
Abatement Performed (During Entir Dutside of No	rmal	Facilit	Aba v Ho	teme	nt Doc	oribo					e 130 North							
Time of Abatement:	AM	PN	Λ/	PI	M-	Des	AM	1 3		ate, Zip C									
Scope of Work (Check all t									Jinn	aminso	n,	NJ 08077							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	nat apply)		⊠ Re							Mini-En Gloveba	clo ag	inment with Neo sure Procedure apted (*) and No				1			
7					ation												atem	ent T	vne
Location of Asbestos-Containing Ma		,		Norm	nally olely l	οv	Aaba		De	scription	of								
TO BE ABATI	ED .	'	Ma	inter	nance	2/						erial (ACM) sulation,		mount Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todia (12	I Star 2)	Π?		5	surfa	cing, VAT	Γ, ο	or		or LF		val	=	lusc	sure
(10)		İ	Yes	No		I/A		ot	ner n	niscellane	eou	us)						ate	(D
Attic Space					D	80000	Pipe Ins	sula	tion		_		6.	75 LF					
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Name of Registered Waste				100			Vaste			ards of	T	Name of Regis	tered La	andfill					_
Freehold Cartage, Inc	.				Haule 02	er ID 265		Was				GROWS La	ndfill						
City, State										Date	1	City, State							_
Freehold, NJ								10	0/10	19		Morrisville,	PA 19	067					
Completed By (Print or Type		Title			papa, suc				Sig	nature	_	1			Date				
Kimberly A. Trumbett	1	Of	fice C	Coor	dina	tor			C	$\times_{\!$	-				9.	-17	-10		
SB-41									-		9					' 1			

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) SEP 1 9 2019 Date of Notification (1) Name of Building Owner/Operator (2) 17 / 09 Weequahic Preservation LLC ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING **⊠** EPA 1865 Palmer Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Larchmont, NY 10538 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Michael Handler 347-738-0363 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 515 Elizabeth Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **CSA Consulting** ALL PRO MANAGEMENT LLC Street Address Street Address PO Box 329 27 Outwater Lane City, State, Zip Code City, State, Zip Code Belmar, NJ 07719 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Chain 732-921-9223 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __09__ / __26__ / __19__ 10 / 31 / 19 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure is Location Abatement Type Normally Location of Description of Used Solely by Remova Enclosure Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 28th Floor Boiler Room П П M **Mudded Fittings** 5 Fittings \boxtimes Apartment 1MB П \boxtimes VAT/Mastic 800 SF X Apartment 1MB X Pipe Fittings 6 Fittings \boxtimes Apartment 2MB X VAT/Mastic 600 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** Grand Central Sanitary Landfill 0283 As Needed

ASB-41 JAN 13

City, State

Newark, NJ

Allen Monchik

Completed By (Print or Type)

Title

Project Manager

Disposal Date

Signature

TBD

City, State

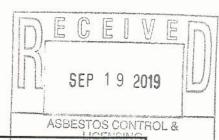
Allen Monchik

Pen Argyl, PA

Date

9/17/19

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



			-	1				1100	TRICIAL
				515 Elizabeth Avenue, Newark, NJ		Abateme	nt Type	Printed to the second	addiscours Letter object
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	BE ABATED In Solely by (13) Maintenance/Custodial Staff (12)		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A						
Apartment @MB				Pipe Fittings	6 Fittings	Х			
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A Committee of the Comm									

len Monchik 9/17/19
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT 11 #3636 (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) 9/17/19 Petco Agencies Notified Type Notification Street Address \boxtimes **EPA** 9 Interstate Shop Center SEP 1 9 2019 DEP Initial City, State & Zip Code X DOL Amended Ramsey, NJ 07446 X DOH Emergency Name of Contact ASBESTOS CONTROL & Telephone Number LICENSING DCA Cancellation David Dukat (419) 704-4956 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 9 Interstate Shop Center Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 12,000 50 Ramsey Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BSI BRISTOL ENVIRONMENTAL INC Street Address Street Address 141 WEST 36TH STREET 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code NEW YORK, NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number ALEX ARRIGO 212-290-6323 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/1/19 BRISTOL ENVIRONMENTAL INC 10/6/19 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 9:00PM - 5:30AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Remova Enclsoure Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 1st Floor Rear (DOG FOOD AREA) VAT/Mastic 608 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator 9/17/19 Patricle T. DeCaro,

PD19039

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NUAC 8:60-7 AND 12:120-7 Date of Notification (1 Name of Building Owner / Operator (2) 09 18 NOVARTIS PHARMACEUTICALS CORPORATION Street Address SEP 1 9 2019 Agencies Notified Type of Notification 1 HEALTH PLAZA **EPA** Initial City, State, Zip Code Amended EAST HANOVER, NJ 07936 1 DOH Amendment # Name of Contact Telephone Number NUL & 1 DOL Emergency w/ justification HASSAN NEKOUI Cancellation 862-778-8799 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **NOVARTIS** School (K-12) Street Address Subchapter 8 (Other than K-12) 1 HEALTH PLAZA 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) # Of Floors Square Feet **Building Age** EAST HANOVER MORRIS N/A N/A Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 1600 Route 22 East City, State, Zip Code 32 Williams Parkway Union, NJ 07038-1597 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE NEHLSEN 908-688-7800 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 09 10 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: __ 7:00AM-3:30PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure ≥3sf or ≥3lf 1 Mini - Enclosure П >160 sf or >260 If 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing Material (ACM) Normally Material (ACM) N Amount E TO BE ABATED Used (I.e., thermal systems C C (Specify M E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) P 0 ٧ A tenance/ Α S S 1 Custodial U R U Staff (12) R YES NO N/A EXTERIOR BELOW GRADE PIPE 40 LF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards **GROWS** 4509 of Waste City, State Disposal City. State NEWARK, NJ Date MORRISVILLE, PA Completed by (Print or Type) Signature Date STEVEN STILES PROJECT MANAGER Ceck 09/18/19

ASB-41

Date of Notification (1)			ant to N	ASBE IJAC	8:60 a	ABATEMENT and 12:120)		y a v. n. — usand brenn v v efficient flet (mit	1 9 20	V [
9-13-19			Dupont	Nemo	ing Own urs Com	er/Operator (2) pany and Chemou	rs Company	OLI		/10	-	Chestic Crast
Agencies Notified	Notification Type		Street A Rt 130 S		3			ASBESTOS LICE	S CONT ENSING		8	
☑ DEP ☑ DOL	Amended		City, Sta Deepwa	te, Zip ter, N.	Code 08023		- Inneren		dente de la litera	A CONTRACTOR OF THE PARTY OF TH	color All	in the second second
⊠ DOH □ DCA	☐ Emergency (Including Justification)☐ Cancellation	ng	Joe Mu						one Nun 05-776			
			FACI	ILITY I	NFORM	IATION						
Name of Facility Where All Chamber Works Plant	batement is Taking Plac	e (3)					Type of Facil	20.00				
Street Address Rt 130 South							☐ School (K☐ Subchapt ☐ Other (i.e. homes, e	er 8 (other to private & c	han K-12 ommerci	!) al bui	ldin	gs,
City (5) Deepwater							Square Feet		oors	Bld	g. A	Age
County (6) Salem					ounty Co SE ONL	ode (7) (STATE Y)	Current Use	(prior if bein	g demoli	shed)		
Name of Monitoring Firm H Harvard Environment			ASCM N	0.		of Contractor (9)	tal					
Street Address 761 Pulaski Hwy						Address New Churchma	ns Rd.					
City, State, Zip Code Bear, De	·				New	tate, Zip Code Castle, DE 197	20					
Project Manager for Monitor Wesly Morrison		302-3	one No. 26-2333		(302)	none Number 322-8946		License 00578	Number	r		
Scheduled Start Date (10) 1-2-19	Scheduled Com 12-31-19	pletion	Date (11)	150	of OSHA Monitor nty Environment	tal (1922003)				
Occupancy Status During			7.		No. 10 Company	Address New Churchman	ns Road					
 ✓ Facility Closed/Vacated ✓ Abatement Performed C ✓ Other – Describe: Unoc 	Dutside of Normal Faciliticupied area.	Abater y Hour	ment 's -			tate, Zip Code Castle, DE 197	20					
Scope of Work (Check all t	hat apply)		×	l Reno	ovation			native Press	ure			
$\boxtimes \ge 3$ sf or ≥ 3 lf $\boxtimes \ge 160$ sf or ≥ 260 lf				Dem		☐ Mini-Enclos ☐ Glovebag F ☐ Non-Exemp	oure Procedure					
		1	s Location	n								ment
Location Asbestos-Containing <u>TO BE AB</u> IN Facility	g Material (ACM) ATED	Us Ma	Normally ed Solely aintenanc Custodial Staff? (12)	by ce/		Description of stos Containing Ma thermal systems in surfacing, VAT other miscellane	terial (ACM) nsulation, , or	Amou (Spec SF or I		Removal	y Encansulate	
		Yes	No	N/A								
Thermal Systems Thermal Systems			X			nal coverings through nal coverings through		10,000LF 3,000SF		Х	X	V
Floor Tile /Mastic		1	x		Floor	tile and mastic thro	ughout area	2,300SF		X	^	
Name of Reg. Waste Haule S&J Transport.	er	ID	DEP Was No. 217	ste Hau	uler	Cubic Yards of Waste >30	Name of Re Constoga	eg. Landfill				
City, State Woodstown, NJ						Disposal Date TBD	City, State Morgantow	n, PA				
Completed by Evelyn Walsh	Title Office Manager					Signature			Date 9-13-	19		

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

Data division di	5			£ 500	tool from	1 / -			Check #	2196	18		
Date of Notification (1 Se) ptember 13, :	2018			e of Boildir Drake	ng Own	er / Operat	or (2)	F	a F	ПГ	/7	[] jeu
Agencies Notified	Type Notifica				et Address				INE	C) E	U	1/	E F
□EPA □DEP									. I se	P 1 9) 20	119	The control of the co
⊠DOL		al		City,	State & Zip	p Code			tel tel		20	0.09	-
⊠doh		ended		Cha	ham, NJ (07928			4.00	and the second of	NACO ENGINEERS	and the second	
DCA		endment # cellation		Nam	e of Contac	ct				TOS C			
					Drake	O.			terror and a second second	Telephor	ie ivu	mbe)[
	<u> </u>			F	ACILITY	INFO	RMATIO	N					
Name of Facility Wher Residence	e Abatement	is Taking	Place (3)				Type of F	acility (4)					
Street Address								ool (K-12)	1/ 40)				
								chapter 8 (Other ther er (i.e., private &	ian K-12) commercial buildin	as. hon	ne. e	(c.)	
City (E)							Square Fe			Bldg. Age		/	
City (5) Chatham									2 + Basement	9	4 yea	rs	
							Residence	se (Prior if being d	emolisnea)				
County (6) Morris			County Cod										
Name of Monitoring Fire	m Hired by B				ASCM	2000000		batement Contrac	ctor (9)				
Street Address							Street Add		305 400				
City State 9 7in Code							829 Radio	Road					
City, State & Zip Code							& Zip Code Harbor, NJ 0808	27					
Project Manager for Me	oject Manager for Monitoring Firm						Telephone	Number	License Nu		ato.		
Scheduled Start Date (10)	Schedule	ed Completi	on Date	(11)		609-296-6 Name of C	916 SHA Monitor		0081	7		
October 1, 20	019		Novem	ber 14,	2019		Synatech,						
Occupancy Status Duri Facility Closed	ng Abatemen i/ <u>Vacated</u> Du	it (Check ring Entire	only one) e Period of	Abateme	ent		Street Add 829 Radio						
Abatement Pe								& Zip Code					
Other - Descr								Harbor, NJ 0808	7				
Facility Occup													
Scope of Work (Check	all that apply)												
$\ge 3 \text{ sf or } \ge 3 \text{ If}$			П	Renovat	ion		Į.	Full Containme	ent with Negative Pres	sure			
≥160 sf or ≥260	lf		=	Demoliti	WORKS.			Glovebag Prod					
							j		d(*) and Non-Friable F	rocedur	e		
Local Asbestos-Contain	tion of	ACM)			ally Used			iption of		Aba	ateme	nt T	уре
TO BE	ABATED	ACIVI)	Custo	dial Staf	nance or f? (12)		Aspestos	-Containing al (ACM)	Amount (Specify 8 or LF)	SF			
	acility 3)					12.	(i.e., thern	nal systems	1			ш	
7,	3)				1 1			urfacing, VAT scellaneous)		Re	æ	nca	En
								,		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					a l	7	late	лге
Basement Mechanical Room				Х			Pipe	Wrap	22 SF	X			\vdash
			-										
Name of Registered Waste Hauler NJDEP					Cubic Ya	ards of	Naste	Name of Regi	stered Landfill				4
ynatech, Inc.													
bynatech, Inc. 274:					< 1 Disposa	I Date		Fairless Hills City, State			-73		
- The state of the													
Little Egg Harbor, NJ Completed By		Title			Novemb Signatur		2019	Morrisville, P	A Date				
				•		100	- ///	17.	Paragraphic Control of				
iane Aloia		⊏xecuti	ve Adminis	strator	1 1	une	- W	10-	September 13, 2019	9			

Ch8747	Tabanas C	OTIF (P	ursuant i	OF ASE	8:60 an	ABATE d 12:12	0)	T		SFF	19	20	9	
Date of Notification (1) 09/16/19	H		Name of B & H I				r (2)		نما لم	OFI			- U	Sections
Agencies Notified Type Notification		1	Street Ad 386 Pro		Avenu	IE.		1	1	ASBEST	OS CI		OL 8	<u>d</u>
EPA Initial Amended Amendmen			City, Stat	te, Zip C	ode			lev	NAME OF TAXABLE		introduced (1-4)-	HE PARTY NAMED IN	NETTOTO S	Common Co
X DOL Amendmen Emergency justification	(including		Little S Name of	All the second		39			Te	lephone	Number			
DCA Cancellation			B & H [•					2-939-				
Name of Facility Where Abatement is Takir 386 Prospect Avenue	ig Place (3)		FACIL	LITY INF	ORMAT	ION	Тур	e of Facility	(4)					
Street Address Little Silver							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than h & comme	K-12) ercial bu	iilding	s, hom	ies,
City (5) Little Silver							Squ	etc.) uare Feet	# 0	f Floors		Bldg.	Age	
County (6) Monmouth			County C)		Cur	rent Use (Pr	or if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				patement Co						
Street Address						Street	Addı							
City, State, Zip Code						1000		Zip Code	OURT					
Project Manager for Monitoring Firm			Telephon	o No		LAKE		DOD, NJ 0	8701	Γ,				
7	<u> </u>							9078		License 1200	e No.			
Start Date (10) 10/02/2019								SHA Monitor AD PROFE	SSIO	NALS				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire						Street 6 WH		ess DOVE C	DURT					
Abatement Performed Outside of Norm Other – Describe:	nal Facility H	lours	en			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)						LAN		JOD, NJ U	0/01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	NAME AND ADDRESS OF THE PARTY O	novat moliti				×	N G	ull Containm lini-Enclosure llovebag Pro on-Exempte	e cedure				ıre	
Location of		catio			Do							Aba	temen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	enan	ice/		tos Cont thermal surfac		lateri s insu T, or	8 1	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
INTEDIOD	Yes	No	N/A		1.0	CM Tile							te	Ф
INTERIOR	INTERIOR						S		5	0 SF	X	+	-	
Name of Registered Waste Hauler	l N	JDEP Wa	ste	Cubic	Varde		Name of	Pagieto	red Land	I fill				
NEWARK CARTING		Ha	auler ID N 509		of Was			IESI	, cyrste	TOU LAITO	41111			
City, State NEWARK, NJ		-			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	al Date /2019		City, State		I PA				
Completed by JOSEPH PERLSTEIN	WARK, NJ npleted by Title										Date	/10		

CH8746	and the second	NOTIF	ICATION Pursuant	ate of Ne I OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)	Anglande serbi produci Anadomica estas e	D)		19	2015	E	
Date of Notification (1) 09/16/19	14548			f Building er Truck			(2)			ger	1 0	ZUIS	,	
Agencies Notified Type	Notification		Street A	ddress artlett A	venue				ASB	ESTO:	S COI	VTRO IG	DL&	
DEP X DOL	Amended Amendment #	_		ate, Zip Co Creek, N		92					1951 17100			
DOH DCA	Emergency (including justification) Cancellation			f Contact er Truck	ing, Ind				1	one Nur 94-49				
Name of Facility Where Abater	ment is Taking Place (3	8)	FACI	LITY INF	ORMAT	ION	Typo o	f Facility (4	4)					
412 5th Street	nericis raking riace (c	,,						chool (K-1						
Street Address 412 5th Street							St X O	ubchapter	8 (Other th			dings,	home	es,
City (5) Beach Haven			ON	RC			Square	Feet	# of Flo	ors	В	ldg. A	.ge	
County (6) Ocean			County (Code (7) USE ONLY)		Curren	t Use (Pric	or if being o	demolish	ned)			
Name of Monitoring Firm Hired	by Building Owner (8)		ASCN	1 No.					tractor (9) SSIONA	LS				
Street Address				- 1/			Address	OVE CC	URT					
City, State, Zip Code							tate, Zip EWOO	Code D, NJ 08	3701					
Project Manager for Monitoring	Firm		Telephor	ne No.		W	one No. 668-90	78	1.082	cense N	0.			
Start Date (10) 10/02/2019	Schedule 10/05/2		mpletion (Date (11)				Monitor PROFE	SSIONA	LS				
Occupancy Status During Abat	ement (Check Only Or	ne)					Address		NIDT.			V		
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Period of A tside of Normal Facility	Abaten Hour	ment s			City, S	tate, Zip	OVE CC Code D, NJ 08						
Scope of Work (Check All That	Apply)					L7 (1 C)		D, 110 00						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mini- Glov	Enclosure ebag Proc						
	100	Locat	337664A	-			1 11011	Exempled	() and we	ni-i nac	1	Abate		
Location of Asbestos-Containing Mater	ial (ACM) Use	lorma d Sole	ely by	Ashes		scription	of laterial (ACM	Amou	ıni		1 9		
TO BE ABATED In Facility	ivia		Staff?	(i.e.	thermal	systems cing, VA	s insulati	on,	(Spec	ify	Remova	Repair	ncap	Enclosure
(13)	Yes	(12) No	N/A			niscellar				10	ioval	oair	Encapsulate	osure
EXTERIOR					AC	M Sidi	ng		1800	SF	х			
N														
Name of Registered Waste Hat NEWARK CARTING	uler	H	NJDEP W Hauler ID 4509		of Was	Yards ste	1	Name of F IESI	Registered	Landfill				
City, State					Dispos	sal Date		City, State						
NEWARK, NJ Completed by	Title					3/2019 Signature		BETHLE	EHEM PA	A Da	to			
IOSEDH DEDI STEIN	OWN	ED			3	ng rature					14614	10		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1) Name of Building Owner/Operator (2) 33 Washington St, LLC 08/19/2019 Street Address Type of Notification Agencies Notified 33 Washington St SEP 19 2019) USEPA (X) Initial Notification City, State, Zip Code NJDEP) Amended Newark, NJ 07102 X) NJDOL Amendment # ASSESTOS CONTROL & (X) NJDOH) Emergency (including LICTE Number Name of Contact) NJDCA iustification) 917-903-4312 Jared Berger) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial property () School (K-12)) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 33 Washington St SQ. Feet: 200000 # of Floors 18 Bldg. Age 80 City (5) County (6) County Code (7) (State Use Only) Current Use (if being demolished): Newark Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ISES, Inc. N/A Industrial Safety & Environmental Solutions, Inc. Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City State, ZipCode City, State, Zip Code Union City, NJ Union City, NJ 07087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number David Camacho 201 325-0055 01124 (201)325-0055 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ISES, Inc. 08/29/2019 09/10/2019 Occupancy Status During Abatement (Check only one) Street Address) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours -(X) Other - Describe: floor is vacant City, State, Zip Code Union City, NJ 07087 Source of Work (Check all that apply)) Demolition (x) Renovation () Minor Project (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Non-Exempted/Non-Friable Procedure (\times) Small Project (>25 <160 SF or >10 <260 LF ACM) (\times) Mini-Enclosure with Negative Pressure) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure or Wrap and cut procedure Location of Asbestos-Is Location Normally Used Description of ACM Amount (Specify Abatement Type Containing Material (ACM) Solely by Maintenance or (i.e. thermal systems insulation, SF or LF) R E E To be Abated in Facility (13) Custodial Staff? (12) surfacing, VAT, or other miscellaneous.) e e п m p C 0 YES NO N/A а 0 a a i ure Χ X ~ 250 LF 18th floor Pipe insulation elbows, runs, residue X 17th floor X Pipe insulation elbows, runs, residue ~ 80 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Cubic Yards of Waste Name of Reg. Landfill **Grand Central Sanitation** Newark Carting 04509 ~ 10 1963 Pen Argyl Road City, State Disp. Date City, State 369 Raymond Blvd, Newark NJ Pen Argyl, PA 18072 09/10/2019 Completed by (Print or Type) Signáture David Camacho Project Supervisor 08/19/2019

AMENDS P New Jersey
NO LIFE ATTION OF ASBESTOS ABATEMENT
TON 14545 Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1)		Nama n	Parileline	Owner/Operator	(2)					
9/13/19		M	ATLY	HELP	CHRISTI	ANS ACAC	N 32	14		
Agency Notified Type Notification		Street A	ddress	BELMOI			1			
D EPA C Initial D DEP La Armended		CHU SH	to Tin C	ande						-
ZIDOL Amendment#	_	No	24	HALED	ON NO	J. 075	28			
Z DOH DESCRIPTION (Including justification)	g	Name o	f Contac	ž .		773-7	er 9	20	19)
D Cancellation				CEW CRIMATION		713-7	70-6	00		_
Name of Facility Where Abatement is Taking Place	te (3)	PAUL	IIT IMP	JAMAI IUN	Type of Facility	(4)				
MARY HELP CHRISTIA		ACA	DE	MY	School (K-12					
Street Address			2.		De unchapter 8	(Other than K-12)	building	25		
659 BELK	TURE	A	JE.		homes, etc.)					
NORTH HAVEDO		;		•	Square Feet	# of Floors	Bldg.	Age 26	<	
County (6)	<u> </u>	County	Code (7) (STATE USE	35600.	ior if being demoli	1		_	
PASSAIC		ONLY)		, , , , , , , , , , , , , , , , , , , ,		NASIUM	•			
Name of Monitoring Firm Hired by Building Owner				Name of Abaten	nent Contractor (S					
(8) DETAIL ASSOCIATE	S	00 1	2		moval In	С				
Street Address 560 SYCUAN AUE S	·+-	020	<	Street Address	LL D:	C.				
City, State, Zip Codé	ساع	256	2	City, State, Zip C	th River	St				-
FNGLEWOOD CLIFF	S.NJ	.07	632		ack, N.J		7/			
Project Manager for Monitoring Firm	Teleph	one No.		Telephone No.		License No.				
STEPHEN JANACZEWSKA		569-1	5704	201-329 Name of OSHA		00388		=		
	15/1			1	Environm	ental				
Occupancy Status During Abatement (Check only				Street Address						
☐ Facility Closed/Vacated During Entire Period of		nt			uyler St					
☐ Abatement Performed Outside of Normal Faci ☐ Other - Describe: 7AH To 7:00 PM	lity Hours	(*)		City, State, Zip (,N.J. 07	606	•		
Scope of Work (Check all that apply)					•	Negative Pressur				-
Q≥3sfα≥3f		. a Ren		O Mini	-Enclosure	regaine riessur	.			
127 ≥ 160 sf or ≥ 260 lf		□ Dem	notation	☐ Glov	ebag Procedure -Exempted (") an	d Non-Friable Proc	edure			
	. Is Loc								Type	
. Location of	Norm Used So	100000000000000000000000000000000000000		Description	of	· · ·			T	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter Custo	ance/		stos Containing M		Amount (Specify		Re	Z I	Enc
	Se	? ?		surfacing, VA	T, or	SF or LF)		Removal	Rephir	Enclosure
(13)	. (12			CHES HISCORIST		*/		=	,	6
C 12 11 C 12	Yes No	N/A		in what	4.0	13:00	6/	4	+	+
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		+-	-				· ·	1	+	+
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Name of Registered Waste Hauter		Waste I	lauler	Cubic Yards of	Name of Regi	stered Landfill	,			
Best Removal Inc	ID No.	7109		Waste / SCT	Amero	AND COUNT	VIA	No	F,1	L
City, State				Disposal Date	City, State	100 marks 11 22	1			
Hackensack , N.J. 07	601			9/16/19	NEWBUR	GH. PA. 1	724	0_	,	
Completed by Title				Signature	You'ara,	,	Date	9/1	3	19
	imato:		hacter 5	Y (1 Duly Co			1.1.	1	. /

	pt-	oftenune a	s	State of New J	ersey	1	LI	006	3				
Inv 14384	Statistics to	NOTIF	ICATIO Pursuan	N OF ASBES t to NJAC 8:6	OS ABATE 0 and 12:12	EMEN 20)	IT	7 P	@ F	7 П	<i>II</i> 5		
Date of Notification (1) 9/11/19	i.d		Name	of Building Ow BUILDER	ner/Operato Š	r (2)			GE	<u>U</u>	y [1
Agencies Notified Type Notification	1			Address OMMERCE	STREET	SUI	TE:1501	S	EP 1	9 20	19		卅
EPA Initial Amended Amendmer	t #		City, St	tate, Zip Code /ARK, NJ 0				ACDE		naturan;	TO CHARGO	Image	
DOH Emergency justification	(including	-	Name	of Contact LY BACKM			· Introduce	Telep	STOS C	nber	FF index belonging	Set-Service Common Comm	
				ILITY INFOR	Hdvag?s			201	-380-03	X 000	203	3	
Name of Facility Where Abatement is Taki 364-SOUTH ORANGE AVE.	ng Place (3)				Тур	e of Facility						
Street Address 364-SOUTH ORANGE AVE.						V	School (K- Subchapte Other (i.e. etc.)	r 8 (Other	than K-12 commerci	2) al buil	dings	, hom	es,
City (5) NEWARK, NJ						Squ	are Feet	# of F	loors		3ldg. / +60		
County (6) ESSEX				Code (7) USE ONLY)			rent Use (Pr HAREHO		demolish	ned)			
Name of Monitoring Firm Hired by Building LEWIS CONSULTING SERVICES	Owner (8)		ASC	M No.	Name DIN	of Ab	oatement Co CORP.	ntractor (9))				
Street Address 211-WARREN STREET SUITE 22	22				Street 339		ess AYETTE	STREET					
City, State, Zip Code NEWARK, NJ 07103							Zip Code K, NJ 071	05					
Project Manager for Monitoring Firm			Telepho 973-4	one No. 94-0133	Telepi 973		No. -0877		icense N	0.			
Start Date (10) 9-16-19	Schedule 9-26-1	ed Cor	npletion	Date (11)	Name	of OS	SHA Monitor		95/30 ABWAS 				
Occupancy Status During Abatement (Chec	k Only Or	ie)		10	Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Anal Facility	Abaten	nent 3		City, S	State, 2	Zip Code						
Scope of Work (Check All That Apply)	NEWS VENEZ TE		CHESTATE (NE										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			F	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure				9	
620 /	2000	Locati					on Exempte	a () and i	TOTAL TICLE		Abate Ty	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	lormal d Sole ntenar	ly by		Description Containing N	lateria		Amo	100000				Е
In Facility (13)	Cust	odial S	Staff?	s	mal systems urfacing, VA ier miscellar	T, or		(Spe SF or		Remova	Repair	Encapsulate	Enclosure
		(12)		Oth	er miscellar					03	7	a	Гe
	Yes	No	N/A	otr	ler miscellar					<u>=</u>		е	
GROUND	Yes	#535.50	N/A	EXTERIO	=		,			X		œ .	
GROUND	Yes	#535.50	N/A		=		,					le le	
GROUND	Yes	#535.50	N/A		=		,					TO TO	
GROUND Name of Registered Waste Hauler NEWARK CARTING	Yes	No No	N/A JDEP Wauler ID 4509	EXTERIOR Cu	=		SIDING Name of	Registered		Х		ō	
Name of Registered Waste Hauler		No No	JDEP W	EXTERIOI	R ASBES		SIDING Name of ISES E	ethleher	m Landf	Х		ō	

Inv 14	542		NOTIF	St ICATION ursuant	ate of Ne I OF ASB to NJAC	w Jerse ESTOS 8 60 an	y ABATEM 12:120	MENT (JH	= 0	006	64	5)	ent.	SOTHE	
Date of Notification (1) 9-11-19			U	Name of JOY S	Building	Owner/ A AND	perator COLIN	(2) V KEL	.LY		E C	E		\mathbb{V}	E	n
Agencies Notified	Type Notification			Street A	ddress					m	600	Pa 4	0	0040		
EPA DEP	Initial Amended		-		ate, Zip Co						SEI	0 1	9 7	2019	- 5	
✓ DOL	Amendment a Emergency (i		-		MFIELI f Contact	J, INJ			-	Tef	èphone	Nrimh	er)N	TRO	L&	
DCA	Cancellation			JOY	I ITV INC	DIAAT	ION						_		m	todertica an
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFO	JRIVIATI	ION	Туре	of Facility	(4)						
Street Address									School (K- Subchapter Other (i.e. parts)	8 (Oth			build	lings,	home	es,
City (5) BLOOMFIELD, NJ				01	70°2				e Feet	# of 2	Floors			dg. A 50	ge	
County (6) ESSEX				County (Code (7) USE ONLY)	_	Currer	nt Use (Pri	or if bei AL	ng demo	olished	i)			
Name of Monitoring Firm	Hired by Building C	wner (8))	ASCN	No.				ement Cor CORP.	ntractor	(9)	23				
Street Address							Street 339-		s YETTE (STREE	ΞT					
City, State, Zip Code							City, St NEW		Code NJ 071	05				7.		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-	one No 491-0			Licens 0124	The second second				
Start Date (10) 9-21-19		Schedul 9-23-1		mpletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During	3 1/1 %5	1969		52			Street	Addres	S		-					-
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	Abater y Hour	nent s			City, St	tate, Zi	o Code							
Scope of Work (Check A	ll That Apply)	55.00.00						-	Vi.		×		_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		passeng.	Renova Demoli				<u> </u>	Mini	Containm i-Enclosur vebag Pro i-Exempte	e cedure	5.				a	
			Locat					1 11011	- Excripto	a () an	4 14011-1	III		Abate	ment pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Norma ed Sole aintena todial ((12)	ely by nce/ Staff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insulat T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEME	ENIT	Yes	No	N/A		DIDE II	NOLII A	TION			201 5	4			e	
DASEIVIE	ZIN I					PIPE	NSULA	ATION			30LF		Х			
										-		+				
Name of Registered Was NEWARK CARTING			F	JDEP W lauler ID)4509		Cubic of Wa	Yards ste		Name of ISES L			dfill				
City, State PO BOX 5670						Dispos	sal Date		City, Stat	e EHEN	Л,РА.					
Completed by CARLOS GOMES		Title PRE	SIDE	ENT		S	Signature	1	1	_	_	Date 9-1)		

D&S Proj. #: j9-188 Date of Notification (1) 0 9 / 1 2 / 1 9 Agencies Notified	<u>;</u>	Name of Bu Tom Bea Street Addre City, State, 1 Newark,	(Purs	ner/Operator (2	best C 8:	os Abatement Do and 12 120)		Allower, and open many lover state age	SEP ASBESTO	1 9	201	9	
DCA justification	11	Tom Be	arfield					[1] - 11					
			FAC	CILITY INFORM	1ATIC	N .							
Name of facility where abatement Residential Street Address	is taking p	lace (3)						Subc	(4) ool (K - 12 hapter 8 (i (Private/0	Other to		(-12)	
							ŀ	Square Feet	# of Floo		В	ldg. A	ge
City (5)	Cou	nty (6)				unty Code (7)		1,100 SF	02		90		
Newark, NJ 07112	Ess	sex			(51	ate use only)		Current Use (F Residential	Prior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 09/25/19 Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H. Scope of Work (check all that apply \$\frac{1}{2}\$ sf or \$\frac{3}{2}\$ if	n Sched	Phonometric D/2019 only one) od of abater facility hours	ment.				75(Fu	rion, Inc.)1169			
≥ 2160 sf or ≥260 lf			Mini-enclosure Glovebag procedure										
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally u enance/custo		A 100 CO		asbestos-containing		Amount (Specify S LF)) and Non-	Friable R e m o v	Proc R e p a i	E n c a p	E n c L
Basement				Pipe Insulat	ion			22 LF		×			
Registered Waste Hauler		P Hauler ID		ubic Yards of V	Vanta	Nome of Day 1							
D & S RESTORATION, INC.	135			yds	vasie.	Name of Registered TULLYTOWN,			ECOVER	RY			
City, State PATERSON, NJ 07503		E	Disposal D	ate		City, State TULLYTOWN,							
Completed by (Print or Type) BOGDAN JOLDZIC	Signature	Be	gada J			Date 09/12/	19						

ATTN: TOM VORHEES / CHEIS TREVORS EMERGENCY 2019 NOTIFICATION OF ASSESTOS ABATEMENT CK# 4904 (Pursuant to NJAC 8:60 and 12:120) ASBESTOS CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) LICENSING -19 CONSTRUCTION MANG. MCLAUGHLIN Agencies Notified Type Notification | Initial City, State, Zip Code Amended DOL Amendment # Emergency (including DOH DOA Name of Contact justification) Cancellation HMYS FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1500 50 1 AVALON County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) [ACAW] Name of Abatement Contractor (9) ASOM No. Name of Monitoring Firm Hired by Building Owner Street Address Street Address City, State, Zip Code City, State, Zip Code Telephone No. Telephone No. Project Manager for Monitoring Firm 856-779-04 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 9-14-19 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mani-Enclosure Renovation Glovebag Procedure Demotition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Asbestos Containing Material (ACM) Amount Location of Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Removal Custodial SF or LF) TO BE ABATED surfacing, VAT, or Staff? other miscellaneous) IN Facility (12)(13)No NIA Yes 500 SE TRANSITE SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauter House DNO KLEWCO Disposal Date WOOD City, State Signature Completed By DRES

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 9/13/2019 JCP & L SED 19 2010 Agencies Notified Type Notification Street Address **EPA** 117 Walnut Valley Road DEP Initial City, State & Zip Code $\overline{\boxtimes}$ ASSESTOS CONTROL & DOL Amended Columbia, NJ 07832 LICENSING \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Jay Harris 412-848-5707 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) First Energy Yards Creek Facility-Control Room & Reservoir Wall School (K-12) Street Address Subchapter 8 (Other than K-12) 117 Walnut Valley Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2.800 3 stories + basement Estimate 80 yrs. Columbia, NJ Warren Current Use (Prior if being demolished) Commercial Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No 1Source Safety and Health, Inc. Resource Management Group, LLC Street Address Street Address 140 S Village Ave 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Exton, PA 19341 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 610-524-5524 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/30/2019 10/7/2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: \boxtimes City, State & Zip Code Describe: 7:30am to 4:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Control Room Floor Tile Area 8 SF X Reservoir Wall Pipe insulation/pipe coating X 80 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TRD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 9/13/2019

NOTIFICATIONS OF ASSESTOS CARTEMENT (Persuant to NIAC 6369 and 12:120) PAID 19 (13/12) Notification (1) 9/13/12 Name of Rollidy owner/Operator (2) PAID 19 (13/12) Notification (1) 9/13/12 Notification (1) 9/13/12 Notification (1) PAID 19 (13/12) Notification (1) Notification (1) PAID 19 (13/12) Notification (1) Notification (1) PAID 19 (13/12) Notification (1) PAID 19 (13/12) Notification (1)			- Nut	+1	45	551							1/2 1/2	Pri	nt For	
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Amendment Amendment Carros Coean City N J 08228 Coean City N J 08228 Coean City N J 08228 Christian of Contact Christ Ch	Agencies Notified	Type Notification			Street A	Address			20 1122					- Andrew	- Advantage	
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DOH	DOL	Amendment		[8226		L	Tend	OLIVOI		ALC THE MICH.	MACHE COMP.		
Name of Facility Where Abatement is Taking Place (3)	DOH DCA	justification)	morading	' [Telenhor	o Niimh					
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Name of Monitoring Firm Hired by Building Owner (8) NAA Name of Monitoring Firm Hired by Building Owner (8) NAA Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Name of OSHA Monitor Same Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Scheduled Completion Date (11) Name of OSHA Monitor Same Street Address City, State, Zip Code Street Address City, State, Zip Code Street Address City, State, Zip Code Street Address Street Address City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Store of Work (Check All That Apply) Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Exterior Siding X Exterior Siding Telephone No. Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Store Order Versure Monitorial (ACM) Asbestos Containing Material (ACM) To BE ABATED Description of Asbestos Containing Material (ACM) To BE ABATED Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) The Difference of the Containing Material (ACM) To State Elim NJ Name of Registered Landfill To Name of Regi	5070	226			County	Code (7)					- aliahar	1	5+			
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City, State, Zip Code City, State, Zip Code West Berlin NJ 08091																
Project Manager for Monitoring Firm								7,500								
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Abatement Performed Outside of Normal Facility Hours Other - Describe:		ng Abatement (Check	Only O	ne)			Street	Addre	ess	T#					-	
≥3 sf or ≥3 lf Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Normally Used Solely by Used Sol	Abatement Perform	med Outside of Norm					City, S	State, Z	Zip Code							
≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Scope of Work (Check	All That Apply)														
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Name of Registered Waste Hauler United Roll Off City, State Elm NJ Completed by NJDEP Waste Hauler ID No. 22459 Disposal Date 10/1/19 Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA 19067 Date	Exterior	Siding			-	E	xterior Sig	ding		1800 SI	F ;	ĸ			\vdash	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification 9/7/19 Name of Building Owner / Operator (2) W 5 Northfield Joint Venture AgenciesNotified Type of Notification Street Address **EPA** 9 2019 **Emergency Notification** 374 Millburn Ave DEP Initial Notification City, State & Zip Code X DOL Amended Notification Millburn, NJ 07041 X ASSESTOS CONTROL & DOH Cancellation Name of Contact LICENSTEIEPhone Number DCA Steve Thomas 973-376-7650 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Medical Office School (K-12) Street Address Subchapter 8 (Other than K-12) 743 Northfield Ave X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 10000 60+ West Orange Essex Current Use (Prior if being demolished) Medical Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** N/A Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/9/19 9/10/19 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road X Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: After 5pm Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure X Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of ls Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair. TO BE ABATED Maintenance or (i.e., thermal systems Linear Feet) Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)(12)or other miscellaneous) 1st floor N/A TSI Pipe 12 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 2 Cumberland County City, State Disposal Date City, State Freehold, NJ 9/11/19 Newburg, PA Completed By (Print or Type) Title Signature Date Dominick Tringali Manager Dominick Tringali 9/7/19 ASB-41 JUN 95 G4667

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date or ryumoanon (1) Name of Building Owner/Operator (2) 9 2019 09 / 10 Joan O'Donnell Agencies Notified Type Notification Street Address ☑ EPA ☑ Initial ASBESTOS CONTROL & ☑ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DOH Amendment # Ridgewood, NJ 07450 ☐ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Joan O'Donnell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) O'Donnell Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ridgewood 3100 2 1/2 99 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen County 0251 Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A Acme Professional Services Corp Street Address Street Address N/A 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 862-276-1024 02003 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor / 24 / 2019 10 / 01 Arsenije Adamov Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 550 Rifle Camp Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Woodland Park, NJ 07424 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation Mini-Enclosure □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Encapsulate Removal Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X ACM Pipe and fitting insulation 100 LF X X П X П П X Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Acme Professional Services Corp Fairless Landfill 2.5 cubic yards City, State Disposal Date City, State Woodland Park, NJ 09/26/2019 Morrisville PA Completed By (Print or Type) Title Signature Date Arsenije Adamov President Arsenize Adamou 09/10/2019 ASB-41

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Print	Form

Date of Notification (1) Print (Pursuant to NJAG 5:80 and 12:120) Name of Building Owner/Operator (2) Jody Greenblatt Private Home Street Address Initial DCA Amendment # Amended Amendment # Barregare (including Justification) DCA DCA Clity, State, Zip Code Barregat Light NJ 08006 Clity, State, Zip Code Street Address Type Notification DCA Amendment # Clity, State, Zip Code Barregat Light NJ 08006 County (6) Count
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Agencies Notified Agencies Notified Type Notification Street Address Street Address
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School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 50+ Ocean County Code (7) Current Use (Prior if being demolished) House & Garage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc. Street Address Street Address Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Fope of Work (Check All That Apply) Safe of >260 if Renovation Demolition Pomolition Safe of >260 if Demolition Pomolition Pomolition Pomolition Pomolition Pomolition Abatement Type Abatement Type Description of Abatement Countries Countr
City (5) Barnegat Light NJ 08006 County (6) Ocean County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code
Square Feet # of Floors 2 50+ County (6) Ocean County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code County (6) Ocean Telephone No. Street Address For Box 329 City, State, Zip Code City, State, Zip Code Telephone No. Street Address City, State, Zip Code Street Address Telephone No. Street Address City, State, Zip Code Street Address Telephone No. Street Address City, State, Zip Code City, State, Zip Code Street Address Telephone No. Street Address Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Street Address Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normality Description of Abatement Type
County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address ASCM No. Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Start Date (10) 9/23/19 Scheduled Completion Date (11) 10/2/19 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 00727 Name of OSHA Monitor Same City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Telephone No. 856-753-9800 00727 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Telephone No. 856-753-9800 00727 Same City, State, Zip Code Tity, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Type
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City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800 00727
Project Manager for Monitoring Firm Telephone No. Telephone No. Scheduled Completion Date (11) 9/23/19 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Renovation Demolition Telephone No. 856-753-9800 Name of OSHA Monitor Same Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type
Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800 Telephone No. 856-75
Start Date (10) 9/23/19 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Scheduled Completion Date (11) Name of OSHA Monitor Same City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Normally Used Solely by Description of
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Project Manager for Monitoring F SARAH CALANDRA	Manager for Monitoring Firm Telephone No. Telephone No.									icense i	Vo.				
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BEST REMOVAL INC CIC 523 PAGE 82/84

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Scope of Work (Check All	That Apply)						Liiza		11, 143 012	201							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PROPERTY	Renova Demolii		1	Mini-Enclose Glovebag Pr	g Procedure										
Location	of	1	Locat Normal	lly		Des	scription		чопчеленир	mpted (*) and Non-Friable Procedure Abatement Type						t	
Asbestos-Containing M <u>TO BE ABA</u> In Facility (13)	ed Sole iintena todial ((12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining M	later s ins T, or			(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure		
Ground FI	oor	Yes	No	N/A			VAT			-	4.0	٥٥٦				ite	Ф
Ground 11	001		Х	VAT 160 SF							х	-					
Name of Registered Waste	e Hauler			NJDEP Waste Cubic Yards Name of						of Reg	gister	ed La	ndfill				
Delfa Contracting LLC)			Hauler ID No. of Waste 35240 2 Tullytown Resource Recovery F					acili	ty							
City, State Elizabeth, NJ						Dispos 09-20	al Date -19		City, St. Tullyto		PA						
Completed by Title Jaime Delgado Proj. Mana				ager.	er. Signature Date 09-10							19					

							New Jersey						
Ch11683	Ž		NO				SBESTOS ABA AC 8:60 and 5:1		D) EC		\mathbb{V}	E	
Date of Notification (1)				and the same	Nan	ne of Buildin	ng Owner/Operator	(2)	ni		ZA TER		111
9 /	10 /	1	9			4000	stice Commissi	1 1	09-5531 S Feck	#196	84)1	9	1
Agencies Notified	Type Notifi	ication	1		Stre	et Address			and least				Sistem/s
⊠ EPA	☑ Initial					01 Spruc	e Street	-	mile and other and and other and and other and	tigg (z.m.ht.)	1909/08/27/10/20	down may have	
☑ DOLWD	☐ Amend					State, Zip		<u>-</u>	ASBESTOS LICE			01.8	D.
☑ DHSS	Amend			-	10000		J 08625-0107	l	L-1 C/ L	LI LOH	Y CI	Massint ye	and the second states
DCA			includi	ng		e of Contac		<u> </u>	Telephone Num	har		(****	
(NJAC 5:23-8)	☐ Cancell					uis Tallo			609-414-041				
		ation							003-414-041	0			
Name of Facility VAII.	1	T ()	DI	(0)	F.A	ACILITY II	NFORMATION						
Name of Facility Where A								Type of Facility					
JJC- Warren Reside	ential Com	mun	ity Ho	me				School (K-12	2) 8 (Other than K-12)	1			
Street Address									rivate and commer		uilding	gs,	
509 Brass Castle Ro	oad							homes, etc.)					
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Oxford													
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	100	ior if being demolis	hed)			
Warren								Community	Home				
Name of Monitoring Firm I			Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
Environmental Conf	nection Inc	c.					AbateTech, I	nc.					
Street Address	09						Street Address	***					
120 North Warren St	treet						30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							Lumberton, N	NJ 08048					
Project Manager for Monitor	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Roland Jones				6	09-392	2-4200	609-265-2107		00529				
Start Date (10)		Sched	duled (comple	etion Da	ate (11)	Name of OSHA M	lonitor					
9 / 11 /	19	_	9	1	2_/	_19_	EMSL Analyt	ical					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abate	ment		200 Route 13	0 North					
Abatement Performed (scribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PI	M/ <u>4</u> PN		_AM		Cinnaminson						
Scope of Work (Check all t	hat apply)											Tallio D	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti			Mini-Encl Glovebage	Procedure	native Pressure	е			
				Loca						Ab	atem	ent T	уре
Location of				Norma		1	Description of			R	R	ū	ш
Asbestos-Containing M TO BE ABAT		Л)	- " WARRINGS	intena			stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(1.0.	surfacing, VAT,	or	SF or LF)	val	=	lusc	sure
(13)				(12)	T	-	other miscellaned	ous)				ate	(a)
			Yes	No	N/A	100000000000000000000000000000000000000							
Bathroom	44410 (845)					Pipe Ins	sulation		3 LF				
											П	П	
				_						-			
											Ш	Ш	Ш
Name of Registered Waste AbateTech, Inc.	Hauler			3572	JDEP I		Cubic Yards of Waste	Name of Regist					
CONTRACTOR OF THE CONTRACTOR O					18750	Terrorian.	40		Lanuilli				
City, State							Disposal Date	City, State					
Lumberton, NJ							9/12/19	Morrisville,	PA				
Completed By (Print or Type	e)	Title					Signature	200	Dat	е	10	11	- A
Jennifer Piraine		0	perati	ons	Coord	inator		/ 1/ //		1 -		1	7

ASB-41 MAY 11 TOVILIZED

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

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76				-

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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[7]						11

0111100-	1				E.J	L	J. Bar		1.	$\Pi \Pi$					111
Pate of Notification (1)	13 /	1	9		- 1		377	Owner/Operator	(2) ny / Job #190	8-5521	SEP Chack #	1168		19	L
Agencies Notified	Type Notif					et Address		nergy compa	11y 7 305 #190	-	ALL HALL PRODUCED IN COMMENCE			201	
⊠ EPA	☐ Initial	iodiioi						ce- Building A	4	-	ASBESTO LIC	ENS	JN H	₹UL	či
☑ DOLWD	☐ Amend	7.50			_	State, Zip	A CONTRACTOR OF THE CONTRACTOR							PHI of Uturbus	
☑ DHSS ☐ DCA	Amend			_		orristown									
(NJAC 5:23-8)			nciuair	ıg		e of Conta									
	☐ Cancell				G	eorge Bet	tar				7-347-01				
					_			ORMATION			1 3 10 24				
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility	(4)					
Valiant/JCP&L Pole									School (K-1	1.5 / 1.5					
Street Address									Subchapter	8 (Other	r than K-12	?)	حالماني		
1 Seaview Avenue									Other (i.e., phomes, etc.		na comme	rciai d	ullain	gs,	
City (5)									Square Feet	# of	Floors	В	ldg. A	ge	
Long Branch															
County (6)					Cou	inty Code (7)(\$7	TATE USE ONLY)	Current Use (Pr	rior if be	ing demoli	shed)			
Monmouth									Substation						
Name of Monitoring Firm I	Hired by Bui	lding (Owner	(8)	ASCN	l No.	N	ame of Abateme	ent Contractor (9))					
NA							_	AbateTech, I	nc.						
Street Address								treet Address							
City State 7in Code							-	30 Maple Ave							
City, State, Zip Code								ty, State, Zip Co							
Project Manager for Monito	orina Eirm			Tal		Ma	_	Lumberton, N	1J 08048	1					
1 Toject Manager for Month	offing Fifth			rei	ephone	NO.	0.00	elephone No.		10000000	nse No.				
Start Date (10)		Sched	uled C	omple	ation Da	ate (11)		609-265-2107 ame of OSHA M		00)529				
9 / 17 /				1/2		19		EMSL Analyti							
Occupancy Status During							-	reet Address						-	
☐ Facility Closed/Vacated	100 000 000				ment		1	200 Route 130	0 North						
☐ Abatement Performed (Outside of N	ormal	Facilit	y Hou	rs - Des	scribe	_	ty, State, Zip Co							
Time of Abatement:	AM	PN	//	PM		AM		Cinnaminson							
Scope of Work (Check all t	hat apply)		77.5				1		,						
			⊠ p.						ainment with Neg	gative Pr	ressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re De De De Re De Re De Re Re					☐ Mini-Encl							
									mpted (*) and No	n-Friable	e Procedu	e			
а а			1000	Locat	000000000000000000000000000000000000000							Ab	atem	ent T	уре
Location of Asbestos-Containing M		0		d Sole		Ashe	etne	Description of Containing Mat		Δ۳	nount	Re	Re	En	E I
TO BE ABAT	ED	·		intena	nce/ Staff?		., the	ermal systems in	nsulation,	(S	pecify	Remova	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	olaii?			surfacing, VAT, ther miscellaned		SF	or LF)	al		Encapsulate	ure
()			Yes	No	N/A	1	0.	arei miscellariec	,43)					te	
Exterior Pole #JC1714	LBR					Asbesto	os r	isers		16	6 LF				
											<u> </u>	-			
					14474								브		
Name of Registered Waste Hauler NJDEP Waste								bic Yards of	Name of Regist						
AbateTech, Inc. Hauler ID No. 18750						3	vva 2	ste	G.R.O.W.S.	Landf	ill				
City, State								posal Date	City, State						
Lumberton, NJ						9	/30/19	Tullytown,	PA						
Completed By (Print or Type	e)	Title						Signature	1		Da			79204	
Gwen Trumbetti		Operations Coordinator						11/	AAA A		19	-13	3-1	9	

0000			NC				SBE	Jersey STOS ABA ::60 and 5:		DEG	E [F	7
Date of Notification (1)					Na	me of Buildi	ng Ov	/ner/Operator	(2)	III GED	1 9	201	۵	
9 / _	13 /		19		F	PSE&G / J	lob#	1909-5530	Check	#I FI OFI	1 3	201	J	
Agencies Notified	Type Noti	ficatio	n		Stre	eet Address				The second secon	Concession of the Concession o	an teruloru	vičina čuna	1
⊠ EPA	☐ Initial				4	000 Hadle	ey Road ASBESTOS CONT LICENSING						OL &	£.
☑ DOLWD ☑ DHSS	Amend Amend		44		City	, State, Zip	Code		L	L.;	CENSI	C V I	entalled ritation.	Cotton
□ DCA				na	S	outh Plain	nfield	, NJ						
(NJAC 5:23-8)		Emergency (including justification) South Plainfield, NJ Name of Contact								Telephone N	lumber			
	☐ Cancel	llation			K	en Carme	lia			609-410-0				
					F	ACILITY IN	NFOF	RMATION						
Name of Facility Where A	batement is	s Taki	ng Plac	ce (3)					Type of Facili	tv (4)				
PSE&G									School (K-					
Street Address	Street Address								→ Subchapte	r 8 (Other than K		10 HOLD		
Corbin Street & Inne	erport Str	eet							homes, etc	private and com	mercial	buildir	igs,	
City (5)		***************************************							Square Feet	# of Floors	Ti	Bldg. A	Age	
Port Newark, NJ											1		·go	
County (6)					Co	unty Code (7	7)(STA	TE USE ONLY)	Current Use (I	Prior if being dem	olished)			
Essex						307A7 (C.S.S.S.S.S.M.			Control He		ononou,			
Name of Monitoring Firm I	Hired by Bu	ilding	Owner	(8)	ASC	M No.	Nan	ne of Abatem	ent Contractor (
Health & Safety Sen	vices	33,					AbateTech, Inc.							
Street Address							Street Address							
PO Box 365							30	Maple Ave	e. PO Box 25					
City, State, Zip Code								State, Zip C				Cyles		
Berlin, NJ 08009								umberton, I						
Project Manager for Monito	oring Firm			Te	ephone	No.	-	phone No.	17(6)	License No.	2			
Jim Proctor				1	09-83	9-2432	60	9-265-2107		00529				
Start Date (10)						ate (11)	Nám	e of OSHA N	lonitor					
9 / 16 /	19	/	9	3	0_/	19	E	MSL Analyt	ical					
Occupancy Status During A	Abatement	(Chec	k only	one)_			Stree	et Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	eriod of	Abate	ement		20	0 Route 13	0 North					
Abatement Performed C	Outside of N	lorma	I Facilit	y Hou	rs - De	scribe	City,	State, Zip Co	ode					-
Time of Abatement:		P	IVI/	PIV		_AM	Ci	nnaminson	, NJ 08077					
Scope of Work (Check all the	hat apply)									AND TO SEE AND TO SEE AND TO SEE				
≥3 sf or ≥3 lf			⊠ Re	nova	ion			☐ Full Cont	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			☐ De					Glovebag	Procedure					
								Non-Exer	mpted (*) and N	on-Friable Proced	dure			
Location of	r.			Loca				D			Al	patem	ent T	ype
Asbestos-Containing Ma		/I)	Use	d Sol	ely by	Asbes	stos C	Description of ontaining Mat	rerial (ACM)	Amount	Re	Repair	E	四
TO BE ABATE IN Facility			1000000	intena	ance/ Staff?	(i.e.,	, therr	nal systems i	nsulation,	(Specify	Removal	pair	Encapsulate	Enclosure
(13)			Out	(12)				rfacing, VAT, er miscellaned		SF or LF)	<u>a</u>		sula	ure
			Yes	No	N/A	1	Ottic	i illisociianec	,43)				te	
Exterior					\boxtimes	30" ACN	/I coa	I tar wrap		30 LF		П	П	П
												무	1	
					-								Ш	Ш
N														
Name of Registered Waste	Hauler			1 (50)	JDEP I		Cubic	Yards of	Name of Regi					
Waste Management					18750)	12		G.R.O.W.S	5. Landfill				
City, State								sal Date	City, State					
Camden, NJ							9/3	0/19	Tullytown	, PA				
Completed By (Print or Type		Title			770		1	Signature	0/	1	Date			7
Gwendolyn Trumbetti		0	perati	ons (Coord	inator		(/	\mathcal{N}/\mathcal{X}		9 -	13	110	

Date of Notification (1)	150 5	ōT	NO	OTIFI (Purisiu	ON OF A	New Jersey SBESTOS ABA	16)	D) E C		20	/ E	I The second sec
9 /	17 /		10				ing Owner/Operato		mis less	n 2 2			- Learning
			19		P	ositive He	ealth Care Facili	ty of Newark	Mary Company of the Parket	SALES WATER OF THE PARTY AND T	PROPERTY W	PERSONAL PROPERTY.	1
Agencies Notified EPA	Type Noti	ificatio	n		10000000	et Address			ASBES	TOS U JOENS	JNIF	OL &	5
Ø DOLWD	☐ Amend	hed					ngton Street	L	P. Commission of the Commissio	A CLUMN	CI // 13		un et tout man
☑ DHSS	Amend	100	#			, State, Zip			(%)				
☐ DCA	☐ Emerg		includ	ing	-	ewark, N.							
(NJAC 5:23-8)	justific				1000	ne of Conta		0	Telephone	Number			
	☐ Cance	liation			IVI	ike Piviro	tto		201-522	-1724			
N. 65 W. 100					F	ACILITY II	NFORMATION		.5/cz 30.5x				
Name of Facility Where A		s Taki	ng Pla	ce (3)				Type of Facilit	y (4)				
Positive Health Care	e Inc.							School (K-					
Street Address								Other (i.e.	r 8 (Other than private and cor	K-12) nmercial	buildi	าตร	
333 Washington Str	eet							homes, etc		IIIICIGIAI	bullar	igs,	
City (5)						F	7100	Square Feet	# of Floors		Bldg.	Age	
Newark, NJ							1102						
County (6)					Cot	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being der	molished)		
Essex								Vacant Fac					
Name of Monitoring Firm H		ilding	Owne	r (8)	ASCN	/I No.	Name of Abatem		9)				
Health & Safety Serv	rices						AbateTech,	nc.					
PO Box 365	Street Address						Street Address						
The second control of the second control of								e. PO Box 25					
City, State, Zip Code							City, State, Zip C						
	Berlin, NJ 08009 Project Manager for Monitoring Firm Telephon						Lumberton,	NJ 08048					
James Proctor	oring Firm			2.33	ephone		Telephone No.	_	License No),			
Start Date (10)		Cahar	dula d (Total Total	4-8850	609-265-2107		00529				
_9 / 30 /	390.71					ate (11) 19	Name of OSHA N						
					_ ′		EMSL Analyt	ical			1.5		
Occupancy Status During A							Street Address						
☐ Abatement Performed C	outside of N	lormal	Facili	Abate by Hou	ment rs - De	scribe	200 Route 13						
Time of Abatement:	AM		VI/			AM							
Scope of Work (Check all th	nat anniv)			-54		Cinnaminson, NJ 08077							
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	іас арріу)			enovat emoliti		 ✓ Full Containment with Negative Pressure ✓ Mini-Enclosure ✓ Glovebag Procedure ✓ Non-Exempted (*) and Non-Friable Procedure 							
				Loca						A	batem	ent T	уре
Location of Asbestos-Containing Ma		/I)		Norma ed Sole		Achoo	Description o			R	Z,	ш	m
TO BE ABATE		,	Ma	intena	nce/	(i.e.	stos Containing Ma , thermal systems i	nsulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Stan?		surfacing, VAT,	or	SF or LF)	val	7	sula	sure
(10)			Yes	No	N/A	1	other miscellane	ous)				ate	
SEE ATTACHED						SEEATT	ACHED		SEE	- F	-		
		-				SELATI	ACHED		ATTACHE		ЦШ	Ш	Ш
												П	
Name of Registered Waste I	Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				Н	auler II 18750		Waste 40		irless Landfil	11			
City, State		×17135,-4					Disposal Date	City, State	-				
Lumberton, NJ							11/1/19	Morrisville	, PA 19067				
Completed By (Print or Type		Title					Signature	1		Date		_	-
Gwendolyn Trumbetti		OF	oerati	ons (oordi	nator	1 (m	MX		9-1	7-	19	

Scope of Work Cont.

m.	E	C	E		\mathbb{V}		M
		SEP	1	9	2019		
	ΛA	bater	ner	at d	[vne	11 8.	

Removal

Location of ACM	Used for Ma	int. Description of ACM	Amount	Abatement Type OL &
Exterior	NO	Built Up Roofing	2,300 SF	LICENSING Removal
Electrical Room	YES F	Plaster coat behind Elec Panel	70 SF	Removal

270 SF

Glue Dots

NO

Throughout

MM 1 of 3 JAV State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

OFF HOLD FOR 9/18 & 9/20 only!

MIMUS	1 " "	NU	,					N				
Date of Notification (1) 8 /	22 /	19				ng Owner/Operator Country Club	(2)	908-2479	hk #2	/n2 B	T	1
Aganaina Natifiad	Tuna Matifi	-11						300-2473	, III. #2		711	
Agencies Notified ⊠ EPA	Type Notific			51250151	eet Address 15 Spring	field Avenue	A CONTRACTOR OF THE PARTY OF TH	SEP	1 9 20	119		JJJ
⊠ DOLWD		_		City	, State, Zip	Code	14 0	OLI	. 0 20	10	1	+
□ DCA	Amendm Emerger	_	lina	V	estfield, l	NJ 07090						
(NJAC 5:23-8)	justificat		illig	Nar	ne of Contac	ct		Telephone	Number	ROL 8		-
	☐ Cancella	ition		J	ohn Leshe	er	and a superior of the superior	908-233	Chilori	en drudy to publish	proprietarions.	more
				F	ACILITY II	NFORMATION					_	
Name of Facility Where A	batement is	Taking Pla	ace (3)	j			Type of Facility	(4)				
Echo Lake Country	Club						School (K-12	2)				
Street Address							☐ Subchapter	8 (Other than	K-12)			
515 Springfield Ave	nue						Other (i.e., p		nmercial	buildir	ıgs,	
City (5)				-		100	Square Feet	# of Floors		Bldg. /	Age	
Westfield							20000	2		191	0.000	
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molished			
Union							Residential			•		
Name of Monitoring Firm		ding Owne	er (8)	ASCI	M No.	Name of Abatem	ent Contractor (9)					_
Hillmann Consulting	g, LLC					The second secon	d Mold Service					
Street Address						Street Address		-,				
1600 Rte 22 East						PO Box 1239)					
City, State, Zip Code					-	City, State, Zip Co			_			
Bordentown, NJ 085	505					Delran, NJ 08075						
Project Manager for Monit	oring Firm		Te	elephone	e No.	Telephone No.		License No	2			_
Mark Perlmutter					8-7800	609-702-0400	i	00862	J.			
Start Date (10)	5	Scheduled				Name of OSHA M		00002				
_9 / _3 / _					_19_	EMSL Analyt						
Occupancy Status During	Abatement (0	Check only	one)			Street Address						_
☐ Facility Closed/Vacated	During Entir	e Period o	of Abat	ement		200 U.S. Rou	te 130 North					
Abatement Performed	Outside of No	rmal Faci	lity Ho	urs - De	scribe	City, State, Zip Co	ode					
Time of Abatement:	AIVI	PIVI/	PI	Λ- <u> </u>	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)						N.		m .1			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoli			 ☐ Full-Containment with Negative Pressure ENCISMIC ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 						
			ls Loc	ation						batem	ont T	·vno
Location o			Norm			Description of						-
Asbestos-Containing M TO BE ABAT				lely by ance/	Asbes	stos Containing Mat	terial (ACM)	Amount	Remova	Repair	nc	Enclosure
IN Facility		Cu		I Staff?	(1.6.	, thermal systems i surfacing, VAT,	nsulation, or	(Specify SF or LF)	SVOI	a:	sde	uso
(13)			(12		-	other miscellaned		01 01 11)	=		Encapsulate	re
SEE ATTACHED SOOF	E OLIEFT	Yes	_	-							O	
SEE ATTACHED SCOP	E SHEET	$ \parallel$	10		SEE AT	TACHED SCOPE	SHEET	ATTACHE	D 🗵			
Phase Work		$- \underline{\square} $		10	-							
Phase 1 - Windows 9/3												
Ph 1A - cleanup debris					pipe ins	ulation		12 LF				
Name of Registered Waste	Hauler		112	NJDEP		Cubic Yards of	Name of Registe	ered Landfill				
Waste Management				Hauler I 1727;		Waste 5	Grand Cent	ral				
City, State						Disposal Date	City, State					
Lafayette, NJ						10/15/19	Penn Argyle	e, PA				
Completed By (Print or Type	e)	Title	7			3,1,1						
Kaysi Gruner		Office	Assis	stant			7		Date	7-1	MA	
20 41					Et .	LINS	and the same of th		4-1	7-2	11	

Page 2 of 3



The following areas have been inspected and were found to contain aspestos of assumed to be asbestos containing materials.

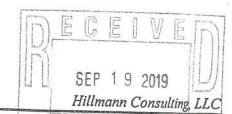
BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL	/ BASEME	NT	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall oward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		.\$
Locker Area "B' and Hall by Bath and Attendee Station, and N/West part of Locker Area "C", and entire Locker Area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
	MAIN LE	VEL		
eception, South Wall	Window Glaze	30 LF		\$_
Oonald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		<u></u>

PHase 1 \rightarrow

Name of Contractor:	Signature: Cos cell/w
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			ASSESTO:	S CONTROL &
	UPPER I	LEVEL	The second secon	Annual Color of the section of the section of
2 nd Floor Women's Locker Room	Gold Mastic and Carpet* and Tar Paper* on Plywood (Tar Paper is only in Hall by West Side Exit to Stairs)	900 SF		\$
2 nd Floor Women's Lounge	Mastic and Carpet* on top of Floor Tile 9"x9", Gray and Black in pattern and associated Mastic on Wood Substrate.	500 SF		\$
	ROOF	rs		
Roof North and Northeast Side: Sloped and Flat Roof (Except part of the Roof above the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		
Roof North Side Ducts by HVAC Units	Duct Seal (Tar)	160 SF		
	Electric Panel	Connect/Disc	connect Cost:	
		Projec	t Filing Fees:	
		Base Bid	1 Total Cost:	;

Name of Contractor: AMJ	Signature:ton a [] []
Printed Name: JAMI MULLALUCY	Date: 19-21-19