LN#1475	2							i e	imag. F				989	Prir	nt Fo
X3705 PA	4		CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		T	D)_	E C	E			0 0	-
Date of Notification (1) 09/19/2019			Name o	of Building ence	Owner/0	Operator	(2)		The same of the sa	Sti	4	6	019	L	
Agencies Notified Type Notifica	ation		Street A	Address				Philips Seemed S	A:	BEST	OS C	TNC	ROL &	1	
X EPA X Initial Amenda X DOL Amenda	2.5%			ate, Zip C		NIOS	750			LI	CENS	ING		SOTO PARK	philosophic
■ Emerge justifica	ency (including tion)	_		f Contact		140 00	750		Te	lephone	Numb	er			
DCA Cancell	ation			LONO	OPMAT	ION						•			
Name of Facility Where Abatement is 1 Residence	aking Place (3)	PAG	LITTING	ORWAI	ION	Тур	e of Facility	(4)						
Street Address							H	School (K- Subchapte		ner than	K-12)				
							×	Other (i.e. etc.)	private	& comm	nercial	build	ings, h	omes	s,
City (5) Spring Lake Heights								uare Feet 128	1	f Floors		BI 80	dg. Age)	9	
County (6) Monmouth				Code (7) USE ONLY	n		Cur	rent Use (Pr	ior if be	ing dem	olished	1)			
Name of Monitoring Firm Hired by Build A. Seine Lighthouse Solutions	ding Owner (8)		ASCN	M No.		19 10 10 10 10 10 10 10 10 10 10 10 10 10		batement Co ank Service		r (9)					
Street Address PO Box 354						Street 1256		ress erty Aven	ue						
City, State, Zip Code South Orange, NJ 07079					-	City, S	state,	Zip Code NJ 07205							
Project Manager for Monitoring Firm			Telepho			Teleph	27-55			Licens	se No.				_
Sarah Calandra Start Date (10)	Schedule		03 57 700000	19-2666 Date (11)		35500 10		-7465 SHA Monitor		0131	6				
10/07/2019	10/14/2	019		Duto (11)		A. Se	eine	Lighthous		utions					
Occupancy Status During Abatement (0		50.000 50.000				Street PO E									
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:					_	1,4500		Zip Code range, NJ	07079						
Scope of Work (Check All That Apply)								3-,							_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emoliti				×	N	ull Containm lini-Enclosur Blovebag Pro lon-Exempte	e cedure						
	Is	Locati	on						1	4 110111	TIGDIC		Abatem		
Location of	Llass	ormall d Sole				scription				enconentro con esco	-	_	Туре	: 	_
Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)) Mai	ntenar odial S (12)	nce/		thermal surfa		s insu T, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A			oor Til	_		4.0	200 05	-		- 1	Ď	(D
Dasement		^			г	oor Til	e 		1,2	200 SF	- X		-	+	-
														1	
Name of Registered Waste Hauler		T KI	JDEP W	lasto	Cubic	Varde		Nome	Dog!-	rod! -	den				
Newark Carting		H	auler ID 1509		of Was			Name of Waste				dfill			
City, State East Orange, NJ					Dispos	sal Date		City, Sta		PA					
Completed by Alison Lamers	Title Office	Man	ager		S	ignature		MO	y .		Date 09/1	9/2	019		

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u	MI	n	+	-	5	-	m	

Inu# 1	1729															FIII	IL FO
CK 1038	PAI	D N		CATION	of New OF ASBI to NJAC	ESTOS	ABATE),E	C	El	\mathbb{V}	S		The second section of the sec	
Date of Notification (1) 09/20/19		SO SERVICE	T		Building on the Ma			(2)			SEP	26	2019	- Chinago and a			
	ype Notification			Street Ad	ddress		1		-	land				- American	Lamend		
EPA DEP DOL	Initial Amended Amendment	#	ŀ	City, Sta	te, Zip Co		11			AS		OS CON CENSIN		â		-	-
▼ DOH	Emergency justification)	including	-	Name of	Contact					(100 m)	- 1	lephone N					
DCA L	Cancellation				ore Ma						/3	32-597-0	J879 	_			
Name of Facility Where Aba 225 South Harrison S		g Place (3)		,,,,,,,,				Тур	e of F	acility	(4)						
Street Address 225 South Harrison S					-	1119/		×	Sub	er (i.e.	er 8 (Oth	ner than K & comme		ildin	gs, h	ome	S,
City (5) East Orange		=1111						Squ	etc. are F		# 0	f Floors		Bld	g. Ag	е	
County (6)				County C	Code (7) ISE ONLY)			Cur	rent l	Jse (Pi	rior if be	ing demo	lished)				
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCM	No.						ontractor	r (9) NALS					
Street Address					100 100 100 1		Street 6 Wh			VE C	OURT	Γ					
City, State, Zip Code							City, S				08701						
Project Manager for Monito	ring Firm			Telephor	ne No.		Teleph 732-			8		License 1200	e No.				
Start Date (10) 09/25/2019		Schedule 09/29/2		npletion [Date (11)					Monito PROF		NALS					
Occupancy Status During A	Abatement (Chec	k Only One	e)				Street			WE C	OURT	-		-8:49			
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	State,	Zip C	Code	08701						
Scope of Work (Check All T	That Apply)															THE STREET	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re R	enova emoli				>	N G	lini-E Slovel	nclosu bag Pr	re ocedure						
		Is	Locat	ion			E	<u> </u>	1011-E	хеттри	ed (*) ar	nd Non-Fr	lable P		bater	nent	
Location of Asbestos-Containing M		Used	orma d Sole	ly by	Ashes		escription		ial (A	CM)		Amount		T	Тур	-1	
TO BE ABAT In Facility (13)			ntena odial ((12)	nce/ Staff?		therma surfa	al system acing, VA miscella	s insu AT, or	ulatio		(Specify F or LF)	Kellova	1	Repair	Encapsulate	Enclosure
		Yes	No	N/A									=			ate	ro'
INTERIO	R				P	ACM F	Pipe Ins	sulat	ion		2	200 LF	x	+			
Name of Registered Waste	Hauler		11 5	JDEP W		1 5555555555	c Yards		N	lame o	f Regist	ered Lan	dfill				
NEWARK CARTING			1 100.00	Hauler ID 4509	No.	of Wa				ESI	-1-						
City, State NEWARK, NJ							osal Date 9/2019			City, Sta BETH	ate LEHEI	M PA					
Completed by JOSEPH PERLSTEIN		Title OWN	ER				Signatur	е					Date 09/20)/19)		

70	J# 14	100)													Pr	int Fo
CKIOU	a Pr	AID	NOTIF (P	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)		D)r	E (G [E	\mathbb{V}	E	- Comment	
Date of Notification (1) 09/24/19					of Building er Truck			r (2)	200		S	EP	2 6	2019	9		$/\!\!/\!\!/$
Agencies Notified	Type Notification	1			Address	.vonue			13	4 142		-				j beres	
EPA DEP	Initial Amended		-		artlett A				-	L.	ASBE				OL 8	.a !	-
DEP X DOL	Amendmen Emergency		_ [West	Creek, I	NJ, 080	92		L	- Washington	CHEMICAL STATE OF THE STATE OF	LIVI	ENSI	VO.	nutration to		
DOH DCA	justification Cancellation)			of Contact er Truck		Ο,				100000000000000000000000000000000000000	ephon 9-29					
Name of Facility Where	Abatament in Takir	na Dinas (2		FAC	ILITY INF	ORMATI	ON	-									
108 Ohio Avenue	Abatement is Taki	ng Place (3	5)					Туре	of Fa	cility (4 of (K-12							
Street Address 108 Ohio Avenue									Subch	napter	2) 8 (Otherivate &				dinge	hom	00
City (5)				-					etc.)	820 8		f Floor			lldg. A	V.	es, —
Beach Haven/Long	Beach							Oque	are rec	51	# 01	1 1001	5		iug. A	ige	
County (6) Ocean					Code (7) USE ONLY	7		Curre	ent Us	e (Prio	r if bei	ng der	nolish	ed)		d/	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	II No.		Name AAA	of Aba					3				
Street Address							Street 6 WH	Addre		F CC	IIRT						
City, State, Zip Code							City, S	State, Z	Zip Cod	de							-
Project Manager for Mor	oitoring Firm			T-1	. N			EWO	1000	NJ 08	701						
	intoring Firm			Telepho			Teleph 732-	none N 668-9				1200	nse No O).			
Start Date (10) 10/04/2019		Schedule 10/07/2		npletion	Date (11)		Name AAA	of OSI			SSIO	NALS	3				
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street	Addre	SS	110 (100)				75-111-			-
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of Amal Facility	Abatem Hours	nent			City, S	HITE state, Z EWO	ip Cod	ie					Keelli 2		
Scope of Work (Check A	II That Apply)						LAK		OD, 1	10 00	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emolit				×	Min	ni-Enc ovebaç	losure g Proce	nt with edure (*) and						
Location		N	Locati	ly		Des	scription		III-LXC	Inpled	() and	I NOII-	Парі		Abate		t
Asbestos-Containing TO BE AB. In Facil (13)	ATED	Mai	d Sole ntenar odial S (12)	nce/				s insula T, or		i)	(S	mount pecify or LF		Remova	Repair	Encapsulate	Enclosure
7. Taxxii.		Yes	No	N/A										<u>'a</u>	7	late	Ire
EXTER	IOR					AC	M Sidi	ng			250	00 SF		х			
Name of Dogistered Min	ato Hauler		1	IDEE :	loot-	I o i ·	Variat		1								
Name of Registered Was NEWARK CARTING			Н	JDEP W auler ID 1509		of Was			IES		egiste	red La	ndfill				
City, State NEWARK, NJ						Dispos 10/07	al Date /2019			State THLE	HEM	I PA				70	
Completed by JOSEPH PERLSTE	N	Title OWN	ER			S	ignature	!	1				Date 09/	e '24/1	9		

101	# 14	102) –													Pr	int F
K1043	PA		NOTIF	ICATIO	tate of Ne N OF ASB t to NJAC	w Jersey SESTOS AB 8:60 and 1:	ATE 2:12	MENT 0)				E C			V		
Date of Notification (1) 09/24/19						Owner/Ope	rator	r (2)				SF	P 2	6	2019)	
Agencies Notified	Type Notification	1			er Truck	ing, inc,				H 1	4	-	' -		-01,		سا ا
I EPA	x Initial	• 55			Bartlett A	venue					L	BES	TOS	00	1707	~ · ·	j
N DEP	Amended				tate, Zip Co							L	ICE	NSIN	IG	JL a	
× DOL	Amendmen Emergency		_			NJ, 08092							-	and a colomb	erandring in		
DOH DCA	justification Cancellatio)			of Contact er Trucki	ing, Inc,						phone -294					
Name of Engility Where	Abatamant :- T-1:	- 51 /	(0)	FAC	ILITY INFO	ORMATION											
Name of Facility Where 805 S Bay Avenue	Abatement is Takii	ng Place (3)					Туре	of Facilit								
Street Address									School (F Subchap		Othe	r than	K-12	1			
805 S Bay Avenue									Other (i.e						dings	, hom	es,
City (5) Beach Haven/Long	Beach						_	Squa	etc.) ire Feet		# of	Floors	1	E	Bldg. A	Age	
County (6)					Code (7)			Curre	ent Use (F	Prior i	f bein	g dem	nolish	ed)			_
Ocean					USE ONLY)	Name of the last o	- 0	2 2	CR F								
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.				atement C D PROF				;				
Street Address						100		Addre	ss DOVE (COL	RT				7		
City, State, Zip Code									ip Code		TX1						
									OD, NJ	087	01						
Project Manager for Mon	itoring Firm			Telepho	one No.	F-17		none N 668-9			- 1	Licens).			
Start Date (10) 10/04/2019		Schedul 10/07/		npletion	Date (11)	1 10 1			HA Monito		NOIS	IALS		-			
Occupancy Status During	g Abatement (Che	ck Only O	ne)			1 3103.0		Addre					Maria maria				
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a	Abaten y Hours	nent		Ci	ty, S	tate, Z	DOVE (7			
Scope of Work (Check A	Il That Apply)						AK	=WO	OD, NJ	087	01						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Section 2	Renova Demolit				×	Mir Glo	ll Contain ni-Enclosi ovebag Pr n-Exemp	ure roced	ure					p.	
		100	Locati							T		,,,,,,,			Abate	ement pe	
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashast	Descriptos Containii			(ACM)		۸۰۰	nount			, ,		
TO BE ABA	ATED		intenar todial S			thermal sys	tems	insula			(Sp	ecify		Re	R	Enca	En
In Facili (13)	ıy		(12)			surfacing other misc					SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,						<u>a</u>	,	late	Iге
EXTERI	OR					ACM S	Sidir	ng			250	0 SF		х			
										-		Maria					
Name of Registered Was	te Hauler		1.1	JDEP W	1.00000000	Cubic Yard	ds		Name o	of Rec	istere	ed Lan	ndfill				-
IEWARK CARTING			100000000000000000000000000000000000000	auler ID 4509	No.	of Waste 14			IESI								
City, State IEWARK, NJ						Disposal D 10/07/20			City, St.		EN4	DΛ				27///-22	
Completed by		Title				Signa	0.120.304		DEIII		-IVI	· /\	Date	3			
OSEPH PERLSTEI	N	OWN	IER			Olgila	ature.							: 24/1	9		

- ILD	07										Acres desired		Prin	t Foi
Y DIONATE OF THE	NOT		ATION (te of New of ASBES	TOS	ABATE		· DE	C	El	V E			
Date of Notification (1) 9/23/19	J	1000		Building Ov Rowe P				The state of the s	SEP	2 4 2	019		1	
Agencies Notified Type Notification X EPA X Initial		S	treet Ad	dress				AS	BEST	OS CON	TROL	_l &	(DASHER STATES	
DEP Amended Amendment #		1000	The state of the s	e, Zip Code awkin No		05	5.62		L	CENSING				
☐ Emergency (ii ☐ DOH justification) ☐ DCA ☐ Cancellation	ncluaing		ame of Cyndy	Contact					Tele	phone Nur	mber -			
			FACIL	ITY INFOR	RMAT	ION	-	5 PP 1114 //						
Name of Facility Where Abatement is Taking Cyndy Rowe Private Home	Place (3)		-				l yp	School (K-12 Subchapter	2)	ar than K-1	2)			
Street Address							×	Other (i.e. pretc.)	rivate 8	k commerci	ial build	5080.0		s,
City (5) Manahawkin NJ 08005							10	uare Feet 00+	1	Floors	5	dg. A(je	
County (6) Ocean				code (7) SE ONLY)			Н	rrent Use (Prio ouse			hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.				batement Con inc.	tractor	(9)				
Street Address						Street		ress 329		*				
City, State, Zip Code	****					1 2		, Zip Code erlin NJ 080	91					
Project Manager for Monitoring Firm			elephor		050000	Telepl 856		No. 3-9800		License N 00727	No.			
Start Date (10) 10/7/19	Scheduled 10/15/19		pletion [Date (11)		Name San		SHA Monitor						
Occupancy Status During Abatement (Check	(Only One)					Street	Add	Iress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	ateme ours	ent		_	City, S	State	, Zip Code			10			
Scope of Work (Check All That Apply)			-			1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat						Full Containmonth Mini-Enclosure Glovebag Production Non-Exempted	e cedure	8			e	
		ocatio										Abate	ement pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenan	y by ice/		os Co herma surf		Matens ins AT, c		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			orior Ci	dine	_	1.	200 SF	-		Ф	
Exterior Siding			X		⊏Xt	erior Si	uing	J	12	LUU SF	X			
		1			0.1	a Ve -d-	y y sacra	Name of	Dogical	orod I andf	SII .			
Name of Registered Waste Hauler United Roll Off		Н	JDEP Wauler ID 2459	10-24 N	of W	ic Yards /aste		G.R.O	W.S.	ered Landf	ni			
City, State Elm NJ					A	osal Dat 15/19	e	City, Sta Morris		A 19067				
Completed by Anthony T Perna	Title Presid	dent				Signatu	re			1.0	Date 9/23/1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

011+111770 I	DATE	NO				C 8:60 and 5:1		UNTI	201	U	end Cheffille	******
Date of Notification (1)	Chila					Owner/Operator (MEG	F	<i>II</i>	7 [= [
09 /	25 /	19		100000000000000000000000000000000000000	izon	g owner operator (/			U (L	7
Agencies Notified	Type Notific	ation		Street	Address				220	20.5	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
⊠ EPA					erizon W	ay		SEI SEI	2 6	40	19	l lan
□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amended				State, Zip C	A		Q				1
□ DCA	Amendm	iconcession.	_	1000	king Rid			ASBEST	ros co	ONTE	ROL	8
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		g	Name	of Contact	l		Telephone Nun	BENS BerNS	ING	Note and the same	
X	☐ Cancella	tion		Dou	ıglas O'H	lara		301-802-51	12			
1				FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking Plac	e (3)				Type of Facility	(4)				
Verizon							School (K-12					
Street Address							☐ Subchapter	8 (Other than K-1 rivate and comme	2) ercial bu	iildina	S	
9 MainStreet							homes, etc.)		, rolar ba	manng	Ο,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Netcong, NJ 07857							5,000	1		50		
County (6)				Coun	ty Code (7))(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Morris												
Name of Monitoring Firm			(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmenta	l Managaen	nent Inc.				JVN Restora	tion Inc					
Street Address						Street Address						
8436 Enterprise Av	enue					47 Foster Ro						-0-0
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19						Staten Island	NY 10309					
Project Manager for Moni	toring Firm			lephone		Telephone No.		License No.				
Mark Jenkins	12			215-365		718-605-6256		00774				
Start Date (10)10 /15 /	27985 U	Scheduled (etion Da 31 / _		Name of OSHA N Testor Tech	lonitor					
Occupancy Status During	Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacate						10 59 Jackso	n Avenue					
					cribe	City, State, Zip Co	ode					
			ÖL 141-	1.50/101		LIC NY 11101						
Scope of Work (Check all	that apply)					⊠ Full Cont	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf			enova			☐ Mini-Enc	losure	,				
≥160 sf or ≥260 lf		□D	emolit	ion			g Procedure mpted (*) and No	n-Friable Proced	ure			
			s Loca	ation			inpica () and ive	m-i nabic i roccu	1	atem	ent Tv	vne
Location	of		Norm			Description o	of			-		1
Asbestos-Containing I TO BE ABA				lely by ance/		stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
IN Facilit	The state of the s	11 11 11 11 11 11	stodia	I Staff?	(i.e.	 thermal systems surfacing, VAT 		(Specify SF or LF)	ova	=	ısqı	nsc
(13)			(12		-	other miscellane					ilate	o,
Basement - Cabyle V	ault	Yes	No	N/A	Floor til	e and Mastic		2,400 SF		$\frac{1}{1}$	П	П
			15	20000								
			1						ᆜᆜ			
Name of Registered Was	te Hauler		- 14	NJDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Newark Carting				Hauler II NJ-56		Waste 40	G.R.O.W.S	., Inc.				
City, State				110-00		Disposal Date	City, State					
Hackettstown, NJ						11/15/2019	Morrisville	,PA				
Completed By (Print or Ty	/pe)	Title				Signaturé /	1 11/	_ [0	ate			1000
Ralph Barnhardt	2000.00.00	Projec	ct Ma	nager		1.1.1	1//	\mathcal{I}	09-	70	5-	19

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1240-0	0			(P	ursuai	nt to NJ/	AC 8:60 and 5:1	6) 115	$\langle $	n	<u> </u>	=	Π
Date of Notification (1) 9 /	13 /	19		refrail se			ng Owner/Operator (emann & Heggan	111 1	SEP 2	S 20	10		
Agencies Notified	Type Notific							71000014100	1	u 40	19	11	1
⊠ EPA	☐ Initial	auon				t Address 5 Belleve	eve Ave	vi i vi	ASBESTOS C	Ostro	-	Permit	TWEST STATES
□ DOLWD			i i		City,	State, Zip	Code	The same of the sa	LICENS	UNIA	OL 8	-	-
☑ DOH ☐ DCA	Amendm		2-0 0/1/23	L	107/4		n, NJ 08037				THE REAL PROPERTY.	The party of the last	
(NJAC 5:23-8)	☐ Emergen justificati		ciuainę	}		of Contac			Telephone Num	ber			
	☐ Cancella	450			Mr.	Henry V	Veigel		609 561-084				
					FA	CILITY II	NFORMATION						
Name of Facility Where Al	patement is 7	Taking	Place	(3)				Type of Facility ((4)				
Store								☐ School (K-12)				
Street Address									(Other than K-12 ivate and comme		ildine	7.0	
1066 N. Delsea Drive	9							homes, etc.)	ivate and comme	iciai bi	munié	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Vineland								>2200	1				
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Cumberland								Store					
Name of Monitoring Firm H	Hired by Build	ding C	wner ((8)	ASCM	No.	Name of Abateme						
Lea Environmental							Delta/BJDS, I	Inc					
Street Address	07.2227QT						Street Address						
900 Route 168, Suite	E4				122		1345 Industri						
City, State, Zip Code	-0.						City, State, Zip Co						
Blackwood NJ 08012				-			Southamptor	n Pa 18966					
Project Manager for Monito	oring Firm				ephone		Telephone No.		License No.				
Start Date (10)	To	Schod	ulad C		66 711 etion Da		215 322-2900		00783				
9/26/_	19	_1	1_ /	3			Name of OSHA M	ionitor					
Occupancy Status During	The state of the s			C-241.5-04.5-			Street Address						
☐ Abstract Boxford													
Abatement Performed (Time of Abatement: <u>7</u> A						scribe	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	nova: moliti			☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor		re			
	55			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing M		.		Norma	ally ely by	Asha	Description o			R	R	ш	Ш
TO BE ABAT		''	Ma	inten	ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	val		sula	sure
(13)			Yes	No	N/A		other miscellane	ous)				ate	
Floor Tile and Mastic						Main S	tore Show Room	1	1,800 SF				
Transite Paneling			П			Heater	and Closet Ceilin	na	32 SF		П	П	П
			_					5					
											Ш	Ш	Ш
			Ц	Ц									
Name of Registered Waste Service Transport G					NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regist					
	Jup				20990			Minerva La	Halli				
City, State	Cootle DE						Disposal Date	City, State	Oh'-				
58 Pyles Lane New C		1						Waynesbur					
Completed By (Print or Typ	oe)	Title				No.	Signatúre			ate	1.		G
Christine Del Viscio		As	St. A	amir	nistrato	or	1110	/ / / /	. / .	4110	51	1101	

		NO	rieic			New Jersey SBESTOS ABA	TERRENT (П	1)//	E	
1540-07		NO				AC 8:60 and 5:1				\mathbb{V}	<u>L</u>	
Date of Notification (1)				Name	e of Buildir	ng Owner/Operator	(2)				-	111
9 /	13 / 1	9		Ad	lams,Rhe	emann & Heggar	Associates	SEP 2	6 8	019	- Alberta	
Agencies Notified	Type Notification	1	-	Stree	t Address							
	Initial ■ Initial				5 Belleve		ž.	ASBESTOS	CON	TOO	0	
Table 1	☐ Amended				State, Zip			LICE			La	
⊠ DOH	Amendment		-			n, NJ 08037	-				NDSH-GJen	Anne motore
DCA (NJAC 5:23-8)	 Emergency (i justification) 	ncludin	g		of Conta			Talanhana Ni				-
17 00 70 100	☐ Cancellation				. Henry V			Telephone Num				
				_				609 561-084	2			
Name of Facility Where Ab	atamont is Takir	o Dies	n (2)	rA	CILITY	NFORMATION	7					
House	atement is Takii	ig mac	e (3)				Type of Facility (11.000				
Street Address			***************************************				School (K-12)) (Other than K-12)			
Ou dot Address							Other (i.e., pri	ivate and comme	rcial b	uilding	js,	
City (5)							Square Feet	# of Floors	RI	dg. A	00	
Vineland							>2200	1	0	og. r	90	
County (6)			-	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	thed)			- 100
Cumberland						,,	house	or in boing domain	nica)			
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Lea Environmental						Delta/BJDS,	r ja mender och sen er statte skalle ett ska Det i					
Street Address	# U					Street Address				1.0000000		
900 Route 168, Suite	E4					1345 Industri	ial Blvd					
City, State, Zip Code						City, State, Zip Co	ode					
Blackwood NJ 08012						Southamptor						
Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.		License No.				
Don Heim			61	0 558	-8902	215 322-2900		00783				
Start Date (10)	Sche	duled C	comple	tion Da	te (11)	Name of OSHA N	lanitar	L				
9 / 26 /				_/.	19	n/a						
Occupancy Status During A						Street Address						-
Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		A STATE OF THE STA						
Abatement Performed O Time of Abatement: 7AM	ot Norma	l Facilit M-	y Hour	s - Des	cribe	City, State, Zip Co	ode					
		VI										
Scope of Work (Check all the	nat apply)					□ Full Cont	tainment with Nega	ativa Praecura				HOO
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovati				losure	ative i ressure				
M 5 100 St or 5200 It		∐ De	emolitic	n			g Procedure mpted (*) and Non	Crioble Dressed				
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Location of			Norma			Description o	f			atem		1
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IN Facility	<u>r</u>	100000	todial S		(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12)	,		other miscellane		SE OF LET	<u>a</u>		Encapsulate	Ле
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ROOF			\boxtimes	Ш_	BLACK	/SILVER ROOFII	NG AND	******				
					CHIMN	EY CEMENT		200 If	\boxtimes			
Name of Registered Waste			110/0	JDEP V		Cubic Yards of	Name of Registe	ered Landfill	-sk			
Service Transport Gro	oup			auler ID 209 90		Waste	Minerva Lar	ndfill				
City, State				-		Disposal Date	City, State	***************************************				
58 Pyles Lane New Ca	astle DE						Waynesburg	g, Ohio				
Completed By (Print or Type	e) Title	9			The state of the s	Şignature	-	/ Da	te			
Christine Del Viscio	Α	sst. A	dmini	strato	or	Chri	than). (. / . /	9/1:	3/5	219	7

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

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10),	5	6			A	4	Plint	Form
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Date of Notification (1)				Name of	Building	Owner/O	perator	(2)						+
Date of Roundation (1)			Ì	121	M)71 K		ir edte	ASBE	STOS CO	NTRO	Lâ		
Agencies Notified Type	Notification		Ę	Street A	ddress		* 1.01	Lyapon		LICENSIN	10		District Stude	
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			- 7		LITY INF		ON		1.74	* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-			
Name of Facility Where Abate	ment is Taking	Place (3)	,					Type of Fac	itay (4)					
KPM HOLEN	1~/								(K-12)					
Street Address	- 1							Subch	apter 8 (Oti	ner than K-1: & commerci	2) of build	inne	ineate	20
19 Alla AM	2							etc.)	ne. phyale	or Continues or	51 1111-6	enseyo.	6743910	
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County (6)			1	County (Current Use	(Prior if be	ing demolis	hed)			
Mornouth				STATE	USE ONLY	")		laac	Jones	+1):11	1 (4)	W-		
Name of Monitoring Firm Hire	d by Building O	wner (8)		ASC	i No.		Name	of Abatemen	t Contracto	ir (9)		1		
				1		į	Ace	Insulation	Co., Inc					
Street Address						Limit y		t Address						
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City, State, Zip Code						and a contract of		State, Zip Cod						
						1		s Neck, Ne	w Jersey					
Project Manager for Monitoring	g Firm		4	Telepho	ne No.	indekta		hone No.		License N	O.			
			- 1					294 1757		00029				
Start Date (10)		Schedule	d Cor		Date (11)	1	Name	of OSHA Mo	nitor					
9/30/19	The state of the s	ļ.		119		1	25							
Occupancy Status During Aba	itement (Check	Only On	e)			į	Street	t Address						
Facility Closed/Vacated E						-				Name and the same and				
Abatement Performed Quality Other – Describe:	utside of Norma	al Facility	Hours	5			City, S	State, Zip Cod	e					
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Scope of Work (Check All Tha	t Apply)	_;					-	~						
¥3 sf or ≥3 lf		and the same of	enova				(angelon)			h Negative I	ressii	re		
≥160 sf or ≥260 if		L U	emoli	non			-	Mini-Encl	osure Procedure					
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		l is	Locat	ion					į		1	1000	emeni	
Location of			lorma			Des	scription	nof	1		1	9.3	rpe i	-
Asbestos-Containing Mate			ntena	ely by ince/				Material (ACM		Amount		1	1 2	m
TO BE ABATED In Facility	ž.		odial :	Staff?	į (t.e		system ina. W	is insulation. AT, or		(Specify IF or LF)	Rom	Ropair	620	Tick
(13)			(12)		Ē.	ether m	iscella	neous)	2 2 2	A	Removal	Ě	Encapsulate	Enclosuro
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1000 - 101	· 41 /1.7	~.	1	fauler ID		of Was	te 🥥	1	a sometimes	11-2.				
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Date of Notification (1) September 13, 2019				of Building aic Valley				on)[1 8	20	119	and the same	
Agencies Notified Type Notification			Street A	Address Main Ave	e			and the second second		ASBI		S C			8	96
DEP Amended DOL Amendment		_		ate, Zip Co						and the second	210	/LING	1111			busses
Emergency justification) DCA Emergency justification) Cancellation			Name o	f Contact Amodio						E 200 000000000000000000000000000000000	hone					
			FAC	ILITY INFO	ORMATI	ON		, Y		0.0		100				
Name of Facility Where Abatement is Takin Main Pump Station	g Place (3)					Тур	e of Fac								
Street Address 800 Union Boulevard							×	School Subcha Other (apter 8	(Other	than	K-12) nercial	build	dings,	hom	es,
City (5)							Squ	etc.) Jare Fee	t	# of F	loors			ldg. A	ge	
County (6)				Code (7)			Cur	,000 rent Use	(Prior	if being	g dem	olishe		00		
Passaic Name of Monitoring Firm Hired by Building 0	Owner (8)		ASC	USE ONLY)		Name		ater Pu								_
Atlantic Environmental Solutions Street Address						Polm	nax (Corpora			-/					
5 Marine View Plaza	524					Street 44 K		ess r Stree	t 2nd	floor						
City, State, Zip Code Hoboken NJ 07030								Zip Codo on NJ 0						9		
Project Manager for Monitoring Firm Michael Novak			Telepho 201-87	ne No. 76-9400		Teleph 973-8		No. -1122			Licens					
Start Date (10) September 23, 2019	Schedule	ed Con	npletion	Date (11)		Name		SHA Mor	nitor		7100					
Occupancy Status During Abatement (Chec			1, 201	9		tbd Street	Addre	ess				-				_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: vacated for construct	al Facility	Hours	ent			City, S	tate,	Zip Code	Э							_
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	M G	ull Conta lini-Enclo lovebag lon-Exen	sure Proced	dure					a	
	1	Locati							T					Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normall d Solel intenar todial S	y by nce/		os Conta thermal		lateria insu			(Spe	ount ecify or LF)		Ren			End
(13)	Yes	(12) No	N/A		other m	iscellan	eous	;)		01 0	,		Removal	Repair	Encapsulate	Enclosure
Exterior windows			X	misce	llaneou	us - gla	ass (glazing	1	37 wir	ndow	rs :	ĸ			
Name of Registered Waste Hauler		N	JDEP W	aste T	Cubic \	Yarde		Name	of Po	gistere	dlan	dfill				
Century Waste		Ha	auler ID 2797	2000000	of Was			The observer		andfil.		uilli				
City, State 623 Dowd Ave, Elizabeth NJ					Dispos	al Date		City,		/ Forc	Mill	Roa	d			
Completed by Kielczewski Slawomir	Title CEO					gnature i dind		~ B	0	15-0-011-011		Date		/ 20	19	

Inv# 14747

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

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IK							
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ETS JOB # 5410/19 CHECK #29996		1				1ENDME	ENT#1	
Date of Notification (1) 8/28/2019	Name of NEWAR	f Building Ov RK PUBLIC	wher C LIE	Operate RARY	ศ์ (2) O/B/O	THE CIT	Y OF NEW	STOS CONTROL &
Agencies Notified Type Notification	Street A	The state of the s			11 12 12			Seet See See See See Construction Cons
DEP Initial Notification	City, Sta	te & Zip Cod	de	<u> </u>				El
DOL Mended Notification		RK, NJ 071	01					
□ DOH □ Cancellation □ DCA		Contact ORGE WH	1E V J	1 E W/II	IIAMA		Telephone No. 973-733-569	
BOX	INIX. GL	ONGL WI	ILAI	LL AAIL	LIMIVIO	,	313-133-30	
		LITY INFO						
Name of Facility Where Abatement is Taking P NEWARK PUBLIC LIBRARY	lace (3)			of Facili School (I				
Street Address			_			ther thar	ı K-12)	
5 WASHINGTON STREET								ngs, homes, etc.
			Squa	are Feet		# of Floor	69	Bldg. Age
City (5) County (6)	County Co	de (7)	0	124,400		la a la arada	4	121
NEWARK ESSEX			LIBI	RARY	•		molished)	
Name of Monitoring Firm Hired by Building Own DPV CONSULTANTS, INC.	25 20	ASCM No. 28969				Contracto		
Street Address				et Addres		_		
225 WEST 37 TH STREET, 15 TH FLOOR City, State & Zip Code				CLAY S				
NEW YORK, NY 10018				OKLYN				
Project Manager for Monitoring Firm MICHAEL McMAHON	Telephone No. 718-701-27		1000	phone Nu 706-630			License 1	Number 00511
Scheduled Start Date (10) Scheduled Cor		-	Nam	e of OSH	HA Moni	itor		
(A. 18 S. 18 S	9/08/2020		_	TOR TE		3-110-211		
Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F		ment		et Addres 9 JACH		AVENU	E	
Abatement Performed Outside of Norm			700	State & 2	0.7			
Describe: MONDAY – FRIDAY 5:0	00 PM – 1:30	AM	LON	IG ISLA	ND CI	TY, NY	11101	
Scope of Work (Check all that apply)								
☐ Demolition ☐ Renovat	ion				ull Conta			
Large Project					ini-Enclo	osure Procedu	ro	
Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM				⊠ Ot	ther: Ti	ENT & NON	I = I-FRIABLE PRO	CEDURES
Location of	Is Location Norm			escription	of		Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Used Solely by Maintenance o	2 1		stos-Cont //) (i.e., the		etame	(Specify Square Feet or	(Specify: Removal, Repair, Encapsulation
(13)	Custodial Staff? (12) in	sulati	on, surfaci	ing, VAT		Linear Feet)	or Enclosure)
0				er miscella				
1 ST FLOOR	NO	CEILING	/WAL	L PLASTI	ER		6 SF	TENT
2 ND FLOOR	NO	FLOOR	TILES	& MASTI	IC		36 SF	NON-FRIABLE PROCEDURES
2 ND FLOOR MEZZANINE	NO	CEILING	/WAL	L PLASTE	ER		8 SF	TENT
3 RD FLOOR	NO	FLOOR	TILES	& MASTI	IC		60 SF	NON-FRIABLE PROCEDURES
		CEILING	/WAL	L PLASTI	ER		9 SF	TENT
Name of Registered Waste Hauler #1	NJDEP Waste	e Hauler ID #	#	Cu. Yds.	. of Was	ste N	ame of Regis	tered Landfill #1
JIMMY BYRNE T/A JIMMY BYRNE	19	9551			20	C		ND COUNTY
TRUCKING				D:-	10.4		ANDFILL	
City, State				Disposa	Date	C	ity, State	

		NOTIS	Sta FICATION	ate of Ne	w Jerse	y ADATE	BAENIT		(Che	ck#	259	75		
TWA 14225			Pursuant						m	E	C	E		WI	3
Date of Notification (1) 9/19/2019			Name of	f Building		Operator Hedge:			K			Secretary of Control	accessor.	and a second	The Case Case Case Case Case Case Case Cas
Agencies Notified Type Notification	1		Street A	ddress							SEF	2!	5 21)19	-
☐ EPA ☒ Initial									lal la	al i			,		1
DEP Amended			City, Sta	te, Zip Co						L	ald the last of the		C) 5 (b)	management of the second	الت
X DOL Amendmer X Emergency		_			- 40000	hantvil	lle, NJ	08109			BEST	CENIC			Č
)		Name of	Contact				1	Te	eleph	one Ni	mber	J11 1 Q		transupro in
DCA Cancellatio	n				jinia He										
Name of Facility Where Abatement is Taki	ng Place (3)	FACI	LITY INF	ORMATI	ION	Type	of Facility (4)			100		7-19/-0	
Residential		~ ×.					_	School (K-1							
Street Address								Subchapter		her th	nan K-1	2)			
							1	Other (i.e. p	rivate	& co	mmerc	ial buil	dings	, hom	es,
City (5)								etc.) re Feet	# (of Flo	ors	E	Bldg. A	Age	
Merchantville,NJ 08109							20	00		2			80 +	-/-	
County (6)			County C				Curre	nt Use (Prid	or if be	eing o	lemolis	hed)			
Canmden			MESTACEOUT A	JSE ONLY)	_									
Name of Monitoring Firm Hired by Building MECS	Owner (8))	ASCN	No.				tement Cor nvironme			iiooo	las			
Street Address								South the Control of	mai	Serv	rices,	inc.			
PO Box 341							Addres	3733							
City, State, Zip Code						08 098.5		ip Code				15-			_
Crosswicks, NJ 08515								NJ 0850	11						
Project Manager for Monitoring Firm		П	Telephor	ne No.		Teleph	none No	D.	(40)	Lic	cense N	No.			
Bill Weisgarber			609 29	8-4070		609	259-9	688		00	493				
Start Date (10)	Schedul		mpletion [A Monitor		-					
9/20/2019			23/2019)		MEC	S								
Occupancy Status During Abatement (Che	ck Only Or	ne)			W	170000000000000000000000000000000000000	Addres	350							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							30x 34								
× Other – Describe: 8 am 4 pm	nai raciity	y Houi	·			- 23		p Code Id, NJ 08	515						
Scope of Work (Check All That Apply)						0,,,,,		,							
× ≥3 sf or ≥3 lf	×	Renov	ation] Full	l Containme	ant wit	th Na	aativa	Draccii	ro		
≥160 sf or ≥260 lf		Demol				×	Min	i-Enclosure	9		gative	16330	16		
						-	Glo	vebag Prod n-Exempted	cedure	e nd No	n-Fria	hle Pro	cedu	·e	
	le le	s Loca	tion				- 1101	LXGIIIptoc	// 4.	110 111	211 1 110	1	New York Control	emen	t
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TO BE ABATED In Facility		todial	Staff?	(i.e.	. thermal	system: cing, VA		ition,		(Spec SF or		Ren	Re	ncap	ind
(13)		(12)				niscellar				, 01	,	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		ate	Œ.
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Basement		х		Th	nermal	Duct Ir	nsulati	ion		4 s	f	Х			
							and a second								
	+								65 T			-			
Name of Registered Waste Hauler			NJDEP W	aste	Cubic	Yards		Name of I	Regiet	tered	Landfi	1			
Stevens Environmental Services		1159	Hauler ID 18292	No.	of Was			Fairless	55.00		_011011				
City, State			10202		Dispos	sal Date		City, State	9						
Allentown, NJ						/23/20		Morrisv		PA					
Completed by	Title				S	Signature	10	7/		-	100000	ate			
Mahlon E. Stevens	Proje	ect M	anager			11	41					9/19/	2019		

9 2019 03:52PM NJ Asb			וודסא	8 FICATIO	tele of No N OF Ase I to NJAC	EBTOS	ABATE	MENT	SEP -	701	heck /	A Company of the Comp	97		02/ Pi	o o
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EPA In DEP A A A	niliai mended mendment # mergency (in	ciuding		City, St	ate, Zip C		hantvi	le, N	J 04169 I	VER	APP	\ R(0)	7			
	stification) anceliation			Named	of Contact Virg	Inla He	daes	1,000		Teh	(609)			'n		
Name of Facility Where Abateme	nile Yatine	Dia so t		FAC	ILITY INF		-	-			(000)	000	001		-	
Residential Street Adgress City (6) Merchantville, NJ O8								Squa	of Facility School (K- Subchapte Other (i.e. etc.)	12) r 8 (Olho private 8	Figura	-12) roisi b	Bio	dg. A	₫a	25
County (8)	100			Caunty	Code 171				MOD ant Use (Pri	Drid hair	2	le be d	_	0 +,	-	
Canmden					Code (7)	2		Quire	ant ope (At)	C) (I Dept	ng uemo:	ия пе а;	,			
Name of Monkoring Firm Hired by MECS	A Briggido OA	mer (8))	ASCA	y No.				nvironme			: Inc				
Street Address PO Box 341							Street PO E	Addre	56		0141000	7, 1110				
City, State, Zip Code Crosswicks, NJ 08515									ip Code NJ 0850							
Project Manager for Monitoring P				Telephone No. Tele 609 298-4070 600				one N	D.		License 00493					-
Stan Date (10) 9/20/2019	i		31.					of OSI	HA Monitor		33,00					_
Occupancy Status During Abstern Fsoility Closed/Vacated During Absternant Performed Outsi Other - Describe: 8 and 9 p	ng Entire Per de of Normal m	lud of	ly One)					ox 3		515					-	
Scope of Work (Check All That A) Solor #3 H 2180 af or 2260 H			šenova Semoli	ellon lien			×	Mir	Containmeni-Enclosure	sedune						
Location of		P	Local	Dy		Des	nođeno								men	
Asbestos-Contolning Material TO BE ABATED in Facility (13)	(ACM)	Ma Cus	intens Intens Intens (12)	nce/ Siaff?	Asbes (i.e.	tos Cont (herma) surfec	pining M	sterisi insula i, or	(ACM)	15	mount pscify or LP)	DAMILETA	Down	Pagpair	Envapsulate	
Attic		Yes	No	N/A		. .	DI 1							_	B	L
Basement		^	· X	+		ermal I					Ost	X	_	1		L
- Tablifori			^		•11	UTITIES I	Juge III	Pulbe	1011		4 sf	X	+	+		_
Name of Registered Waste Haule Stevens Environmental Sen City, State				JUDEP W Buler ID 18292	No.		.ta 3		Name of	Land	- 1	ħ II	1			
Allentown, NJ							al Date 23/201	9 .	City Syste	ille, PA	4					
Completed by		Tille	ect Manager Signal				gnature	1	4/			9/19	· · · · · · · · · · · · · · · · · · ·			

TOUT	14	72	52												
NV INCE		NO.	ノ() TIEICAT	State of	New Jer	sey		land of	wared wasterday	e c		П	NΠ	-	Print
Date of Notification (1)	M	NO	(คนเอน	TION OF A	AC 8:60 a	and 12:1:	20)	determina	D)r	E C	; [$\underline{\mathbb{V}}$		
09.13.19			Nam	ne of Build Y OF T	ling Owne RENTO	r/Operato	or (2)	F HOU		SF	P 2	5 /	2019		
Agencies Notified Type Notificat Type Notificat Initial Amended DOL			319	et Address EAST (State, Zip	STATE			11000		SBES	and the property will	ALCOHOL: GALLAND	nentru heki	La	and the same of th
Emergen	cy (includir	ng	TRE	ENTON,	NJ 086	80		1	eperangia pen		LICE	VSIN	Ġ	- Constitution	ogen-ptiplede
DCA Justification Cancellat	on) ion		DAN	e of Conta NROAC	H					Telepho 609-9	one Ni 189-3:	umbe	r		
Name of Facility Where Abatement is Ta 17 MONMOUTH PLACE	king Place	(3)	FA	CILITY	VFORMAT	TION	Tyr	oe of Facil	ity (4)						
Street Address 17 MONMOUTH PLACE City (5)							×	School (Subchar Other (i.	(K-12) oter 8 ((Other th	an K-1	12) cial bu	ıildina	s. ho	mes.
TRENTON							Squ 968	are Feet	3	# of Floo			Bldg.		
MERCER				; Cada (7) E USE ONL			PR	IVATE I	RESID	ENCE	= =				
Name of Monitoring Firm Hired by Buildin A SEINE LIGHTHOUSE SOLUTI	g Owner (8 ONS, LL	(C	ASC	CM No.		Name BRIN	of Ab	atement (Contrac	tor (9)	-			-	
Street Address PO BOX 354						Street	Addr						_		
ity, State, Zip Code SOUTH ORANGE, NJ 07079								Zip Code E, NJ 07	205						
Project Manager for Monitoring Firm SARAH CALANDRA			201-3	one No. 349-2666		Telepho 844-4			Ver Productive	Lice 013	ense N 316	lo.			
tart Date (10) 09.19.19	09.29.	19	mpletion	Date (11)			HA Monite		E SOI	UTIO	ONS			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire					2	Street A	Addre	ess					,		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of a mal Facility	Abater / Hour	nent s				ate, Z	Zip Code					-		
cope of Work (Check All That Apply)						3001	IHC	DRANGE	=, NJ	07079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				X	Glo	II Containi ni-Enclosu ovebag Pr n-Exempt	ire ocedur	e					
Location of		Locati							1		THUDI	110	Abate	emeni	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	. Use Mai	d Sole intenar odial S (12)	ly by nce/	Asbes (i.e.	stos Conta thermal s	cription o aining Ma systems i ing, VAT,	iterial insula	I (ACM) ation,		Amount (Specify F or LF		Ren		pe Enca	Enc
(13)	Yes	No	N/A		other m	iscellane	ous)				,	Removal	Repair	Encapsulate	Enclosure
										11-3-20-2-3					
me of Registered Waste Hauler			JDEP W		Cubic Y			Name of	Regist	ered Lar	ndfill				
WARK CARTING v, State			suler ID 509	NO.	of Wast	е		WAST				T LA	NDF	FILL	
ST ORANGE, NJ					Disposa	Date	Λ	City, Stat		Ę, PA					
mpleted by ISON LAMERS	Title OFFIC	E MA	ANAGI	ER	Sig	nature	1	AM	1/1/	Date					

CK 28/4 Date of Notification (17)	No	E	ATION reuant	of New Jers OF ASBESTOS NJAC 8:60 a Building Owner	ABATEI 12:120 Operator	(2)		1	SEP	26	2019	E	
9/25/2019		1	Internat	tional Paper	Compa	ny / G	eorgia Pa	cific l	LC		3 32		
Agencies Notified Type Notification I EPA		8	Street Ad 6400 P	_{dress} oplar Avenu	e / 133	Peach	Tree Str	eet A	SBESTOS	S CON	VTRC	La	havegenees
EPA Initial Amended Amendment #_	3		City, State	e, Zip Code iis, TN 3819			0224						
Emergency (including justification)		1	Name of	Contact	2 24/2020/00/00/00/00			100000000000000000000000000000000000000	phone Nun				
DCA Cancellation				Iliams (Envir				312	1-000-012	29			222
Name of Facility Where Abatement is Taking F Former Curtis Specialty Papers	Place (3)	V.					of Facility (4 School (K-12						
Street Address Frenchtown Road							Subchapter Other (i.e. pretc.)	8 (Othe			lings,	home	s,
City (5) Milford		-	-				re Feet	1	Floors		ldg. A) +/-	ge	
County (6) Hunterdon			County C	ode (7) SE ONLY)			nt Use (Prio			ned)			
Name of Monitoring Firm Hired by Building Ow Arcadis U.S., Inc.	vner (8)		ASCM	No.		of Aba	tement Con esponse, I	tractor					
Street Address 1 Harvard Way, Unit 5						Addres Techn	ss nology Lar	ne					
City, State, Zip Code Hillsborough, NJ 0844							ip Code \ 15632						
Project Manager for Monitoring Firm Kevin Held			Telephon 908-52		100000000000000000000000000000000000000	hone No 32533			License N 01121	0.			
	chedule 1/27/2		pletion D	Date (11)			HA Monitor esponse, l	LLC					
Occupancy Status During Abatement (Check	Only On	e)				Addres	ss Drive, St	uite 2	00				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	batem Hours	ent		City, S	State, Z	ip Code A 18222						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				е	
	Is	Locati	on				II Exemples	, () a	0 1101111110		Abate	ment	K
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormali d Sole intenar odial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		Materia ns insula AT, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			01155		A T.T	ACHED			CD	
SEE ATTACHED			X		ble Asb		-	100.000.000	ACHED 2543	X			_
Group D Bldg. 60 North Metal Stack			X	Frie	DIE ASD	esios				Α			
						***				1			
Name of Registered Waste Hauler Waste Management		H	J JDEP W fauler ID 7273		ic Yards Vaste		Name of GROW	0.000	ered Landfil ndfill	I	1		
City, State Newark, NJ 07114			200	Dis	oosal Dat	e 2	City, Stat Morrisv		'A				
Completed by Jessica Wolfe	Title Admi	in. Su	ıpport	(Signatu	re LAU	ca U)00		ate /24/2	019		

INV14781 CK 1810

NOTIFICATION OF ASBESTOS ABATEMENT

M	E	C	E		\mathbb{V}	E	In
K							Appropriate the second
		SEP	2	6	2019		U

1010				(, -	4		io escolaria		,		JI SE	P 2	6	201	9	
Date of Notification (1)					Name	of Buildin	g Owner/Opera	ator (2	2)							
09/	24 /	19			Gle	nside Ur	ban Renewa	al, LL	.c *	- Treatment (in	ACDEC	YTOO		erre		1
Agencies Notified	Type Notifica	tion			Street	Address		101000		_	ASBES	LICE	VSI	NG NG	UL 6	1
⊠ EPA	☑ Initial					Route 2	02		že.	#1000000		CONTRACTOR OF THE PARTY OF THE	na-optica	NAMES OF TAXABLE PARTY.	don't selected	SECULIAR SE
⊠ DOLWD	☐ Amended					State, Zip C							_			-
⊠ DOH	Amendme					itan, NJ										
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		luding			of Contac	2220170074-0			TTO	lephone N	umbar				-
(NUAC 5.23-6)	☐ Cancellati					on Verbe		2			908-249-3					
					10.000					Ι,	300-243-3	3000		_		-
Name of Facility Where	Abstament is T	alsina	Diana	(2)	FAC	JILITY IN	FORMATION	N	T (F 19	745						_
Commercial	Abatement is 1	aking	Place	(3)					Type of Facility							
									☐ School (K-12 ☐ Subchapter		her than K	(-12)				
Street Address									Other (i.e., p	rivate	e and com	mercia	l bu	ilding	s,	
2545 Route 22									homes, etc.)							
City (5)						171	571		Square Feet	#	of Floors		Blo	dg. Ag	e	
Scotch Plains					. (VAL	114									
County (6)					Coun	ity Code (7)(STATE USE ON	VLY)	Current Use (Pr	ior if	being dem	nolishe	d)			
Union																
Name of Monitoring Firm		ling O	wner (8)	ASCM	No.			nt Contractor (9)							
Mark Jovic Consul	Iting LLC						ALL PRO	MA	NAGEMENT L	LC						
Street Address							Street Addres	SS								
87 Main Street, Sui	ite A						27 Outwa									
City, State, Zip Code							City, State, Z	Zip Co	de		Auri Carrier Control					
Lincoln Park, NJ 0							Garfield,	NJ (07026		~~~~~~~~					
Project Manager for Mor	nitoring Firm				phone		Telephone N	o.		L	icense No.					
Mark Jovic				1	3-650		973-928-4	4888			1188					
Start Date (10)						te (11)	Name of OSI									
10 /03 /	19	_11	1_/	15	_ / _	19	ALL PRO	MA	NAGEMENT L	LC						
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Street Addres	SS								
□ Facility Closed/Vacat							27 Outwa	ater L	_ane							
Abatement Performed							City, State, Z	ip Co	de							
Time of Abatement:		PIVI		PIVI-		AW	Garfield,	NJ (07026							
Scope of Work (Check a	ill that apply)									1.723	425					
☐ >3 sf or >3 lf		1	□ Re	novati	on		☐ Full ☐ Mini		ainment with Ne	gativ	e Pressure	•				
≥160 sf or ≥260 lf			⊠ De				☐ Glov	vebag	Procedure							
							⊠ Non	ı-Exe	mpted (*) and No	n-Fr	iable Proce	edure				
				Locat lorma									Ab	ateme	ent Ty	/ре
Location Asbestos-Containing		,		d Sole		Asbe	Descript stos Containin			ĺ	Amount		Re	Re	四	四
TO BE AB	ATED	′		intena todial			., thermal syste	ems i	nsulation,		(Specify	1	Removal	Repair	сар	clos
IN Facil (13)			Cusi	(12)	Stan?		surfacing, other misce				SF or LF)		<u>a</u>		Encapsulate	Enclosure
(13)		Ī	Yes	No	N/A	1	other misce	mane	ous)						ate	
Basement			П			VAT					900 SF			П		
1 st Floor under carpet- Ma	oin Front Onon							_		-		-	-	1		믬
Space	am i ront Open					VAT				_	2,000 SF	_	\boxtimes	Ш	Ш	Ш
2 nd Floor Attic Area						VAT					1,800 SF		\boxtimes			
Exterior- Windows						Window	w Glazing			2	4 Windov	NS	\boxtimes			
Name of Registered Wa				100	JDEP I		Cubic Yards Waste	of	Name of Regi							
Century Waste, LL	.C				32797		As Neede	ed	Fairless L	and	fill					
City, State							Disposal Dat		City, State							
Elizabeth, NJ							TBD		Morrisville	e, PA	A					
Completed By (Print or	Туре)	Title					Signatu	ire				Date				
Allen Monchik		Pr	roject	Man	ager		ADD	on	Monchis	6		9/2	4/	19		

SEP 2 6 2019 ASBESTOS CONTROL & LICENSING

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

						_	-	Easy for her	120211200			
				2545 Route 22, Scotch Plains, NJ		Abateme	nt Type		The state of the s			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No: : : Main	s Locat rmally Solely itenand al Staf	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)	nt (Specify SF						
	Yes	No	N/A					1	е			
Exterior- Roof			X	Roof Flashing	220 SF	Х						
Exterior- Roof Perimeter			Х	Black Flashing	160 SF	Х						
Exterior- Roof			Х	Black Flashing	290 LF	X,						
0.00												

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 9/24/19
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change of start date	at 80	NOT	TO A	State of	New Uers SBESTOS	e ABATEM nb 12 nc 0)	ENT I	nv.	14:	53	3/	_	
Date of Notification (1) -9/6/2019 9/2/	<u>W</u> 9	7. 14.	Nam	e of Buildi	ing Owner	Operator (E C			E	The second secon
Agencies Notified Type Notification	il)			arePol et Address	int Hea	.III			SEP	26	201	9	
EPA Initial	_				ow Ave	€.	ì	led bed					10000
DEP Amended Amendmen	nt#/		N City,	State, Zip J	Code			P	SBESTO	S CC	NTR	OL 8	ž
DOH Emergenci justification	n)	ng	Nam	e of Conta				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lephone N	lumbe	-		
DCA Cancellation	on		-	anuel	l apia NFORMAT	TION			551-69	7-04	80		
Name of Facility Where Abatement is Tak		(3)		TOTELL !	VI OIGHA		Type of Facil	ity (4)				-	
Hoboken University Hospit Street Address 308 Willow Ave	al						School (Subchar Other (i.	oter 8 (Otl	ner than K- & commer	-12) rcial bu	iilding	s, hor	mes,
City (5) Hoboken							Square Feet 300,000	10000	of Floors		Bldg.		
County (6) Hudson	-			ty Code (7 E USE ON			Surrent Use (Medical						
Name of Monitoring Firm Hired by Building	Owner (8)	AS	CM No.		Name of	Abatement (Contractor	(9)		-1100001	-	
Street Address					-	Street Ac	nced Spe	eciaity	Contra	ictor:	S		
						 	Mains S	t Ext S	uite 10				
City, State, Zip Code							e, Zip Code ville, NJ	0887	2				
Project Manager for Monitoring Firm			Teleph	none No.		Telephon			License				
Start Date (10) 9/28/19	Schedi	iled Co	mpletio	n Date (11	1)	Name of	OSHA Monito	or					-
Occupancy Status During Abatement (Che	ck Only 0	720 i One)	= 91	128/19	7	Street Ad	onmental dress	- actio	OS			-	
Facility Closed/Vacated During Entire	Period of	Abate	ment			64 Bro							
Abatement Performed Outside of Norr Other – Describe: Performed	in Me	ty Hour Chan	ical F	Rooms			a, Zip Code van, NJ ()7747					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		<u>Renov</u> Demoli					Full Contain Mini-Enclosu Glovebag P Non-Exempt	ment with ire rocedure				re	
	10	s Locat Norma										emen ype	t
Location of Asbestos-Containing Material (ACM)	Us	ed Sole aintena	ly by	Asbe	stos Conta	cription of aining Mate	rial (ACM)	An	nount			1	Im
TO BE ABATED In Facility (13)		todial 5 (12)	T	(i.e	surfac	systems ins ing, VAT, o iscellaneou	г		oecify or LF)	Removal	Repair	Encapsulate	Enclosure
AHU-2	Yes	No	N/A	 T::-									
AHU-3	J.		-	Tile				<5 Sf		6			
2nd Floor MER					lnolat								
ZHO HOOFWEN	8	Manage		Pipe	Insulati	ion	1	<3 LF		8	H		
Name of Registered Waste Hauler	111	100	JDEP W		Cubic Y		Name of	Registere	ed Landfill	<u>[L]</u>	ĻJ,		
Freehold Cartage		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID 5939	NO.	of Wast	e	GRO	NS La	ndfill				
							10.						
City, State					Disposa Q/21/		City, Stat) A				
	Title	mato	-		9/21/	2019 Inature		sville, F	PA Dat	e			

) E P	E	n to	II P	IN FO
2h40004	NO	TIFICATIO (Pursuan)	tate of New Je NOF ASBEST to NJAC 8:60	OS ABATE and 12:12	0)) E C		200	<u>V 1</u>	COMMENT OF THE PROPERTY OF T
Date of Notification (1) September 25, 2019	V14770		of Building Owr Jersey Turn			To be	II SEI	21	5 20	919	L
Agencies Notified Type No			Address Interchange	145 Cer	tral Ave	Bridge	ASBES	TOS (CONT	ROL	. &
DEP Am	ended endment #		ate, Zip Code Orange, NJ	07017		bussers					anadata evitation of
DOH just	ergency (including ification)	Name o	f Contact Venger				Telephone Nu				
	- Condition		ILITY INFORM	IATION							
Name of Facility Where Abatemen GSP Interchange 145 Cent						Facility (4)					
Street Address			-		Sub		other than K-		Idinaa	hom	
GSP Interchange 145 Cent City (5)	tral Ave Bridge				X Oth etc.)	t of Floors		Bldg. A	41.00000000	98,
East Orange					N/A				olug. A	nge	
County (6) Essex			Code (7) USE ONLY) _			Jse (Prior if I Utilities	peing demolis	shed)			i
Name of Monitoring Firm Hired by N/A	Building Owner (8)	ASC	M No.		of Abatem	nent Contrac	tor (9) uction Co.,	Inc.			
Street Address					Address	ok Road				7/11	
City, State, Zip Code				City, S	State, Zip C	Code					
Project Manager for Monitoring Fire	m	Telepho	ne No.		ell, NJ 0 hone No.	7731	License I	No.			
Start Date (10)	Cahadulad	Completion	Data (11)		751-208	<u> </u>	01055				
October 4, 2019	The Market and the Control of the Co	er 30, 201		ivallie	of OSHA	MONITOL					
Occupancy Status During Abateme	ent (Check Only One)	lt.		Street	Address						
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe: Bridge / Ro	e of Normal Facility H	ours		City, S	State, Zip C	Code					
Scope of Work (Check All That App	oly)	i <u>ž</u> i					-				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		ovation nolition			Mini-E Glovet	nclosure pag Procedu	rith Negative re and Non-Fria			~	
		cation			14011-12.	xempted ()	and Non-i na	DIE FIC	Abate	ement pe	1
Location of Asbestos Containing Material (Lload (mally Solely by	Ashaataa (Description		CAA)	A		1 9		
TO BE ABATED In Facility	Custod	enance/ ial Staff? 12)	(i.e. ther	Containing N mal system urfacing, VA	s insulation T, or	٦,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		No N/A	oth	er miscellar	neous)			oval	air	sulate	sure
Transite		X	Trar	nsite Utilit	y Duct		500 LF	X			
21											
Name of Registered Waste Hauler		NJDEP W	10000000000000000000000000000000000000	bic Yards	N	ame of Regi	stered Landfi	II			
George Harms Construction	Co., Inc.	Hauler ID 05885	No. of TE	Waste BD	V	Vaste Man	agement				
City, State Howell, NJ			Dis	sposal Date	1,14	ity, State ullytown, f	PA				
Completed by	Title			Signature		//m/		ate /	/	ì	
Sam Hahn	Project	Engineer		1 /1 00	and 1	01/1/		4/1	5/1	171	12

										In	EC	E		W Pr	Et F
CK 406	025	N	IOTIF (F	Sta ICATION Pursuant	OF AS	ew Jerse BESTOS 8:60 an	ABATE	MENT 0)					6 2	019	And the Committee of Contract
Date of Notification (1) September 25, 20	19. TM / K	m	17			Owner/G Furnpik			= ** }.						
Agencies Notified	Type Notification	1, 0 0	- il	Street A	ddress				agia Ava I	aid a	ASBEST	TOS ICE	GON VSINO	TRO	1.8
EPA DEP	X Initial Amended			City, Sta			to Eas	t Pas	saic Ave E	Sriage			A-MARINE - COL		
X DOL	Amendmen Emergency	(including	-	Nutley Name of	, NJ 07					Tal	ephone Nur	nhar			
DOH DCA	justification) Cancellation			Dan W	lenger					2000	27505300				
Name of Facility Where	Abatement is Takir	ng Place (3))	FACII	LITY INF	ORMAT	ION	Туре	of Facility (4)				-	
GSP Interchange	145 East Passa	ic Ave B	ridge	9					School (K-1						
Street Address GSP Interchange	145 East Passa	ic Ave B	ridge	9					Subchapter Other (i.e. p etc.)				ldings	hom	es,
City (5) Nutley								Squa N/A	are Feet	# 0	f Floors		Bldg. A	Age	
County (6) Essex				County C		yı		Curre	ent Use (Prid		ing demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM		.,	Name		dge Utilitie atement Con		(9)	77.0			
N/A							Geo	rge H	arms Con			nc.			
Street Address							1000000	Addre ellow	ss brook Roa	ad					
City, State, Zip Code									Zip Code J 07731						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	hone N	lo.		License N	0.			
Start Date (10)		Schedule	d Co	malation [Data (11)			751-2	2089 HA Monitor		01055				
October 4, 2019				30, 201		,	Ivallie	01 03	HA WOULD						
Occupancy Status Durin							Street	Addre	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hour	S			City, S	State, Z	ip Code						
Scope of Work (Check A		iistruction a	Dell	IOIILIOIT											
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	ш тист фруу		enova emoli				×	Glo	II Containme ni-Enclosure ovebag Proc on-Exempted	e cedure				e	
		711559	Locat	D-1900000										ement pe	t
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05885

Project Engineer

TBD

TBD

Disposal Date

Signature

City, State

Howell, NJ

Completed by

Sam Hahn

Waste Management

City, State

Tullytown, PA

8											- 11			Pr	int.
Date of Notification (1)		1	Name of	te of New Jer OF ASBESTO O NJAC 8:60 Building Own	and 12:12	0) r (2)		D-			26			Parameter and the second secon	
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	(including)	1	Name of O	e NJ 08402 Contact	-			Т	Telep	phone	Numb	er			
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Street Address					Street						5 51				
City, State, Zip Code					City, S	State,	Zip Code rlin NJ		1					visione.	
Project Manager for Monitoring Firm		Т	elephone	e No.	Teleph 856-		No. -9800		-	Licens					
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Project Manager for Mo	onitoring Firm				phone			ephone No.		License No 00842				
Bill Weisgarber					9-298			56-755-0099		00842				
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Agencies Notified Type Notification Initial Amended Amendment # Emergency (ir			Hacke	ddress ite, Zip Code ensack NJ		01		4.		BESTOS LICE	NSING	ROL	8	
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City (5) Hackensack NJ 07601							Square N/A		# of N//	Floors	- 1	ildg. A	ge	
County (6) Bergen			County (Code (7) USE ONLY)				t Use (Pri te Dwel		ng demoli	shed)			
Name of Monitoring Firm Hired by Building Or Standard Environmental	wner (8)		ASCM	No.			of Abate	ement Cor	ntractor	(9)				
Street Address 2108 Fulon Street, Suite 2A			.1			Street A		;						
City, State, Zip Code Brooklyn NY 11233						City, St		Code Park NJ	0742	4				
Project Manager for Monitoring Firm Kayode Adefisoye		T	Telephor	ne No. 41-7673		Telepho	one No.			License 01266	No.			
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Name of Registered Waste Hauler Amax Contracting LLC		Н	IJDEP W lauler ID 036184	No.	Cubic of Was 10 cy	ste		Name of Fairles		ered Landi	fill			
City, State Woodland Park NJ 07424					Dispos	sal Date 5-2019	-	City, Stat	1	Į				
Completed by Tome Maslarkov	Title Proje	ct Ma	anager		S	ignature	1	2	11	10.43	Date 09-23-	2019	9	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/18/2019 Residence Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** LICENSING **EPA** Initial City, State, Zip Code × DEP Amended × DOL Amendment # North Plainfield NJ 07060 Emergency (including Name of Contact × Telephone Number DOH justification) Tom Jones DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age North Plainfield 1.418 2 95 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Seine Lighthouse Solutions Brinks Tank Services Street Address Street Address PO Box 354 1256 Liberty Avenue City, State, Zip Code City, State, Zip Code South Orange, NJ 07079 Hillside, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sarah Calandra 201-349-2666 844-462-7465 01316 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/02/2019 10/09/2019 A. Seine Lighthouse Solutions Occupancy Status During Abatement (Check Only One) Street Address PO Box 354 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: South Orange, NJ 07079 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X floor tile 450 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Waste Management Landfill 04509 City, State Disposal Date City, State East Orange, NJ Penn Argyle, PA

Completed by

Alison Lamers

Date

09/18/2019

Signature

Office Manager

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区	cluding	1		Contact					Tele	ephone	Num	ber	-		
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Street Address							×	Subchapte Other (i.e.	r 8 (Oth private 8	er than r & comme	(-12) ercia	l build	ings, l	nome	s,
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Belleville, NJ 07109															
County (6) Essex County			County C STATE U	Code (7) JSE ONLY)			Curr	ent Use (Pr	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ox	wner (8)		ASCM	l No.		Name	of Ab	atement Co	ntractor	(9)					\neg
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Street Address						Street 105		ess RIPER A	VENU	E					
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Project Manager for Monitoring Firm		т.	Telephor	ne No.		Telep		ACCESSION OF THE PARTY OF THE P		Licens	e No				
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Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:						City, S	State, 2	Zip Code							
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City, State CLIFTON NJ 07011					Disp N/A	osal Date	9	City, Sta Morris		A 190	67				
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City, State Elm NJ		1		Dispos 10/1	sal Date		City, State Morrisvi		A 19067				
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Print Form

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Date of Notification (1) 9/24/19	3			f Building of Some	Owner/O erville	perator	(2)	Tank .		SEP 2	6 20)19	A STATE OF THE PERSON OF THE P	
Agencies Notified Type Notification EPA	a		Street A 25 We	ddress est End	Ave			-	AS	BESTOS			&	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS
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X DOL Amendmen		-	Some	rville, N	ew Jers	ey 08	876							
▼ DOH justification)			f Contact				100000000000000000000000000000000000000	1	elephone N			-	
DCA Cancellatio	1		Paul						9	08 413 6	909			
Name of Facility Where Abatement is Takin	n Place (3)		FACI	LITY INF	ORMATIC	ON	Time	e of Facility	(4)					
Boro of Somerville Property	19 1 1200 (0)						ıyρ							
Street Address							H	School (K- Subchapte		ner than K-	12)			
91 Gaston Ave							×	Other (i.e.	private	& commerc	cial bui	ldings	, hom	es,
City (5)							Sau	etc.) are Feet	# (of Floors	1 ;	Bldg.	Ace	-
Somerville						Į.	300		1	, , , , , , , ,	1	35+	.90	
County (6)			County (Code (7)			Curr	ent Use (Pri	or if be	ing demoli	shed)			
Somerset		1	STATE	USE ONLY	0	-		mer Bank		_				
Name of Monitoring Firm Hired by Building	Owner (8)	•	ASCN	No.	on the same of	Name	of Ab	atement Co	ntracto	r (9)				
					a of sage	Ace	Insu	lation Co.	, Inc.					
Street Address						Street	Addre	ess						
					1	95 M	lontr	ose Rad						
City, State, Zip Code					4	_		Zip Code						
								ck, New J	ersey	07722				
Project Manager for Monitoring Firm		1	elephor	ne No.	***	Teleph				License	No.			
Start Date (10)	Cabadulad		-1-61	D-1- (44)		732				00029				
10/3/19	Scheduled 10/7/19	Com	pletion i	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Che		1				Street	Adde							
						Sueet	Audie	355						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 7am-7pm	Period of Ab nal Facility H	ateme lours	ent			City, S	tate, 2	Zip Code						
Scope of Work (Check All That Apply)				-	1	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	grammery .	novati				×	Mi Gl	ull Containm ini-Enclosure ovebag Pro on-Exempte	e cedure				re	er, was opposed and the second
	lel	ocatio	n						_ (/				emen	
Location of	No	rmally	,		Doc	cription	of	Constitution (see				T	уре	
Asbestos-Containing Material (ACM)	Used Maint				stos Conta	ining M	lateria		F	Amount			П	
TO BE ABATED In Facility	Custoo	dial St	7770	(i.e.	thermal s. surfaci	rystems ng, VA		ation,		Specify F or LF)	Removal	Re	Encapsulate	Enclosure
(13)	(12)			other mi				0	OI LI)	nove	Repair	lusc	osui
	Yes	No	N/A					La University			1 =	The same of the sa	ate	6
Interior			х		flo	or tile				25 sf	×	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
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Name of Registered Waste Hauler		I N I	DEP W	acte	Cubic Y	arde		Name of	Pogiet	ered Landfi	"	<u> </u>		
Ace Insulation Co., Inc		Ha	uler ID I		of Wast			Chrins	regisa	sieu Lanuii	u.			
City, State		-			Disposa	I Date		City, State	е					
Colts Neck, New Jersey					10/7/1	9		Easton	, PA					100
Completed by	Title	100			Sig	nature	>	1 /	عادانس <u>و</u> ي		ate			
Bree McGuire	Secreta	ary T	reasu	rer	į.	1 4	S .	1	os	9	/24/1	9		1

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Date of Notification (1) 09.20.19	:548		me of Building TY OF TRE				SING	4	SEP	26	201	9	
	otification tial	12500	eet Address 9 EAST ST	ATE S	TREE	Γ		ASB	ESTOS			OL &	dimens
X DEP X Ar	nended nendment #1		, State, Zip Co RENTON, N.		8		- Section						ID WITH INVE
DOH jus	nergency (including stification) ancellation		me of Contact AN ROACH					Telepho 609-98					
Name of Facility Where Abatemen	et in Toking Diago (2)	- 1	FACILITY INFO	ORMATI	ON	T 45	:::L . / 4\						
Street Address	it is Taking Place (3)					Subch	I (K-12) apter 8				dings,	home	es,
City (5) TRENTON						Square Fee 1851	t	# of Floo	ors		ldg. A	ge	
County (6) MERCER			unty Code (7) ATE USE ONLY			Current Use PRIVATE				ed)			
Name of Monitoring Firm Hired by A SEINE LIGHTHOUSE S		A	ASCM No.			of Abatemen							
Street Address PO BOX 354						Address LIBERTY	AVE						
City, State, Zip Code SOUTH ORANGE, NJ 070	79					State, Zip Cod SIDE, NJ (5					
Project Manager for Monitoring Fi SARAH CALANDRA	rm		ephone No. 1-349-2666		100	none No. 462-7465		1000	ense No 316).			
Start Date (10) 09.25.19	Scheduled 10.05.19		tion Date (11)			of OSHA Mo EINE LIGH		USE SO	LUTIC	NS,	LLC		
Occupancy Status During Abatem X Facility Closed/Vacated Duri		Š.			A	Address 3OX 354							
Abatement Performed Outside Other – Describe:				_		State, Zip Cod		NJ 07079	9				
Scope of Work (Check All That Ap	oply)								*				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	processor .	enovation emolition			×	Mini-Encl Glovebag	osure Proce						
	T		T		L	Non-Exer	mpted ((*) and No	n-Friable	e Pro	Abate		
Location of Asbestos-Containing Material TO BE ABATED	(ACM) Used	ocation ormally Solely b stenance	Aspes	tos Conf		of Material (ACM s insulation,	1)	Amou		77	Ту		ш
In Facility (13)		dial Staff (12)	? (1.0.	surfa	cing, VA niscellar	T, or		SF or L		Removal	Repair	Encapsulate	Enclosure
	Yes	No N	N/A									te	(b)
Name of Registered Waste Haule NEWARK CARTING	r	Haule	EP Waste er ID No.	Cubic of Wa	Yards ste	250500000		egistered I		IT I		FII I	
City, State		0450)9	Dispos	sal Date	City,	State				ועטו	166	
EAST ORANGE, NJ Completed by	Title			1.	landt d	1.	N AR	GYLE, P		0			
ALISON LAMERS		E MAN	IAGER	٦	Signature	1/ 0 0/	101/	1	Dat	E	1	10	

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Date of Notification (1) 7/29/19				Name of Mace	of Building rich	Owner/0	Operator	(2)	A CONTRACTOR OF THE PARTY OF TH	SE	EP 2	6 2	019			
Agencies Notified	Type Notification			Street A			0.5566 00	535 375							HOME-	1
✓ EPA	Initial				anta N		Blvd.	Suite	700	ASBES	STOS C	ON	TRO	1 8		
DEP	Amended	40.40		1000000	ate, Zip Ci					and the same of th	LICEN	SING	ì	en tot	- CUALITE	
DOL	Amendment #		_		Monic	a CA	90401	1						What Had How	***************************************	-
✓ DOH	justification)		9		of Contact						ephone					
L DCA	Cancellation				in Gha					42	4-229	9-33	87			
Name of Facility Where A	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type o	f Facility	(4)						
Former Sears Sto		,	T.						*							
Street Address									chool (K- ubchapte		er than I	K-12)				
1750 Deptford (Center Road							0	ther (i.e.					dings	home	es,
City (5)								Square	c.) Feet	# 01	f Floors		ТВ	ldg. A	ae	
Deptford Townshi	ip							15000		2			1.	0+		
County (6)					Code (7)	5 P		Curren	t Use (Pr	ior if bei	ng demo	olishe	d)			
100 0 000				(STATE	USE ONLY			vacar	nt							
Name of Monitoring Firm	현실 시간 시간 선생님이 나를 보고 있다면 보고 있다면 보다 되었다면 보다.	wner (8)	ASC	И No.		1000000		ment Co					.51		
Tabbara Corpora	tion								Spec	ciality	Contr	ract	ing	Inc		
Street Address	24							Address			71		28			
317 Morgan Hill S			Crue							Declarate.						
City, State, Zip Code Simi Valley CA 93		100000000000000000000000000000000000000	tate, Zip		20.40											
Project Manager for Mon				Telepho	N-				Pa. 19	9342						
Mike Tabbarra	itomig Film		113		ne 140. 84-338	8		one No.			Licens 0110					
Start Date (10)		Schedul			Date (11)	0			Monitor		0110	-				
5/15/19		10/30		- protion	outo (11)		Syne		· World							
Occupancy Status During	Abatement (Check	Only O	ne)			W	-	Address								
Facility Closed/Vaca	ated During Entire Pe	eriod of	Abaten	nent			2206	S Bro	oad St							
Abatement Performe	ed Outside of Norma	l Facilit	y Hours	3			City, St	tate, Zip	Code							
Other - Describe: _							Phila	delph	ia Pa	19145	5					
Scope of Work (Check Al	I That Apply)	Tentra de la compansión de						1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova						Containm		Negativ	ve Pr	essur	e		
E 2100 St 01 2200 II		Ш	Demolit	ion					Enclosur ebag Pro							
					· · · · · ·				Exempte		d Non-F	riable	Pro	cedur	е	
			Locati												ement	
Location			Normal ed Sole				scription							1 9	pe	
Asbestos-Containing TO BE ABA		Ma	intena	nce/			aining M systems			1 100	mount Specify	1	D	- 122	En	Щ
In Facili	ty	Cus	todial S (12)	stan?		surfac	cing, VA7	T, or	38850		or LF)		Remova	Repair	aps	Enclosure
(13)						otner n	niscellan	eous)					val	air	Encapsulate	sure
		Yes	No	N/A											.0	
Main Store		r	oofing			71	,000sf		Х							
east side entran			t	ransite	Ĭ		5	00sf		Х						
south side entra	nce canopy	Х				t	ransite			5	00sf		х			
							f									
Name of Registered Was	te Hauler	Selff Inc.	100000	JDEP W		Cubic			Name of	Registe	red Lan	dfill				
Mercer Grou	p Internat	iona	al "	auler ID	INU.	of Was	SIC .	1	Tulleyto	wn Re	esource	es R	eco	very	Lan	dfill
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1519 Rev S. Howard	d Woodson Jr. ¹	Vay, ⁻	Trento	on, NJ	08637		eeded		Γulleyt		PA					
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Jack Tomasura		4	Mild	MI	ARI	se	/	7/29	9/19	9						

IN# 14	145)											Р	rint Forn	
CKIOTI PA		NOTII	FICATIO Pursuan	tate of Nev N OF ASBI t to NJAC	ESTOS 8:60 and	ABATE d 12:12	(0)	Т	[D)r	E C				-	
Date of Notification (1) 09/17/2019				Name of Building Owner/Operator (2) Serafin Orpilla						SEP	26	201	9		
Agencies Notified Type Notification				Street Address											
EPA Initial Amended		City, State, Zip Code						ASBESTOS CONTROL & LICENSING							
X DOL Amendmen X Emergency		Kearny, NJ 07032													
DOH justification) Cancellation		Name of Contact Serafin Orpilla						Telephone Number							
Name of English Whore Abote work is Table	Di	(0)	FAC	ILITY INFO	DRMATI	ON									
Name of Facility Where Abatement is Taking Place (3) Serafin Orpilla 's Private Residential						Type of Facility (4)									
Street Address				Subcl					ol (K-12) hapter 8 (Other than K-12)						
City (5)								Other (i.e. private & commercial buildings, homes, etc.)						es,	
Kearny, NJ 07032								Square Feet # of Floors Bldg. Ag					Age		
County (6) Hudson County				Code (7) USE ONLY)			Cur	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.				ne of Abatement Contractor (9)							
Street Address								KD PROPERTY MAINTENANCE LLC							
						Street Address 105 VAN RIPER AVENUE									
City, State, Zip Code						City, State, Zip Code CLIFTON NJ 7011									
Project Manager for Monitoring Firm							Telephone No. License No. 2018999008 01336								
Start Date (10) Scheduled Completi 9/17/2019 09/28/2019															
Occupancy Status During Abatement (Check Only One)							Street Address								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:						City, State, Zip Code									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition X Full C Mini-E							ini-Enclosu lovebag Pro	Containment with Negative Pressure Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure						
	ls	Locat	ion			- Language	2 140	on-Exemple	u () and	I NOII-FIIZ	DIE PIC		ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Norm Used So Mainter Custodia				Description of					-	Туре					
			nce/	Asbesto (i.e. tl	hermal s	taining Material (ACM) systems insulation,			Amount (Specify		Re	Z	Enc	En	
(13)		(12)			other m	ing, VA iscellan				or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								=		ate	ତି	
Basement Storage Room		Х			Pipe insul					2 LF	x				
Basement Storage Room	-	Х		TSIE			Elbows			SF	X				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	'ards	1000	Name of	Registe	red I andfi	1				
MKD PROPERTY MAINTENANCE LLC				Hauler ID No. of Wa 0037991 N/A			ste			of Registered Landfill Management - Fairless Landfill					
City, State CLIFTON NJ 07011								City, Sta Morris	State isville, PA 19067						
Completed by Darko Raloski	Title Proje	Title Project Manager					<u> </u>		Date 09/17/2019						