X-# 11728 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 24 NJ DOT / Job #1707-5182 Check #11728 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial PO Box 600 ☑ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DHSS Amendment # Trenton, NJ 08625-0600 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Matt Kolar 609-586-5005 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Paterson Plank Rd. Bridge School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Route 495 & Route 1 & 9 homes, etc.) City (5) Bldg. Age Square Feet # of Floors North Bergen, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Bridge Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M.E.C.S. AbateTech, Inc. Street Address Street Address PO Box 341 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. William Weisgarber 609-915-1140 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __14__ / __19__ 10 / 25 / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ☐ Demolition ☐ Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes N/A No Exterior X Transite Piping 2,700 LF П П П П Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste AbateTech. Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State

ASB-41 MAY 11

Lumberton, NJ Completed By (Print or Type)

Gwendolyn Trumbetti

Operations Coordinator

10/25/19

Signature

Tullytown, PA

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

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

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Date of Notification (1)			DHEAT.		Nom	o of Buildin	a Ou	ner/Operator (2)	1 05	-11	441	7	11	1
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Agencies Notified	I ype Notific	ation				Box 034			ļ	LICE	NSIN	IG	Plur elementario		
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☐ DHSS	Amendm	ent#				State, Zip (
☐ DCA	☐ Emergen		cluding	g		enton, NJ		25		Talanhana M	umbo				
(NJAC 5:23-8)	justificati				03/2/2016	of Contac				Telephone N					
	☐ Cancella	tion			Ad	ministrat	ion			609-929-6	0/40				
					FA	CILITY IN	IFOF	RMATION							
Name of Facility Where A			Place	(3)					Type of Facility						
Woodbine Develop	ment Cente	r							School (K-1	2) 8 (Other than K	-12)				
Street Address									Other (i.e., p	rivate and com	mercia	l bui	lding	s,	
1175 DeHirsch Aver	nue								homes, etc.)					
City (5)									Square Feet	# of Floors		Blo	g. Ag	je	
Woodbine															
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolishe	d)			
Cape May															
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
USA Environmental	l						A	bateTech, Ir	nc.						
Street Address							Stre	eet Address							
344 West State Stre	et						3	0 Maple Ave	. PO Box 25						
City, State, Zip Code							City	, State, Zip Co	de						
Trenton, NJ 08618							L	umberton, N	IJ 08048						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tele	ephone No.		License No.					
William Weisgarber	C.			6	09-656	-8101	6	09-265-2107		00529					
Start Date (10)	S	Sched	uled C	omple	etion Da	ite (11)	Nar	ne of OSHA M	onitor						
10 / 8 /	19	1	0 /	3	1_ /	19	E	MSL Analyti	cal						
Occupancy Status During	Abatement (0	Check	only	one)			Stre	eet Address							
☐ Facility Closed/Vacate	d During Entir	re Per	riod of	Abate	ment		2	00 Route 13	0 North						
☐ Abatement Performed							City	, State, Zip Co	de						
Time of Abatement:	AM	PN	Λ/	PM	_	AM	C	innaminson	, NJ 08077						
Scope of Work (Check all	that apply)								- 4 0000000 - 1 Pr 4 1020 - 14 1 000 - 1						
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Full Cont Mini-Encl	ainment with Ne	gative Pressure					
□ ≥160 sf or ≥260 lf			☐ De					⊠ Glovebag	Procedure						
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Asbestos-Containing N TO BE ABA		1)			ance/			rmal systems i		(Specify		Removal	pair	caps	Enclosure
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(13)			Yes	No	N/A	1	otr	ner miscellane	ous)					te	
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AbateTech, Inc.					1875	0	2		A CONTROL TO A CONTROL OF CONTROL						
City, State Lumberton, NJ								oosal Date 0/31/19	City, State Tullytown	, PA					
Completed By (Print or Ty	me)	Title						Signature			Date				
Gwendolyn Trumbe		193500		ions	Coord	inator		Oignature,	ar		Date	-7	4.	-10	1
	J. 1775.					44.65 F.5 T.550			/V			-	- 1	L	1

CK\$ 9586

State of NJ Notification of Asbestos Abatement B & G proj. #: 2019-227 P (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9586

								CHCCK #		4774-7074	VIII MARKET MARKET	-
Date of Notification	1 (1)	Name	of Building	Owne	r/Operator (2)			MEG	EIV	E	[7]	Spell from the
10 19 1/12 17	1/1191	Lind	a Baker	& We	endell Grimn	n					Bearing	- Contraction
Agencies Notified	Type Notification	Street A	Address					SEP SEP	3 0 201	3		(Address of the Control of the Contr
☐ EPA	X Initial							THE OFF	0 201	9	- Control	_
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X DOH	☐ Cancellatio	- 11	of Contact					Telephone	Number	new sweeply (source)	Difference of the party for	J
☐ DCA	Caricellatio	"' <u>Lin</u>	da Bake	er & V	endell Grim	ım						
				FACI	ITY INFORMA	ATION						
Name of facility w	here abatement is t	aking place (3)					Type of Facility (4				
Linda Baker 8	& Wendell Grim	m						School	pter 8 (Other	than k	(-12)	
Street Address								Other (F	rivate/Comm		-12)	
Street Address								Bldgs./h	lomes, etc.		ldg. Ag	
		I Cauchi (6)				Cou	nh, Code (7)	Square Feet #	of Floors		uy. Ay	-
City (5)		County (6)					nty Code (7) te use only)	Current Use (Pri	or if being de	molish	ed)	
Upper Monto	clair, NJ 07043	Essex		NICE CHEST POLICE		-		residential				_
Name of Monitorin	ng Firm Hired by Bl	dg. Owner (8)			ASCM No.		Name of Abatement C	Contractor (9)				
			je.				B & G Restoration	on, Inc.				
Street Address							Street Address 105 Ryerson R	oad				
						_	City, State, Zip Code					
City, State, Zip Co	de						Lincoln Park, N	NJ 07035				
Project Manager fo	or Monitoring Firm	-	Phone	Numb	er	-	Telephone Number		License Nur			
	nnen i Tilla ar extreme natu i Palemin 🚾 kili en las de al tito.						(973)696-6869		0037	3		
Scheduled Start D	ate (10)	Sched. Cor	npletion [Date (11)	-	Name of OSHA Monit B & G Restorati					
10/08/2019		10/09/2	019				Street Address	011, 1110.		-	-	
Occupancy Status	During Abatement	(Check only o	ne)	Z			105 Ryerson Ro	oad				
Facility close	ed/vacated during e	ntire period of	abateme	nt.			City, State, Zip Code					
Abatement p	performed outside o	f normal facilit	y hours-			_	Lincoln Park, N	1.07035				
Other-Desc	ribe:					_	- LINCOIN F ark, IN	0 0 7 0 0 0 0				-
	check all that apply)	50 V200 (mm.)					wrap & cut	5	al Claushaa	25000	duro	
Demolition		Renovation					Full Containment w/neg Mini-enclosure	Jauve pressure g	Glovebag Non-friable	ec., 11,000 11,000 -01		
★ >3 sf or >3		160 sf or ≥260		4 1 - 1	,	X	Willi-enclosure		TR		E	
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abated in fa	icility (13)	Yes	No	N/A			E		v e	l r	р	_
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basement				×	cold wate	r line	wrapping	12 lf	<u>\</u>	11		1
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Régistered Waste	Hauler	INIDED	lauler ID#	1	Lubic Yards of	Waste	Name of Registered	Landfill		1		
B & G Restor	ation, Inc.	195	63		2		Grand Central					
City, State Lincoln Park,	NJ		Dis	sposal I	Date 0/09/2019		City, State Pen Argyl, PA				,	
Completed by (Pr Gordana Lur		Title Secretary/T	reasure	er	Signature		Gordana Luna		Date 09/27/2	019		

UL# 9585

City, State

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

State of NJ Notification of Asbestos Abatement

Inv# 1488

B & G proj. #: 2019-226 (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9585 Date of Notification (1) Name of Building Owner/Operator (2) 0 19 1/12 17 1/11 19 1 Laura D'Ecrole Agencies Notified Street Address SEP 3 2019 ☐ EPA X Initial ☐ DEP City, State, Zip Code ASBESTOS CONTROL & Amendment X DOL Oakland, NJ 07436 LICENSING Telephone Number Name of Contact X DOH Cancellation ☐ DCA Laura D'Ecrole FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Laura D'Ecrole Subchapter 8 (Other than K-12) Cther (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet | # of Floors County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) Bergen Oakland, NJ 07436 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/10/2019 10/07/2019 Street Address 105 Ryerson Road 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-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition X Renovation Non-friable procedure Mini-enclosure X >160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely E e Location of by maintenance/custodial n Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C material (ACM) material to be 0 a a LF) V abated in facility (13) Yes No N/A p 276 sf X VAT & mastic basement laundry room Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 19563 Grand Central Landfill B & G Restoration, Inc.

City, State

Pen Argyl, PA

Gordana Luna

Date

09/27/2019

Disposal Date

Title

Secretary/Treasurer

10/10/2019

Signature

CK# 1811

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	25 2007				Name	of Building	Own	er/Operator (2	2)		SEP	30	201	9	-	الدا
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Agencies Notified	Type Notifica	tion		\neg	Street	Address			-		100000000	0.00	6 150-5-		i i i	
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DCA (NJAC 5:23-8)	☐ Emergeno justificatio		aing	-		of Contact					Telephone Nu	umber	8	-		
(10.10 0.20 0)	☐ Cancellation				And	rew Dev	enni	е			718-530-3					
					FAC	ILITY IN	FOR	MATION								
Name of Facility Where A	Abatement is Ta	aking Pla	ace (3)					Type of Fac	cility (4)					
Commercial									School (40)				
Street Address			V 100 - 1						☐ Subchar	oter 8 e pri	(Other than K- ivate and comr	-12) mercia	I buil	dinas		
200 Old Tappan Ro	ad								homes,					- 3		
City (5)									Square Fee	t	# of Floors		Bld	g. Ag	е	
Old Tappan																
County (6) Bergen					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use	e (Prid	or if being dem	olishe	d)			
Name of Monitoring Firm	Hired by Ruild	ina Own	ner (8)	\ L	ASCM I	No	Man	ne of Abateme	nt Contracto	r /0\						
Mark Jovic Consult		ing Own	101 (0)	, I.	NOOW I	10.		LL PRO MAI			_C					
Street Address			-					et Address		300		18				
87 Main Street, Sui	te A						27	Outwater L	.ane							
City, State, Zip Code							City	State, Zip Co	de							
Lincoln Park, NJ 0	7035						G	arfield, NJ (07026							
Project Manager for Mon	itoring Firm		T	Tele	phone i	Vo.	Tele	phone No.			License No.					
Mark Jovic				97	3-650-	0932	97	73-928-4888			1188					
Start Date (10)	S	chedule	d Co	mple	tion Dat	e (11)	Nam	ne of OSHA M	onitor							
10 /07 /	19	11_	_ / .	29	_ / _	19	A	LL PRO MA	NAGEMEN	IT LL	_C					
Occupancy Status During	Abatement (C	heck or	nly on	ie)			Stre	et Address								
□ Facility Closed/Vacate							27	7 Outwater L	ane							
Abatement Performed							City	, State, Zip Co	de	1112						
Time of Abatement: _		PIVI/_		_PIVI-		-AIVI	G	arfield, NJ (07026							
Scope of Work (Check al	Il that apply)							□ Full Cont	ainment with	Nen	ative Pressure					
≥3 sf or ≥3 lf			Ren					☐ Mini-Encl	osure		alive i ressure	•				
≥160 sf or ≥260 lf		\boxtimes	Den	nolitic	n			☐ Glovebag			n-Friable Proce	adura				
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East, West, Center S			-					air Stringer		-	310 LF	_				
Lower Level Data Co			-			Mastic,				_	650 SF					
Lower Level- Data C	enter Locker]			Vinyl SI	heet	Flooring an	d Mastic		450 SF					
Lower Level- Loadin		e []			VAT/Ma					450 SF		\boxtimes			
Name of Registered Was				633	IJDEP \ lauler II		Cub	oic Yards of ste	The second second second		tered Landfill					
Century Waste, LL				1.	32797		A	s Needed	Fairles	2000/ACC12	inatili					
City, State Elizabeth, NJ								oosal Date BD	City, State		DΛ					
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Completed By (Print or T	ype)	Title						Signature	- ,	,.	,	Date				
Allen Monchik		Pro	ject	wan	ager			Allen	Monc	hik	6	9/2	7/1	9		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 24 Shadrall Moorestown, LP - Metro Commercial SFP 19 Agencies Notified Type Notification Street Address **⊠** EPA 307 Fellowship Road, STE 300 ASBESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment #_ □ DHSS Mt. Laurel, NJ 08054 ☐ DCA ☐ Emergency (including) Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Adam Wolosky 856-222-3058 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Kmart Moorestown Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 401 Route 38 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Moorestown, NJ 08057 100,000 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA Vertex Alliance Environmental Systems Street Address Street Address 700 Turner Way 550 East Union St. City, State, Zip Code City, State, Zip Code Aston, PA 19014 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Turotsy 610-558-8902 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 19 / 19 11 / 29 / 19 AET Occupancy Status During Abatement (Check only one) Street Address 28 N. Pennel Road □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-___PM/3:30PM-_ Media, PA 19063 Scope of Work (Check all that apply) □ Renovation Mini-Enclosure □ Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally I ocation of Description of Encapsulate Removal Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Main Sales Floor П \boxtimes Floor Tile / Mastic 70,000 SF \boxtimes \boxtimes **Expansion Joint Caulk Back Exterior Wall** 120 LF Generator Room X Generator Room 8 SF X Concrete Vault X П Glue Dots 50 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Richard Burns & Co Western Berks Community Landfill 19955 100 City, State Disposal Date City, State Phila., PA TBD Birdsboro, PA Completed By (Print or Type) Title Signature Date Mark Griffin Estimator ASB-41

1# 1488+

State of New Jersey

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CK#	108	6			NH	148	88							
Proj.	#: 19-260	 -	PAI				Abatement and 12:120)	District Control of the Control of t	EG	EI	\mathbb{V}		Commonweal of the second	
Date of Notification					er/Operator (2	2)			U SEP	30 2	019	no constitution and the	7	
Agencies Notified EPA DEP	Type Notificati ☐ Initial ☐ Amended	ion	Justin Moo treet Addres	SS					ASBEST(OS CON CENSINO	TROL	. &		_
DOL DOH	Amendment #: Emergency (including justification)	- Na	bloomfiel	d, nj 07 act	1003				Telephon	e Number				
	Cancellation		Justin Mo		ILITY INFORM	MATION								_
Name of facility w	here abatement is	s taking pla	ce (3)					Ту	pe of Facility (4) (K - 12)				
Residential										apter 8 (0	ther th	an K	-12)	
Street Address									Bldgs./	Private/Co Homes, e	c.			
City (5)		Coun	ty (6)			Cour	nty Code (7)	- 1	944.0	# of Floor)3	s	89	dg. Age	e
	07002	Esse				0-040	e use only)		Current Use (Pi Residential	ior if bein	g dem	olishe	d)	
bloomfield, nj Name of Monitorir N/A					ASCM No.	-	Name of Abatemen	t Con						
Street Address							Street Address							
City, State, Zip Coo	le						309 W. End Av	е	12					
Project Manager fo	r Monitoring Firm	l	Pho	ne Numb	per		Hopatcong, NJ Telephone Number 833-455-6629		13	License 0	Numb 2007	er		_
Start Date (10)		Sched	. Completion	n Date (1	1)		Name of OSHA Mo KLOMAX, LI							
10/09/19 Occupancy Status	During Abatemen	10/16					Street Address 309 W. End Av	IP.				19/10/19-19-19		
Facility close Abatement p	d/vacated during erformed outside ibe: NORMAL H	entire period of normal f	od of abaten	nent.			City, State, Zip Cod Hopatcong, NJ	е	13					
Scope of Work (cl 3 sf or >3 sf or >3 lf 2160 sf or 2	neck all that apply]]		Full Mini Glov	Containment w -enclosure /ebag procedu n-Exempted (*)	re			edure	
Location of asbestos-co material (acr abated in fac	m) to be	Is location by mainte staff(12) Yes	n normally u enance/custo No	sed solel odial N/A	Descrip	tion of as I (ACM)	sbestos-containing		Amount (Specify S LF)	F or	Remove	R e p a	Encap	E n c L
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Registered Waste I	Hauler	INIDI	P Hauler II)# 10	Dubic Yards o	Waste	Name of Registere	ed I ar	ndfill					Ш
KLOMAX, LLO			8241	1	2 yds		TULLYTOWN City, State			ECOVE	Y	arrando		
City, State Hopatcong, NJ				TBD			TULLYTOW	N, PA	1	T=				
Completed by (Pring Paige Boylan	nt or Type)	Title Owner	a this form f	or action	Signature	vemnte	d activities			09/25	19			

Proj. #: 19-202	96				best	IJ os Abatement 60 and 12:120)	<	Inu+	E E	approaches			Contraction of the contraction o
Date of Notification (1)	IIN	lame of Bu	ilding Owi	ner/Operator (2)			S	EP 3	0 2	019	- A Spanison	Ш
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Project Manager for Monitoring Firm		I Ph	one Numb	er	-	Hopatcong, N. Telephone Number		43	License	Numb	er	_	
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Abatement performed outside of Describe:		acility nour	S-		_								
Other-Describe: NORMAL HO					-	Hopatcong, NJ				05.1084040			_
Scope of Work (check all that apply) 3 sf or >3 If	Renovation	1				L	-	Containment w. i-enclosure	negative	press	ure		
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Hopatcong, NJ 07843			TBD			TULLYTOWN	N, PA	1					
n · n ·	Title Owner			Signature					Date 09/25/	0			
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1 Market Street									etc.)						958) 200-21
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Other – Describe: Co-	migled RACM di	sposal				-	Pisc	atawa	ay, NJ 08	354					
Scope of Work (Check All Ti	hat Apply)							_							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

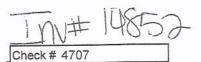
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Name of Facility Where A	batement is Taking Place	æ (3)				*	Type of Facility	(4)				
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Name of Monitoring Firm		s A	ASCM I	No.		Name of Abaten	nent Contractor (5					
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Project manager for mon						201-329	-7444 -	00388		_		
Start Date (10)	Scheduled Co	ompleti	on Date	e (11)		Name of OSHA		2000			-	
10/9/19	7 10/1		9			Omega	Environm	ental				
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Abatement Performed Other - Describe:	Outside of Normal Faci	Ety Hou	ES			City, State, Zip		,N.J. 0	7606			
Scope of Work (Check a								•				
			1	El Ren	ovation		Containment war i-Enclosure	Negative Pressu				
22 23 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				□ Dem		A Glo	vebag Procedure					
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Newark, NJ 07106				Diep	19/19	City, 89		A 08072				
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Project

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



Name of Building Owner/Operator (2) Date of Notification (1) Brian O'Clair 09/24/2019 Type Notification Agencies Notified Initial City, State, Zip Code DEP Amended Amendment # DOL South Orange, NJ Emergency (including Telephone Number ONTROL & Name of Contact justification) DOH NG Brian O'Clair DCA Cancellation **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) South Orange, NJ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Essex County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC IRIS Street Address Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code Randolph, NJ 07869 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01358 973 933-2550 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Nick Restoration LLC 10/04/2019 10/08/2019 Street Address Occupancy Status During Abatement (Check Only One) 72 Brookside Rd Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Randolph, NJ 07869 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 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of I ocation of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Removal Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1100 SF × Vermiculate Attic Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S Nick Restoration LLC TBD 0033782 Disposal Date City, State City, State Randolph, NJ TBD Tullytown, Pa Date Signature Completed by Title 09/24/2019 President Nikica Mrda

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(NJAC 5:23-8)	justificatio		unig	1	Name	of Contact		manager (e.g.) - merment		Te	elephone Nu	umber			00.000
	☐ Cancellati	on			Ken	ndra Gris	som		AND THE RESERVE OF THE PARTY OF						
					FAC	CILITY IN	FOR	MATION	- 75	743					
Name of Facility Where A		aking Pl	ace (3)					Type of Facility ☐ School (K-1)						
Grissom Residence	9								☐ Subchapter		ther than K	-12)			
Street Address	(12								Other (i.e., homes, etc	privat	e and comr	mercial b	uildir	ıgs,	
City (5)					-				Square Feet	#	f of Floors	E	ldg.	Age	
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County (6)					Coun	ity Code (7)(STA	TE USE ONLY)	Current Use (F	Prior if	being dem	olished)			
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Name of Monitoring Firm	Hired by Build	ing Own	ner (8	()	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)	and the first transmission production is not		100,000,000		
Management & Env	iro. Consult	ing Se	rvice	es			S	hade Enviro	nmental, LL	С					
Street Address			License market real				Stre	et Address							
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Chesterfield, NJ 08	515						M	aple Shade	, NJ 08052						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	phone No.	michia (Free Composition)	I	License No.				
Bill Weisgarber					9-298		8	56-755-0099			00842				
Start Date (10) 10 / 04 /	10000	chedule 10			tion Da		25000	ne of OSHA M MSL Analyt							
Occupancy Status During	Abatement (C	Check or	nly or	ne)			Stre	et Address							
□ Facility Closed/Vacate					nent		20	00 Route 13	0 North						
☐ Abatement Performed						cribe		State, Zip Co						-	
Time of Abatement: _	AM	PM/_		_PM-		AM		innaminsor							
Scope of Work (Check al	Il that apply)								<u> </u>						
		K7			~78.GP				ainment with N	egativ	re Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				ovati nolitic				☐ Mini-End	osure Procedure						
				101111					mpted (*) and N	Non-F	riable Proce	edure			
				Locat								Α	bater	nent T	Гуре
Location	(4) 5/60			orma I Sole	lly ely by	0 - 1 -		Description of			Amount	Z.	70	m	m
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IN Facili		(Custo	100000000000000000000000000000000000000	Staff?			urfacing, VAT		I	SF or LF)	Val	-	Encapsulate	Enclosure
. (13)		-	T	(12)	N/A		oth	ner miscellane	ous)					ate	
Bathroom			es	No 🖂		Floor T	ile			+	12 SF		ıtr	1	
Bathroom			-			Mastic				1	51 SF	×	-	П	tп
Battiroom			-			1.11.00.10				-		-1-			T
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				Ц,		10/00/0	0	is Varda of	Name of Reg	nistor	nd Landfill		1	110	LL
Name of Registered Was	ste Hauler			- 1177	IJDEP I lauler II		Was	ic Yards of ste	Fairless	200000000000000000000000000000000000000					
Freehold Cartage			41.00		15939		_1			Lariu					
City, State								oosal Date	City, State	lo D	٨				
Freehold, NJ							11	0/08/2019	Morrisvil	ie, P	A				
Completed By (Print or T	ype)	Title						Signature	\supset_{Ω} /			Date		Team.	
Christina Fay		Vice	e Pre	eside	ent of	Operatio	ns	Omelo	Hay			9/6	51	49	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NOTIF	CATI	ON O	F ASE	BEST	OS ABA	ATEN	MENT		C	heck	#25	55	[
	PAID	(Pu	rsua	nt to <u>l</u>	<u> </u>	<u>C.</u> 8:6	0 and	12:12	20)	7	E C		<u> </u>	0 0 0	Comment of the second
Date of Notification	(1)		Na	ame of E	Building	Owner .	Operator	(2)	R	1		-	wobsered to		A CONTRACTOR
	09/23/2019		U	S Build	ling Sys	stems	LLC		parameter of the state of the s	The state of the s	SEP	30 20)19	-	4)
Agencies Notified	Type Notifica	ation	1	reet Add						Seed 1				1	and the state of t
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Name of Facility \A/I	hara Abatam	ant in Taking Di	-	FACILI	TY INF		OF Facility	h. (A)							
Name of Facility W Residence	nere Abatem	ent is Taking Pia	100 (3)			l yp	School (M								
Street Address						ᅱ 片	Subchapt		Other than	n K-1	2)				
Oli Ool 7 laal ooo							Other (i.e					ngs, hom	es, e	tc.)	
						No.	are Feet		# of Floo	_		Bldg. Ag	-		
City (5)		County (6)	Cour	nty Code	e (7)		1500			1	1		50+		
Wall Twp)	Monmouth				Curi	rent Use (Prior if	being de	molis	shed)				
Name of Monitoring	Firm Hired b	y Building Own	er (8)	AS	SCM No.		ne of Abat)				Name (Control of Control of Contr
Street Address							et Addres		78866119 limber						
Olicel Address						-	Box 829								
City, State & Zip Co	ode					City	State & 2	Zip Co	de						
							nton, NJ		0						
Project Manager fo	r Monitoring F	Firm	Teleph	one Nur	mber	9	phone Nu -847-295		***		License I	Number 0122	22		
Scheduled Start Da	ate (10)	Scheduled Com	pletion	Date (1	1)	-	ne of OSH		nitor						
10/02/20		10/03/2019				Name and Address of the Owner, where	SL Analy								
Occupancy Status Facility Clo	During Abate sed/Vacated	ment (Check on During Entire Po	ly one) eriod of	f Abatem	nent	10000	et Addres Route 1	353	orth		va-va-111				
Abatement	Performed O	utside of Norma	l Hour	s – 7am	to 3pm	4	, State & 2								
Describe:						Cin	naminso	on, N.	J 08077						
the same of the sa	cupied During														
Scope of Work (Ch	eck all that a	pply)							Full Cont	oinm	ont with I	Mogative	Dros	cura	
≥3 sf or ≥3	ıf			Renova	tion			H	Mini-Enc			regative	1 100	Suic	
≥3 si oi ≥3				Demolit				H	Glove Ba						
□ = 100 31 = 20	50 H			Domone					Non-Exe				Pro	redu	ire
1	ocation of		le L	ocation	T		escription	D	TVOIT-LAG		Amount		atem		
	tos-Containir	na		ally Used	d		stos-Coni				Specify				1
Ma	terial (ACM)		Sol	lely by			aterial (AC			S	F or LF)	70		En	m
	BE ABATED			enance o			thermal sy					em	Repair	cap	ncis
!	in Facility (13)			dial Staff (12)	r?		on, surfac er miscella					Removal	air	Encapsulate	Encisoure
	(13)			No N/	A	01 001	or missound	ui icou.)			-	ĺ	ite	(D
Exterior							Siding			1000si	ī				
Name of Registered \	Waste Hauler			NJDEP		Cubic 'Waste	Yards of	Name	of Registe	ered L	andfill		L		_
ALPHA ENVIRO	NMENTAL			Hauler 00033	252000000000	10		Grov	ws Land	fill					
City, State				-1		Dispo	sal Date	City,	State						
Trenton, NJ						vario	us	Mor	risville, l	PA					
Completed By (Prir	nt or Type)			Title		Signa	ture					Date			
Rod Richardson				Proje	ct	Rod R	ichardson					09/2	23/2	019)

Inv# 14735														Prin	t Fo
KOROS PAII) N		CATION	ate of New OF ASBE to NJAC 8	STOS A					C E		\mathbb{V}	E	-	
Date of Notification (1) 9/24/19CHECK #0298			Name of	Building C	Owner/Op	perator	(2)	Charles Co. Wallson		SEP 3	3 0 2	2019			
Agencies Notified Type Notification		i	Street A	ddress				and consistent des	ASB	ESTOS	CON	TRO)L &	and the second	or to several horis
X EPA DEP Amended X DOL Amendment				te, Zip Coo N,NJ 07				-	***********		NSIN		AD Francisco		J
DOH justification) DCA Cancellation	including	100		Contact HERTLII	NG				Tele	phone N	lumbe				
Name of Facility Where Abatement is Taking	Place (3		FACI	LITY INFO	RMATIC	N	Type	of Facility (4	1						
Name of Facility Where Adaloment is Family	g i lace (o	,					□ s	chool (K-12)						
Street Address							×	ubchapter 8 other (i.e. pr				uildin	gs, h	omes	; ,
City (5) LINDEN,NJ 07036							Square 50X1		# of 2FL	Floors		Bldg 50+	g. Age	9	
County (6) UNION				Code (7) USE ONLY)		_	Currer	nt Use (Prior	if bein	ng demol	lished)				
Name of Monitoring Firm Hired by Building G	Owner (8)		ASCM	No.		Name ALL	of Abate	ement Cont	ractor ((9) RACTII	NG				
Street Address			1				Address								
City, State, Zip Code							tate, Zip	Code O NJ 0740	07						
Project Manager for Monitoring Firm			Telepho	ne No.			one No 73941			License 01301					
Start Date (10) 10/08/19	Schedule 10/09/1		npletion	Date (11)				A Monitor TIONS C	ONTE	RACTII	NG				
Occupancy Status During Abatement (Chec			- 1 1 2 2 Y				Address						11		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:30 TO 4:30						City, S	tate, Zip		07						
Scope of Work (Check All That Apply)		-					_								
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	tenova emoliti				XX	Full Mini Glov	Containme i-Enclosure vebag Proce		Negative	e Pres	sure			
	Τ.		100 (200 (200 (200 (100 (200 (100 (200 (2	Γ			Non	-Exempted	(*) and	Non-Fr	iable P		dure	nent	-07.20
Location of	l N	Locati Iormall d Sole	ly			cription					-	_	Туре	• 	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		tos Conta thermal s surfac other m	system ing, VA	s insulat T, or		(S	nount pecify or LF)	Zemove	Domovo	Repair	Encapsulate	Enclosure
F)	Yes	No	N/A											fe	w.
BASEMENT			X	F	PIPE IN	ISULA	NOITA		98	8 LF	X	+	+		
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Name of Registered Waste Hauler		l NI	JDEP W	Jaste	Cubic	Yarde	7	Name of F	Peniste	red I and	dfili				
ATLANTIC CARTING		1000	lauler ID	100000000000000000000000000000000000000	of Was			GRAND							
City, State PEN ARGYL PA 18072					Dispos TDB	al Date		City, State		PA 180	072				
Completed by LUIS ARCILA	Title PRE	SIDEI	NT			gnature	w	1			Date 9/24/	19			
ASB-41 (R-06-08)				and the second	7	* Do no	ot use th	nis form for	asbest	os licens	sure ex	emp	ted a	ctiviti	es.

Inv#14848

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

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Date of Notification (1) 09 /	25 /	19)		0.000	of Building	200	ner/Operator (2	2)		Town Bases			i	CL	1	
			_				9				1	ASBESTO			POL	<i>l</i> 8.	
Agencies Notified EPA	Type Notifica	ation				Address					-	LIC	ENSI	NG			
☑ DOLWD	☐ Amended	i			J	Box 627											
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(NJAC 5:23-8)	justification Cancellat				0.0000000000000000000000000000000000000	of Contact	t				Te	lephone Nu	ımber	3			
	LI Cancellat	uon				hele					L			_			
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Residence									☐ School (I			harthan I/	10)				
Street Address								V.533	Other (i.e	e., pr	ivate	e and comn	nercial	l bui	lding	S,	
									homes, e								
City (5)									Square Feet	t	#	of Floors		Bld	g. Ag	ge	
Surf City									1400			1			0		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use		or if	being demo	olished	d)			
Ocean									Residen								
Name of Monitoring Firm	Hired by Build	ding C	Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor	r (9)							
N/A							G	Buardian Cor	ntracting, li	nc.							
Street Address							Stre	eet Address	ALS: SSECTIONS								
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City, State, Zip Code							City	, State, Zip Co	ode								
	ager for Monitoring Firm Teleph							oms River, I	New Jersey	08	755						
Project Manager for Mon	roject Manager for Monitoring Firm							ephone No.			L	icense No.					
							7	32-349-9932				00624					
Start Date (10)	According to the contract of t				tion Da	40000000000000000000000000000000000000	V.000	me of OSHA M	17810087.50%								
10 / _08 /					9_/_	19	-	.M.S.L. Anal	ytical			d					
Occupancy Status During							and the second of	eet Address									
☐ Facility Closed/Vacate☐ Abatement Performed						oribo		056 Stelton									
Time of Abatement:	AM-	PN	VI/	PM	- Des	AM	- 5000	, State, Zip Co									
Scope of Work (Check all							Р	iscataway, N	New Jersey	088	354			_		-1	
	//							☐ Full Cont	ainment with	Neg	ative	e Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re ☑ De					☐ Mini-Encl	osure								
			M De	mond	JII.				g Procedure mpted (*) and	l Nor	n-Fri	able Proce	dure				
			Is	Loca	tion									Aba	ateme	ent T	vpe
Location				Norma		V 7655 60		Description of									
Asbestos-Containing TO BE ABA		1)		a Soi intena	ely by ance/	Asbes	stos (Containing Mat rmal systems i	terial (ACM)			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
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(13)				(12)	1	-		ner miscellane				restain early (TTO)		ाँ		late	œ.
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Guardian Contracti	IJDEP \ lauler I[Was		Name of R		erec	ı Lanoilli									
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City, State							No contract	oosal Date	City, State		_						
Toms River, New Je							10	0/09/19	fullytov	wn,	Per	nnsylvania	a				
Completed By (Print or Ty	ype)	Title						Signature	/				Date]		1	
Nicholas Fernicola		Pı	roject	Man	ager)	7L			-	9	1	. <	11	4
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Date of Notification (1)					I	lame	of Building	a Ov	wner/Operator	(2)		il SEP	U	4	119	-	1
09 /	25 /	19			1		fen Cons	_		(2)	and desired the second		7	7	4	0	2
Agencies Notified	Type Notific	ation				Street	Address		A02001			ASBESTO		7/		8)
⊠ EPA	☐ Initial	ation						Str	eet, Suite 10	13		LIC	CENS	NG	ì	-	
⊠ DOLWD	☐ Amended				C		State, Zip C			-							
☑ DOH ☐ DCA	Amendm Emergen						ewood, I										
(NJAC 5:23-8)	justificati		ciuain	g	N		of Contac					Telephone No	umber				
	☐ Cancella	tion				noN	mi					732-444-3			3		
						FA	CILITY IN	FO	RMATION						1.74		
Name of Facility Where A	batement is	Taking	Place	e (3)						Ty	ype of Facility (4	-)		-		1.00	
Residence											School (K-12)						
Street Address											Subchapter 8 Other (i.e., priv homes, etc.)			bu	ilding	js,	
City (5)										So	quare Feet	# of Floors		Blo	dg. A	ge	
Lakewood											800	1			35	_	
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Ocean										1	Residence						
Name of Monitoring Firm	Hired by Build	ding (wner	(8)	AS	SCM	No.	505	me of Abateme								
Street Address									Guardian Co	ontr	racting, Inc.						
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City, State, Zip Code									1889 Route 9 y, State, Zip Co	700	100000000000000000000000000000000000000						
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Project Manager for Monit	toring Firm			Te	eleph	one	No.		lephone No.	140	w Jersey 007	License No.	_				
								1 5	732-349-9932	2		00624					
Start Date (10)	5	Sched	uled C	omp	oletio	n Da	te (11)	Na	me of OSHA M	Moni	itor	00021		_			-
10 / _07_ /	19	1	0_ /	_ ,	08	1	19	E	E.M.S.L. Ana	lyti	ical						
Occupancy Status During	Abatement (Check	only	one)				Str	eet Address								
☐ Facility Closed/Vacate								1	056 Stelton								
Abatement Performed Time of Abatement:	Outside of No	ormal	Facilit	у Но	urs -	Des		Cit	y, State, Zip Co	ode				10.00			11-11-11
			/I/		VI		AM	F	Piscataway, I	Nev	w Jersey 0885	54					
Scope of Work (Check all ≥3 sf or ≥3 If ≥160 sf or ≥260 If	that apply)		□ Re						☐ Mini-Enc ☐ Glovebag	closu g Pr			dure				
					ation	1								Aba	ateme	ent T	уре
Location of Asbestos-Containing N		1)	Use	ed So	nally		Asbes	stos	Description o Containing Ma	of ateri:	ial (ACM)	Amount		D D	Re	En	E
TO BE ABA	TED				nance al Sta	T1000	(i.e.	, the	ermal systems	insu	ulation,	(Specify		Removal	Repair	Encapsulate	Enclosure
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			П	П	Т	7							1	7		$\overline{\Box}$	
Name of Registered Waste	e Hauler						Vaste	Cub	bic Yards of	N	Name of Registe	red Landfill				Ц	
Guardian Contractin	g, Inc.						No.	Wa	ste		T.R.R.F.						
City, State					20	223		Dis _i	posal Date	C	City, State			_			
Toms River, New Je	rsey								0/08/19		Tullytown, P	ennsylvania	а				
Completed By (Print or Ty	pe)	Title							Signature	_)		Date		1	-	
Nicholas Fernicola		Pi	oject	Ma	nag	er					-	_	9	/)5,	119	9

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X 10 H	PA			Pursuant	t to NJAC	8:60 ar	nd 12:12	0))	C E		<u>W</u>		
Date of Notification (1) 9/25/19					of Building n Stowm					The second secon		0 0	210	The second	
Agencies Notified T	ype Notification				Address				- 144		SEP 3	0 20)19	2 000	4
EPA DEP				City Ct	ete Zin Co	a d a				L			7525		
⊠ DOL	Amended Amendment				ate, Zip Co ood NJ)			ASDI	LICE	NSING		. či	different
DOH,	<pre>_ Emergency (justification)</pre>	\$4			of Contact		1			Tel	ephone	Numbe			
DCA L	Cancellation			Eileer	ILITY INFO	ODMAT	ION				- '				
Name of Facility Where Aba		g Place (3)	170	TELL LINE	OKWA	ION	Туре	of Facility	(4)					
Eileen Stowman Priv	vate Home	=1							School (K-			< 40\			
									Subchapte Other (i.e.	private	er than i & comm	(-12) ercial bi	uildin	gs, hon	nes,
City (5)									etc.) re Feet	# o	f Floors		Bldg	. Age	
Wildwood NJ 08260 County (6)				Carrati	O-d- (7)			1000		2			50+	•	
Cape May				(STATE	Code (7) USE ONLY				nt Use (Pr se & Ga		ng demo	olished)			
Name of Monitoring Firm Hi N/A	red by Building (Owner (8))	ASC	M No.			of Aba	tement Co	ntractor	(9)				
Street Address							Street	Addres	ss						
City, State, Zip Code								Box 3	29 ip Code						
,,							·		in NJ 08	091					
Project Manager for Monitor	ing Firm			Telepho	ne No.			one No 753-9			Licens	E PERENT			
Start Date (10)				npletion	Date (11)		Name	of OSI	A Monitor		0072				
10/7/19 Occupancy Status During Al	hatement (Check	10/18/					Sam	e Addres							
Facility Closed/Vacated			9.5	nent			Street	Addres	S						
Abatement Performed Other – Describe:	Outside of Norm	al Facility	/ Hours	3		_	City, S	tate, Zi	p Code						
Scope of Work (Check All Ti	hat Apply)						1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Character Street, or other Desiration of the Control of the Contro	Renova Demolit				E	Min	Containm i-Enclosur vebag Pro	е	Negativ	e Press	ure		
		Τ.					×	Nor	n-Exempte	d (*) and	Non-Fr	iable Pr		ure atemer	
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Asbestos-Containing Ma TO BE ABATE		Ma	d Sole intena	nce/		os Con	taining M systems	laterial			mount pecify	7		Ē	Е
In Facility (13)		Cust	odial S (12)	Staff?	(1.0.	surfa	cing, VA	T, or	dorr,		or LF)	Remova	Kepair	Encapsulate	Enclosure
(.0)		Yes	No	N/A		otheri	iliscellari	eous)				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	=	ulate	ure
Exterior Sidir	ng			х		Exte	rior Sid	ing		180	00 SF	Х	\dagger	+	Н
Exterior Stack	pipe			x		Trai	nsite Pi	ре		1	4 LF	х			
Garage roo	of			x		Т	ransite			53	0 SF				
Garage sidin	-			х		Exte	rior Sid	ing		60	0 SF				
Name of Registered Waste F United Roll Off	Hauler		Н	JDEP W auler ID 2459		Cubic of Was 5			Name of G.R.O.		red Land	Ifill			
City, State Elm				50			sal Date		City, State		19067	7			\dashv
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Anthony T Perna		Presi	dent				(L	_	-		9/25/1	9		

INV# 1	1817									(a)	E	<u>C</u>	E	П	[\/]	Pr	int F
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Date of Notification (1) 09/25/2019				Name of Gatev	of Building way Cor	Owner/Omnunity	Operator y Partr	r (2) nersh	nip		-	OEF		U Z	UIS	e and and a second	- mod
	Type Notification Initial			Street A	Address Ohanse	y Stree	t				ASE	EST	OS C	ON	TROI	_&	
EPA DEP DOL	Amended Amendment		_		ate, Zip C eton,NJ					-		- 					
DOH DCA	Emergency justification) Cancellation	Anna da		Name o	f Contact inch							phone 3-451					
Name of Facility Where Ab	estement in Takin	a Diago /	2)	FAC	ILITY INF	ORMATI	ON	T		721 (4)							
Private House	atement is Takin	g Place (3)					Гур	e of Fac								
Street Address								7	Subch Other	l (K-12) apter 8 (i.e. priv	(Othe				dings,	hom	es,
City (5) Millville								Squ N/A	etc.) lare Fee A	t	# of N/A	Floors	5		ldg. A	ige	
County (6) Cumberland					Code (7) USE ONL	0	_	Cur	rent Use RIVATE	(Prior HOU	if bein SE	g dem	nolishe	ed)		-	
Name of Monitoring Firm F N/A	lired by Building	Owner (8)		ASC	M No.		Name EHV	of Ab V AB	atemen BATEM	t Contra ENT L	actor ((9)					
Street Address	Angeles and the second						Street 89 F	100000000000000000000000000000000000000	ess IKLIN	STRE	ET						
City, State, Zip Code									Zip Cod		24						7907
Project Manager for Monito	oring Firm			Telepho	ne No.		Telepi 973-		No. -5144		T	Licen 0127	se No				
Start Date (10) 10/04/2019		Schedul 10/05/	ed Cor 2019	npletion	Date (11)				SHA Mo		LC						
Occupancy Status During /	Abatement (Chec	k Only O	ne)			-	Street			CTDE							1
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F I Outside of Norm CCUPIE	Period of a nal Facility	Abaten / Hours	nent s			City, S	tate,	VKLIN Zip Cod ON, No	e							
Scope of Work (Check All	That Apply)												-	-1911			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Accessed)	Renova Demolit				¥	M G	ull Conta lini-Encla lovebag on-Exer	osure Proced	lure					9	
Location o	f		Locati			Dog	scription	7586) unu	110111	TIGO,	2110	Abate		
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Ma	ed Sole intena todial 8 (12)	nce/		stos Cont thermal surfac	aining N	Materia s insu T, or	ılation,)	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
BASEMEN	IT	Yes	No X	N/A			Duct				50	SF		_		ate	ej.
BAGEMEN	-						Duci			+		or_		х			
Name of Registered Waste EHW ABATEMENT LL			H	IJDEP W lauler ID 037095	No.	Cubic of Was N/A				e of Re				?			
City, State PATERSON,NJ						Dispos TBD	al Date	1		State ONX,N	NY /	1		Was also	32 1 (3)		
Completed by Victor Espiritu		ect Ma	anager		,S	ignature		11	111	16		Date 09/		2019			

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CK807 PAI	D		ICATION	N OF ASE	BESTOS	ABATE		(0)	E	C	E			7 7 7	
Date of Notification (1) 09/25/2019			Name of Gatev	of Building way Cor	Owner/onmunit	Operator y Partr	r (2) nership		Apple and the special state of	SEP	3 () 20	119	de la constanta de la constant	IJ
Agencies Notified Type Notification EPA Initial			Street A	Address ohanse	y Stree	et		Cost in	S COLUMN TO SERVICE STATE OF SERVICE STATE STATE STATE OF SERVICE STATE OF SERVICE STATE STAT	V I1				in the second	general l
DEP Amended Amendment				ate, Zip C eton,NJ					ASE	ESTO LK	JS C JEN:	ONT	ROL	Ĉŧ	-
DOH Emergency (in justification) DCA Cancellation	ncluding		Name o Tim F	f Contact inch	-					lephon					
			FACI	ILITY INF	ORMAT	ION							-		
Name of Facility Where Abatement is Taking Private House	Place (3)						ool (K-	12)						
Street Address									r 8 (Oth private				dings,	hom	es,
City (5) Westville							Square Fo	eet	# o N/	f Floor A	S		Bldg. A N/A	ge	
County (6) Gloucester				Code (7) USE ONLY)		Current U PRIVAT	se (Pri E HC	or if bei	ing der	nolish	ied)			
Name of Monitoring Firm Hired by Building C N/A	wner (8))	ASCN	I No.		Name EHV	of Abateme V ABATE	ent Co	ntractor T LLC	(9)					
Street Address			25-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-				Address RANKLIN	N STF	REET	,					
City, State, Zip Code						State, Zip Co ERSON,N		524							
Project Manager for Monitoring Firm		Telepho	ne No.			none No. 333-5144	1		Licer 012	nse N 74	0.		Rail Econo		
Start Date (10) 10/04/2019	Schedul 10/05/		npletion I	Date (11)			of OSHA N ABATE		LLC						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	•		nent				Address RANKLIN	N STF	REET						
Abatement Performed Outside of Normal Other – Describe: OCCUPIE	al Facility	/ Hours	S		_		tate, Zip Co ERSON,N		524						
Scope of Work (Check All That Apply)			-					- 27							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ATT STATE OF	Renova Demolit				<u> </u>	Full Cor Mini-En Gloveba Non-Ex	closure ag Prod	e cedure						
	100	Locati						CITIPLO	<u> </u>	u IVOII	TIGO	110	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	faterial (AC s insulation, T, or	M)	(S	mount specify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	
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Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic	Varde	Na	mo of	Registe	rodlo	ndfil				
EHW ABATEMENT LLC	H	auler ID 037095	No.	of Was		198000		ATE T			R				
City, State PATERSON,NJ								y, State RONX		1		1.			
Completed by Victor Espiritu	ect Ma	nager		S	ignature	Nu	W	VE		Dat 09		2019	u E		

- EE	and the same of th	d tours.	State of	New J	ersey			Che	ck #	16	724
OK 11276) UPAI	and the second			TOS ABATEMENT 7 and 12:120-7	, <u>in</u>	1# Ir	184	POTE		
Date of Notification	(1)		Committee of the Commit	-	Owner/Operator				E	117	T
9/26/2019			Danny :	Roth	berg		-				
Agencies Notified	Type Notificat	ion S	treet Addr	ess		-	000 2	0 001			1
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[]DEP	Notifica	tion C:	ity, State	, Zip	Code						- Article
[X]DOL	[]Amended Notifica	tion	Maplew	ood,	NJ,07040	gradual pro-	ASBESTOS		OL &		
[X] DOH	Notifica		ame of Con	tact		Telepho	ne Number	USING	war summaria	r-tellinet-less	
[]DCA	[]EMERGENCY		Danny 1	Roth	berg	1					
	[]Cancellat	ion									
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Danny Rothberg		s raking	Place (3)	1.0		Type of Facil					
						[]School []Subchar	(K-12) oter 8 (Oth	er than	K-12	2)	
Street Address						[X]Other	(i.e., priv	ate & c	omme	-	
						Square Feet	# of Flo		ldg.		
City	la.	ounty		Con	inty Code (7)	Square reet	# 01 110	ors b.	rag.	Age	
151		ourcy		1	ATE USE ONLY)	Current Use	Prior if h	eing de	molis	hed)
Maplewood		E	ssex				araor ar D	cang ac		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Monitoring F Owner (8)	irm hired by B	uilding	ASCM No.			ment Contracto					
N/A					AZTECH M	IANAGEMENT	, Inc.				
Street Address					Street Address	76 1020 12251					
						topher St	•		002-00-0		
City, State, Zip Cod	e				Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fire		phone Numb	er	Telephone Numl			License		er	
·		N/A			(973)744			0037	71		
Scheduled Start Date 10 14 19			tion Date	(11)	Name of OSHA	Monitor					
	ear Mon	r	· · · · · · · · · · · · · · · · · · ·		N/A						
Occupancy Status Dur	ing Abatement	(Check o	nly one)		Street Address	8					
[X]Facility Clos of Abatement		ing Enti	re Period								
[]Abatement Per				ty	City, State, S	Zip Code					
[]other - Descr	:ibe: <u>«OffHours</u> :ibe: <u>«Other Occ</u>										
Scope of Work (Check	all that apply	y)			Ц					-	
[X]>3 sf or	>3 1f	וצו	Renovation			Containment wi Enclosure	th Negative	e Press	ure		
[]≥160 sf o			Demolition		[X]Glove	bag Procedure					
		T	Is	Γ	[]Non-F	riable Procedu	ire	Ah:	ateme	nt 7	Time
Location			ation mally		Descriptio			-	1	E	E
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TO BE ABA	TED	By	Main- ance/		(i.e., thermal	systems	SF or	0 0	PA	PS	P 0
In Facil	ity	Cus	todial f (12)	The same of the sa	sulation, surfa or other miscel	[1996] [1997] [1997] [1996] [1	LF)	A	I R	U	S U
			No N/A					L		L L	R E
Basement			X	Pipe	Insulation	on	15 LF	X			
Name of Registered W AZTECH MANAGE		Haul	EP Waste Ler ID No. 040	1,000	oic Yards Waste .5	Name of Regi	-	dfill			
City, State			<u> </u>	Dis	sposal Date	City, State					
Montclair, NJ	07042			1	.0/17/19	Bronx,	NY, 104	74			
Completed By (Print	or Type) Title	е			Signature	2 1 /	//	Date			
Constantine Vi	lvian Pre	siden	t		1 me	Tatriol	Nown	9/26	/2019)	<u></u>
					1 1110	/ - /					

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Date of Notification (1)					Name	of Building	Owner	/Operator (2)		1							
09	26 /	19			Kavin	Shannon					-	3	SEP	3 (20	19	Same and	1
Agencies Notified	Type Notificat	tion				Address				-							- Long	-
☐ EPA											Į.	ASBI	ESTO)S C	ONT	301	8	1
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DHSS DCA	Emergenc		uding		Bogot	a, NJ 0760	03											
(NJAC 5:23-8)	justificatio	n)	Juling			of Contact					T	eleph	one N	lumbe	er			
	Cancellation	on			Kevin	Shannon					F:							
				10-2	FA	CILITY IN	FORM	ATION		V-50 (1-50-1)			est social					201200-001
Name of Facility Where A	Abatement is Ta	aking I	Place	(3)					Type of F									
Private house									School			Other th	nan K	-1 2)				
Street Address									Other	(i.e.,)	oriva				ial bui	lding	3,	
									100000000000000000000000000000000000000	s, etc.					1.61			
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Bogota, NJ 07603					I Cour	ty Code (7) (CTATE	LICE ONLY	Current l	Ico (D	rior	if boin	a don	nalich	od)	ST-111		
County (6)					Coun	ty Code (7) (STATE	USE UNLY)	Current	JSE (P	1101	ii beiii	y uei	1011511	leu)			
Bergen Name of Monitoring Firm	Hired by Build	ing Ov	vner (8) T	ASCM	No	Name	of Abatem	ent Contra	ctor (9	1							-
Transco Montosing Finn		9 -	,,,,,,	,	MOOW			ch LLC	Citt Oorite	0.01 (0	,							
Street Address								Address							-			
							Committee of the control	alley Rd #	∮283									
City, State, Zip Code								State, Zip C			-							
							Wayn	e, NJ 074	70									
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telep	hone No.				Licen	se No	i.				
								38-1777				0112	7					
Start Date (10)	0.000					te (11)	Name	of OSHA	Monitor									
						19		ovision Co	onsultants	,Inc								
Occupancy Status During								Address		202 9	7928 ER	223						
						scribe		Wagaraw State, Zip C		ldg .#	35	E						
Time of Abatement:	AM-	PM	1/	PM_		AM												
Scope of Work (Check al	I that apply)	-	-				ran L	awn, NJ (p and deci	ontam	inati	ion wit	h neg	ative	press	ure	ere una se	-
			5 7 m	76.000 to 0.00 (1			lon	Full Cor	ntainment v									
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Second floor crawl spa	ice				\boxtimes	Pipe insu	ılation				50	LF			X			
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																Ш	Ш	Ш
Name of Registered Was	ste Hauler			NJ	DEP Was	e Hauler ID No.	Cubic	Yards of Was	ste Name	of Reg	iste	red La	ndfill					
Gr Tech LLC				33	00337	85	100	BD	T.R.R.		0							-
City, State							Dispo	sal Date	City, S									
Wayne, NJ 07470								BD	Tullyto	own, l	PA							
Completed By (Print or 1	(ype)	Title					1	Signature	10	_	1	1		Da				
N.Jevtic		Own	ner			W.			lewic u	Nend	ad			09/	26/19)		

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Date of Notification (1) 9-25-2019	Principal and Control of				Building C a Michae	wner/Ope	rator	(2)	A THE STATE OF THE	The second secon	-	SEP	3 0	2019	9	The same and the same	IJ
Agencies Notified Type N	Votification			Street Ac	dress				- Table			parketon or or horse				- Land	7. Vo. 18484-1
	nitial			City Stat	te, Zip Coo	do					ASB	ESTO	S CO	VTR	OL	&	
	mended mendment #	#			ie, zip Cod field, NJ				Į.						-		
× E	mergency (i	ncluding	-277	Name of							Telep	hone N	lumber				
	ancellation				a Michae	100									22.2.2		
Name of Facility Where Abateme	ent is Taking	Place (3)	-	FACIL	_ITY INFO	RMATION	-	Туре	of Facil	ity (4)							
Street Address									School Subcha		(Other	than K	-12)				
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Bloomfield, NJ 07003					****			1188			2			144	1+		
County (6) Essex				County C (STATE L	Code (7) JSE ONLY)			Curre	nt Use	(Prior	if being	g demol	lished)				
Name of Monitoring Firm Hired b	y Building C	Owner (8)		ASCM	l No.			of Aba en Env				9) /ices,	LLC				
Street Address	N - 100							Addres Virgin		enue					-02		
City, State, Zip Code								State, Z ey Cit)4						
Project Manager for Monitoring F	Firm			Telephor	ne No.		2.00	hone N -333-8				License 01174					
Start Date (10) 9-26-2019		Schedule 9-26-20		npletion (Date (11)			of OSI en Env			I Sen	vices,	LLC				
Occupancy Status During Abate	ment (Chec	k Only On	e)					Addres Virgin		20110		111022-11-0-1002					
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire F side of Norm	Period of A nal Facility	baten	nent S			City, S	State, Z	ip Code	e	na			Spisal		-2-371 7111	
Scope of Work (Check All That A	Apply)						0013	cy Oil									
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Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Ma	d Sole intena odial (12)			Desci tos Contain thermal sy surfacir other mis	ning l ystem ng, V	Materia ns insul AT, or	ation,)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Basement			X			Pipe II	ISUI	alion				U LF	^^				
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Name of Registered Waste Hau	iler		1	NJDEP V	Vaste	Cubic Y	ards		Nam	e of R	egiste	red Lan	dfill				
Green Environmental Ser			41.55	Hauler ID 034889		of Waste	Э		Fair	rless	Land	fill					
City. State Jersey City, NJ						Disposa 9-26-20		e	10,000,000	State	le PA	4					
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Liliana Serrano	e Ma	nager		2.9	1	·	,	lon	11 . 3	1.5	9-25	-20	19				

State of New Jersey

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nu# 1473	PAI	D (P	urs	sua	ant	to	N.	J.A	.C.	8:60 and	1 12:1	20)	1	CILL	THA	N	7 ¥	アー		resonant de
Date of Notification	⁽¹⁾ 9/17/19			F	lam etc	e of	f Bu	ilding	Ov	vner / Operat	or (2)			EC			W	退	Parameter of the Parame	100
	Type Notifica	ation			Stree		ddre	ess						1						
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Name of Facility Wh	ere Abateme	ent is Taking F	Place	e (3)	CII	LII	1 IIVI	OI	Type of Fac	ility (4)					_				_
Petco		·		70						School	(K-12)									
Street Address	•									Subcha										
9 Interstate Shop	Center									Other (i	.e. priv	ate & co	ommer	cial build	ings, h	ome	es,	etc.)		
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City (5)		County (6)		Cou	inty	Cod	de (7)		12,00			1		5	.5	50			
Ramsey		Bergen								Current Use	(Prior	if being	demol	ished)						_
Name of Maritaria	F: 11: 11	D 1111 O		/61						Retail										
Name of Monitoring BSI Street Address	Firm Hirea b	y Building Owi	ner ((8)		Α	ASC	M No		Name of Aba BRISTOL E	ENVIR									
141 WEST 36TH ST	1 WEST 36 TH STREET y, State & Zip Code									Street Addre		TREET								
	ty, State & Zip Code EW YORK, NY 10018									City, State & BRISTOL,										
	ject Manager for Monitoring Firm							er		Telephone N	lumber			License	Numbe	er				-
ALEX ARRIGO Scheduled Start Date	e (10)	Scheduled Cor			90-0	10000		,	_	215-788-60 Name of OS		nitor			00	50	9			_
10/8/19 Occupancy Status D			10/	13	119					BRISTOL E	NVIR		NTAL	INC		_				
Facility Close	ed/Vacated D	During Entire P	erio	d o	f Ab					Street Addre 1123 BEAV		TREET								
Describe:		tside of Norm	al H	lou	rs –	7ar	n to	3pm		City, State &					Ų.					
Facility Occu										BRISTOL, I	PA 19	007								
Scope of Work (Che	ck all that ap	ply)																		-
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	me of Registered Waste Hauler									bic Yards Waste	Name	e of Reg	jistere	d Landfill						
SERVICE TRANSP	ORT GRO	UP, INC.			20	990)		5			ERVA L	AND	FILL						
City, State YARDLEY, PA									Dis TB	sposal Date	City, WAY	State NESB	URG,	ОН						
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					1				1 1	IU ALLAI	9 8 1	# 1/2	1 /3/		200					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Chuk #3636

							0,			
Date of Notification (1) 9/17/19				ng Owner / Opera	itor (2)				20.01.00	
Agencies Notified Type Notification	v	Petco						3 11 N/1 F	7 [7
	lion		Address	•						111
700		9 Inte	rstate S	hop Center		11531			711	1
DEP S Initial Amend	4.4		State & Zip			Property of the Property of th	0=- 0			
☑ DOL5			sey, NJ 0				SEP 3	0 2019	111	11
DOH5618 Emerg		Name	of Contac	ct				Telephone I	Vumb	er
☐ DCA ☐ Cance	llation	David	Dukat				the state of the s	(419) 704-4		
		FAC	CILITY IN	FORMATION		Ac	BESTOS LICEN	CONTROL &		-
Name of Facility Where Abatemer	nt is Taking Place	e (3)		Type of Fac	cility (4)	The second section of the sect		TOTAL TOTAL	No. ormanigo	
Petco					(K-12)					
Street Address						Other than K-	12)			
9 Interstate Shop Center				Other (i e priva	ate & comme	rcial buildir	nas homos	oto)	
•				M other (i.o. piive	ate & comme	Ciai bulluli	igs, nomes,	e(C.)	
				Square Fee	t	# of Floors		Bldg. Age		
City (5)	County (6)	County C	ode (7)	12.00		# 01110018	-			
	Bergen	ocumy o	ouc (1)			1		50		
Lamooy	sergen				(Prior i	f being demo	lished)			
Name of Manitorina Firm I limed by	D. ilalia o	(0)		Retail						
Name of Monitoring Firm Hired by BSI	building Owner i	(8)	ASCM N	o. Name of Ab	atement	Contractor (9)			
Street Address						ONMENTAL	INC		100	
141 WEST 36 TH STREET				Street Addre						
City, State & Zip Code				1123 BEAV						
NEW YORK, NY 10018				City, State 8						
				BRISTOL,		007				
Project Manager for Monitoring Fire ALEX ARRIGO		lephone N		Telephone N			License N	Number		
		2-290-63		215-788-60				00509		
Scheduled Start Date (10) Sc 10/1/19	heduled Comple		(11)	Name of OS						
Occupancy Status During Abateme		/6/19				ONMENTAL	INC			
Facility Closed/Vacated Du	ring Entire Perio	one) d of Abot	omont	Street Addre						
Abatement Performed Outs				1123 BEA\						
Describe: 0-00055 5-0	side of Normal F	iours – /a	am to 3pn		1900/1 ³ 12. 12. 12. 10.					
Describe: 9:00PM - 5:3				BRISTOL,	PA 190	07				
Facility Occupied During At Scope of Work (Check all that apply	patement									
ocope of work (Check all that appr	у)				K2	F. 11.0				
≥3 sf or ≥3 lf	∇	Dono	vation			Full Containn		legative Pres	sure	
≥160 sf ≥260 lf		0.000				Mini-Enclosur				
2 100 SI 2200 II		Demo	lition			Glove Bag Pr				
Lacation of						Non-Exempte	d and Nor	n-Friable Prod	cedur	е
Location of		s Location		Descriptio			Amount	Abateme	ent Ty	ре
Asbestos-Containing Material (ACM)		rmally Us		Asbestos-Cor	ntaining		(Specify		Ť	-545
TO BE ABATED		Solely by intenance		Material (A		S	F or LF)	71	四	Ш
in Facility		stodial Sta		(i.e., thermal sinsulation, surface	systems	-		Re	car	ncl
(13)	Out	(12)	211:	or other miscell				Repair	Encapsulate	Enclsoure
	Yes		N/A	or other miscen	aneous,	'		<u>a</u> -	ate	е
1st Floor Rear (DOG FOOD ARI	EA)			VATIMO	41-		200.0=			_
THOU NEW (DOCTOOD AN	-A)	+H+	-	VAT/Mas	TIC		608 SF			
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lame of Registered Waste Hauler		NJDE	P Waste	Cubic Yards	Name	of Registered	Landfill			_
		Haule	er ID No.	of Waste		g,	Landini			
ERVICE TRANSPORT GROUP	P, INC.	2099	0	5	MINE	RVA LANDE	FILL			
City, State 'ARDLEY, PA				Disposal Date TBD	City, S	tate IESBURG,	ОН			
Completed By (Print or Type)		Title		Signature				Date		_
ATRICK T. DeCARO			nator	A 1		•	4	9/17/19		
			TO THE STREET,	Patrick	17	1)01 An-	One	3/1/18		
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D19039	7/2-1/2 X1X						1 /	1		

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State of New Jersey

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	NOT		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		EGE		E	Annual contraction of the contra	Annual Statement Service (Service)
Date of Notification (1)			Name	e of Buildir	ng Owner/Operator	(2)	SEP S	0 2011	}	Inner	1
9/26/	19		1		town LLC	(4)				Spenjaran S	opposition of
Agencies Notified Type Notific	ation		Stree	t Address			ASSESTOS		OL 8	A	5
⊠ EPA ☐ Initial			On	e Fayett	e St.		LICE	NSING		Democratica de	
☑ DOLWD ☑ Amended ☑ DHSS Amendm			City,	State, Zip	Code						-
☑ DHSS Amendm ☐ DCA ☐ Emergen	_	~	Co	nshohod	ken, PA 19428						
(NJAC 5:23-8) justification		y	Name	of Contac	ct		Telephone N	Number			
☐ Cancellat	tion		Jer	ту МсМи	ıllen		610-834-				
N. 65 W. 105			FA	CILITY II	NFORMATION				cellex		
Name of Facility Where Abatement is T		e (3)				Type of Facility	\$10*X				
Kmart College Town Shopping	Center					School (K-12)	(10)			
Street Address 779 Delsea Drive						Subchapter 8 Other (i.e., polynomes, etc.)	other than rivate and com	(-12) nmercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	I R	ldg. A	100	
Glassboro, NJ 08028						100,000	1		45	ige	
County (6)		7-11	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Gloucester						Vacant					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		**			
Vertex			NA		Alliance Envi	ironmental Sys	tems				
Street Address					Street Address						
700 Turner Way					550 East Unio	on St.					
City, State, Zip Code					City, State, Zip Co	ode					
Aston, PA 19014		,			West Cheste	r, PA 19382					
Project Manager for Monitoring Firm			phone		Telephone No.		License No),			
Dave Turotsy		18000	10-558	Control of the Contro	610-701-9000		00508				
Start Date (10) S	cheduled C				Name of OSHA M	Ionitor					
Occupancy Status During Abatement (C			_ ′ -	15	AET						
☐ Facility Closed/Vacated During Entire			ment		Street Address	D !					
☐ Abatement Performed Outside of No	rmal Facilit	v Hour	s - Des	cribe	28 N. Pennel	100000000000000000000000000000000000000					
Time of Abatement: 7AMPM	/ <u>3:30</u> PM	/	AM		City, State, Zip Co Media, PA 19						
Scope of Work (Check all that apply)					Media, FA 19	003					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		novati			Mini-Enc Glovebage Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor					
	100	Locat	10000000						atem	ent Ty	vne
Location of	94445555	Norma d Sole			Description o				_	T 1	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma Ma	intena	nce/	Asbe (i.e	stos Containing Ma	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cus	todial (12)	Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
(13)	Yes	No.	N/A	1	other miscellane	ous)				ate	(D
Main Sales Floor		П	⊠ ×	Floor T	ile / Mastic		84,800 SI	= 🛛			Г
Throughout		П		Pipe Fit	Navin		175 EA				-
Caulk		П		Exterio			1000 LF				F
Flashing				Roof					1		-
Name of Registered Waste Hauler		I LI	JDEP V		Cubic Yards of	Name of Desiri	300 SF		Ш		
Richard Burns & Co			lauler ID	No.	Waste	Name of Regist	ered Landfill erks Commu	ınitı I a-	Yein		
City, State			19955	i	80		ino commit	mily Lar	ulill		
Phila., PA					Disposal Date TBD	City, State	DA				
Completed By (Print or Type)	Title					Birdsboro,	ra ———				
Mark Griffin	Estima	tor			Signature	mall.	/	Date /	- A	1.	0

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities

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

1100		NO				AC 8:60 and 5:1		I) EG	E	1		
Date of Notification (1)			-	Nam	e of Buildi	ng Owner/Operator	(2)					
9 /	19 / 1	9			SE&G		-5518 Check	#11536 SEP	30	20	19	
Agencies Notified	Type Notification	1		Stree	et Address							1
⊠ EPA	☐ Initial			40	00 Hadle	y Road	, , , , , , , , , , , , , , , , , , ,	ASSESTO	SOC	INTE	201 8	š
⊠ DOLWD		42		City,	State, Zip	Code			ENS			
☐ DHSS	Amendment		na	So	uth Plair	nfield, NJ						114
(NJAC 5:23-8)	justification)	iioiddii	19	Name	e of Conta	ct		Telephone Num	ber			
	☐ Cancellation			Ste	ephen Gr	aziani		973-584-200	0			
				FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is Takir	ng Plac	e (3)				Type of Facility	(4)				
PSE&G- Maywood	Substation						School (K-1					
Street Address								8 (Other than K-12) private and commer		uildin	ae	
136 West Central A	venue (Lot 81)					homes, etc.		Giai D	uliulii	ys,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Maywood, NJ												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Bergen							Homeowne	er Residence				
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Health & Safety Ser	vices					AbateTech, In	nc.					
Street Address			-			Street Address						
PO Box 365						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Berlin, NJ 08009			ميدر	and the second second	Marie Carried State of the Stat	Lumberton, N	IJ 08048					
Project Manager for Monit	toring Firm	No. of Street, or other Persons	Tele	phone	No.	Telephone No.		License No.				
James Proctor		ACCE			-8850	609-265-2107		00529				
Start Date (10)9 /19 /	1			tion Da	te (11) 19	Name of OSHA M						
Occupancy Status During	Abatement (Chec	k only	one)		- Andrews	Street Address						
☐ Facility Closed/Vacated	d During Entire Pe	riod of	Abater	nent	Service Control of the Control of th	200 Route 130	0 North					
☐ Abatement Performed						City, State, Zip Co	de					
Time of Abatement:	AMPi	VI/	PM-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati			☐ Mini-Encle ☐ Glovebag	Procedure	gative Pressure on-Friable Procedure	e			
		Is	Locati	on					T	atem	ent Ty	/pe
Location of	332	and the second second	Vormal	The Commence of the Commence o		Description of				_	Т Т	la de
Asbestos-Containing N TO BE ABAT		10.000	d Sole intena			stos Containing Mat ., thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial S	Staff?	(1.6	surfacing, VAT,		SF or LF)	oval	=	nsd	Sun
(13)			(12)	T	-	other miscellaneo	ous)				ate	(D
2 14 1 1		Yes	No	N/A	_				-	_		
See Attached					See Att	ached		See Attached		Ш		
		Ш										
Name of Registered Waste Environmental Transp			7,0300	JDEP V auler ID		Cubic Yards of Waste	Name of Regis	irless Landfill				
	• • • • • • • • • • • • • • • • • • • •			00069	2061	40		IIICOO LAIIUIIIIE				
City, State Flanders, NJ						Disposal Date 10/25/19	City, State	DA 10067				
) TIII-						Morrisville					
Completed By (Print or Type	oe) Title					Signature	0	Dat	e		_	

ASB-41 MAY 11

Gwendolyn Trumbetti

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

Operations Coordinator



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT TO THE USE OF THE PROPERTY OF THE PROPE



D	ate of Notif	ication 8/29/	19				ling Owner		ator (2)	1		and the second second	17 0 7	1.2 (-1)-20
Agenc X	iesNotified EPA DEP		gency	n Notification		st 21st	s Street Zip Code					15/15	111	
x	DOL			vation Notification			NY 10010					SEF	-92	019
Х	DOH	Canc	ellatio	n	Name o						44		Telephone	
	DCA				Steve	n Albe	ert			3.4			212-234-	3700
					FAC	CILITY	INFORM	IOITAI	1			ASDESI L	ICENSING	I UL a
		Vhere Abaten V a		Taking P Store	lace (3)		Тур	School	acility (4) ol (K-12)					
Street	Address	271	Millb	urn Ave			x			Other thar ate & com		l2) cial buildin	gs, homes	s, etc.
							Sq	uare Fe	et	# of Floo	rs	В	Bldg. Age	
City (5) .		Coun	ty (6)	County Co	ode (7)		500			1.5		70)+ [
	Millbu	rn	Esse	ex					100	f being de	moli	shed)		
								mmer	translation .					
		ng Firm Hired	by Bu	ilding Ow	ner (8)	ASCM				Contract	- 650			
	onmental	Tactics				N/A				nt Servic	es,	LLC		
	Address	2					1,500,0	eet Ado	iress oolhouse	Bood				
Account to the state of	tate & Zip (-		ACT CONTRACTOR	& Zip Co					
	wan, NJ 07									p, NJ 08	831			
		or Monitoring	Firm		Telephone N	Numbe			Number	p,		License N	lumber	
	Geiger	J		- 1	732-290-22			2-605-					00714	
Sched	uled Start D	State of the state	Sched		pletion Date	(11)			SHA Mor	nitor nt Servic	es,	LLC		
	ancy Status	s During Abat sed/Vacated [ement	Str	eet Ado						
		Performed Ou							& Zip Co					
	Describe:								1000	p, NJ 08	831			
	Other - Des	cribe:								. ,				
Scope	of Work (C	heck all that	apply)											
	Demolition			Renovatio	n			Х	Full Con	tainment	with	Negative F	ressure	
χı	arge Proje	ct						X	Mini-End	losure				
(Quantity is a	≥ 3 SF or ≥ 3	LF A	CM					Gloveba	g				
X	Quantity is	≥ 160 SF or ≥	≥ 260	LF ACM				Х	Other:	Non-fria	ble			
	Asbes Ma <u>TO</u>	Location of stos-Containing aterial (ACM) BE ABATED in Facility (13)		1	Is Location Normally U Solely by Maintenance Custodial S (12)	sed y ce or	Asb (i.e., insula	Material , thermation, su	Containing	s AT	Squa	Amount Specify are Feet or ear Feet)	(Specify Re Encaps	nent Type : Removal, epair, sulation or losure)
	Se	e attached			N/A								Rei	moval
-							-						-	
Name	of Register	ed Waste Ha	uler	1	NJDEP Was	ste Hau	ıler ID#	Cu.	/ds. of Wa	aste I	Nam	e of Regis	tered Land	dfill
2000 2000 000 000	old Carta		2.01	ľ		18693			40			berland		
City, S								Disp	osal Date			State		
	reehold, î	NJ							9/25/1	9	New	burg, PA		
	leted By (Pr minick Tr	rint or Type) ingali		Title Manage	r			1 5	ature ninick T	ringali				8/2919

CK# 7660
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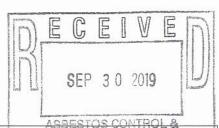
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1)	Job #	t: 9723	.02	Name o	of Build	ding Owne	er/Operator (2	2)	1					of the	
September 26, 2019	9				South J	Jersey	Industri	es	1	AS	BEST	os co	NTI	106	i	- [
Agencies Notified	Notificatio	n Type			Street A					The state of the s	LIC	CENS	NG	C Start How		-
57 504	5 7				1 Court	lava	au Diama				Control of the last	al Title of Desiry Co.	CO. III W			mind
⊠ EPA ⊠ DEP	Initial I		n		City, Sta		ey Plaza									
⊠ DOL	☐ Amend	aea endment#				5571										
⊠ DOH	☐ Emerg				Folsom	-										
☐ DCA	justific	ation)	3		Name o	f Cont	act				Te	lephon	e Nu	mber		
	☐ Cance	ellation			Crain M	laster	son Stru	cture Tone			21	5-378-	0/01			
					- 10 Page V - 10 C - 10	ogwalawa o V	FORMATI	C-100			41	3-370-	3431			
Name of Facility Whe	ere Abateme	ent is Tak	ing Pla	ce (3)	FACILI	I T IINI	TORIVIATI		Type of F	cility (4)					
		mi io Tun	9	00 (0)				100			60					
South Jersey Indus Street Address	uies								☐ School ☐ Subch			than k	(-12)			
									Other in the control of the						dings,	
1 South Jersey Plaz	za				*				homes	etc.)		Mercale case				
City (5)									Square Fe	et	# of FI	oors		100000000000000000000000000000000000000	. Age	
Folsom									10,000+		2+			<u>30+</u>		
County (6)							(7) (STA	TE	Current U	se (prid	or if bein	ng den	nolish	ned)		
Atlantic					USE ON	VLT)			Office Bui	ding						
Name of Monitoring	Firm Hired b	y Building	g Owne	er (8)	ASCM No	0.	Name of	Contractor (9)							
GZA GeoEnvironme	ental, Inc.				126		Prime G	roup Remed	diation, In	c.						
Street Address							Street A									
55 Lane Road, Suite	e 407						1400 Ad	ams Road,	Suite I. P.	O. Box	6					
City, State, Zip Code							City, Sta	te, Zip Code								
Fairfield, NJ 07004								m, PA 19020								
Project Manager for	Monitorina F	irm	Teleph	one Nur	mher	-		ne Number		Lice	nse Nur	mhor	-			
Benjamin Sallemi		- 1			TIDO!		250			Lice	iise ivui	TIDE				
Scheduled Start Date	- /40)			4-3311	(4.4)		215-533			0085	8					
	3 (10)			mpletion	(11)			OSHA Moni								
October 10, 2019	A L	Novem	ber 22	, 2019				oEnvironme	ntal, Inc.					2		
Occupancy Status D	uring Abater	nent (Che	eck onl	y one)			Street Ad	ddress								
☑ Facility Closed/Value	acated Durin	g Entire F	Period	of Abate	ment		55 Lane	Road, Suite	407							
Abatement Perfor	med Outside	e of Norm	al Fac	ility Hour	rs -		City, Sta	te, Zip Code								
Other – Describe:							Fairfield	, NJ 07004								
Source of Work (Che	ck all that ap	oply)						122					_			
☐ >3 sf or >3 lf				⊠ Rei	novation				ainment w	ith Nec	ative P	ressur	۵			
図 >160 sf or >260 lf	5				molition			Mini-Encl		urreg	Jan VO I	103301				
N==0								☐ Glovebag								
		1						☐ Non-Exer	npted (*) a	ind No	n-Friabl	le Prod	edu	e		
		Is	Location	on										Ahat	emen	+
		2 2 2 2 2	nally L	200											/pe	
Location of Asb			olely b				escription	TOTAL SECTION OF THE PARTY.			ount					_
Containing Materia TO BE ABAT			ntenar					aterial (ACM)			ecify				ш	
IN Facility			Staff?	³¹	(i.e., t		ii systems icing, VAT	insulation,		SFC	r LF)		Re	70	Encapsulate	Enclosure
(13)			(12)				miscellane						Remova	Repair	sde	sols
255 5294			300 o 350					32300.33 6 0					val	Ŧ	ulat	ure
		Yes	No	N/A											æ	100000
1st Floor			Х		Pipe Fitti	ngs			100	_F		- 100	Х			
2 nd Floor			Х		Pipe Fitti				55 L				Χ			
1 st Floor 2 nd Floor			X		Floor Tile				3500				X			
Name of Reg. Waste	Hauler		-	JDEP W	Floor Tile	Cubic \	and the same of th	Name of F	500 S				Х			
rvanic or ricg. vvasic	riduici		1383	auler ID	930	of Was		Name of F	key. Landi	111						
Waste Management	Inc.		100.00	273	8	30		ACUA								
City, State		1 2 2 2 2				Dispos	al Date	City, State								
Ewing, NJ 08628					1	1/22/2	2019	Egg Harb	or Towns	hip, 08	3234					
Completed by	Title	е					Signature					Date				
Vincent Primavera	Pro	ject Man	ager						>			09/26	5/201	9		
ASB-41		20.110	_											-		_

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

CONTINUED FROM PAGE 1 Job #: 9723.01 – South Jersey Industries



¥II	Is	Location	n		NGESTOS LICE	NSINO	Abat	emen	·
Location of Asbestos-		mally Us Solely by		Description of	Amount		T	уре	
Containing Material (ACM) TO BE ABATED IN Facility (13)		Maintenance/ Custodial Staff? (12) /es No N/A		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					(D	
2 nd Floor		X		Fiberboard above Perimeter Windows	2000 SF	X			
1st Floor, Old Cafe		Х	į	Fire Proofing	480 SF	X			
2 nd Floor		Х		Beam Fire Proofing	25 SF	X			
						-			-
						+			-
						+			-
						-			-
						-			-
				(2)	1/1				

TU# 14	ROT		^ A TI			w Jersey	rmsara.r			11111111111111111	and the same of th	idooneek**	
KIDON PAI	D					BESTOS ABAT C 8:60 and 5:1		ECI	E	V		Townson.	7
Date of Notification (1) 09 / 25	19			me of Bu Mark Ta		Owner/Operator ((2)		3.6	00	ir.	And the second second	
Agencies Notified Type Not	fication		Str	eet Addre	ess		1 1 1 1	J SEP	<u> </u>	ZU	19		1
⊠ EPA ⊠ Initial ⊠ DOLWD □ Amen	heh							- production of the conference		17.17	2 <i>(</i> 1)	<u>.</u> .	
⊠ DOH Amen	dment #	_	4	y, State, .		ode , NJ 08057	Appropriate the state of	ASBESTO	JS UK ZENS	ING	100		
	ency (includiation)	ng	-	me of Co		, NJ 00057		Telephone N	Numbe	er			
Cance	llation		Г	Mark Ta	n								T No. at Co.
				ACILIT	YINE	FORMATION							
Name of Facility Where Abatement	is Taking Plac	ce (3)					Type of Facility						
Tan Residence							School (K-12		K-12)				
Street Address							Other (i.e., p	rivate and com		al bu	iilding	IS,	
City (5)			*****	-		**	Square Feet	# of Floors		Blo	dg. Ag	ae	
Moorestown							2,082	3		1	99		
County (6)			С	ounty Co	de (7)	(STATE USE ONLY)	Current Use (Pr	ior if being der	nolish	ed)			
Burlington							Residence						
Name of Monitoring Firm Hired by E Management & Enviro. Cons		.87 -25		CM No.		Name of Abatem							
Street Address	sulting Serv	ices				Street Address	onmental, LLC						
PO Box 341						623 Cutler A	venue						
City, State, Zip Code				10.00.000.000.000.000.000.000.000.000.0		City, State, Zip C							
Chesterfield, NJ 08515						Maple Shade							
Project Manager for Monitoring Firm		Te	elepho	ne No.		Telephone No.		License No	D.				-
Bill Weisgarber			609-2	98-4070	0	856-755-0099	9	00842					
Start Date (10) 10 / 09 / 19	Scheduled 10		20.00	Date (11 / 19)	Name of OSHA M EMSL Analyt							
Occupancy Status During Abatemen						Street Address							
□ Facility Closed/Vacated During E				t		200 Route 13	0 North						
Abatement Performed Outside o Time of Abatement: AM-		100		Describe AM		City, State, Zip C							
Scope of Work (Check all that apply						Cinnaminsor	1, NJ 08077						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ F	tenov Jemol	700700000000000000000000000000000000000			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No						
			cation							Ab	ateme	ent T	уре
Location of Asbestos-Containing Material (A	CM) Us	Norn sed S	nally olely b	у Д	Asbes	Description of tos Containing Ma		Amount		Re	Re	E	En
TO BE ABATED	N		nance			thermal systems	insulation,	(Specify		Removal	Repair	caps	Enclosure
IN Facility (13)		(1				surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Jre
	Yes	N	0 N	/A		and the second s						е	
Basement] Floo	or Til	e and Mastic		154 SF					
]							Ш	Ц	L
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]									
Name of Registered Waste Hauler Freehold Cartage			Haule	P Waste er ID No.	8	Cubic Yards of Waste	Name of Regis					20.55	
City, State			159	939		1 Disposal Date	City, State						
Freehold, NJ						10/11/2019	Morrisville	, PA					
Completed By (Print or Type)	Title					Signature			Date)		-	
Christina Fay	Vice F	resi	dent (of Opera	ation	s MATT	no Ha est		9	/25	< 10	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120)

NOUNC	<i>(</i>		(Pu	rsuant to	o NJAC 8:	:60 and	12:120))		CHI	CK #	E295	56	E	W	E
Date of Notification (1) 09-24-19			N	lame of I Jones L	Building O Lang Las	wner/O Salle <i>A</i>	perator Americ	(2) cas In	c. JPMC	ALC: Company	3		menushina	- STOCK STOCK STOCK	NAMES OF THE PARTY OF	
Agencies Notified Typ	e Notification		S	Street Ad			2000 - 50	0.1 039400		The state of the s	- Comment	SE	P	3 0	20	19
EPA X DOL	Initial Amended Amendment #_1		0	City, State	e, Zip Cod ont, IL 6	le				-	I A	SBES	TO	S CC	NTR	OL.
× DOH	Emergency (incident justification) Cancellation	luding	N	lame of	SASAR AL					Telep (732	hone l	Number 8-053	101 7	ENS	NG	Description
☐ DCA ☐	Cancellation				ITY INFO		ON				,			_		
Name of Facility Where Abate Chase Bank	ement is Taking P	lace (3)		TAGIL		(MIZELLY	0.11		of Facility (4)							
Street Address 24 Park Avenue								×	Subchapter 8 Other (i.e. pri etc.)	(Other	than k	(-12) ercial b	uildi	ngs,	nome	š,
City (5) Rutherford, NJ 07070									re Feet	# of F	loors		Blo	dg. Ag	je	
County (6) Bergen				County C	ode (7) SE ONLY)			Curre	ent Use (Prior k	r if being	g demo	olished)			
Name of Monitoring Firm Hire Apex Companies, LLC	ed by Building Ow	ner (8)		ASCM	No.				atement Cont Environme							
Street Address 2001 Route 46, Water	view Plaza, Ste	e. 310						Addre Broad	ss d Street							
City, State, Zip Code Parsippany, NJ 07054									ip Code NJ 07072							
Project Manager for Monitoria Don Wendt	ng Firm		100	Telephor	ne No. 887-0783	3	7.7.5.7.0.115.0.115	hone N			Licens					
Start Date (10) 09-21-19		chedule 9-24-1	d Com		Date (11)		100000000000000000000000000000000000000	of OS	HA Monitor			ı				
Occupancy Status During Ab							200	Addre			1					
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire Per Dutside of Normal	riod of A Facility	batem Hours	ent		_	City, S	State, 2	ckson Aver Zip Code nd City, N)1		-1-7-2			
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nat Apply)		enova emoliti					Ft Mi	tact Removal all Containme ini-Enclosure lovebag Proc on-Exempted	ent with			Proc	edur	ement	
Location of		N	Locati	ly			scriptio					-	_		ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mai	d Sole intenar odial S (12)	nce/		therma surfa	taining I systen icing, V miscella	ns insu AT, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement: SW Sto	rage Area	100	110	X		Pipe	e Insul	ation		4	OLF		х			
Name of Registered Waste Newark Carting, Inc.	Hauler		H	I IJDEP W lauler ID 4509		Cubic of Wa			Name of F	Centra			Lan	dfill		
City, State Newark, NJ 07105						Dispo	sal Dat	e	City, State		180	72				
Completed by John A. Tancredi		Title Proje	ect Ma	anager			Signatu	re	1/			Date 09-		19		

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1/20101	DAF			CATION	ote of Nev OF ASBI to NJAC	ESTOS A	ABATE		r ID	E C	E				7	
Date of Notification (1)	PAL			Name of	Building (OwnerlO	nerator	(2)					_	1000	A STATE OF THE PERSON NAMED IN	
9-25-2019					ime Cor			(2)	The state of the s	SE	b 30	2019		- Annual	1	
Agencies Notified	Type Notification		-	Street A					1 1					-	-	
□ EPA				130 CI	harles s	t. Apt 2				ASBES	TOS CO	ONTRO)L	i &		
			r	City, Sta	te, Zip Co	de					LICENS		-	militar to militar		
DEP DOL	Amendment			Jersey	City NJ	07307	7									
☑ DOH □ DCA	Emergency justification)		Ī	Name of	Contact						ephone N					
☐ DCA	Cancellation			Enyer	Morillo			22		20	1-667-	3868				
Name of Facility Where A	Abatamant in Takin	a Dlass (21	FACI	LITY INFO	ORMATIO	ON	Tun	e of Facility (4)						
Residential	Abatement is Takir	ig Flace (3	>)					Тур								
Street Address								H	School (K-1 Subchapter		er than K	(-12)				
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City (5) Jersey City NJ 073	104								are Feet 00+	2	f Floors		50	lg. A I+	ge	
County (6)				County (ode (7)				rent Use (Pri		na demo	lished)				
Hudson					JSE ONLY)			Our	10111 000 (1 11	01 11 001						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name	of Ab	atement Cor	ntractor	(9)	3-0/E				
2 milescones - miles research code considerates 🕶 productive		•					Gree	en Ei	nvironmen	tal Se	rvices,l	LLC				
Street Address							Street	Addr	ess							
					344-				inia Ave							
City, State, Zip Code									Zip Code City NJ 073	04						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 201-		No. -8855		License 01174					
Start Date (10)		Schedul	ed Con	npletion [Date (11)		Name	of OS	SHA Monitor							
10-5-2019		10-10-					Sam	e as	above							
Occupancy Status During	g Abatement (Chec	k Only Or	ne)		34		Street	Addr	ess							
Facility Closed/Vaca Abatement Performed Other – Describe:						_	City, S	tate,	Zip Code							
Scope of Work (Check Al	II That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і тпас друу		Renova Demolit				×	M G	ull Containm lini-Enclosure Blovebag Pro- lon-Exempte	e cedure					9	
		1	Locati	ion										bate	ment	
Location	of	1	Normal	ly		Des	cription	of				_	_	Ту	pe	
Asbestos-Containing	Material (ACM)		ed Sole			tos Conta	aining N	/lateri	ial (ACM)	(5.0)	mount	7		- 8	En	Ш
TO BE ABA		1000	todial S	(6.77)	(i.e.	thermal surfac	system: cing, VA				Specify For LF)	Kemova		Repair	Encapsulate	Enclosure
(13)	,		(12)			other m						oval		air.	sulat	sure
		Yes	No	N/A											е	
Exterio	or		x			Tran	site si	ding		2	500sf	x				
Baseme	ent		X			Pipe	Insula	ition			80lf	Х				
Baseme	ent		Х			Flo	oor Til	е		1	40sf	x				
Name of Registered Was	ste Hauler		N	JDEP W	'aste	Cubic	Yards		Name of	Registe	ered Land	dfill				
Green Environmenta		;	0.85	lauler ID 034889		of Was			Fairles		dfill			-314		
City, State	02						al Date		City, Stat		۸					
Jersey City NJ 0730	4					10-7-	-		Morris	me P.	A	Date		017585		
Completed by		Title	0 11-	2222		S	ignature) n A	a Dell	Sin		9-25-	20	19		
Lliana Serrano		Опіс	e Ma	nager		11	JUU	UU	1244	ell)	0 20		. ~		

CK+ 4910 Thy State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	75-19		N	lame (Owner/Operator	. 111 4	V LICE	ASINA-	in!	January		
Agencies Notified	Type Notification		S	treet	Address	2 0	100						
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	Amended		C	ity. St	ate, Zip C	ode '	y cow	2T HO1	SF				
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⊠ DOH	justification)	• • • • • • • • • • • • • • • • • • • •	N	ame o	of Contac	1		l elephor	ne Number - 780	- 7	811	5	
DCA	Cancellation				Jo	MN		607	100		010	_	늬
				FAC	ILITY INF	ORMATION							_
Name of Facility Where	Abatamont is Takin	Place (3	1				Type of Facili	ty (4)					
Name of Facility Where	ESIVENC	=	*				School (K-	12)	W 12\				- 1
	E STY/ E/OC						Subchapte Other (i.e.,	nrivate & co	mmercial	buildir	ngs,		
Street Address						-	homes, et						
							Square Feet	# of Flo	ors	111111111111111111111111111111111111111	g. Ag		
City (5)	AVALOR	1					1500	_ _ Z_		-	0	T	
	AVACOR		-	Count	v Code (7) (STATE	Current Use (demolishe	ed)			
County (6)	PE MAY	11 .		USE	ONLY)		VA	CANIT					_
CAV	E MIM	V V	- 1	SCM N	10	Name of Abatem	nent Contractor	(9)					
Name of Monitoring Firm	n Hired by Building (Wilei	1	OH (KLEN		NC					_
(8)	N.A			_		Street Address						00.10	
Street Address						3695	SPR	CE F	tut_				_
						City State Zin C	Code					-	
City, State, Zip Code						MIAPI	E SHA	DE. N	J	08	0)		
						Telephone No.		Licens	e Nº 3	1			
Project Manager for Mo	onitoring Firm		Teleph	ione i	V O.	8(1.	19-047) H (015	/	_		_
· ·						Name of OSHA	Monitor						
Start Date (10)		Juled Con	npletio	n Date	e (11)	Name of Oot of	TYTOT INC.						_
110-5-	19 1	0-1	5-	-17									
Occupancy Status Duri	ing Abatement (Che	ck only on	ne)			Street Address							_
MI = -Th. Classed //aca	ated During Entire Pe	enou or ~	Michila	ent		7:- (Sado						
Abatement Performs	ed Outside of Norma	i Facility F	Hours			City, State, Zip C	20de						
Other - Describe:													
Scope of Work (Check	all that apoly)					□ Fuil Co	ntainment with	Negative Pre	ssure				
Scope of Work Circux			ovation	,		Mini-En	closure						
≥3 sf or ≥3 lf	7.0	Demk	olition			Gloveb	ag Procedure cempted (*) and	Non-Friable	Procedure	2			
∑≥160 sf or ≥260 lf		4				XINOTE	tempted () and	11011112010		A	bater	ment	
			cation								Typ	е	
		Nom Used S		by		Description of	of	Amo	unt			Е	
Location Asbestos-Containing	1 0f Material (ACM)	Mainte	nance		Asbes	tos Containing Ma thermal systems	insulation	(Spe	cify	R	D	Encapsulate	FUC
Asbestos-Containing TO BE ABA	ATED		todial		(i.e.	surfacing, VAT	, or	SF or	LF)	Removal	Repair	psı	Enclosure
IN Facili	ity	3/35/03/0	2)			other miscellane	ous)			val	1	ılat	ure
(13)		, (·		_								е	
		Yes	No	N/A				07-	71.6-	V			
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							T Name of P	egistered La	ndfill				
Name of Registered W	laste Hauler			DEP V		Cubic Yards of Waste	Name of K	11 /	111	L	1		
			Han	uter 10	No.	3	1	M.C.	M. U	CV	_		_
KLEMC	O THO		1	1		Disposal Date	Cips, State						
City, State	S	MI	T				_ W &	OV BI			_	_	=
MADLE	SHADE	y \(.)			Signature	000/	1	Date -	7	5-1	9	
Completed By	Titk	504	2			7M. S	JUK		1-1	<u>C</u> .			_
MICHAEL	Leum -	50,											

CK # 4910

IN#14801 PAID

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

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M#IUXI) A KAMA	(Pu	rsuanti	o NJAC	8:60 and 12:120))	Fortigen to an adoption of a rest, so we as a production of the control of the co	eris is mission and pro-			_		
Date of Notification (1) 7 5 - 19			Name of Building Owner/Operator (2) PINELANDS CONSTRUCTED SING										
Agencies Notified	Type Notification	Street Address 300 1777 ST.											
∏-BPA	M Initial												
	DEP Amended C				City, State, Zip Code SEA ISLE CITY N.J. 08243								
Emergency (including				Name of Contact Telephone Number									
DOH justification) □ DCA □ Cancellation				FRANIC							=		
FACILITY INFORMATION Type of Facility (4)											4		
Name of Facility Where		Type of Facility School (K-1											
RESIDENCE					Subchapter 8 (Other than K-12)								
Street Address					Other (i.e., private & commercial buildings, homes, etc.)								
						Square Feet	# of Floors		Age	9			
City (5) OCEAN CITY						1200		125	_		=		
County Code (7					7) (STATE Current Use (Prior if being demolished)								
CAPI	Name of Abatement Contractor (9)												
Name of Monitoring Firm Hired by Building Owner ASOM No.					KUMCO INC								
(8) NA					Street Address								
Street Address					369 S. SPRUCE AUE								
City, State, Zip Code					City State Zip Code WAPLE SHADE N. J 08052								
					Telephone No. License No.								
Project Manager for Monitoring Firm Telephone No.					856-779-0472 013.11								
Scheduted Completion Date (1				e (11)	Name of OSHA Monitor								
				9	N/A								
0 -) - 17 (Check only one)				Street Address									
					City, State, Zip Code								
☐ Abatement Performed Outside of Normal Facility Hours					Chy. Sale, Dp Cool								
C) Other - Describe:													
Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure													
Renovation Solution Solution Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
≥160 sf or ≥260 ff					₩ Nou-E	templed / a R		Abatement					
,		Is Locati Normal							Typ	e			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Used Soft Maintena Custod Staff (12)			ty by	400-400	Description of	of Iterial (ACM)	Amount			E E	ш		
			nce/	Asbes	stos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
				(1.0.			SF OF LF)	NOV	pair	Bula	Sur		
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(13) Y		Yes No	N/A				20 1-	0	-				
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		1	+				J	لــــــــــــــــــــــــــــــــــــــ					
			NUDEP		Cubic Yards		gistered Landfill						
Name of Registered Waste Hauter Hauter D.No. of Waste A.E. A.D. A.E.													
KLEMO			111	<u> </u>	Disposal Date-	City, State ?	DBINE 1	7	-				
City. State	SULAIN >	MI T	08	520			DOIME	7		10	,		
MAPLE	SHOWE	e		1000	Signature	Wh	_ : "9-	1:		1	=		
Completed By	KLOMM -	SUV	·										
WICHHOL	1000					1210							

CK* 4910 IN #14824

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Date of Notification (1)	5-19		Na	me of Buildin	g Owner/Operator MOOSE	(2)	ASBESTOS CON LICENSEL	TRO	L&	_	4
Agencies Notified	Type Notification		Str	eet Address	DOX	777					
	M Initial		_	P-C		322					۲
	Amended		Cit	y. State, Zip (Code Tual E	E N.J	08203				
₩ DOF	Amendment #	cluding	_		GANTINE	14.5	The same of the sa		.,1		귀
⊠ DOH	justification)		Na	me of Contac	it , a		Telephone Number				
T DCA	Cancellation			180)B					_	=
			F	ACILITY INF	ORMATION						_
Name of Facility Where	Abatamant is Takiny	Place (3	1			Type of Facilit	y (4)				
Name of Facility Where	ES (WEW LE	-	80			School (K-	12)				
	E STANTAGE					Subchapte	r 8 (Other than K-12) private & commercial	buildir	ngs,		
Street Address						homes, etc					
			-			Square Feet	# of Floors		Age	2	
City (5)	RIGANT	1011=				1000		20) 1	_	_
·	ICIG AND I	W G C	TC	ounty Code (7) (STATE	Current Use (F	Prior if being demolish	ed)			
County (6)	W.C		l ŭ	SE ONLY)	_						=
ATLAN	111	Namor.	- L	M No.	Name of Abatem	ent Contractor (9)				
Name of Monitoring Firm		Whel	1~	Z 1.00			NC				=
(8)	VIA				Street Address						
Street Address					369	S. S.	PRIXE AU				=
					City State, Zip C	ode		_	^-	_	,
City, State, Zip Code					WA	PLE S	HADE NI	(280	2) (=
					Talenhone No.		License No.	. 1			
Project Manager for Mo	nitoring Firm		Telepho	ine No.	856-77	9-0472	4.013	11			_
114/		-			Name of OSHA	Monitor					
Start Date (10)	Scher	duled Con	npletion	Date (11)	Name of OSTA	alla					_
109-5-10	9	0-1	5-1	9	- 144-000	74/					
Status Duri	ng Abatement (Che	ck only or	ne)		Street Address						_
N d//202	ted During Entire Pe	SUDO OI VE	Datellion	ור	7:00	oda					
Abatement Performe	d Outside of Norma	Facility F	Hours		City, State, Zip C	, ,			-		
Other - Describe:											
Scope of Work (Check	all that apoly)				□ Full Co	ntainment with I	Negative Pressure				
Scope of Work (Check	all 00. opp., /	ПРОПО	ovation		☐ Mini-En	closure					
≥3 sf or ≥3 lf			olition		Gloveb	ag Procedure	Non-Friable Procedur	е			
≥160 sf or ≥260 lf	V-111 (A)	(A)			MINORE	terripico (/ arra		A	bater		
			cation						Тур	e	_
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Location	of	Mainte	enance/	Acho	stos Containing Ma	iterial (ACM)	(Specify	R	R	nca	
Asbestos-Containing TO BE ABA	Material (ACM)		todial	(i.e	. thermal systems surfacing, VAT	, or	SF or LF)	Remova	Repair	psu	
IN Facilit	ty		aff? (2)		other miscellane	eous)		val	7	Encapsulate	
(13)		-		-						ш	
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					To U. V. T.	Name of R	egistered Landfill		-		
- In-damed W	aste Hauler			EP Waste	Cubic Yards of Waste	Harrie of IV	A				
Name of Registered W			Hay	er 10 No.	01 11 2510		ACUA.			_	=
ICLEMCO	INC		4	1707	Disposal Date	City, State	S. C. S. A. L. Commercial St.	1-			
City. State		7 1				- IPI	EASANTUL	للا	-		=
MAPLE		(1.)			Signature	107:	Date .	-7~	7-1	9	
Completed By	Tit	PR	27		Me	le M				_	=
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CX71010 PAU	D'		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATI		T) E	G	E [Ŋ	7 [Commence of the second
Date of Notification (1) 9/26/19				f Building f Absec		Operato	or (2)			SEP 3	3 0	201	9	The second second	
Agencies Notified Type Notification			Street A	ddress	1	72.00		- Land Control							
EPA Initial Amended		-		ate, Zip Co					ASB	ESTOS	CO	(TR	OL 8	<u>.1</u>	-
DOL Amendment		_		on NJ 0				L		LICE	NSIA	G_	-	Peter annual p	_]
□ Emergency justification) □ DCA □ Cancellation				f Contact a Thom	pson	811111111111111111111111111111111111111			1995540	ephone 9-641-					
Name of Facility (All Control of Facility (All	DI 10		FACI	LITY INF	ORMAT	TION									
Name of Facility Where Abatement is Takir Vacant Building	ig Place (3	3)					Тур	oe of Facility (000.7001						
Street Address							╁	School (K-1 Subchapter		er than h	K-12)				
544 New Jersey Av							X	Other (i.e. petc.)	orivate	& comm	ercial	build	lings,	home	es,
City (5) Absecon NJ 08201							1000000	uare Feet 00+	# o	f Floors			ldg. A 0+	ge	
County (6) Atlantic			County (Code (7) USE ONLY	,			rrent Use (Pri		ing demo	olishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	1 No.			e of Al	batement Cor	ntractor	(9)					
Street Address						Stree	t Addı	ress					-01 :W-0	-	
City, State, Zip Code						000000	Box	329 Zip Code				0.190908			
								erlin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.			hone 3-753	No. 3-9800		Licens 0072					
Start Date (10) 10/8/19	Schedule		npletion I	Date (11)		Name		SHA Monitor							
Occupancy Status During Abatement (Chec							t Addr	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Anal Facility	Abatem	nent			City,	State,	Zip Code							
Scope of Work (Check All That Apply)							and the							<u> </u>	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit					_ ^	Full Containmonini-Enclosure Glovebag Prog Non-Exempted	e cedure					e	
	11.000	Locati	11/2/2010										Abate	ment	
Location of Asbestos-Containing Material (ACM)		lormal d Sole		Achoe		escriptio		ial (ACM)	^	mount	+		Ту		
TO BE ABATED In Facility	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intenar todial S	ACCOUNT OF THE PARTY OF THE PAR		therma	al systen	ns insu	ulation,	(5	Specify		Rer	Re	Encapsulate	Enc
(13)		(12)				acing, V. miscella			Si	or LF)		Remova	Repair	psula	Enclosure
	Yes	No	N/A									_		ate	G)
2 Large Front Windows			x		(Glazin	g		2	Units		Х			
right Front of The															
Building							-				_				
Name of Registered Waste Hauler		l N	JDEP W	lacto	Cubi	c Yards		Name of	Dogiate	rod I on	dell				
Pernaco Inc.		Н	auler ID 1787		of Wa			ACUA	registe	neu Lan	aiii				
City, State W Berlin NJ					100000	sal Date 8/19	е	City, Stat		TWP N	J 08	234			
Completed by	Title					Signatu	e/	7	100000		Date				
Anthony T Perna	Pres	ident				(4			_	9/2	6/19	9		

Inv# 140	ST													
14 708 PAI			CATION	te of New OF ASBE to NJAC 8	ESTOS A	BATE		T interest		E G E		\mathbb{V}		
Date of Notification (1) 09/25/2019				Building (e of Sair			(2)	Topic question in the case of	South and the same	SEP	d ()	2019	And the second second	
Agencies Notified Type Notification			Street Ac	ddress nvent Ro	d			and and a		ASBESTOS	200	UTRO	11 8	
EPA Initial Amended			6,00	te, Zip Co				-	, and the same of	LICE	NSIN	iG	/ L. O.	
DOL Amendment Emergency		- [areas and	town, N.	J 07960)								
DOH justification) Cancellation			Name of Mr. Ste	Contact eve laco	OVO				0.000	lephone Nur 73-290-40				
Name of Capilla 10/hars Abstract is Tolice	a Diago (2	1	FACII	LITY INFO	ORMATIC	ON	Tur	oe of Facility ((4)					
Name of Facility Where Abatement is Takir O'Connor Hall Street Address	ig Flace (3	·)		93			×	School (K-1	12)	ner than K-12	2)			
2 Convent Rd								Other (i.e. petc.)	private	& commerci	al buil			es,
City (5) Morristown		-					3545.5	uare Feet ,130	5	of Floors		Bldg. A	ge	
County (6) Morris			County (Code (7) ISE ONLY)		_		rrent Use (Pri ollege	ior if be	eing demolish	ned)			
Name of Monitoring Firm Hired by Building Envirovision Consultants, Inc.	Owner (8)		ASCM 0007					batement Cor Safety LLC	ntracto	r (9)				
Street Address 20-21 Wagaraw Rd - Bldg 35E						Street 22 T		ress Lane						
City, State, Zip Code						City, S	tate,	, Zip Code						-
Fair Lawn, NJ 07410 Project Manager for Monitoring Firm			Telephor	ne No		Linco		Park, NJ 0	7035	License N	lo			
Frederick Larson			973-63	86-9145		973-	276	-0099		01317				
Start Date (10) 10/11/2019	10/17/		npletion (Date (11)				SHA Monitor Safety LLC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Occupied NJAC 5:23-8 v	nal Facility	Hours	S		_	City, S	tate,	Lane Zip Code Park, NJ 0	7035		-			
Scope of Work (Check All That Apply)						LITIC	OIII	1 411, 145 0	1000					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				×	1	Full Containm Mini-Enclosure Glovebag Pro	e cedure	1				
	ls	Locat	ion			li	<u> </u>	Non-Exempte	d (*) ar	na ivon-rnad	ne Pro	Abate	ement	I
Location of		Normal d Sole		A a b a a t		cription		riol (A CMA)		Amount		1	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	1,000	intena todial ((12)	110100000000000000000000000000000000000		thermal surfac	systems ing, VA	s ins	r	(Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No No	N/A		other m	iscellar	neou	s)			oval	air	ulate	sure
Basement Corridor (2 Areas)	Х			Pipe	Insula	tion	1	1	00 LF	Х				
						3-7								
Name of Registered Waste Hauler United Safety LLC		H	IJDEP W lauler ID 036820	No.	of Was			Name of Fairles	74556	tered Landfill Idfill				
City, State Lincoln Park, NJ					Dispos TBD	al Date		City, Stat		PA				
Completed by Vanco Petkov	Title Proje	ect Ma	anager		Si	ignature	<i>19.</i>	7	B) Da	ite 9/25/	2019		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NOCK				(P	ursı	ıan	t to NJA	C 8:	:60 and 5:16	6)	-	E	PF	n M	F	T	7	
Date of Notification (1)					Na	me	of Building	Owi	ner/Operator (2	(2)		E	<u>6 E</u>	<u> </u>		-	111	
09/	20 /	19			•	Trus	stees of	Prin	ceton Unive	ersi	ty 🖂					The state of	erazoroari erazoroari equimitar	
Agencies Notified	Type Notifica	ation			St	eet	Address						SEP JO	201	9	I to	#	
⊠ EPA						E.A.	. MacMill	ian	Building			1	04,				- another	
☑ DOLWD	M Amended		,		Cit	y, S	tate, Zip C	ode				-			201	0	-	
☑ DHSS ☑ DCA	Amendm Emergen	_			1	Prin	ceton, N	J 08	3544		Ì	AS	BESTOS C	CONTR	HUL	Ct.		
(NJAC 5:23-8)	justificati		Juding		Na	me	of Contact				Lagrana		Telephone I		r		m/harrisone)	-
7 8 100 100 100 100 100 100 100 100 100 10	☐ Cancellat					Rob	ert F. Or	tego	o, PE				(609) 258	8-184	1			
					ı	-AC	ILITY IN	FOR	RMATION									
Name of Facility Where A	Abatement is 7	Faking	Place	(3)						Ту	pe of Faci	lity (4)					
Princeton Universit	y (Robertso	on Ha	ill)								School (k							
Street Address													(Other than I vate and con		al hu	ildina	9	
Prospect Ave., Prin	nceton Univ	ersit	y - Ma	in C	Camp	ous				-	homes, e	0.00	vato ana con		ui bu	9	Ο,	
City (5)		2								Sc	quare Feet		# of Floors	3	Blo	lg. Ag	је	
Princeton											86,000		5			4 yr	s.	
County (6)					С	oun	ty Code (7	(STA	TE USE ONLY)	Cı	urrent Use	(Prio	r if being der	molish	ed)			
Mercer											Universi	y						
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	AS	CM I	No.	Nar	me of Abateme	ent	Contractor	(9)						
TTI Environmental,	Inc.				0	000	3	E	ast Coast H	łaz	Mat Rem	oval	l, Inc.					
Street Address								Stre	eet Address									
1253 North Church						4	94 East 41st	t St	treet									
City, State, Zip Code						City	, State, Zip Co	ode										
Moorestown, NJ 08	057							Р	aterson, NJ	J 07	504							
Project Manager for Moni	toring Firm			Te	lepho	ne l	Vo.	Tele	ephone No.				License No	0.				
Michael R. Keehn				(856)	-84	0-8800	9	73-345-0022	2			00507					
Start Date (10)	5	Sched	uled Co	ompl	letion	Dat	te (11)	Nar	me of OSHA M	Noni	itor							
02 /11 /	_19_	1	2_ /	_3	30_	/_	19	S	ame as abo	ove								
Occupancy Status During	Abatement (Check	only o	ne)				Stre	eet Address									
☐ Facility Closed/Vacate	876																	
Abatement Performed			100)esc	ribe Time	City	, State, Zip Co	ode								
of Abatement: 7:00Al	M- <u>3:30</u> PM/	Р	M	^	M													
Scope of Work (Check all	that apply)							West Inc.	D									
≥3 sf or ≥3 lf			⊠ Re	nova	tion							Nega	tive Pressur	e				
≥160 sf or ≥260 lf				molit					☐ Glovebag	g Pi	rocedure							
				TE ASS					☐ Non-Exe	emp	ted (*) and	Non-	-Friable Prod	cedure	100			
Location	- 6			Loca	ation				5						Ab		ent T	ype
Asbestos-Containing I		1)	Use	d So	lely b		Asbes	stos (Description o Containing Ma		ial (ACM)		Amount		Rei	Repair	Enc	Enc
TO BE ABA	TED	_			ance I Staf			, the	rmal systems	inst	ulation,		(Specify	,	Removal	oair	aps	Enclosure
IN Facilit	ty		Cusi	(12		11			urfacing, VAT, ner miscellane				SF or LF	-)	a		Encapsulate	ure ure
(10)			Yes	No	N	I/A		Oti	ici illiscellane	Jous	>)						e	
1 st thru 4 th floors (var	ious area's)	П		Г	_	Cement	itou	s Pipe Fittin	nas	·	+	381 LF	:		П	П	
Above Lewis Auditor						7			s Pipe Fittin				30 LF			$\overline{\Box}$		
Windows- 1 ^{st,} 2 nd & 3						ulk/sealant/g				56								
Doors- 1 st fl. N. & S. s		1	_			sealant/glaz				4								
Name of Registered Was							Vaste	-	oic Yards of		ī	agists	ered Landfill		ш	ш		
Freehold Cartage	to i iduloi						No.	Was		1			t Fairles		9			
<u></u>					22	65		5			20120-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	ngiii	I allies	99 [11]	3			
City, State Freehold, NJ									posal Date arious 2019		City, State Morrisv	ille.	PA					
Completed By (Print or Ty	vne)	Title				ur-s			Signature		7	12		Date	2			
James Unger		mat	or/P	roje	ect Mgr.		Mich	z'	(I)	:		1	200	20	·- /	19		

ASB-41 MAY 11

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

		(,						100			-	-11	hll
Date of Notification (1)						vner/Operator (2)			SEP 3	0 20	119	stay had	1
01 / _	28 / 19		1	ruste	es of Prin	nceton Univer	SITY	Tree year	7-77			-	
Agencies Notified	Type Notification		Str	eet Ad	dress		detail party	-	ASBESTOS	CONT	ROL	8	
⊠ EPA			E	E.A. M	acMillian	Building	ganting and		LICE	VSING	~		
⊠ DOLWD	☐ Amended		Cit	y, State	e, Zip Code	9							
⊠ DHSS	Amendment #	udina	I	Prince	ton, NJ 0	8544							-
□ DCA (NJAC 5:23-8)	Emergency (incli	uumg	Na	ame of	Contact				none Number				
(110/10 0.20 0)	☐ Cancellation		1	Rober	t F. Orte	go, PE		(60	9) 258-1841				\dashv
				FACIL	ITY INFO	RMATION							\dashv
Name of Facility Where	Abatement is Taking	Place (3)	i				Type of Facility						
Princeton Univers							☐ School (K-12 ☑ Subchapter	8 (Other	than K-12)				
Street Address							Other (i.e., p	rivate a	nd commercia	al buildi	ngs,		
Prospect Ave., Pr	inceton University	- Main	Cam	pus			homes, etc.		Flores	Bldg.	Δαρ	-	-
City (5)							Square Feet	# 01	Floors	1	yrs.		
Princeton							86,000 Current Use (P	200	ing demolish	/4	yro.		\dashv
County (6)			1	County	Code (7)(S	TATE USE ONLY)	University	1101 11 06	ing dome	J.,			
Mercer						Name of Abateme		1					
Name of Monitoring Fire		wner (8)		SCM No	100		laz Mat Remo		E.	86			
TTI Environmenta	I, Inc.			00003		Street Address	iaz iviat itemio	var, mo					\neg
Street Address						494 East 41s	t Street		20				
1253 North Churc	h Street				- 1	City, State, Zip C							
City, State, Zip Code	20057					Paterson, N.							
Moorestown, NJ (The second secon		Talani	none N	0	Telephone No.		Lic	ense No.				
Project Manager for Mo				6)-840		973-345-002	2	0	0507				
Michael R. Keehn Start Date (10)		uled Cor				Name of OSHA I	Monitor				- 5-10-2		
02 / <u>11</u>		9 /			11/10/10/20	Same as abo	ove						
Occupancy Status Dur	(2) 13				A STATE OF THE PARTY OF THE PAR	Street Address							
☐ Facility Closed/Vac	ated During Entire Pe	riod of A	batem	ent									
	ned Outside of Normal	Facility	Hours	- Desc	ribe	City, State, Zip C	Code						
Time of Abatement	:: <u>7:00</u> AM- <u>3:30</u> PM/	PM		_AM	-								
Scope of Work (Check	all that apply)					NA Full Co	ntainment with N	legative	Pressure				
		⊠ Rer	ovatio	in		Mini-Er	nclosure	eganve	1 1000010				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Der	nolition	n		☑ Gloveb	ag Procedure cempted (*) and	Non-Fria	hle Procedu	re			
		T 1-	l a a a bi			□ Non-Ex	terripted () and				ateme	nt Ty	/pe
Locati	ion of	101	Locati	.5		Description			1820. 0.000.000	R	Re	Е	E
	ion of ing Material (ACM)		d Sole		Asbes	stos Containing N	Material (ACM)		Amount (Specify	Removal	Repair	ıcap	Enclosure
TO BE	ABATED		ntenar odial S		(i.e.	, thermal system surfacing, VA	T, or		SF or LF)	val	7	Encapsulate	ure
10 (100)	acility 3)		(12)	_		other miscella	neous)					te	
830	- 80 	Yes	No	N/A			V2		204 E				П
1 st thru 4 th floors	(various area's)		\boxtimes		Cement	titous Pipe Fit	tings		381 LF	-	블	1	1
Above Lewis Aud	itorium Ceiling		\boxtimes		Cemen	titous Pipe Fit	tings		30 LF				냳
Windows-1 ^{st,} 2 nd			\boxtimes		Windov	v caulk/sealan	nt/glazing		56			Ш	1
Doors- 1 st fl. N. &				In	Door ca	aulk/sealant/g	lazing		4				
Name of Registered				JDEP		Cubic Yards of	Name of R						
Freehold Cartag			F	Hauler I		Waste 50	Waste	Vigmt.	- Fairless I	Hills			
City, State	•			2265		Disposal Date	City, State						
Freehold, NJ						April 2019	Morris	ille, P	4				
Completed By (Print	or Type)	itle				Signature		11		Date	0	2	, 0
James Unger			imate	or/Pro	ject Mgr.	h	me 4.	1/	_/	1	-28	-	1/
ASB-41									. ~ ~				
MAY 11		* Do no	t use i	this for	n for asbe	stos licensure ex	empieu activides						

NOCK		NOT	IFICATIO	State of New Jer ON OF ASBESTO It to NJAC 8:60	S ABATE	EMENT 20)			G E		\mathbb{V}	E
Date of Notification (1) 09/24/2019			Name Kent	of Building Owne Court Apartm	er/Operato	r (2)		5	EP 0	0 ,	2019	Tonkmon
Agencies Notified Type Notification	n			Address Springfield Av	enue		The state of the s	ASBES	STOS	CON	TROI	
▼ EPA ▼ Initial ▼ DEP ▼ DOL Amended Amendme	at #		City, St	tate, Zip Code			<u></u>	The second second second	LICEN	ISIM	3	nomiceone
▼ DOH	y (including	g		nit, NJ 07901			To	lephone i	M. mba			
DCA Cancellation			Juli	Dempsey			100000000000000000000000000000000000000)8-578-2		Si .		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INFORMA	ATION	Type of Facility	(4)					
Residential Building Street Address						School (K-Subchapte Other (i.e.	r 8 (Oth	er than K & comme	(-12) ercial bu	uilding	s, hon	nes,
City (5) Summit						etc.) Square Feet N/A	# o	f Floors A		Bldg.	Age	
County (6) Union	5.115			Code (7) USE ONLY)		Current Use (Pri House	ior if bei	ing demol				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.	Name D&S	of Abatement Co Abatement, Ir	ntractor	(9)				
Street Address					Street	Address osengren Ave						
City, State, Zip Code						state, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No. 345-8685		License 01311	No.			
Start Date (10) 09/26/2019	Schedul 09/27/	ed Co 2019	mpletion	Date (11)	Name	of OSHA Monitor Abatement, In	nc.	0.011				11.555
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire					Street	Address Osengren Aver						
Abatement Performed Outside of Nori Other – Describe: Occupied	mal Facility	/ Hour	nent s		City, S	tate, Zip Code wa, NJ 07512				_		
Scope of Work (Check All That Apply)					1000	wa, NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	©:			ra	
Location of	1	Locat Vorma	lly							Abat	emeni /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ((12)	nce/	Asbestos Cor (i.e. therma surfa	escription ntaining M al systems acing, VAT miscellan	aterial (ACM) insulation, Г, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
15.4	Yes	No	N/A						<u>a</u>		ate	re
Apartment B-11		X		Pipe	e Insulat	ion	95	5 LF	Х			
Name of Registered Waste Hauler		N	JDEP Wa	aste Cubic	Yards	Name of F	Register	ed Lands	II			
D&S Abatement, Inc.		H	auler ID I 0996			Fairless			"			
City, State Totowa, NJ			Dispo TBD	sal Date	City, State Morrisvil		V-					
Completed by Oliver Hegedis	Title Project	ct Ma	nager		Signature	11 11		D	ate 9/24/2	2010		

Print Form

Inv# 14850 V (0415 PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

					nd 12:120	,	- P	G	FI	W	E	1	Table of the last
Date of Notification (1	1) 9/20/2019		Name of	of Building Ow	ner/Ope	rator (2)						Parameter of the Parame	The second second
Agencies Notified	Notification Typ	е		Address Pennell Road		which tags and delicated the		SEP	J 0	2019			
(X) EPA () DEP (X) DOL	(X) Initial Notific () Amended Amendmen			tate, Zip Code PA 19063	1	Appropriate to the control of the co	AS	BEST	OS CO	VTRO	DL &	Sacrata	0.270102-003
() DOH () DCA	() Emergency justification	(including)		of Contact itherland				Li	Tel. Nu (610)89			AND AND A TO	
	() Cancellation	1	FACILI	TY INFORMA	TION								_
Name of Facility Whe	ere Abatement is	Taking Place				Type of Fa		-)					
Street Address 500 South River St.						() Subcha (X) Other	apter 8 (i.e. priv	other ate &	than K- comme	12) rcial l	builc	ings	,
City (5) Hackensack, NJ						Square Fe		# of	Floors	В	Bldg.	Age	2000
County (6) Bergen			County USE OI	Code (7) (ST	ATE	Current Us	se (Prio	r if bei	ng dem	olish	ed)		
- 0	e: II: II. BU	- 0			Nome	of Contracto	or (Q)		1417177777777				_
Name of Monitoring I	Firm Hired by Bid	g. Owner	ASCM	NO.	CID CC	NSTRUCT		RVIC	ES, LLC	;			_
Street Address						Address State Route	17 Sou	ıth Sı	uito #3				
City, State, Zip Code	;					ate, Zip Coo		1111-00	ille #5				
200 E					Lodi. N	J 07644							
Project Manager for	Monitoring Firm	Telephone	Number			one Numbe	r		License		mbe		
(8)					(973)68	35-9791			01191	А			
Scheduled Start Date 10/05/20		Scheduled	10/19/201	on Date (11) 19	Name	of OSHA M	onitor						
Occupancy Status D	ouring Abatement	(Check only	one)		Street	Address							
					1								_
(X) Facility Closed/V () Abatement Perfo	rmed Outside of I	ntire Period o Normal Facil	of Abateme	ent	City, St	tate, Zip Co	de						
(X) Facility Closed/V () Abatement Perfo () Other – Describe	rmed Outside of I	Normal Facil	of Abateme ity Hours	ent				Nagai	tivo Pro	00111			
(X) Facility Closed/V	rmed Outside of le: eck all that apply)	Normal Facil	ity Hours	ent	() Ful () Mir () Glo	l Containme	ent with					°e.	
(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf	ermed Outside of I	() Reno	vation	ent	() Ful () Mir () Glo	l Containme	ent with		Friable	Proc			
(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 Location Asbestos-Containi (ACM) TO BE ABA	ormed Outside of International Control of Inte	Normal Facil	vation olition Normally ely by	Descript Containing N thermal sy	() Ful () Mir () Glo (X) No ion of As Material (I Containment- ni-Enclosure ove bag Pro n-Exempter bestos ACM) (i.e. sulation,	ent with cedure d (*) and		Friable	Proc	eme	nt Ty	T
(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 Location Asbestos-Containi (ACM)	ormed Outside of I	() Reno () Demo	vation olition Normally ely by	Descript Containing I thermal sy surfacing	() Ful () Mir () Glo (X) No ion of As Waterial (I Containment-Enclosure bag Pron-Exempter bestos ACM) (i.e. sulation, or other	ent with cedure d (*) and	d Non- mount pecify	Friable	Proc	edui		/pr
(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 Location Asbestos-Containi (ACM) TO BE ABA in Faciliti	ormed Outside of I	() Reno () Demo () Demo Is Location N Used Sole Maintena Custodial Sta	vation olition varions value ly by since/aff? (12)	Descript Containing N thermal sy surfacing miso	() Ful () Mir () Glo (X) No ion of As Material (/stems in g, VAT, o	I Containment of the containment	ent with cedure d (*) and Ar (S	d Non- mount pecify	Friable	Proc	eme	nt Ty	T
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(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 Location Asbestos-Containi (ACM) TO BE ABA in Facilit (13) Throughout Main Flo	ormed Outside of Inc. eck all that apply) If of ing Material ATED ty oor	() Reno () Demo Is Location N Used Sole Maintena Custodial Sta	vation olition Normally ely by since/ aff? (12) N/A	Descript Containing I thermal sy surfacing miso	() Ful () Mir () Glo (X) No ion of As Material (vstems in g, VAT, o cellaneous s associa Mirrors	Il Containmeni-Enclosure bag Propose bag Propose bestos ACM) (i.e. sulation, or other as)	ent with e cedure d (*) and (S SF	mount pecify or LF)	Friable Removal	Proc Abate	emel Repair	nt Ty	T
(X) Facility Closed/V () Abatement Perfo () Other – Describe Source of Work (Che () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 Location Asbestos-Containi (ACM) TO BE ABA in Facilit (13) Throughout Main Flo	ormed Outside of Inc. eck all that apply) If of ing Material ATED ty oor	() Reno () Demo Is Location N Used Sole Maintena Custodial Sta	vation olition Normally ely by ince/ aff? (12)	Descript Containing I thermal sy surfacing misc	() Ful () Mir () Glo (X) No ion of As Material (vstems in g, VAT, o cellaneou	l Containmeni-Enclosure ove bag Pro on-Exempter bestos ACM) (i.e. sulation, or other us) ted with Waste Na	ent with e cedure d (*) and (S SF	mount pecify or LF) 75 SF Reg. L	Friable	Proc Abate	emel Repair	nt Ty	T

	NITH	55	State of Ne	w Jersey		C	heck #	167	23	
· K11072	2 PATT			BESTOS ABATEMENT 60-7 and 12:120-7	F 200) F C F	1 11	// IT		51
Date of Notification	n (1)		the same and the s	ing Owner/Operator			i ii ii	7 - 15		111
9/24/2019	(A. C. (A. (A. (A. (A. (A. (A. (A. (A. (A. (A		Eric Hei	lner					The same of the	Total State
Agencies Notified	Type Notificat:	ion St	treet Address	3	A Company of the Comp	U SEP 3	0 20	19		1
[]EPA	[X] Initial	.			and the second s	Addition or			her walke	and the same of th
[]DEP	Notificat	ion	ity, State,	Zip Code	Sympton	ASBESTOS	CONT	201.5		The same
[X]DOL	[]Amended Notificat		Montclai	r,NJ,07042	and the second	LICE	VSING	IOL C		-
[X]DOH	NOCILICAL		ame of Contac	et .	Telepho	ne Number			PORE-14 super	No. of Contract of
[]DCA	[]EMERGENCY		Eric Hei	lner	1					
, 1200	[]Cancellati	on		11 mm						
			FACILI	TY INFORMATION						
Name of Facility Wh	ere Abatement is	Taking	Place (3)	5-41-51-Witchisali	Type of Facil	Lity (4)				
Eric Heilner					[]School	기 [2]		10		
Street Address						pter 8 (Other (i.e., privat				
						ouildings, ho				
					Square Feet	# of Floor	s Blo	dg. Z	lge	
City	Co	unty		County Code (7)						
				(STATE USE ONLY)	Current Use	(Prior if bei	ng dem	olis	hed))
Montclair	E:	ssex								
Name of Monitoring	Firm hired by Bu	ilding	ASCM No.		ment Contracto					
Owner (8) N/A				AZTECH M	ianagemen'i	d, Inc.				
Street Address				Street Addres	s					
				86 Chris	stopher St	:.				
City, State, Zip Co	de			City, State,	Zip Code					
1778 NV 178				Montclai	r, NJ 070	142				
Project Manager for	Monitoring Firm	Tele	phone Number	Telephone Num	ber	Li	cense	Numb	er	
	<u> </u>	N/A		(973) 744	1-8800		0037	1		
Scheduled Start Dat	e (10) Sched.	Comple	tion Date (1	1) Name of OSHA	Monitor					
10 04 1	.9 10	7.2		N/A						
	Year Mont									
Occupancy Status Du	ring Abatement open open of the control of the cont	(Check o ing Enti	nly one) Lre Period	Street Addres	s					
of Abatemer	nt									
	erformed Outside			City, State,	Zip Code					
	cribe: «Other Occ									
Scope of Work (Chec	k all that apply	7)					100			
-		5377	Damasan bi an		Containment w Enclosure	ith Negative	Pressu	ire		
[X]>3 sf or []>160 sf			Renovation Demolition		bag Procedure					
		,		[]Non-E	Friable Proced	ure	122-	4		Dr. ma. m
Locatio	n of		Is cation	Description	on of		ADa	teme	E	E
Asbestos-Co			rmally Jsed	Asbestos-Con	taining	Amount	R	R	C	C
Material			olely Main-	Material (i.e., thermal		(Specify SF or	M	P	A P	LO
TO BE AN		ter	nance/	insulation, surf		LF)	V	A	P S U	S
(13)	_	Stai	Ef (12)	or other misce	llaneous)		L	R	L	R
Dagana		Yes	No N/A P:	ipe Insulati	07	150 LF	X		·	E
Basement				The THOUTERT	. • • • • • • • • • • • • • • • • • • •	200 22				
								-	-	-
				Outin Vanda	Name of D	istered Landf	7477			
Name of Registered			EP Waste ler ID No.	Cubic Yards of Waste 1.0	Tri - S					
AZTECH MANAG	MINERI, INC		040							
City, State	. 07040	***************************************		Disposal Date	City, State		Α			
Montclair, No	0/042			10/07/19	Bronx,	NY, 1047	-2			
Completed By (Print	or Type) Title	9		Signature	9 /	7/	Date			
Constantine V	1,000,000	siden	t	1 200	+ fro /	Mican	9/24	/2019)	
				((M)	10000	11100				-

Check No.	State of N	lew Jersey - No	otification of As	bestos Ab	atemer	ıt			
3278 P		De como	.A.C. 8:60-7 and 12		Statement and the statement an		EGI	EIL	VE
Date of Notification (1) September 24, 2019			Name of Buildi The Valley	ng Owner/Ope	erator (2)		CED	20.0	2040
Agencies Notified	Notification	Typo					SEF	30 2	2019 11
X EPA			Street Address			tons tone			1
DCA	1000000	Notification	223 North V	an Dien A	venue	This was			1
	Amend	ment	City, State, Zip	Code	1	A	SBESTO	COOM	TOOL 0
× DOL	Emerge	ncy (including	2010 20 PT 10 PT 1		50 252	, P	SDESTO	2 COM	INULG
⊠ DEP			Ridgewood	1, 190 0/4:	30-2/3	0		ENSING	
x DOH	justili	cation)	Name of Conta	ct		Telep	hone Numi	per	
			William Sta	siak			447-814		
		FACILIT	Y INFORMATION	A-11-0-12-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				•	
Name of Facility Where Abatement i	s Taking Place (3)		Type of Facility	(4)					
Former Offices			School (K-12						
3500 Profession Co. State & British (190 State Profession Co.									
Street Address			Subchapter 8	(other than K-1	(2)				
Street Address			Other (i.e.	. private & com	mercial hu	ildinae	homos oto	1	
676 Winters Avenue			Sq. Feet: U	nknown #	of Eloor	o. 4 D	Ida Ass.	70.	10044925034-01
City (E)			<u> </u>	TRITOWIT #	01 11001	5. 1 0	iug. Age.	10+1	/ears
City (5) Coun	-	County Code (7)	Cumpant Hande						
Paramus Ber	gen	(State Use Only)	Current Use (pr	for if being der	nolished)	: Hosp	oital		
		1011050							
Name of Monitoring Firm Hired by Bl	da. Owner (8)	ASCM No.	Nome of Continu	1 (0)					
Colden Corporation	231. 0 11101 (0)	ACCIVITIO.	Name of Contrac	tor (9)					
Colden Corporation			GREENWOO	D ABATEM	ENT CO	DNSUL	TANTS,	INC.	
Street Address									
131 Varick Street # 939			Street Address						
			511 MAIN ST	REET					
City, State, Zip Code			City State, ZipCo						
New York, NY 10013			Butler, NJ 07						
Project Manager for Monitoring Firm	Telephone N	lumbor							
Jim Miades			Telephone Numb	er		License	Number		
	347.435.		973-492-0477		1	00840)		
Scheduled Start Date (10)	Scheduled C	Completion Date (11)	Name of OSHA N	Monitor					
October 7, 2019	October	31, 2019	EMSL inc.						
Occupancy Status During Abateme	nt (Check only or	ne)	Street Address						
	uring Entire Perio	nd of Abatement	1056 Stelton	Dood					
Abatement Performed Outsid	e of Normal Eaci	lity House	1030 Stellon	Road					
Describe	e of Normal Faci	illy Hours -	0'1 01 1 71 0						
Other - Describe: Vacant			City, State, Zip Co						
			Piscataway, I	NJ 08854					
Source of Work (Check all that apply)									
≥ 3 sf or ≥ 3 lf				x Full	Containn	nent wit	h Negative	Pressur	re
		X Reno	vation	1	Mini-Encle	osure			
□≥ 160 sf or ≥ 260		Demoliti	on		ebag Prod				
							d Non-Fria	blo Dros	and
Location of Asbestos-Containing	Is Location N	lormally Used Solely	Description of Asbest	ns	Amount		Abatement		edure
Material (ACM) in Facility (13)	by Maint./Cu	stodial Staff? (12)	Containing Material (A	ACM) (i.e.	(Specify		Abatement	rype	
		NA O	thermal systems insu	lation	or LF)	F	Remove Rep	air Encar	n Enclose
			surfacing, VAT, or oth	ner miscell)	01 11)				
Basement, 1st & 2nd Floors		Fil		,					
		X	VAT		5,200 sf	1	X		
2 nd Floor			Sheet rock joint co	mpound	250 sf	_ E	X	1	
Name of Reg. Waste Hauler	1			500 ASSAULT - CONTROL - CO			100		1 1
Soo Hauler Delevit 4.2.2	NJDEP Waste	e Hauler ID #	Cubic Yards of W	/aste:		Name of	Registered	Landfill	
See Hauler Below # 1 & 2	See Below			80			Landfill/	- condini	
** 1 000				00			entral Lan	dfill	- 1
Hauler #1) Greenwood Abatem	ent Consultar	its, Inc Butler N.	1.07405	Disposal Dat		City, Sta		uiiii	
NJ DEP # 12561		, = a, 110	01400	October			New Ford I	Dd Morri	iovillo DA
Hauler #2) Newark Carting, Inc.	None I MIYO	4500 NILDER	22				ermit#1807		SVIIIE,PA
I I I I I I I I I I I I I I I		4509, IV.I DEP # 1955	VI.	2019					en
/	- Newark, NJ 0	1007,110 1011 11 1755	•	A STANSON SERVICES	1		3 Pen Am	IE KU P	
, and any of the	- Newark, NJ 0	1005,110 DEL 11 1550	(a).				3 Pen Argy A 18072	ile Ra, Pi	1
			·		F		A 18072	ile Ra, Pi	
Completed by (Print or Type) Marin Graure	<u>Title</u>	T MANAGER	Signature		F	Argyle, P	A 18072	rie Ra, Pr	

GAC # 2019-690

Date of Notification (1	\		To a						Banamanana	Che	ck#	222	1		
Se) ptember 25	2019		Nan	ne of Buil	ding Ow	ner / Ope	erator	(2)		EC	II.		V/	E
Agencies Notified	Type Notifi				et Addre								П	U	
ПЕРА															
DEP				424	2 Route	130 East	t			Processor of the control of the cont	SEP	3 (2	019	Table of the last
DOL	Init	ial		City	State &	7in Code	_						- 33570		1 hom
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DCA		endment	#		mgboro,	140				1 '	ASBEST	US O CENS	ONT	ROL	- &
Швел	Car	ncellation		0.0000000000000000000000000000000000000	ne of Con					-	Te	elepho	ne N	umb	er
				Tom	Ashmai	n					1336	7-624			
				F	ACILIT	Y INFO	RMAT	ION							
Name of Facility Where Bank of America	e Abatemen	t is Taking	Place (3)						lity (4)						
Street Address							_		(K-12)						
4342 Route 130 North	1								pter 8 (Other tha			62			
							Square	Ther	(i.e., private & o	commercial				etc.)	
City (5)							Square	4,00	" 0111	oors 2	Blo	lg. Ag	e 114	1	
Willingboro							Curren		(Prior if being de	molished)			11-		
County (6)			County Cod	do (7)			Bank								
Burlington		1	USE ONLY												
Name of Monitoring Fir Arcadis US, Inc.	m Hired by E	wner (8)		ASC	И No.	Name	of Aba	tement Contract	or (9)						
Street Address							Synate	ch, In	ic.						
One Lincoln Center -	110 West F	ayette Sti	reet, Ste. 3	00			Street 829 Ra								
City, State & Zip Code					Marie Sale			Zip Code							
Syracuse, NY 13202 Project Manager for Mo	nitorina Firm	1	IT.	elephone	Number		Little E	gg Ha	arbor, NJ 08087						
Bret Jennings				70-422-1			Telephi 609-29			Lice	ense Num	ber 0081	7		
Scheduled Start Date (1 October 5, 20		Schedule	ed Complet				Name o	of OSF	A Monitor			000	1		
Occupancy Status Durin	ng Abatemer	nt (Check	only one)	mber 7, 2			Synate Street A								
Facility Closed	Nacated Du	ring Entire	e Period of	Abateme	ent		829 Ra								
Abatement Per Other – Descri		side of No	rmal Hours	S					Zip Code						
Facility Occupi		batement					Little E	gg Ha	rbor, NJ 08087						
Scope of Work (Check a															
п.,								П	Full Containmen	nt with Negati	ive Pressi	ire			
≥3 sf or ≥ 50 lf ≥160 sf or >260 l				Renovat				\boxtimes	Mini-Enclosure		1000	ai C			
≥160 sf or ≥260 l	Ī.			Demolition	on				Glovebag Proce						
Locati	ion of		11-1					\boxtimes	Non-Exempted	(*) and Non-F	riable Pro	ocedu	re		
Asbestos-Containir		ACM)		ion Norm by Mainte				scription	on of ontaining	Amount (C	:6 05		atem	ent T	уре
TO BE A	BATED	,		dial Staff			Mat	erial (/	ACM)	Amount (S or L					
IN Fa (13						1 .			systems					ш	
26. 3	56								acing, VAT ellaneous)			공	Z	nca	En
					20000000							Remova	Repair	sde	Enclosure
			Yes	No	N/A							/al	=	Encapsulate	ure
st Floor			1		X		Car	pet M	astic	2 274	05	1		10	
				Oai	per w	astic	2,374	SF	X						
lame of Registered Was	Vaste	Cubic `	Yards of	Waste		Name of Regist	ered Landfill								
ynatech, Inc.	No.						cred Landilli					- 1			
City, State	429	14 Dispos	al Date			Fairless Hills									
					Dispos	ai Date			City, State						
cittle Egg Harbor, NJ 08087 Completed By						ber 8, 2	019		Morrisville, PA						
Standard West In		Title			Signatu		y water			Date					
iane Aloia	strator	1200	ane.	al	ora		September 2	5, 2019							

09 /	24 / 19				A 200	Owner/Operator (Township Publi		The state of the s	AY		mu osta	dutient som
Agencles Notified	Type Notification	_	-	Street A					SE	110	DS C	OFTH
	M initial			331	Lovis Or	ivo			-	State Contract		-
⊠ òoh ⊠ òolwo	Amended Amendment #_		- [sts, Zip C				7	T	T	
DOCA	Emergency (inc	iuding	1		nt Holly,	NJ 08080	1000	1941-18	57711		_	4
(NJAC 5:23-8)	justification) Cancellation				am Buffi		LVV/A	74cphare Number 609-257-7200	¥51	07.		
				FAC	ILITY IN	FORMATION						-
Name of Foolity Where At	alement is Taking	Place	(3)				Type of Facility	(4)	inc. De	Sec. 1		
John Brainerd Elem	entary School						Subchapter	(Charthan K-15)				1
Street Address 100 Wollner Drive							Other (i.e., p	rivete and commerci	al bul	ldings	h.	1
Clty.(5)		-		-	-		Square Feet	# of Flaces	Big	g. Ag	9	-
Mount Holly				-117			10,000	3	8	0		
County (6)				Count	y Code (7)	HSTATE USE ONLY	10 9974	or if being demolish	ed)	m= 500	FF 20	
Burlington							Elementary				-	
Name of Monkoring Firm I Management & Envi			100	ascm i	10.		ent Contractor (9) onmental, LLC					
Street Address	io. Sensuting	1 m] A (*44			Street Address	AMMINISTRAL PLO				-	-
PO Box 341						623 Cuttor A	vanue					
City, State. Zip Code					-	City, State, Zip C						
Chestorfield, NJ 085			\ 		1-	Maple Shade	, NJ 08082	License No.				_
Project Manager for Monit Bill Weisparbor	oring circu			phone 1 9-298-		Telephone No. 856-755-0091	a	00842				
Start Date (10)	Sched	uled C		lion Dal	the state of the same	Name of OSHA						
09 / 25 /	19 0	9 /	_27	_'/ _	19	EMSL Analy	tical, Inc.					
Occupancy Status During						Street Address						
Focility Closed/Vacata Abstement Performed					eriha	200 Route 1				-		_
Time of Abatement:	AMPN	V6:00	PM-2	00AM	4. I.A.R	City, State, Zip C						
Scope of Work (Check all	that apply)											
23 ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if			gnovel) Silioni			☐ Mint-En	g Procedure	galive Pressure on-Friable Presedue	û			
			a Local						and the local division in	alema	erit Ty	pė
Location Asbestos-Containing I TO BE ABA IN Facilit	visterial (ACM) TED	M	Norma ed Sch eintens stedial (12)	ruca; Ilà pà		Doscription slos Containing M in, thermal systems surfacing, VA	aterial (ACM) I insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		You	70-01	N/A		other miscellan	eons)				12	and the second
			×		Conde	nsate Sink Cost	ing	4 SF	8			
Classroom 1		0	×		Floor	ile and Mastic		12 SF	×			
Classroom 1				0						0	-	
			I						1		-	
		1-		UDEP I		Cupic Yards of	Name of Reg	stored Landfill				
	is Hauter		1	tauler it 15935		Weste 1	Feirless L	andfill				
Classroom 1	is Hauler			ויבכקון		Disposal Date	City, State	- 54				
Classroom 1 Name of Registered Was Freehold Certage City, State	is Haulor			19375			1 SER Annihilar a sitt	8. PA				
Classroom 1 Name of Registered Was Freehold Certage City, State Freehold, NJ				19373		09/27/2019	Morrisvill		-		-	
Classroom 1 Name of Registered Was Freehold Certage City, State Freehold, NJ Completed By (Print or T)	/pe) Titi				Operatio	Signature	201	. Da	10	41	9	
Classroom 1 Name of Registered Was Freehold Certage City, State Freehold, NJ	(pe) Title	Tes P	resid	ent of	Operatio	Signature	201	. Da	10	41	9_	

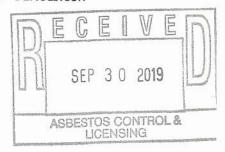
) (F		t to NJAC				rola.	n Ar	19:	304	P		
Date of Notification (1)				of Building			30-50			1 1		1		
9/25/19				rate Buil	ders &	Devel	opers	[Party	ER	F	1 1//	7 15	Fra	
Agencies Notified Type Notification				Address	-+ 0	:- 204				느느	l U	15		
× EPA × Initial				ross Stre		ite 301								
DEP Amended Amendmen	#			tate, Zip Co wood, No		01		1000	SE	9 3 0	20	19		
☐ Emergency	(including	9		of Contact	0071				lephone N	S 25E W	i i i i i i i i i i i i i i i i i i i		Secured	
DOH justification) DCA Cancellation				ly Tendle	er			7	32-941-(ASBES	1200 -	macromotopic	sundrivers of		
				ILITY INF		ION			ASBES	ICENS	ONTE	ROL	St.	
Name of Facility Where Abatement is Takir building	g Place ((3)					Type of Fac	lity (4)		14.114.	III V CA			
Street Address							School	(K-12) opter 8 (Otl	orthan K	10)				
184 Kinderkamack Road								i.e. private			ldings	, hom	es,	
City (5)							Square Feet	# (of Floors	1	Bldg. A	Age		
Emerson	570						2000	1			83			
County (6)			County	Code (7) USE ONLY	7		Current Use	(Prior if be	ing demol	ished)				
Bergen	- 15						building			10.00000				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.			of Abatement Environme			_C				
Street Address						Street Address								
						4 E (Gate Drive,	ve, PO Box 483						
City, State, Zip Code							tate, Zip Code							
Project Manager for Maritaring Fire		Telepho				wood, NJ	07418							
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm						one No. 764-2276		License 703	No.				
Start Date (10) 10/18/19			mpletion	Date (11)		Name	of OSHA Mon	itor						
	11/7/1											-5		
Occupancy Status During Abatement (Chec						Street	Address						3	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent s			City, S	tate, Zip Code							
Scope of Work (Check All That Apply)											8-1111	77	-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processor .	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						ure		
	Is	Locati	ion									ement		
Location of		Normal	ly		De	scription	of				Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellan	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							<u>a</u>	_	late	ire	
See attached														
Name of Decisions of Marie 1														
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 4509		of Was		4 55 5	of Registend of Centra			ndfill			
City, State Newark NJ				sal Date	City, S	State Argyl, P.	Δ							
Completed by	Title					ignature		951, 1		Date				
A. Scott Higgins	ident					11		1000	9/25/19	9				

ABS ENVIRONMENTAL SERVICES L.L.C.

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

184 Kinderkamack Road Emerson, NJ

ASBESTOS REMOVAL



LOCATION	ASBESTOS MATERIAL	AMOUNT
Basement	Air Cell	230 LF
Basement	Elbow	20 SF
Back Kitchen 1st Floor Rear Apt.	1 Tile	270 SF
Commercial Space Entrance	Brown Tile	5 SF
Commercial Space Back by Stairs	Floor Tile	30 SF
Bedroom/Storage	Floor Tile & Mastic	100 SF
Apartment 3 1st Bedroom	Black Tile	110 SF
Hallway Apt 3	Dark Red Tile	90 SF
2 nd Floor Apt 2 Kitchen	Green Tile	70 SF
2 nd Floor Apt 2 Back Bedroom	Green Tile	100 SF
Roof	Flashing	150 SF

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

PHONE FAX E-MAIL Web (877) 434-6041 (973) 764-9676 <u>absenv@warwick.net</u> www.absenvironmental.com

State of New Jersey NPTIFICATION OF ASBESTOS A

U Z	M II	Ľ	(Pursua	ant to NJA	AC 8:60 a	S ABATE	MENT D)	Mo	ali	1	9-	2/	37	>
Date of Notification (1) 9/25/19						r/Operator				-			,)	
			Acc	urate Bu	uilders 8	& Develo	pers			and L	2 @		//	Minimum
Agencies Notified Type Notific	ation		10	t Address		20.00			-11	NE	6	E	10	W/
EPA Initial				Cross St		uite 301					- northwester	-	Market Street	to the second
DEP Amend	led ment#			State, Zip		22 11				100	050	_	20	
Emerge	ency (includia	ng		ewood,		01					SEP	3	0 2	019
[DOH	ition)	Ü	N 000000	of Conta						ephone N				
Cancel	lation			dy Tend					73	2-941-(300	20.0	C 1 120	Processing and
Name of Facility Where Abatement is	Taking Place	(3)	FA	CILITY IN	IFORMA	TION	_	/ F 100 / /			LIC	CENT	UNI	1141
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Street Address					12-11-11		L S	chool (K-12 ubchapter 8	2)		40)			
214 Kinderkamack Road							× 0	ther (i.e. pri	ivate 8	commer	rcial bu	ildina	s. hor	nes
City (5)							e	ic.)						
Emerson							Square 1900	ereet	# of	Floors		Bldg.	Age	
County (6)			Count	y Code (7)			tillas (Daiss				78		
Bergen			(STATE	E USE ONL	(Y)		buildi	t Use (Prior	II bein	ig demoli	shed)			
Name of Monitoring Firm Hired by Build	ding Owner (3)	ASC	CM No.		Name o		0	actor /	0)				
							Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address						Street Address								
	v State 7in Code						4 E Gate Drive, PO Box 483							
City, State, Zip Code						City, Sta						-		
								NJ 0741	8					
Project Manager for Monitoring Firm			Teleph	one No.		Telepho			License No.					
Ct- 1 D 1 / 1/2						973-7	64-22	76	703					
Start Date (10) 10/12/19			mpletion	Date (11)	Name o	f OSHA	Monitor						
	11/7/1													
Occupancy Status During Abatement (C						Street Address								
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	tire Period of Normal Facilit	Abater y Hour	ment 's			City, Sta	ite, Zip	Code	<u> </u>					
Scope of Work (Check All That Apply)														
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≥ 160 sf or ≥260 lf	-	Renova Demoli				×	legative	Pressu	re					
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14						×	Non-E	xempted (*) and I	Von-Frial	ole Pro	cedur	е	
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TO BE ABATED	IVIE	intena	nce/	Asbes	stos Cont . thermal	aining Mat systems ir	terial (A	CM)		ount	-		Ф	m
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(10)	-			-	other m	niscellaneo	ous)			Santa fix	Removal	pair	Encapsulate	Enclosure
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Newark Carting		1 17.000	auler ID		Cubic \ of Was		1000	ame of Reg						
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City, State			Disposa		sposal Date City, State		-102				-			
Newark NJ			TBD		F	en Argyl,	PA							

Date

9/25/19

Signature

Completed by

A. Scott Higgins

Title

President

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

			NOTI	ursuan	N OF ASB	ESTO: 8:60 a	S ABATE nd 12:12	MENT 0)	\bigcap	Doal	LI	93	00	
Date of Notification (1) 9/25/19					of Building rate Build									
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ĭ EPA IX	Initial				ross Stre	et, Su	uite 301		Total Control of the	小片		5 1	T.	느
DEP	Amended	12			tate, Zip Co					200	٥٥٥	0.0		
X DOL	Amendment Emergency (_		wood, NJ	087	01			Ш	SEP	30	2019	9
Ĭ DOH	justification)	oiddii i			of Contact				- 1	elephone				-
DCA	Cancellation				dy Tendle				7	32 ¹ 941	-0300	2001	JTDO	1-0
Name of Facility Where Abate	ment is Taking	Place (3)	FAC	ILITY INFO	ORMA	TION	Type of Facility	(4)		LIGI	NSIN	G	r ot
building								School (K	-12)					
Street Address 176 Kinderkamack Roa	d							Subchapte Other (i.e.	er 8 (Otl			ıildings	, hom	es,
City (5)								etc.) Square Feet	# 0	of Floors		Bldg.	Age	
Emerson								1500	1			81	3	
County (6) Bergen					Code (7) USE ONLY)			Current Use (P	rior if be	eing demo	olished)	- 11150-6		
Name of Monitoring Firm Hired	d by Building C	wpor /9			M No.		News	building		(0)				
Traine or Morntoning Firm Fines	a by building C	witer (o	1	ASCI	IVI NO.			of Abatement Co Environment	tal Services, LLC					
Street Address								Address						
City, State, Zip Code								Gate Drive, P	O Box 483					
City, State, Zip Code						tate, Zip Code wood, NJ 07	418							
Project Manager for Monitoring		Telepho	one No.		Teleph	one No.		Licens	e No.					
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	764-2276 of OSHA Monito	r	703				
10/11/19		11/7/1	9											
Occupancy Status During Aba	tement (Check	Only O	ne)				Street	Address					. February	
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	ouring Entire Partiside of Norma	eriod of al Facilit	Abaten y Hours	nent s			City, State, Zip Code							
Scope of Work (Check All That	(Apply)						1					+		-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Personal Property lives and the last and the	Renova Demolii				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re		
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TO BE ABATED In Facility (13)		0.0000000000000000000000000000000000000	intena todial 8 (12)			herma surfa		insulation. T, or	(5	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Newark Carting					No.	of Wa				al Sanit		ndfill		
City, State Newark NJ						Dispo	sal Date	City, Sta Pen A		Α				
Completed by		Title		-			Signature		37'1'		Date	-701		
A. Scott Higgins	ident			-		11_			9/25/1	9				

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Date of Notification (1) 9/25/19					of Building ate Build			1000000		Tren	NE	CE		\mathbb{V}	
Agencies Notified Typ	e Notification			Street A	Address					111	11-	ALTERNATION OF THE PARTY OF THE	Control of the Contro		1
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				FACI	ILITY INFO	ORMAT	ION			- Janes	DESCRIPTION OF THE PROPERTY OF	Abeliatormomor	100		
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home									School (K-12	2)					
Street Address									Subchapter 8				lalla wa	la aura	
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Emerson								1400	0	2			80		
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Bergen					USE ONLY)	-									
Name of Monitoring Firm Hire	d by Building	Owner (8))	ASCN	ИNo.				tement Cont		18 8	_			
0 110							ABS Environmental Services, LLC								
Street Address							Street Address								
074 04-1- 77 0 1							4 E Gate Drive, PO Box 483								
City, State, Zip Code							City, State, Zip Code								
Desirat Manager for Manifester	F:							Glenwood, NJ 07418							
Project Manager for Monitorin	g Firm			Telepho	ne No.		I	Telephone No. License No. 973-764-2276 703							
Start Date (10)		Cabadul		!!	D-t- (44)		Name of OSHA Monitor								
10/4/19		11/4/1		npietion	Date (11)		Name	of USF	HA Monitor						1
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		A					Street	Addres	55						
Facility Closed/Vacated I Abatement Performed Or	During Entire I utside of Norn	Period of a	Abaten / Hours	nent			City S	tate 7	ip Code				/		_
Other - Describe:							Oity, O	riate, Z	ip Code						
Scope of Work (Check All Tha	at Apply)							All la correct						restle-	-
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× ≥160 sf or ≥260 lf		-	Demolit						l Containmer ni-Enclosure	it with	Negative	Pressi	ıre		
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TO BE ABATED			intena todial S			thermal	systems	s insula			pecify	R	77	Enc	E
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(13)						Other	inscenai	ieous)				val	=	Encapsulate	ure
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Newark Carting				4509		TBD			Grand C	entra	al Sanita	ary La	ndfill		
City, State D					Dispo	sal Date		City, State							
Newark NJ TE					TBD		(Pen Arg	yl, P	A					
Completed by	Title					5	Signature)	1		1	Date			
A. Scott Higgins	President						9/25/19								

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

19 Lincoln Boulevard Emerson, NJ

ASBESTOS REMOVAL



LOCATION	ASBESTOS MATERIAL	<u>AMOUNT</u>
Basement Finished Room	Air Cell	10 LF
Foyer 1st Floor Entrance	Brown Tile	70 SF
1st Floor Bedroom Walls	Core SR-JC	300 SF
Stairs	Red Tile	30 SF
Kitchen	Green Tile	100 SF
2 nd Floor Last Bedroom	Beige Tile	110 SF
Exterior	Siding	1,500 SF
Roof – porch	Rolled Roofing	150 SF
Roof – porch	Tar Paper	150 SF
Roof – porch	Core	150 SF

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

PHONE FAX E-MAIL Web

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

PAI	D	NOTIF (F	ICATIO	state of New N OF ASBE t to NJAC 8	ESTOS	ABATE	MENT		noh.	10) Z	<u> </u>		
Date of Notification (1)				of Building (١(9		
9/25/19				rate Build	lers &	Develo	pers		Im E		E		\mathbb{W}	E
Agencies Notified Type Notification				Address ross Stree	et Sui	te 301				endage Personni	and something		Description	-
EPA Initial Amended		-		tate, Zip Cod		10 00 1				SE	P 3	0	2019	
DOL Amendmen Emergency				wood, NJ		1				UL		U	2013	No.
DOH justification)				of Contact					Telephon	Value Covariante	PARTICIONS CO	north (Strike	entrependenting	- Constant
DCA Cancellation	1			y Tendle		ON			732-94	13.030	00S	NISP VISP	ITRO G	1.8
Name of Facility Where Abatement is Takir	g Place ((3)	FAC	ILITY INFO	KWAII	ON	Туре	of Facility (4)	Lames constant	and or the parties		-	arresponding	
building								School (K-12)						-
Street Address								Subchapter 8 Other (i.e. priv	(Other than	n K-12) Lbuil	dinae	home	00
76-78 Linwood Avenue City (5)								etc.)						75,
Emerson							Squa 180	re Feet	# of Floor 2	S		Bldg. A B1	\ge	
County (6)		T		Code (7)				nt Use (Prior		nolish				
Bergen			(STATE	USE ONLY)	0.00	_	build	77.50	J					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name of Abatement Contractor (9)								
Street Address					ABS Environmental Services, LLC						-10001-			
Officer Address					Street Address 4 E Gate Drive, PO Box 483									
City, State, Zip Code					City, State, Zip Code									
								, NJ 07418	118					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph			License No.					
Start Date (10)	Cahadul	lad Car	nalation	Dete (44)		973-		703						
10/7/19	11/7/1		npietion	Date (11)		Name	of OSF	A Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	SS						
Facility Closed/Vacated During Entire	Period of	Abaten	nent											
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	3			City, State, Zip Code								
Scope of Work (Check All That Apply)										2017				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					ге			
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Location of Asbestos-Containing Material (ACM)		Normal ed Sole		A -1		cription			1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ту	pe	
TO BE ABATED In Facility	Ma	intena todial S (12)	nce/	100	hermal : surfac	systems ing, VAT	insula Г, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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Completed by	Signature				1		Date			2///				
A. Scott Higgins	ident 9/25/19					9								

check # 13654

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

GAC Project # 060-19	1	_						-			www.com/					
Date of Notification (1) Septem	her 25	2019			Name of Building Owne			VEDE	137		EI	W				
Agencies Notified	ibel 25	Notificatio	n Tyne		RUTGERS, THE S	IAI	E UNI	VERS	NIX-0	I-NJ						
- Igeneral Training		⊠ Initial		ation	ENVIRONMENTAL	HE	M TH	R SA	FETV	DEPT	/DEH	181				
☐ EPA				tification #	74 STREET 1603,	BID	2 /11/	S I IV	MGS.	TONT C	ANDI	2019				
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X DOL			cation)		PISCATAWAY, NJ	กลละ	5/1									
DEP- No Longer REQUIR	ED	Cance		li di	Name of Contact	0000) -	Teler	ohona	10 1550 LIC	S 001	NTROL				
⊠ DOH		Licance	illed		MICHAEL F. SMIT	H EV	W	2/2	115	550LIC	ENSIN	VG				
					HEALTH & SAFET			040		.000						
				FACILITY IN	FORMATION	1										
Name of Facility Where Abatem					Type of Facility (4)	-100										
WAKSMAN HALL, BLD	OG# 35	73			School (K-12)											
					Subchapter 8 (other th	an K-1	2)									
Street Address					☐ Other (i.e. private & commercial buildings, homes, etc.)											
BUSCH CAMPUS										80+ y	ears					
City (5)	County (6))	County	/ Code (7)						-						
PISCATAWAY		LESEX		Use Only)	Current Use (prior if beir	ng dem	olished): AC	ADEMI	C						
			15	2001	Woods to the control of the control											
Name of Monitoring Firm Hired	by Bldg C)wner (8)	ASCM	1001	Name of Contractor (9)											
ATC	by blug. c	ZWIICI (O)	0009		ivalile of Contractor (9)											
			000.	,0	GREENWOOD ABA	TEM	ENT C	ONSL	JLTAN	TS. INC	3 .					
Street Address					Street Address			0.100		,,,,,,,,						
3 TERRI LANE					511 MAIN STREET											
City, State, Zip Code					City State, ZipCode	eginales.										
BURLINGTON, NJ 0		ya. Naza majuri ya mar			BUTLER, NJ 07405											
Project Manager for Monitoring	Firm	Telephone			Telephone Number			Licens	se Numb	<u>oer</u>						
BRIAN R. KEARNEY		609-386	-8800		072 400 0477											
Scheduled Start Date (10)		Scheduled	Completi	on Date (11)	973-492-0477 Name of OSHA Monitor			0084	10							
10/4/2019		10/7/201	9	on Date (11)	ENVIROVISION, IN	C.										
Occupancy Status During Aba				0.40	Street Address 20-21 WARGARAW ROAD, BLDG# 35E											
Facility Closed/Vacated Dur				Tt.	20-21 WARGARAW	RUA	D, BL	UG# 3	55E							
Abatement Performed Outs	ide of No	rmai Facility	Hours		City, State, Zip Code											
☐Facility Occupied During Ab ☐ Other- Describe:	atement				FAIRLAWN, NJ 074	10										
	EABI (OA	UDC 9 W	//_L	IDC AC												
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□ ≥ 3 sf or >3 lf				Renovation			-Enclos		illi Noge	201701100	35010					
区≥ 160 sf or ≥ 26	0 If			☐ Demolition					ire / Wr:	ap & Cut						
_										n-Friable	Proces	dura				
Location of Asbestos-Containing	Is Loc	cation Norma	lly Used	Description of As	bestos Containing Material	2211011	Amoun		_	ment Type		uuie				
Material (ACM) in Facility (13)	Solely	y by Maint./C		(ACM) (i.e. therm	nal systems insulation, surfac	ing,	(Specif		355775		7					
		? (12)		VAT, or other mis	scell.)	-	or LF)	50	Remov Enclose	e Repair	Encap					
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Rooms 229 & 231		X		VAT		N 2002	1050	SF	X		1					
										1	1					
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	r ID #	Cubic Yards of Waste: 30 CV Name of Registered Land						ndfill	_				
See Hauler Below #1 & 2						Cubic Yards of Waste: 30 CY Name of Registered Landfill G.R.O.W.S. North Landfill						ill				
						I Di-	and Diri	N.340-0021613.				10 E				
	uler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561					Dispo	osal Dat	<u>e</u>		City, Stat 100 New		Mill				
	uler #2) Newark Carting, Inc., Newark, NJ 04509					40/	7/0040			Rd. Morr						
NJ DEP # 4509						10/	7/2019			19067						
					215-736-1700											
Completed by (Print or Type)	Completed by (Print or Type) Title					Signature Date										
RAYMOND C. PEDALIN	NO S	ENIOR P	ROJEC	CT												
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Raymond C. Pedalino September 25, 2019											

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

6 /	7 [1 [$\overline{\Box}$										Pr	int F	
CCNO.2030 PL	7/	иотіғ (Р	CATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT	г		IE	GE		W	E	
Date of Notification (1)			Name o	of Building	Owner/	Operator	(2)		112		The state of the s				
9/25/19				al Manu					THE STATE OF THE S		FP :	0	0040	T T T T T T T T T T T T T T T T T T T	
Agencies Notified Type Notification			Street A	Address					from less	-	ICF ;	U_	2015	+	
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DEP Amended			955300	ate, Zip C						ASBE	STOS	CON	TRO	1 &	
X DOL Amendment Emergency		_		ood, Ne		sey 074	-07		- Interpretation	TOTAL CONTRACTOR	LICE	ISIN	g .		
DOH justification)	(C) =	· [f Contact					100000000000000000000000000000000000000	phone N					
DCA Cancellation	!			napick					973 222-8340						
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (4	4)			_			
Marcal Manufacturing Facility Buil							Type		NOTO NOTO						
Street Address							H	School (K-1 Subchapter		r than K	-12)				
1 Market Street							×	Other (i.e. p				dings	, home	es,	
City (5)							Sau	etc.) are Feet	# of F	Floors	T E	Bldg. A	Age		
Elmwood							250		1			50+	-3-		
County (6)				Code (7)			Curr	ent Use (Pric	or if being	g demol	ished)	100100			
Bergen			(STATE	USE ONLY)		Str	ucture den	lemaged after fire						
	Name of Monitoring Firm Hired by Building Owner (8)							atement Con							
Partner Engineering and Science,	Street Address							Nova Development Group,Inc.							
					Street Address										
362 Fifth Avenue Suite 501							nsend Stre	et							
City, State, Zip Code New York, New York 10001								Zip Code	NJ 08901						
Project Manager for Monitoring Firm			Talanho	no No		-		Control of the Contro			NI-		177		
Lisa R. Sauer							Telephone No. License No. 732 565-3655 01284								
Start Date (10)	Schedul	ed Con	ompletion Date (11) Name of OSH.				-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,		01201						
10/9/19	6/30/2		EMCA												
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	SS			1777				
Facility Closed/Vacated During Entire F	Period of	Abaten	nent			17 M	lered	ith Pl.							
Abatement Performed Outside of Norm Other – Describe: Co-migled RACM di	al Facility	/ Hours	i					ip Code							
	sposai				_	Pisca	atawa	ay, NJ 088	354						
Scope of Work (Check All That Apply)								519							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova				-	Fu	II Containme	nt with N	Vegative	Pressu	re			
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,	Т						No	n-Exempted	(*) and I	Non-Fri	able Pro	cedur	е		
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Location of Asbestos-Containing Material (ACM)		Normali d Sole		Anhan	De	scription	of	1.44.00.40		200 420		.,		\Box	
TO BE ABATED		intenar todial S		(i.e.	thermal	taining M	insul	ation,		ount ecify	R	77	Enc	g l	
In Facility (13)	Cus	(12)	oldii!	58	surfa	cing, VA	T, or		SF o	or LÉ)	Remova	Repair	aps	Enclosure	
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<u></u>	Yes	No	N/A		- W - 17						_		U		
Entire structure			X	Co-	mingle	d RAC	M De	ebris	3000) ton	κ				
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Earthwatch Waste System		Н	auler ID	No.	of Was	ste		Grand C	374			dfill	Inc		
City, State		S	W-292	7	3000					Jariila	ary Lai	iuiii,	1116.		
Buffalo, New York 14225			100	sal Date Dec 20	10	City, State Pen Arg		18070	1						
Completed by						I remaig	yı, PA								
Todd Grant	ent Signature Date 9/25/				9/25/1	9									

10.N. # 14.140

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Date of Notification (1)								Owner/Operator			15	b	<u>L</u>		U		
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(NJAC 5:23-8)	justifica		ICIUUII	ıg	Nan	ne of Contac	ct				Telepl	hone N	lumbe	er			
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Name of Facility Where A		Takin	g Plac	e (3)					Type of Facil	lity (4	1)						
PNC Bank Arts Cen	ter	×						N. C.	School (K		/O4h	46 a.a. 17	40)				
Street Address	2.22								☐ Subchapt ☐ Other (i.e.					al bu	ildin	gs,	
Garden State Parkw	ay Milepo	st 11	5.0						homes, e	- ·	T						
City (5) Holmdel									Square Feet		# of F	Floors		BI	dg. A	ge	
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Monmouth					000	inty Code (/)(31	ATE USE UNLY)	Current Use Restroom		r it beir	ng aem	iolisne	ea)			
Name of Monitoring Firm I	Hired by Buil	ldina (Owner	(8)	ASCN	I No	N	ame of Abateme									_
N/A				(-)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AbateTech, Ir		(5)							
Street Address							_	reet Address									
								30 Maple Ave	. PO Box 25	i							
City, State, Zip Code				W 000			Ci	ty, State, Zip Co	ode			1.13	1,555				
								Lumberton, N	IJ 08048								
Project Manager for Monito	oring Firm			Fel	ephone	No.		elephone No.			Licen	se No.)				
Charl Date (10)	t Manager for Monitoring Firm Date (10) Scheduled Co						1	609-265-2107			00	529		10000	511-JV 11		
Start Date (10) 9 / 9 /	- common 4 65	1	uled C			ate (11) 19	10000	me of OSHA M	3777.23.737.70.								2/
								EMSL Analyti	cai					_			
Occupancy Status During / Facility Closed/Vacated	/ \			-	ment			reet Address 200 Route 130									
☐ Abatement Performed (Outside of N	ormal				scribe						-	-				_
Time of Abatement:	AM`	PN	1/	PM		_AM	City, State, Zip Code Cinnaminson, NJ 08077										
Scope of Work (Check all t	hat apply)							10000									
☐ ≥3 sf or >3 If			ПRe	novat	ion			☐ Full Conta	ainment with N	legat	ive Pre	essure					
≥160 sf or ≥260 lf			☑ De					☐ Glovebag	Procedure								
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Asbestos-Containing M	aterial (ACM	1)	Use	d Sol	ely by			Containing Mat	erial (ACM)		Am	ount		Ren	Repair	Encapsulate	Enc
TO BE ABAT IN Facility				intena todial	Staff?	(i.e.		ermal systems in surfacing, VAT,				ecify or LF)		Removal	air	apsı	Enclosure
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			Yes	No	N/A												
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			П	П						+			-				
Name of Registered Waste	Hauler				JDEP	Waste I	Cui	bic Yards of	Name of Reg	riste	ed Lar	ndfill			ш		_
AbateTech, Inc.					lauler I	D No.	Wa	ste	G.R.O.W.								
City, State					1875)		posal Date	City, State			100.67					_
Lumberton, NJ								0/2/19	Tullytown	n, P	A						
Completed By (Print or Type	e)	Title					_	Signature	9f) 4	^			Date				
Lauren Welch		1915-20168	st. O	pera	tions (Coordinat	or	19	1			-	9.	10	11	9	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	40					ing Owner/Operator	11	/		March Control Proper		
	19 /	19	_		New Jerse	y Turnpike Auth	ority / Job #190					
Agencies Notified	Type Notific	ation		St	reet Address	3		U SEP	3-0	2013		11/
⊠ EPA	☐ Initial				1 Turnpike	Plaza	The sale of the sa				1	
				Cit	y, State, Zip	Code		ASBESTO	S CON	TOC	1 0	
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(NJAC 5:23-8)	☐ Emerger justificati		aing	_	me of Conta	50(5)	For employing	Telephone Nu	ımher	ee Wilderbyns	error american	P FASTER PROPERTY.
	☐ Cancella				loseph Liv	ingston		732-750-5		276		
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Name of Facility Where Ab	patement is 1	Taking Pl	ace (3		ACILITT	NFORWATION	Type of Engility	4)				
PNC Bank Arts Cent		raking r	acc (5	,			Type of Facility (3-15 N				
Street Address							School (K-12		12)			
Garden State Parkwa	w Milonos	+ 11C D					Other (i.e., pr			uildin	gs,	
City (5)	ay milepos	110.0					homes, etc.)					
Holmdel							Square Feet	# of Floors	E	Bldg. A	.ge	
				- 1 -								
County (6)				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demo	olished)			
Monmouth							Concession					
Name of Monitoring Firm H	ired by Build	ling Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
N/A						AbateTech, I	Inc.					
Street Address						Street Address						
						30 Maple Av	e. PO Box 25					
City, State, Zip Code						City, State, Zip C	ode					
						Lumberton, I	NJ 08048					
Project Manager for Monitor	ring Firm		I	elephon	e No.	Telephone No.		License No.				
		/				609-265-2107	7	00529				
Start Date (10)	99000	1			Date (11)	Name of OSHA N	Monitor					11 mg//
9/_9_/_	19	/10	/ _	2_/	19	EMSL Analyt	ical					
Occupancy Status During A	batement (C	heck onl	y one)			Street Address						_
☐ Facility Closed/Vacated I	During Entire	Period	of-Aba	tement		200 Route 13	0 North					
☐ Abatement Performed O	utside of No	mal Fac	ility Ho	ours - De	escribe	City, State, Zip Co						_
Time of Abatement:	AM	PM/	PI	M	_AM	Cinnaminson						
Scope of Work (Check all th	at apply)						.,					
	11 77	_					tainment with Nega	tive Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Renova Demoli			☐ Mini-Enc ☐ Glovebag	losure					
24 _ 100 01 01 <u>- 2</u> 00 11			Jemon	illon		⊠ Non-Exe	mpted (*) and Non-	Friable Proced	ure			
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Location of			Norm			Description o	f		1000	_		_
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TO BE ABATE IN Facility	<u>U</u>	100000		al Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	SVO	air	sde	uso
(13)			(12	2)		other miscellane		SF OF LF)	=		Encapsulate	ē
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Concession Building Sc	outh			П	Roof FI	ashing		280 SF		П	П	П
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AbateTech, Inc.	1000000			Hauler	ID No.	Waste	G.R.O.W.S. I					
City, State				1875	0	20 Dianagel Data		-andmi				
Lumberton, NJ						Disposal Date	City, State					
**************************************						10/2/19	Tullytown, P	A				
Completed By (Print or Type))	Title				Signature	11/	D	ate	. ^	,	^
Lauren Welch		Asst.	Opera	ations	Coordinat	or /	11		G-	16	-1	1

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Date of Notification (1)		72			Nar	ne of Buildi	ing (Owner/Operator	(2)	111111111111111111111111111111111111111	ED 3	n	onin	-
		1	9		N	ew Jerse	y T	urnpike Auth	ority / Job #19	08-5526 Ch	eck#	V	CUIJ	1
Agencies Notified	Type Notif	fication	1		Stre	et Address				l de la companya de l	-			
☑ EPA ☑ DOLWD	☐ Initial ☐ Amend	lod			1	Turnpike	Pla	aza		ASSE	ESTOS	COI	CTRC	1.8
☑ DHSS	Amend		#1		City	, State, Zip	Co	de			212-101	124116	and restore	anning and the second
☐ DCA	☐ Emerge		-	ng	W	oodbridg	je, l	NJ 07095						
(NJAC 5:23-8)	justifica					ne of Conta		1000 m		Telephone	Number			
	☐ Cancel	lation			Jo	seph Liv	ing	ıston		732-750	-5300	827	6	
					F	ACILITY I	NF	ORMATION						
Name of Facility Where A		Takin	g Plac	ce (3)					Type of Facility	3 850.5				
PNC Bank Arts Cen	iter								School (K-1	(2)	V 40\			
Street Address									☐ Subchapter ☑ Other (i.e.,	o (Other than private and cor	K-12) mmercia	buil	dings.	
Garden State Parkw City (5)	vay Milepo	ost 11	6.0	10					homes, etc				3 ,	
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Name of Monitoring Firm I	Hirad by Pui	ilalina ((0)	1001	4.51			Concessio					
N/A	rilled by bui	nuing C	Jwner	(8)	ASCN	ī No.	1		ent Contractor (9)				
Street Address							-	AbateTech, I	nc.					
ou our ladroos							1000	treet Address	DO D 05					
City, State, Zip Code			a lost Victor				-	30 Maple Ave						
,							1	ity, State, Zip Co Lumberton, N						
Project Manager for Monito	orina Firm		-	Tele	phone	No	-	elephone No.	13 00040	License No				-
	3		6		PITOLIC	ALSO COMPANY		609-265-2107		00529	0.			
Start Date (10)	1	Sched	uléd C	omple	tion Da	ate (11)	-	ame of OSHA M		00020				
9 / 9 /						19	100	EMSL Analyti						
Occupancy Status During	Abatement (reet Address						
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ment			200 Route 130) North					
Abatement Performed (Outside of N	ormal	Facilit	y Hou	s - Des	scribe		ty, State, Zip Co						
Time of Abatement:	AM	PN	1/	PM		_AM		Cinnaminson						
Scope of Work (Check all t	hat apply)													
☐ >3 sf or >3 If			ПВ	novati	on			☐ Full Conta	ainment with Neg	gative Pressure	Э			
≥160 sf or ≥260 lf				molitic				☐ Glovebag						
								Non-Exer Non-Exer	npted (*) and No	n-Friable Proc	edure			
Logotion of				Locat Norma							A	bate	ment	Туре
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ity, State					10/50			posal Date	City, State	·				
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ompleted By (Print or Type	e)	Title						Signature			Date			
Lauren Welch		Ass	st. O	perati	ons C	oordinate	or	ANN		elaker) arm	9-	-10	1-1	9
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Name of Facility Where A	batement is	Takir	ng Plac	e (3)	-		0	Tunztion	Type of Facility (4	1)						
PNC Bank Arts Cen									School (K-12)							
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Holmdel									•	20000						
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Monmouth								" i	Restroom		-					
Name of Monitoring Firm I	Hired by Bui	Iding	Owner	(8)	ASCI	Λ No.	Na	ame of Abateme	ent Contractor (9)		-					
N/A							1	AbateTech, Ir	nc.							
Street Address							Str	reet Address								
							3	30 Maple Ave	. PO Box 25							
City, State, Zip Code						and the state of t	Cit	y, State, Zip Co	ode							
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Project Manager for Monito	oring Firm			Ie	lephone	No.	-	lephone No.		Lic	cens	e No.				
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Start Date (10)						ate (11)		me of OSHA M								
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Lauren Welch		As	sst. O	pera	tions (Coordinat	or	(/)	V			10	1-1	4-	-[

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and Lal	Ch	eck #	#				

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9 / _	19 /	19	_		N.	J DOT /		Job #	1905-5494		Check #				
Agencies Notified EPA	Type Notifi	cation				et Address 35 Parkw		Avenue			AGBEST	OS O	ONT	ROL.	8
☑ DOLWD		ed				State, Zip			-		The Control of the Co	oranic programme	car-lettera 10	eteror option	deport serv
☑ DHSS	Amendr				1500	enton, NJ									
DCA	☐ Emerge justifica		uding		-	e of Contac		023		TT	elephone Nun	abor			
(NJAC 5:23-8)	☐ Cancella	**				na Kost	UL.			1	201-867-50				
	caricon										201-007-30	70			
Name of Equility Where A	hatamant is	Takina F	N /	2)	FA	CILITY IN	NFO	RMATION	T=						
Name of Facility Where A				3)					Type of Facility						
Route 47 Bridge over	er Route 2	95 Bria	ge	- 000					School (K-12		ther than K-1:	2)			
2 Cuter Avenue									Other (i.e., p	rivat			uildin	gs,	
City (5)									homes, etc.)			15	VI-I- 0		
Deptford, NJ									Square Feet	Ŧ	f of Floors		Bldg. A	ige	
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	or if	being demoli	shed)			
Gloucester							Bridge								
Name of Monitoring Firm I	Hired by Buil	lding Ow	ner (8))	ASCM	No.	Na	Name of Abatement Contractor (9)							
NA								AbateTech, Inc.							
Street Address	treet Address						Street Address								
								30 Maple Ave. PO Box 25							
City, State, Zip Code							Cit	ty, State, Zip Co	ode						
							L	Lumberton, N	IJ 08048						
Project Manager for Monito	oring Firm			Tele	phone	No.		lephone No.		L	icense No.				
								609-265-2107			00529				
Start Date (10)		Schedule					MILE STATE	me of OSHA M							
8/26/					_ ′ -	19	1	EMSL Analyti	cal						
Occupancy Status During						-	Str	eet Address							
☐ Facility Closed/Vacated ☐ Abatement Performed 0								200 Route 130							
Time of Abatement:		PM/9	PM-5	:30/	s - Des AM	scribe		y, State, Zip Co							
-	The same of the sa	_	-				C	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)							□ Full Conta	ainment with Neg	ative	Pressure				
≥3 sf or ≥3 lf			Reno					☐ Mini-Encl	osure	alive	71 1033410				
≥160 sf or ≥260 lf		Ц	Demo	olitio	n			☐ Glovebag	Procedure npted (*) and Nor	Eri	able Procedu	ro			
			Is Lo	ocati	on			M HOH-EXC	ripted () and Not	1-1 11	able i locedu		atem	ant T	vne.
Location of	f		No	mal	ly			Description of					_		
Asbestos-Containing M		1)	Jsed S Maint			Asbes	stos	Containing Mat	erial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility			Custoo	lial S		(i.e.		ermal systems in surfacing, VAT,			(Specify SF or LF)	ova	=	nsd	Sur
(13)				12)	I	4		her miscellaned			<i>,</i>	-		late	e,
		Y	es	No	N/A										- 1
Beneath Bridge						Transite	Pip	pe Conduit			1,080 LF				
] [- TO-1/1					
							//				1				
			1 []											
Name of Registered Waste	Hauler			_	JDEP V	Vaste	Cut	oic Yards of	Name of Regist	erec	Landfill				
AbateTech, Inc,				100000	auler ID 18750	SALUMANNEL I	Was	ste	FAIRLESS						
City, State								posal Date	City, State						
Lumberton, NJ							1	0/31/19	Morrisville,	PA					
Completed By (Print or Type	e)	Title						Signature	\sim	Hillia	Da	te			\neg
Gwendolyn Trumbett	i	Oper	atior	is C	oordi	nator		XY	V ()			4-	19	70	1

NOCK

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

				(1	ursua	ant to NJ	AC 8:60 and 5:1	16)		(e) E	- II	lad moreoneen	
Date of Notification (1)					Nan	ne of Buildir	ng Owner/Operator	(2)					
9 /	19 /	19	9		P	SE&G	/ Job #1907	-5518 Check#	11533	SEP :	30	2019	9
Agencies Notified	Type Notif	ication			Stre	et Address			int too				
☑ EPA	☐ Initial				50000000	000 Hadle			1	rando por esta esta esta esta esta esta esta esta			<u></u>
☑ DOLWD			_			State, Zip			ASS	ESTOS LICE	S CO NSII		O. 8
☑ DHSS	Amend		-			outh Plain			- and consideration to the state of	Shari Market and the	of The Contract		Person
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludir	ig		ne of Contac	- 73		Telephone Nu	ımhar			
(NOAC 3.23-0)	☐ Cancell					ephen Gr			973-584-2				
						•			373-304-2	000	- 0.00		_
Name of Facility Where A	hatement is	Takin	a Diaa	o /2\	FA	ACILITY	NFORMATION	TT (F-)0	745				
PSE&G- Maywood \$			y riac	e (3)				Type of Facility ☐ School (K-12					
Street Address	Jubstatioi							Subchapter		12)			
	//	-4.00						Other (i.e., p	rivate and comn	nercial b	uildin	gs,	
146 West Central A	venue (L	.01 83)					homes, etc.)					
City (5)								Square Feet	# of Floors	E	ildg. A	\ge	
Maywood, NJ													
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr		olished)			
Bergen								Homeowne					
Name of Monitoring Firm		ilding (Owner	(8)	ASCM	1 No.	Name of Abateme						
Health & Safety Ser	vices						AbateTech, I	nc.					
Street Address							Street Address						
PO Box 365							30 Maple Ave						
City, State, Zip Code							City, State, Zip Co						
Berlin, NJ 09009							Lumberton, N	J 08048					
Project Manager for Monit	oring Firm			1 250	ephone		Telephone No.		License No.				
James Proctor						4-8850	609-265-2107		00529				
Start Date (10)						ate (11)	Name of OSHA M		39.				
9 / 10 /					1_ /		EMSL Analyti	ical					
Occupancy Status During				2/5/			Street Address						
☐ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed							City, State, Zip Co	de					
Time of Abatement:	AIVI	PIV	1/	PIVI		_AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	hat apply)												
≥3 sf or ≥3 If			ПRе	novat	ion			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			☑ De				☐ Glovebag	Procedure					
							Non-Exer	npted (*) and Nor	n-Friable Proced	ure			
2000				Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing M		A)			ely by	Ashee	Description of stos Containing Mat	×	Amount	Re	Re	E	m
TO BE ABAT		")		intena			, thermal systems in		Amount (Specify	Removal	Repair	cap	clos
IN Facility			Cust	odial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)		ŀ	Van	No.	N/A	-	other miscellaneo	ous)				ate	
Con Attack			Yes	1.00	0.000000	-			-		-	_	_
See Attached						See Atta	ached		See Attached				
			П									П	П
		-			-						1		7
Name of Posistors d Waste	Haules				IDED	N/a-a/	Out I I					Ш	
Name of Registered Waste		1816		3.96	JDEP \ auler ID		Cubic Yards of Waste	Name of Regist					
Environmental Trans	port Grou	p, INC	••		00069		40		less Landfill				
City, State							Disposal Date	City, State					
Flanders, NJ							10/11/19	Morrisville,	PA 19067				
Completed By (Print or Type	e)	Title					Signature		0	ate	-3.76	g.	/
Gwendolyn Trumbett	i	Op	erati	ons (Coordi	nator		DA A	1		Ci	-1	6

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempled activities.

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State of New Jersey NOT

IFICATION OF	ASBESTOS ABATEMEN
(Pursuant to	NJAC 8:60 and 5:16)

No CF			NO			N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:		EGE		<u> </u>	Enterprise	Commence of the contract of th		
Date of Notification (1)					Nan	ne of Buildir	ng Owner/Operator	(2)	SEP 3 () 2(11/1		H		
9 /	19 /	19			F	SE&G	/ Job #1907	-5518 Check#	11534	J A	113		and the		
Agencies Notified	Type Notifi	ication			Stre	et Address			1		printing the same		-		
	☐ Initial				4(000 Hadle	v Road		ASBESTOS C			. δι			
		0/2001	200			State, Zip	CHARLES THE CONTRACTOR OF THE		LICENS	SINC	and the second second	w=+ 2/-			
☑ DHSS	Amendr		_			outh Plain									
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cludir	ng		ne of Contac			Telephone Num	hor					
	☐ Cancella					ephen Gr			973-584-200						
			100		_		NFORMATION		373-304-200						
Name of Facility Where Ab	atement is	Taking	Plac	e (3)	г	ACILITY II	NFORIVIATION	Type of English	(4)	_			_		
PSE&G- Maywood St			i iac	e (3)				Type of Facility							
Street Address	ubstation							School (K-12	:) 3 (Other than K-12)					
142 West Central Ave	anua /La	st 921						Other (i.e., p	rivate and comme	rcial b	uildin	gs,			
City (5)	ende (LC	JL 02)						homes, etc.)							
Maywood, NJ								Square Feet	# of Floors Bldg. Ag						
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Homeowner Residence							
Bergen															
Name of Monitoring Firm Hi	250	Iding O	wner	(8)	ASCN	1 No.	Name of Abatem								
Health & Safety Servi	ces						AbateTech, I	nc.							
Street Address							Street Address	ANA CARACTER STATE OF THE STATE							
PO Box 365							30 Maple Ave	e. PO Box 25							
City, State, Zip Code							City, State, Zip C	ate, Zip Code							
Berlin, NJ 09009							Lumberton, I	NJ 08048							
Project Manager for Monitor	ring Firm			1000000	phone		Telephone No.	elephone No. License No.							
James Proctor				1		1-8850	609-265-2107		00529						
Start Date (10)9 /10 /	19	_10	<u>_</u> /	_1	tion Da	ate (11) 19	Name of OSHA N EMSL Analyt								
Occupancy Status During Al	batement (Check of	only o	one)		1	Street Address	Address							
☐ Facility Closed/Vacated [Market Street	200 Route 13								
Abatement Performed Ou	utside of No	ormal F	acilit	y Hou	s - Des	scribe	City, State, Zip Co	ode							
Time of Abatement:	AIVI	PIVI/		PM-		_AM	Cinnaminson								
Scope of Work (Check all that	at apply)						Al- Marillon Otherops	20 Ho							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		_		novati molitic			 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 								
			ls	Locat	ion			() = = = = = = = = = = = = = = = = = =		1	atem	ent T	vne		
Location of				lorma			Description o	f			_		T		
Asbestos-Containing Mat TO BE ABATE		1)		d Sole intena			tos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility	D			odial		(I.e.	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	ova	=	psu	nso		
(13)		-		(12)			other miscellane		Or Or Er /	-		llate	6		
		,	Yes	No	N/A							, u			
See Attached			\boxtimes	See Atta	ched		See Attached								
									П	П	П				
		5													
										Ш	П	Ц			
Name of Registered Waste H Environmental Transpor		INC.		H	JDEP \ auler II 0006 9	No.	Cubic Yards of Waste 40	Name of Registe Grows- Fair	ered Landfill less Landfille						
City, State							Disposal Date	City, State				1111-11			
Flanders, NJ							10/11/19	Morrisville,	PA 19067						
Completed By (Print or Type)		Title					Signature	1	Date	9					
Gwendolyn Trumbetti Operations Coordinator						()	N		5	1.	-11	C			
SB-41								V //		1-1	4	1	1		

ASB-41 MAY 11

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