

CK11015	具具在人工	JP	NOT		MOITA		BES	STOS ABAT ::60 and 5:10			LIS.	7		district 1				
Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (	2)		Å	PR	- 1	20				
03/	26 /	19			Div	ision of	Prop	perty Manage	ement & Consti	ruction		1 11	i	40				
Agencies Notified	Type Notific	ation			Stree	t Address					Truswer:	-						
⊠ EPA	☐ Initial	20			20	W. State	Stre	et, 3rd Flr.			12-1-16							
⊠ DOH	Amended Amendm				City,	State, Zip (	Code					+	2.10	1.4				
□ DCA	⊠ Emergen	7			Tre	nton, NJ	086	808										
(NJAC 5:23-8)	justificati	on)	icidali iç	4	Name	of Contac	t			Telephone N	umber							
	☐ Cancellat	tion			Ric	k Ferrera	a			609-292-1								
				- 1100	FA	CILITY IN	IFOI	RMATION		200020-00000000			-					
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility (	4)								
Residential									School (K-12)									
Street Address									Subchapter 8 Other (i.e., pri	(Other than K	-12) mercial b	uildin	js,					
City (5)									Square Feet	# of Floors	Te	ldg. A	ae					
Pompton Lakes									oquaic i cot	# 01110013	'	iug. /	gc					
County (6)					Cour	nty Code (7	VSTA	ATE USE ONLY)	Current Use (Price	or if heing dem	olished)							
Bergen					000	ny oode (i	ДОП	TE OOL ONET	Odnem ose (File	or it being dem	olisticu)							
Name of Monitoring Firm	Hired by Build	dina C	)wner (	(8)	ASCM	No.	Na	me of Ahateme	ent Contractor (9)									
Mark Jovic Consult	15	,		.					NAGEMENT LL	C								
Street Address								eet Address	INACLINEIN EL									
87 Main Street, Suit	e A							7 Outwater	Lane									
City, State, Zip Code					231			y, State, Zip Co		-								
Lincoln Park, NJ 07	035							Sarfield, NJ										
Project Manager for Moni	100000000000000000000000000000000000000			Tele	phone	No		ephone No.	07020	License No.								
Mark Jovic				1	73-650			73-928-4888		1188								
Start Date (10)	TS	Sched	uled C			te (11)		me of OSHA M		1100		_						
04 /03 /	19	_0	6_ /	_ 30		19	27.		NAGEMENT LL	.c								
Occupancy Status During								eet Address	50									
<ul><li>☑ Facility Closed/Vacate</li><li>☑ Abatement Performed</li></ul>	a During Entir	re Per	riod of	Abate	ment		- 27	7 Outwater I										
Time of Abatement:	AM-	omai PN	raciiiiy M	PM-	s - Des	AM		y, State, Zip Co										
							G	Sarfield, NJ	07026									
Scope of Work (Check all	that apply)							□ Eull Cont	ainment with Nega	ativa Desagnes								
≥3 sf or ≥3 lf			☐ Re	novati	on			☐ Mini-Encl	losure	alive Pressure								
≥160 sf or ≥260 lf			☑ De	molitio	n			Glovebag	Procedure	=								
			le	Locat	ion			IXI Non-Exer	mpted (*) and Non	I-Friable Proce		V-186 2 H C						
Location	of		100	Norma				Description o	f		A	atem	ent T	-				
Asbestos-Containing I		1)		d Sole intena				Containing Ma	terial (ACM)	Amount	Rer	Repair	판	Enclosure				
TO BE ABA			10000 1		Staff?	(i.e		ermal systems i surfacing, VAT,		(Specify	Remova	air	aps	losi				
(13)	7			(12)				her miscellane		SF or LF)	8		Encapsulate	ле				
The state of the s			Yes	No	N/A								e					
Exterior- Chimney						Black tar	flashi	ing associated v	vith chimney	6 SF								
Exterior- Windows					$\boxtimes$	Windov	v Ca	ulk		168 LF								
Exterior- Electrical Conduit	Meter Penetra	tions				Grey Se	ealai	nt		2 SF								
Name of Registered Wast	te Hauler			I	JDEP 1	Vaste	Cut	oic Yards of	Name of Regist	ered Landfill		1-	_	1-				
Century Waste / Nev	wark Cartin	g		H	32797	O No. 7 / 0283	Wa A	ste s Needed	GROWS North L Grand Central S	andfill / Fairles anitary Landfill	s Landfill							
City, State								posal Date	City, State									
Elizabeth, NJ / Newa	ark, NJ						T	BD	Morrisville,	PA / Pen Ar	gyl, PA							
Completed By (Print or Ty	rpe)	Title	:					Signature			Date							
Allen Monchik		Project Manager Allsn Wonchik 3/26/19																

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

K1015 P	AID	N		(Pur	ION C	te of Nev OF ASBI to NJAC	ESTOS 8:60 ai	ABATE nd 5:16	)			F	1	W.
Date of Notification (1) 03 /	26 /	19		1		Building (			) ment & Constru	uction	APR	- 1	20	19
/		19					operty i	nanago	mont or comoun					_
Agencies Notified	Type Notifica	ation		18	Street A	ddress . State S	treet 3r	d Flr		Ytayn.				
☑ DOLWD	☐ Amended	d		-				u i ii.			-		-	-
⊠ DOH	Amendm			1		te, Zip Co								
□ DCA		cy (incl	uding	L	47.774-0-5	on, NJ 0	18608			Talanhana Num	hor			_
(NJAC 5:23-8)	justificati			1		f Contact				Telephone Num 609-292-17				
	☐ Cancella	tion				Ferrera				609-252-17	17			_
					FACI	LITY INF	ORMAT	ION						_
Name of Facility Where	Abatement is	Taking I	Place (	3)					Type of Facility (4					
Residential									☐ School (K-12) ☐ Subchapter 8		2)			
Street Address									☐ Subcriapter 6	vate and comme	ercial bui	ldings		
									homes, etc.)		1.4	32.		
City (5)									Square Feet	# of Floors	Bld	g. Age	3	
Pompton Lakes														
County (6)					County	Code (7)	(STATE US	E ONLY)	Current Use (Price	or if being demol	lished)			
Bergen														
Name of Monitoring Firm	Hired by Buil	Idina O	wner (8	)   A	SCM N	0.	Name of	Abateme	nt Contractor (9)					
Mark Jovic Consul		3							NAGEMENT LL	_C				
Street Address	iding ELO			_			Street A							
87 Main Street, Sui	ita A					27 OL	ıtwater l	rater Lane						
	ile A			5			-	te, Zip Co						
City, State, Zip Code Lincoln Park, NJ 0	7025						7.500	eld, NJ						
				Teler	ohone N	n	Telepho	27/		License No.				_
Project Manager for Mor	illoring Firm				3-650-	1	A STATE OF THE STA	28-4888						
Mark Jovic		Cohodi	Hod Co				1000000	OSHA N						
Start Date (10)				- 5	letion Date (11) Name of OSHA Monitor  80 / 19 ALL PRO MANAGEMENT LLC									
Occupancy Status Durin	ng Abatement	(Check	only or	ne)			Street A	ddress	<del></del>					
							27 Ot	ıtwater	Lane					
☐ Abatement Performe	ed Outside of N	Normal	Facility	Hours	s - Desc	ribe	City, Sta	te, Zip C	ode					
Time of Abatement:	AM	PN	Λ/	_PM-		AM	Garfi	eld, NJ	07026					
Scope of Work (Check a	all that apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Rei				F	Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
			le.	Locat	ion		K	11011 2510				atem	ent T	VDE
Locatio	n of		N	lorma	lly		De	scription	of			1		1
Asbestos-Containing		CM)		d Sole		Asbe	stos Conf	taining Ma	aterial (ACM)	Amount	em	Repair	nca	Liciocai
TO BE A				intena odial	Staff?	(i.e		l systems cing, VAT	insulation,	(Specify SF or LF)	Removal	=	Encapsulate	1
IN Fac (13				(12)	_			niscellan			-		late	1
(10,	,		Yes	No	N/A				11870			-		-
D				VAT			72,5 G 91	360 SF		-				
Basement- Mechan					$\boxtimes$	Black ma			parquet flooring	494 SF		-	7	
2 <sup>nd</sup> Floor-Througho				ш				• (10000)			1.17	111	ш	I
						Windo	w Caulk	ing		48 LF		1	-	1
2 <sup>nd</sup> Floor-Througho Exterior-Windows	out								Name of Dog					[
2 <sup>nd</sup> Floor- Through	out	ting			NJDEP I	Waste	Cubic \ Waste	ards of	GROWS North	stered Landfill Landfill / Fairless Sanitary Landfill	s Landfill			[
2nd Floor-Througho Exterior-Windows  Name of Registered W Century Waste / N	out /aste Hauler Newark Carl	ting			NJDEP I	Waste	Cubic Y Waste As N Dispos	ards of	GROWS North Grand Central City, State	stered Landfill Landfill / Fairless Sanitary Landfill	s Landfill			I
2 <sup>nd</sup> Floor-Througho Exterior-Windows Name of Registered W Century Waste / N	out /aste Hauler Newark Cart	ting			NJDEP I	Waste	Cubic \ Waste As N Dispos TBD	ards of	GROWS North Grand Central City, State	stered Landfill Landfill / Fairless	s Landfill			I

100	A STATE OF THE REAL PROPERTY.	THE PERSON NAMED IN		-	-
	22	(3)	E	П	N
		100	11.	ij	100

MILLIO												_			7
Date of Notification (1)  03 /	26 / 19		Na	ame of Divisi	Building O	wner/o	Operator (2) / Manage	) mei	nt & Constru	ction AF	PR	- 1	20	119	
Agencies Notified  EPA	Type Notification Initial		20,7215	reet Ad 20 W.	ldress State Str	eet,	3rd Flr.			**************************************					
□ DOLWD	☐ Amended		Ci	ty, Stat	e, Zip Cod	е									
⊠ DOH	Amendment #_		1 0		on, NJ 08										
□ DCA	Emergency (inc justification)	cluding			Contact					Telephone Numb	ber				
(NJAC 5:23-8)	☐ Cancellation				errera					609-292-171	7				
					ITY INFO	)PM/	ATION								
45 99 14 14 1	At -ttip Toking	Dless /		FACIL	-11 1 INI C	71(111)	TION	Tvr	pe of Facility (4)	)					
Name of Facility Where	Abatement is Taking	Place (	")					П	School (K-12)						
Residential								П	Subchanter 8 (	Other than K-12	)	.:Idi	200		
Street Address								M	Other (i.e., priv homes, etc.)	rate and commer	rciai d	JIIUI	ngs,		
									uare Feet	# of Floors	В	ldg.	Age		
City (5)									<del></del>						
Pompton Lakes				County	Code (7)/S	TATE	USE ONLY)	Cu	rrent Use (Prio	r if being demoli	shed)				$\neg$
County (6)				County	Code (1)/o		00_0,,		•	5					
Bergen Name of Monitoring Firm	a Lligad by Building (	Dumor (8)	ΙΔ9	SCM No	2 10	Jame	of Abateme	ent (	Contractor (9)						
Compared to the contract of th		JWHEI (O	'   "	JOIN 14	·				GEMENT LL	С					
Mark Jovic Consu	lung LLG						Address			1000					$\neg$
Street Address	ite. A						Outwater	Lar	ne						
87 Main Street, Su	ite A					- No. 10	State, Zip Co								
City, State, Zip Code	7025				Garfield, NJ 07026										
Lincoln Park, NJ 0			Teleni	ephone No. Telephone No. License No.									$\neg$		
Project Manager for Mo	nitoring Firm				50-0932 973-928-4888 1188										
Mark Jovic	School	duled Co		UNITED STORY OF	10701012101		of OSHA N		itor	1					
Start Date (10) 04 / 03_				30 / 19 ALL PRO MANAGEMENT LLC											
							Address								$\neg$
Occupancy Status Duri	ng Abatement (Chec	ck only of	hatam	ont			Outwater	Lai	ne						
□ Abatement Performer	ated During Entire Pe	al Facility	Hours	- Desc	ribe		State, Zip C		13/0/04						$\neg$
Time of Abatement:	AMP	M/	_PM	A	M		rfield, NJ								
						Out	inola, ita								$\neg$
Scope of Work (Check	all that apply)								nment with Neg	ative Pressure					
≥3 sf or ≥3 lf		Rei					☐ Mini-En☐ Gloveba								
≥160 sf or ≥260 lf		□ Der	nontior	1			Non-Ex	emp	oted (*) and No	n-Friable Proced	lure	-			
		Is	Locatio	on								Aba	teme	nt Ty	ре
Locatio	on of		lormall				Description	of		Amount	1	D	Re	En	En
Asbestos-Containir		10.000000000000000000000000000000000000	d Solel intenar		Asbes	tos Co	ontaining M nal systems	later	nai (ACM)	Amount (Specify		Remova	Repair	cap	Enclosure
TO BE A		Cust	odial S	Staff?	(1.0.	su	rfacing, VA	Τ, ο	r	SF or LF)		2	.	Encapsulate	ure
(13			(12)	1		othe	er miscellan	neou	is)					te	
8		Yes	No	N/A			7.5 5 5 5 2700-0		· · ·	0.05	-	7	П		
Exterior- Chimney						5000 00	g associated	d wit	th chimney	8 SF 84 LF	-	X X			
Exterior- Windows					Window	The water	97530				_	X			
Exterior			s Siding (			1,725 SF 660 SF	_	AI XI							
Exterior- Garage							s Siding (	-		stered Landfill		الات			
Name of Registered V				JDEP \ lauler II		Cubi Was	ic Yards of te		GROWS North	Landfill / Fairless	Land	fill			
Century Waste /	Newark Carting				7 / 0283	As	s Needed			Sanitary Landfill		_			
City, State							osal Date		City, State	- DA / D A-	end I	۸٥			
Elizabeth, NJ / N	lewark, NJ					TE	BD		Morrisville	e, PA / Pen Ar	- DATE OF THE PARTY OF THE PART				
Completed By (Print of	or Type)	Title					Signature			.,	Date				
Allen Monchik		Projec	t Man	ager			Alles	n i	Monchi	e	3/2	6/	19		

CKIOP PAII

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

ECFIW

0001									\$(	116-7	***						
Date of Notification (1)  03 /	27 / _	19	Name of Building Owner/Operator (2)														
Agencies Notified	Type Notifica	ation			Street	Address				***							
⊠ EPA	☐ Initial				2 B	road Stre	et, S	Suite 400		Laws	100 - 040 100						
☑ DOLWD			4		City, S	State, Zip C	ode										
□ DCA	☐ Emergend		-		Blo	omfield,	NJ 0	7003			9.73			31.142			
(NJAC 5:23-8)	justification	on)			Name	of Contac	t			Telephone N	lumber						
	☐ Cancellati	ion		250	Wa	rren Spra	ke			908-670-	5711						
					FAG	CILITY IN	FOR	RMATION		W-124							
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)			le Kara				
Commercial									School (K-12								
Street Address	N 860 N 80 80 N								☐ Subchapter 8 ☑ Other (i.e., pr			l bui	Idina	S.			
1200 Randolph Roa	d-Building	1							homes, etc.)					-,			
City (5)									Square Feet	# of Floors		Bld	g. Ag	je			
Plainfield					,												
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	nolished	d)					
Union	15 11 5 31			- 1													
Name of Monitoring Firm Bio Terra Solutions		ling C	)wner (	8)	ASCM	No.	11.00		nt Contractor (9)								
Street Address	•								NAGEMENT L	LC	No. of St.	grun.	H-0-GL				
P.O. Box 1224							Shirehold	eet Address									
City, State, Zip Code								7 Outwater I									
Union, NJ							0.000	City, State, Zip Code  Garfield, NJ 07026									
Project Manager for Moni	itorina Firm			Tolo	phone	Mo	-	ephone No.	37026	I Canana Na							
Rick Eustaquio	toring r iirii				3-494			73 <b>-</b> 928-4888		License No	١.						
Start Date (10)	Is	ched	uled C		tion Da			ne of OSHA M	onitor				-				
07 /19 /				500			17773			C							
Occupancy Status During		2		AC.	31 / 20 ALL PRO MANAGEMENT  Street Address										_		
	30			0.80	ment		900	7 Outwater L	ane	54							
☐ Abatement Performed	Outside of No	rmal	Facility	Hour	s - Des	cribe		, State, Zip Co			1127				_		
Time of Abatement: _	AM	PN	Λ/	_PM-		AM	00.00	arfield, NJ									
Scope of Work (Check all	that apply)											-		1736	_		
☐ >3 sf or >3 lf			⊠ Re	novati	on				ainment with Neg	ative Pressure	9						
≥160 sf or ≥260 lf			De					☐ Wilfil-Effci									
									npted (*) and No	n-Friable Proce	edure						
Lacation				Local Iorma				5			L	Aba	teme	ent T	уре		
Location Asbestos-Containing		)	Use	d Sole	ely by	Asbe	stos (	Description of Containing Mat		Amount		Re	Re	En	E		
TO BE ABA				intena	nce/ Staff?		, the	rmal systems i	nsulation,	(Specify		Removal	Repair	caps	Enclosure		
IN Facilii (13)	ty		Ous	(12)	otan:			urfacing, VAT, ner miscellane		SF or LF)		a		Encapsulate	ure		
			Yes	No	N/A		0	ioi iiiioooiiaiioi						te			
Elevator Lobbies/Floor 6 to Rooms	Basement/Pati	ient				VAT/Ma	stic			37,500 SI	F I			П			
Wall Cavaties- Floor	6 to Baseme	ent				Pipe Ins	sulat	tion- Wrap a	nd Cut	7,500 LF		X					
Basement- Electrical &	Mechanical R	oom				Elbow I	nsul	ation		75 Elbow	s I	Ø	П	П			
Mechanical Room							sula	tion		75 SF							
Name of Registered Was	te Hauler			I	JDEP \	Naste	Cub	oic Yards of	Name of Regis	tered Landfill							
Newark Carting				F	lauler II 0283	O No.	Was	ste	IESI Bethlehem		Central	Sar	nitarv	Land	lfill		
City, State					2200			s Needed oosal Date	City, State	Tana			, , , ,		1000		
Newark, NJ								BD		, PA / Pen A	rgyl. I	PA					
Completed By (Print or T	vpe)	Title	2	15-0	11-21-2-2-			Signature			Date						
Allen Monchik			roject	Man	ager			1000	Monchy	6	3/27	7/10	۵				
	and the second s		-		1000			Ayeun	IIwanuly		SILI	113	9				

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APR - 1 2019

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

	_	_	- Charles and the Control of the Con	SHEET					1. Carren
				1200 Randolph Rd, Plainfield, NJ		Abateme	nt Type		*
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A						
7th Floor- Mechanical Room 1			х	Pipe Insulation	3,120 LF	х			
7th Floor- Mechanical Room 1			X	Duct Insulation	3,234 SF	x	2		
7th Floor- Mechanical Room 1			х	Elbows	48	x			
7th Floor- Mechanical					70	^			
Room 2			Х	Pipe Insulation	3,500 LF	х			
7th Floor- Mechanical Room 2			x	Duct Insulation	5,200 SF	x			
7th Floor- Mechanical			<u> </u>	Duct insulation	3,200 3F	^			
Room 2			х	Elbows	62	x			
Floors 1 through 6			Х	Air Cell Insulation	600 SF	Х			
1st Floor			Х	Duct Insulation	245 SF	Х			-
2nd Floor			Х	Duct Insulation	245 SF	х			
3rd Floor			Х	Duct Insulation	245 SF	Х			
4th Floor			Х	Duct Insulation	245 SF	Х			
5th Floor			Х	Duct Insulation	245 SF	Х		-	
6th Floor			Х	Duct Insulation	245 SF	Х			
7th Floor			Х	Duct Insulation	245 SF	Х			
8th Floor			Х	Duct Insulation	245 SF	Х			
							_		

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allan Monchik	Date: 3/27/19
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## State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-5	6 HOL	4	AII	(Pursu	ant to NJA	C 8:60	) and 12:120)	3		C E		<i>[</i> ]						
Date of Notification (1)	<u>19_</u> i	- 11	ame of Buil parbara br	57.5	er/Operator (2	2)		1.7	i Al	PR - 1	20	19						
□ EPA □ Init □ DEP □ Am	e Notificatio ial iended idment #:	n St	eet Addres	SS					(Carte)				-					
M DOI	nergency		newark, r		6													
DOH (inc	cluding tification)		me of Con						Telephone	Number								
	incellation		barbara b	rown				· 1										
				FAC	ILITY INFOR	MATION	N											
Name of facility where ab	atement is	taking pla	ce (3)					Type o	f Facility (4)	(K = 12)								
barbara brown									] Subchap	oter 8 (Oth			12)					
Street Address									Other (P Bldgs./H			ciai						
						_		Squar	e Feet #	of Floors		Blo	g. Ag	е				
City (5)		Coun	ty (6)				unty Code (7) ate use only)	Curre	nt Use (Pric	or if being	demo	olishe	d)					
newark, nj 07106		esse						J	(0)									
Name of Monitoring Firm	Hired by B	ldg. Owne	r (8)		ASCM No.		Name of Abatemen											
						_	D & S RESTOR	RATION,	, INC.		_							
Street Address							20 California A	\ ve										
City, State, Zip Code							City, State, Zip Code											
0.1,7 0.1.1.0,							Paterson, NJ 0	7503										
Project Manager for Monit	oring Firm		Ph	one Numi	ber		Telephone Number			License N		er						
							973-345-8020			- 01	169							
Start Date (10)		Sched	Completio	on Date (1	1)		Name of OSHA Mo D & S Restora											
03/27/19		04/18	/19	91			Street Address	cion, me.		1								
Occupancy Status During							20 California A	venue										
Facility closed/vaca	ted during e ed outside	entire perion of normal	od of abate acility hour	ment. rs-			City, State, Zip Cod	е										
Describe:N  Other-Describe: _N	ORMAL HO	OURS				_	Paterson, NJ 0	7503										
Scope of Work (check al	I that apply	) Renovatio Demolition	1					Mini-end Gloveba	tainment w/ closure g procedure empted (*) a	•		proc						
Location of			n normally enance/cus		R63				Amount		е	R	E n	E n				
asbestos-containing material (acm) to be		staff(12)				otion of al (ACM	asbestos-containing		(Specify SF	or or	m o	p a	c a	c				
abated in facility (1)	3)	Yes	No	N/A					LF)		v e	i	р	-				
basement			X		PIPE INS	SULAT	TION	25	LFT		Ĭ							
- Cuberner																		
												므						
					]						片	片	님	H				
						£\\\\	- IN of Decister				Ш	Ш	Ш					
Registered Waste Hauler D & S RESTORATION		NJD 135	EP Hauler 06	ID#	Cubic Yards of 1 yd.	or vvast	Name of Register TULLYTOWN			COVER	Y							
City, State	,			Disposal	Date		City, State											
PATERSON, NJ 07	7503			03/28/			TULLYTOW	N, PA		I D. /								
Completed by (Print or Ty		Title	EXIT		Signature					Date 03/25/	19							

### V22111 PATT

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

12344 PALL	NO			NJAC 8:6				Ch	eck	#2344	1 0		П	N.A.	
Date of Notification (1) 03/27/2019		1	Name of Nestwo	Building Ow ood Regio	ner/Op nal S	perator School	(2) Distric	t	-			IE		Vi.	144
Agencies Notified Type Notification			Street Ad	dress Igewood	Road					4	۸PI	7 -	1 '	2019	- interpretation
EPA Initial Amended			City, Stat	e, Zip Code						1	nı :	1	1 4	.013	-
DEP Amended Amendment #_ Emergency (inc)	udina	- -	Townsh	nip of Wa	shing	iton, N	IJ 0767	6	Tala	phone	Niumh	25			+
DOH justification)	uung		Name of Mario (	Contact Cofini					551	-245-	4873	51		etiste.	
A 201.				ITY INFOR	MATIC	NC	T of	Cooility (4)							
Name of Facility Where Abatement is Taking P Westwood Regonal Middle School	lace (3)						_	Facility (4)							
Street Address							SI SI	ibchapter 8 her (i.e. pri	(Othe	r than	K-12) ercial	buildir	nas. h	omes	
23 Third Avenue							et et	c.)		Floors			g. Ag		-
City (5) Westwood, NJ 07675-3331							Square 40000	SF+	Cra	wl sp	ace	50	The second second	·	
County (6)			County C	Code (7) USE ONLY)				Use (Prior	r if beir	ng dem	olishe	ci)			
Bergen  Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM			Name		ment Cont	ractor	(9)	-17-5-5				
Westchester Environmental	(-)		127				Group I								_
Street Address 1248 Wrights Lane West Chester							Address Hambu	irg Turnp	ike						
City, State, Zip Code							State, Zip		7/03						
Pennsylvania 19380			Telepho	ne No			hone No	ale, NJ 0	1400	Licen	se No				
Project Manager for Monitoring Firm Matthew Abraham				31-7545		201	-710-97	25		0108	34				
Clare Bato (19)	chedule 4/19/2		d Completion Date (11) Name of OSHA Monitor GL Group Inc.												
Occupancy Status During Abatement (Check															
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of A	baten	nent		Code	JIKE				-					
Other – Describe:	racility	Tiour			_	0		ale, NJ 0	7403						
Scope of Work (Check All That Apply)	-						XI	0 1-1		a Nogo	tivo D	occur.	2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Full Containment with Negative Pressure Mini-Enclosure									
	_		0.00-10.0				Glo Nor	vebag Prod -Exempted	d (*) ar	d Non-	-Friabl				
		Loca										,		ement pe	
Location of Asbestos-Containing Material (ACM)	Use		ely by	Asbest	os Cor	escription taining	Material	(ACM)		Amount				щ	ш
TO BE ABATED  In Facility		2000	Staff?	(i.e.		al systemacing, V	ms insula /AT, or	tion,		Specify F or LF		Remova	Repair	Encapsulate	Enclosure
(13)		(12)	1				aneous)					val	air	ulate	ure
	Yes	No	N/A		- 70	L D	0 515	N4/0	-	162LF		X			
Crawl Space under Art & Music Rm	X			Pip		oor De	& Elbo	ows		550SF		X			
Crawl Space under Art & Music Rm	X	_			1.1	001 D0									
Name of Registered Waste Hauler			NJDEP '		1970.00	ic Yards	3	Name of							
GL Group Inc.			Hauler II 003303		TBE			Minerv		erpris	ses				
City, State					Disp TBD	osal Da	ite	City, Sta Wayne	te esbur	gh, Ol	Н				
Bloomingdale, NJ Completed by	Title		·			Signat	ure				Da	ite 3/27/	2010	)	
Elena Solakov	Pres	siden	t				lem	Solullo	/		0.	11211	2018		

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Prir	٦t	F	OI	m	1

JKHOSS	PALU				N OF ASE t to NJAC				ІТ			11-	0 )	7 :	7
Date of Notification (1) 3/28/19	0				of Building ort Foley	Owner/	Operato	r (2)			APR	- 1	20	19	A COLUMN TO THE PARTY OF THE PA
Agencies Notified	Type Notification			Street A	Address					1			-		-
X EPA	☐ Initial		L	0.1 01	7: 0					-	Adams				**
DEP  DOL	Amended Amendment	#			ate, Zip C horne, N		)6						27.00	41.7	
□ DOH	× Emergency	(including	<u> </u>		of Contact		,,,			Tel	ephone Nur	nher			
DCA	justification) Cancellation				rt Foley					1 101	epriorie ivai	TIDEI	В		
				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Residential Home	Abatement is Takir	g Place (	3)					Тур	oe of Facility School (K-						
Street Address									Subchapte	er 8 (Oth	er than K-12				
								×	etc.)	private a	& commerci	al buil	aings	nome	es,
City (5) Hawthorne									uare Feet	200	Floors	- 1	Bldg. A		
County (6)				0	0-1-7			27		3			55 +/		
Bergen				(STATÉ	Code (7) USE ONLY	) <u> </u>		Re	rrent Use (Pr esidential I	Home		ned)			
Name of Monitoring Firm Project Manager	1 Hired by Building	Owner (8	)	ASCI	M No.				batement Co es Abatem		(9)				
Street Address							Street			040					
City, State, Zip Code									Aidland Av	/e.					
ony, ciaic, zip code								Zip Code Brook, NJ	07663						
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Teleph	To the second			License N	0.	V 17 -			
				3534			201-	600	-3184		01305				
Start Date (10) 4/3/19		Schedul 4/8/19		pletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During	g Abatement (Chec	k Only O	ne)				Street	Addr	ress						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of nal Facility	Abatem y Hours	ent			City, S	State,	Zip Code						
Scope of Work (Check A															
≥3 sf or ≥3 lf	іі тпас Арріу)	তা ,	<b>7</b>	·			X								
≥3 \$1 01 ≥3 11 × ≥160 sf or ≥260 lf		-	Renovat Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
									lon-Exempte		d Non-Friab	le Pro	cedur	е	
		Is	Location	on									Abate	ement	
Location			Normall ed Solel				scription					-	l y	ре	
Asbestos-Containing TO BE ABA		Ma	aintenar	ice/		tos Cont thermal			ial (ACM)	1250	mount pecify	72		En	ш
In Facil	ity	Cus	todial S (12)	taff?	(	surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure
(13)			10 00			otner n	niscellar	neous	5)			val	ai-	Encapsulate	sure
		Yes	No	N/A										· Co	
Baseme	ent		Х				VAT			78	6 SF	X			
												0.000000			
777															
Name of Registered Was	te Hauler		(7.50)	JDEP W		Cubic			Name of	Registe	red Landfill			-	
All Stages Abatemer	nt			auler ID 36592		of Was 4 yd	sie		Grand	Centra	l Sanitary	/ Lar	ndfill		
City, State							al Date		City, Stat						
Saddle Brook, NJ Completed by		Tiu-				TBD		2 9000	Pen Ar	gyl, PA			15-7-		
Richard Cristofol		Title Pres	ident			S	ignature	11	1-11	-	Da:	e 28/19	9		
		00			-1015-007		In	M	lut		_ J/	-0/10	<b>~</b>		

State of New Jersey

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CKAUB	7 PA			ICATION ursuant	ate of Nev I OF ASB to NJAC	ESTOS 8:60 an	ABATEI d 12:120	0)			EG	E	1		
Date of Notification (1) 3/28/19					f Building n Pines		Operator	(2)							
Agencies Notified	Type Notification		_	Street A							APR	- 1	20	19	-11
⊠ EPA	☐ Initial				. Ridgev	vood A	ve.			1					
☐ DEP	Amended		Ì		ite, Zip Co						Andrews .			Taran .	
X DOL	Amendmen Emergency		-		nus, NJ	07652						eji milita		ti	
DOH DCA	justification) Cancellation				f Contact Heinsm	an				Tel	ephone Nu	mber			
		32			LITY INFO		ON					_		100000	
Name of Facility Where		ng Place (3	)					Туре	of Facility	(4)					
Mental Health Hom	ie				YS				School (K-						
Street Address 230 E. Ridgewood	Δνα										er than K-1: & commerci		dinas.	home	s.
City (5)	Ave.							<u> </u>	etc.)	<u> </u>					
Paramus								3900	re Feet	3	f Floors	1 69	3ldg. <i>A</i> 35 +/-		
County (6)			T	County (				Curre	nt Use (Pr	ior if bei	ng demolish	ned)			
Bergen				(STATE U	JSE ONLY)		-	Res	idential H	Home					
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)		ASCN	1 No.				tement Co		(9)				
Street Address					-		Street	_	Abatem	ent					
Olicot Address									dland Av	e.					
City, State, Zip Code							City, S	tate, Zi	ip Code						
		8					Sado	dle Br	ook, NJ	07663					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 201-	one No 600-3			License N 01305	0.			
Start Date (10) 4/1/19		Schedule 4/4/19	ed Cor	npletion [	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During	g Abatement (Che	ck Only On	e)				Street	Addres	ss						
Facility Closed/Vaca Abatement Perform Other – Describe: 8	ed Outside of Norr	Period of A nal Facility	Nbater Hour	nent s			City, S	tate, Zi	p Code						
Scope of Work (Check A			//ST.	-											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	п тпас Арргу)		enova emoli				×	Min	i-Enclosur vebag Pro	e cedure	Negative F			e	
		10.00	Locat	0.700										ement pe	
Location Asbestos-Containing			lorma d Sole		Ashas	Des	scription aining M	of leterial	(ACM)	^	mount		'y		
TO BE ABA	ATED		ntena	nce/ Staff?	(i.e.	thermal	systems	insula	ition,	(5	Specify	Re	D	Encapsulate	Enc
In Facili (13)	ity	0000	(12)	Julii.			cing, VA			SF	or LF)	Remova	Repair	nsde	Enclosure
		Yes	No	N/A								<u>a</u>	]	late	ē
Baseme		х			Pir	oe Wra	n		8	1 LF	x				
2400111		+ +				. 14	- Tria								
												-			_
						- S- 1176 E									10.7
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
All Stages Abstome				lauler ID		of Was			Carad	Cant	-10:	. 1	acu.		

0036592

Title

President

1 yd

TBD

Disposal Date

Signature

Completed by

City, State

All Stages Abatement

Saddle Brook, NJ

Richard Cristofol

City, State

Pen Argyl, PA

Grand Central Sanitary Landfill

Date

3/28/19

 Print Form	

JE 10 JOIN	E CALL	1,000						111	<b>.</b>				-	
Date of Notification (1) 03/28/19				Building (ences at					1,11	APR -	- 1	2019	1	here are the
	otification		Street Ad 77 Par	ddress k Street					Promote a		T a		+ 4	
DEP X A	itial mended mendment #1			te, Zip Co air, NJ (						14.0	•			
DOH E	mergency (includin	ig -		Contact					Teleni	hone Num	her			-
	stification) ancellation		Fred W						1 2 2	350-96				
N == 10: 100			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abateme Building 259	nt is Taking Place	(3)					Тур	e of Facility (4) School (K-12						
Street Address 259 Lockwood Avenue							×	Subchapter 8 Other (i.e. pri etc.)				ings,	home	es,
City (5) oceanport							Squ	Jare Feet	# of FI	loors	В	dg. A	ge	
County (6) Monmouth			County C	Code (7) USE ONLY)				rent Use (Prior			ed)			
Name of Monitoring Firm Hired by	y Building Owner (	8)	ASCM	1 No.			of At	patement Contra						
Street Address 655 West Shore Trail						Street 15 S		ress erset Place						
City, State, Zip Code Sparta, NJ 07871						City, S	State,	Zip Code NJ 07012						
Project Manager for Monitoring F	irm		Telephor	ne No		Teleph	. 39		- 1	icense No				-
				29-5649	9	THE STREET		0-0200	100	57	**			
Start Date (10) 03/25/2019		uled Cor 9/2019	mpletion [	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abater	nent (Check Only (	One)				Street	Addr	ess						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire Period o de of Normal Facil	f Abaten ity Hours	nent s		_	City, S	State,	Zip Code						
Scope of Work (Check All That A	pply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X	Renova Demoli				2	l N	Full Containmer Mini-Enclosure Blovebag Proce Jon-Exempted	dure					
		Is Locat	ion					ton Exempted	( ) (()	TOTT HAD		Service Const	ement	
Location of	ASSA	Norma	lly		De	scription	n of					Ту	ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	(ACIVI) N	sed Sole Maintena ustodial (12)	nce/ Staff?		thermal surfa	system cing, VA	scription of taining Material (ACM) Amount systems insulation, (Specify cing, VAT, or SF or LF)					Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
throughout			Х			mastic			45	03	х			
boiler room			Х	transi	te boa	rds wa	alls 8	& ceiling	24	45	х			
Name of Registered Waste Hauli ProGreen	er	1	NJDEP W Hauler ID 2051		of Wa	Yards ste		Name of R						
City, State East Brunswick, NJ					Dispo	sal Date	)	City, State Morrisvil				77		
Completed by Sharon Hendee	Title Pre	e esident				Signatur		Mr.	ly,	Da 3/2	te 28/19	)		

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$\sim$	11-7	-()	rrn.

CK403661	UU	NOTIF	ICATIO	tate of New J N OF ASBES t to NJAC 8:6	TOS ABATI	EMENT 20)						
Date of Notification (1) March 29, 2019			Name o	of Building Ow OT	ner/Operato	or (2)		APR	- 1	201	9	Barrier S
Agencies Notified Type Notification				Address Parkway A	ve; P.O. E	Box 600	1	Canalis (				-
DEP Amended Amendment			City, St	ate, Zip Code on, NJ 0862				1 0 0 1	tor day		da a	
■ Emergency justification) ■ DCA				of Contact Bevans			100000	elephone Nu 09-530-35				
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INFOR	MATION	Type of Facil	ity (4)					
NJDOT - Route 7 Wittpenn Bridge Street Address						School	(K-12)					
Route 7						Subcha  Other (i etc.)	oter 8 (Otl e. private	her than K-1. & commerci	2) al bui	ldings	, hom	es,
City (5) Kearny						Square Feet N/A	# (	of Floors		Bldg. /	Age	
County (6) Hudson				Code (7) USE ONLY)		Current Use Utilities	Prior if be	eing demolisi	ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8	)	ASCI	M No.		of Abatement orge Harms (			nc.			
Street Address						t Address 'ellowbrook	Road					
City, State, Zip Code					50000	State, Zip Code rell, NJ 0773						
Project Manager for Monitoring Firm			Telepho	ne No.	0.0000000000000000000000000000000000000	hone No. 751-2089		License N 01055	0.			
Start Date (10) April 8, 2019	Schedul June			Date (11)	Name	of OSHA Moni	tor					
Occupancy Status During Abatement (Chec					Street	Address						-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm  Other – Describe: Utility Installation	eriod of all Facility	Abatem / Hours	nent		City, S	State, Zip Code						
Scope of Work (Check All That Apply)							V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti	0.00		>	Mini-Enclos Glovebag F	ure rocedure	n Negative P			e	
		Locati								Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	ly by nce/	(i.e. there	Description Containing N rmal system urfacing, VA ner miscellar	Material (ACM) s insulation, T, or	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ite	Ф
Gas Mains			X	Mas	stic on Ga	s Main	10	00 LF	Х			
Name of Registered Waste Hauler		1000000	JDEP W	500000000000000000000000000000000000000	ubic Yards	Name	of Registe	ered Landfill				
George Harms Construction Co., Inc		1000000	auler ID 885	No. of TE	Waste 3D		e Mana					
City, State Howell, NJ				Di:	sposal Date	City, S Tullyt	tate own, PA	Α				
Completed by Sam Hahn	Title Proje	ct Eng	gineer		Signature	1 011111		Dat	е			

0K2673		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)	Γ		G E		VI		
Date of Notification (1) 3/26/19				of Building en Coun			r (2)	2 1 7		APR -	1 20	)19	and the second	
Agencies Notified Type Notification				Address					100				-	
				Bergen I		Ith Floo	or		Antonio (	0.55.1		11.	- 4	
DEP Amended Amendment Emergency				ate, Zip C ensack,		601-70	76		7			enici e		*
DOH justification)		3		of Contact					Tel	ephone N	umber			
DCA Cancellation	1			y Luna					20	1-336-6	3448			
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (	1)					
Overpeck County Park former Ma	intenan	ce gai	age				,,,p,	5 3	095					
Street Address								School (K-1 Subchapter	8 (Oth	er than K-	-12)			
40 Fort Lee Rd. City (5)							X	Other (i.e. p etc.)	rivate 8	& commer	cial bui	ldings	, hom	es,
Leonia, NJ							Squ 1,4	are Feet 00	# of	Floors	100	Bldg 40+	Age	
County (6)		T	County	Code (7)			(5%)	ent Use (Prid	or if bei	ng demoli				
Bergen Name of Monitoring Firm Hired by Building	0			USE ONLY	)	_	For	mer Maint	enan	ce Gara				
N/A	Owner (8	)	ASCI	M No.				atement Con i Group, In		(9)				
Street Address						Street	Addre	ess						
City, State, Zip Code		111						elon Rd Zip Code						
						100000000000000000000000000000000000000		NJ 07405	5					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-				License 01228	No.			
Start Date (10) 4/9/19			npletion	Date (11)		1 2000000000000000000000000000000000000		HA Monitor						
Occupancy Status During Abatement (Chec	4/10/1	372				Yanr		Group, In	c.					
Facility Closed/Vacated During Entire I	1,53	88	ont					elon Rd						
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	i			City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)					_	Kinn	elon,	NJ 07405	i					
≥3 sf or ≥3 lf		Renova	tion				] Fu	II Containme	nt with	Negative	Pressi	ire		
≥160 sf or ≥260 lf	×	Demolit	ion				Mi	ni-Enclosure ovebag Proc						
	1					×	No	n-Exempted	(*) and	Non-Fria	ble Pro	cedur	е	
Location of		Location Normall											ement	t
Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbes	Des tos Conta	scription aining M		I (ACM)	Ar	nount		Γ		
TO BE ABATED In Facility		todial S		(i.e.	thermal	systems sing, VA		ation,		pecify or LF)	Rer	Re	Encapsulate	Enclosure
(13)		(12)				niscellan			31	OI LIT)	Remova	Repair	psula	losui
	Yes	No	N/A								=		ate	, e
ROOF	Х				R	oofing			2,68	80 SF	Х			
											_			
						2					-			
Name of Registered Waste Hauler		1 8000	JDEP W		Cubic \			Name of R	egister	ed Landfi				
Yannuzzi Group, Inc.		4	auler ID 467	No.	of Was	te		GROWS						
City, State Kinnelon, NJ					Dispos	al Date		City, State	L D:					-
Completed by	Title				4/12/1	gnature		Morrisvil	ie, PA		-1-			
John Mucha		RA Pr	oject D	esigner		griature	M	Ma			ate /26/1	9		

State of New Jersey

CK 21074 PA	D'		Sta ICATION ursuant		ESTOS	ABATE				EG	E		7	
Date of Notification (1)				f Building			r (2)							
3/26/19			Berge	n Coun	ty Park	S				APR	= 1	20	9	i in
Agencies Notified Type Notification			Street A	ddress										
EPA Initial			One B	Bergen F	Plaza-4	th Flo	or			Transp.			1-4	-1
DEP Amended		Ī	City, Sta	te, Zip Co	ode					***************************************		-	- CO 6	è
DOL Amendment		_	Hacke	nsack,	NJ 076	01-70	76			1 .1		reside again		
DOH Emergency (	including	Ī	Name of	Contact					Tel	ephone Nu	mber	<del>- 2112</del>	-	
DCA Cancellation			Jeffrey	/ Luna					20	1-336-64	48			
			FACI	LITY INF	ORMAT	ION						721200		
Name of Facility Where Abatement is Taking							Туре	of Facility (4	1)					
Overpeck County Park former Res	troom B	uildir	ng					School (K-1:	2)					
Street Address								Subchapter				••	•	
40 Fort Lee Rd.								Other (i.e. p etc.)	rivate	& commerc	ial buil	dings,	home	es,
City (5)					University	7785-1-10		re Feet	# o	f Floors	E	Bldg. A	ge	-
Leonia, NJ							1,40	0	1		4	10+		
County (6)			County C	Code (7)			Curre	nt Use (Pric	r if bei	ng demolis	hed)			
Bergen			(STATE U	JSE ONLY	)			ner Restr						
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	1 No.		Name	of Aba	tement Con	tractor	(9)		· Cl., 377,		-
N/A								Group, In		` '				
Street Address							t Addres				-			
						135	Kinne	lon Rd						
City, State, Zip Code						City, S	State. Zi	p Code					1-2210	
						0.0000000000000000000000000000000000000		NJ 07405						
Project Manager for Monitoring Firm		Telephor	ne No.		Section of the sectio	hone No			License N	lo.				
						- 2	-218-0			01228				
Start Date (10)	Schedule	ed Cor	npletion [	Date (11)		Name	of OSH	A Monitor						
4/11/19	4/12/19			,		The state of the state of		Group, In	C.					
Occupancy Status During Abatement (Chec	Only On	e)					Addres		-					
S <u>ame</u> - 27		32						lon Rd						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hours	nent S			City S	State, Zi	n Code				-		
Other – Describe:								NJ 07405	r K					
Scope of Work (Check All That Apply)		12-11-1				1 (1111	101011,	140 07 400				<u> </u>		
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City, State		al Date		City, State										
Kinnelon, NJ	4/12/	- 1		Morrisvi	lie, P									
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02/12/2019			N	ame of B	luilding Own	ner/Operat	or (2)		1 13	AP	R_	1	2019
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				ee Mille				1.	201-41	9 Num	ber		
Name of Facility Where Abatement is Ta	king Plac	ce (3)		FACILIT	Y INFORM	ATION			201-410	7-210			
The Dalik of America		(-)					Type of Fac	ifity (4)			-		
Street Address							School	(K-12)					
192 Paterson Plank Rd.							Subcha	pter 8 (O	ther than	K-12)			
City (5)							Other (i	.e. private	& comm	nercial	buildir	ngs, h	ome
Carlstadt							Square Feet	#	of Floors		Rid	g. Age	2
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Bergen			(STA	TE USE	ONLY)		Current Use	(Prior if be	eing dem	olishe	1)		_
Name of Monitoring Firm Hired by Building	Owner	(8)		SCM No.									
14/7			1	CIVI NO.		Name	of Abatement	Contracto	r (9)			-	-
Street Address		_				Hazn	nat Diagnos	stic LLC					
24 27							Address					_	
City, State, Zip Code		_					enwild Ave			s .			
N							ate, Zip Code		0,000				_
Project Manager for Monitoring Firm			Telen	hone No		BIOON	ningdale, N.	J 07403					
			1 .0.0	ATOTIC NO		Telepho	ne No.		License	No.		_	
Start Date (10) 02/18/2019	Schedi	uled C	ompletic	on Date (	11)		28-3995		01181				
	02/25	17001	9	··· ··· · · · · · · · · · · · · · · ·	1.77	Name of	OSHA Monito	or					
Occupancy Status During Abatement (Chec	k Only C	One)				Street A	at Diagnost	IC LLC					
Facility Closed Manager D			ment				nwild Ave			- 12	200000		
Abatement Performed Outside of Norm Other – Describe: exterior work of exce	al Facili	ty Hou	rs		1		te, Zip Code						
cope of Work (Check All That Apply)	-aleu (Te	ansite p	olbe				ingdale, NJ	07400					
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TO BE ABATED	Ma	intena	nce/	Asbe	estos Conta	ining Mate	rial (ACM)	Δ~	aunt	-	T-'	1	T -
In Facility (13)	Cus	todial S	Staff?	(1.4	e. thermal s	ystems ins	sulation	(Sp	ecify	. 2	-	Enc	m
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		45	uler ID	No.	of Waste								
State		143			30 C.Y.		Fairless						
vark, NJ					Disposal TBD	Date	City, State					-	-
pleted by	Title						Morrisvil	le, PA					
ana Rotaru	COO				Sign	ature	-	1	Dat	9		_	-

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

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Negation 15 The National States			FAC	ILITY IN	ORMAT	ION	-		1.0		.00					
Name of Facility Where Abatement is Taking Maplewood Middle School	g Place	(3)					Type of	Facility (4	)							
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City (5)							etc	ner (i.e. pr :.)	ivate &	commen	ial bu	Idings	, nom	ies,		
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Street Address							Address					-				
P.O. Box 385						16 G	lenwild	Ave								
City, State, Zip Code						City, St	tate, Zip (	Code								
Oceanville NJ 08231						Bloor	mingdal	e NJ 07	403							
Project Manager for Monitoring Firm Michael Sorgenti			Telepho				one No.	ates		License I	Vo.					
The state of the s				52 1833	3		928 399			01181						
12/21/2018	12/31/			Date (11)		The Street of the Street	of OSHA					7				
Occupancy Status During Abatement (Check								gnostic L	.LC							
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137 & Entrance Waiting Area &		×														
Conference Room, 135, 135A&B,		×														
137A, 139		x								10.00						
Name of Registered Waste Hauler		4.3	JDEP W		Cubic		Na	ame of Re	gistere	d Landfill	1	1				
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Date of Notification (1) 3/26/19 Agencies Notified					int to NJAC 8:60				GE			
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				_	ald Sterling							
Name of Facility Where A	batement is Tak	ing Place	(3)	FA	CILITY INFORMA	TION		-	19319			
Former Residence							Type of Facility	y (4)	(a) -1-22			
Street Address							School (K	(-12)				
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Name of Monitoring Firm I	Hired by Building	Owner (	8)				abandoned			50		
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Street Address							nuzzi Group,	Inc.				
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City, State, Zip Code							Kinnelon Rd.					
							ate, Zip Code				-	
Project Manager for Monito	orina Firm			T-1. 1			ELON, nj 07	405				
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Start Date (10)		Schedu	iled Co		Date (11)		218-0880		228			
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3 / 27	/ 10						Owner/Operator			APR	-	21	119	
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Name of Facility Where Abatemen								Type of Facility	y (4)					
Kessler Institute for Rehab	litation- U	nit B	3					School (K-1	(2)					
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Partner Engineering Science	e, Inc.						AbateTech, I	3.37	,					
Street Address						-	reet Address	10.			- 000	17.000		_
611 Industrial Way West						1	30 Maple Ave	PO Box 25						
City, State, Zip Code						_	y, State, Zip Co					_		_
Eatontown, NJ 07724						- 81								
Project Manager for Monitoring Firm		1.	Tele	phone	No	_	umberton, N	13 08048	1					
Brian Nemetz				Marine Carlot	1-9565		lephone No.		License N	3000				
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Lumberton, NJ					j.		osal Date	City, State Tullytown, I	ΡΔ					
ompleted By (Print or Type)	Title						Signature			15.	200			
Gwendolyn Trumbetti	Opera	tions	Co	ordi	nator		( O( A	X		Date 2	.7	7-	19	1

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Care agenciates				120110-01-0	

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Hazlet Township Board of Education / Job #1903-5457 Check #11165 26 3 Agencies Notified Type Notification Street Address **⊠** EPA Initial 421 Middle Road ☑ DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS Hazlet, NJ 07730 **⊠** DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation 732-264-8401 Charles Hildner **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Beers Street Elementary School Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 610 Beers Street homes, etc.) # of Floors Bldg. Age City (5) Square Feet 60 46.000 Hazlet Current Use (Prior if being demolished) County (6) County Code (7)(STATE USE ONLY) Elementary School Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 120 North Warren Street City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Trenton, NJ 08608 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 609-265-2107 00529 Jordan Reed 609-392-4200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 17 / 19 4 / 26 / 19 **EMSL Analytical** Street Address Occupancy Status During Abatement (Check only one) ☐ 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) □ Renovation Mini-Enclosure ≥3 sf or ≥3 lf Glovebag Procedure ≥160 sf or ≥260 lf ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Enclosure Remova Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or **IN Facility** (12)other miscellaneous) (13)Yes N/A No 960 SF  $\boxtimes$ Rib Packing Insulation Boiler Room П П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Waste Hauler ID No. G.R.O.W.S. Landfill AbateTech, Inc. 18750 40 Disposal Date City, State City, State 4/26/19 Tullytown, PA Lumberton, NJ Signature Completed By (Print or Type) Title 3-26-10 Gwendolyn Trumbetti Operations Coordinator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 3 26 19 SJ Gas / Job #1903-5456 Check #11164 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 1 South Jersey Plaza □ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Folsom, NJ 08037 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Joe Naselli 518-775-0537 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Glassboro, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 19 / 18 <u>4</u> / <u>10</u> / 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  $\boxtimes \ge 3$  sf or  $\ge 3$  If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Exterior  $\boxtimes$ Transite pipe 150 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 20 City, State Disposal Date City, State Lumberton, NJ 4/19/19 Tullytown, PA

State of New Jersey

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

**Operations Coordinator** 

Signature

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(NJAC 5:23-8)	justifica			3	Nan	ne of Contac	ct				Telep	hone Nun	nber			
	☐ Cancell	ation			M	ike Wilsoı	n				609	9-512-23	45			
Non 6 F We - 10 / 0	h . t		-	(2)		ACILITY II	VFO	RMATION	_							
Name of Facility Where A		laking	Plac	e (3)						Type of Facility						
Executive State Hou	ıse									☐ School (K-1) ☐ Subchapter		than K 1	21			
Street Address	- 4									Other (i.e., p				uildin	gs,	
125 West State Stre	et			eegge					1	homes, etc.	5				22.	
City (5)										Square Feet	# of	Floors	В	ldg. A	ge	
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County (6)					Cot	inty Code (7	7)(ST	ATE USE ONLY)		Current Use (Pr	rior if bei	ng demoli	shed)			
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Name of Monitoring Firm I		laing C	wner	(8)	ASCN	I No.				nt Contractor (9)	)					
Langan Engineering Street Address							AbateTech, I	In	c.							
300 Kimball Drive						-	reet Address	_	DO Pay 25							
City, State, Zip Code						-	30 Maple Ave									
Parsippany, NJ 0705	64							Lumberton, I								
Project Manager for Monito	oring Firm			Te	lephone	No.	-	lephone No.			Licer	ise No.				-
Vijay Patel				1	973-56	0-4900		09-265-2107	7		23222	529				
Start Date (10)		Schedi	ıled C	omp	letion Date (11) Name of OSHA Monitor								-			
11 /12 / _	/				5/	5 / _19 EMSL Analytical										
Occupancy Status During						Street Address										
Facility Closed/Vacated	During-Enti	ire Peri	od of	Abat	ement		2	200 Route 13	30	North						
Abatement Performed C	AM-	ormai i PM	-acility I/	y Hoi	urs - De 11-	SCRIDE AM		y, State, Zip Co								
					-		C	Cinnaminson	١,	NJ 08077						
Scope of Work (Check all t	nat apply)							⊠ Full Cont	tai	inment with Neg	native Pr	accura				
≥3 sf or ≥3 lf		-	⊠ Re					☐ Mini-Enc	clo	sure	jative i ii	cooure				
		I	∐ De	molit	ion			☐ Glovebag	g l	Procedure pted (*) and No	n_Eriable	Procedu	ro			
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Location of			١	Norm	ally			Description of	of					_		
Asbestos-Containing Ma		1)			lely by ance/			Containing Ma				nount	Removal	Repair	nca	Enclosure
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(13)		-		(12	)	-	oth	her miscellaned	oL	ıs)	0.	O. L. ,			Encapsulate	ē
			Yes	No	N/A											
SEE ATTACHED					$\boxtimes$	SEE AT	TAC	CHED				EE				
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Name of Registered Waste Hauler NJE						Naste	Cub	oic Yards of	T	Name of Regis	tered La	ndfill				
AbateTech, Inc.						D No.	Was			G.R.O.W.S.	Landfi	Ш				
City, State						1	Disp	oosal Date	1	City, State						
Lumberton, NJ							4/	/5/19	1	Tullytown,	PA					
Completed By (Print or Type	6			Signature	1	1/		Da	te			$\Box$				
Gwendolyn Trumbetti	i	Op	eratio	ons	Coord	inator		1	1	An /X		:	te 3 - 7	15-	1-	1
OD 44							-	-	-							

### Scope of Work Cont.

APR - 1 2019

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Governor's Office	NO	Plaster	1,250 SF	Removal
Governor's Office	NO	<b>Duct Insulation</b>	50 SF	Removal
Governor's Office	NO	Vapor Barrier	150 SF	Removal
2 <sup>nd</sup> Floor	NO	Plaster	2,100 SF	Removal
2 <sup>nd</sup> Floor	NO	<b>Duct Insulation</b>	150 SF	Removal
2 <sup>nd</sup> Floor	NO	Vapor Barrier	150 SF	Removal
<b>Building Entrance</b>	NO	Plaster	1,900 SF	Removal
Exterior	NO	Roofing Material	600 SF	Removal
Throughout	NO	Window Caulk	200 LF	Removal
<b>Executive Offices</b>	NO	Ceiling Plaster	120 SF	Removal
<b>Executive Offices</b>	NO	Pipe Insulation	15 LF	Removal
<b>Executive Offices</b>	NO	Black Mastic	320 SF	Removal

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Date of Notification (1)  03 /	26 /	19						er/Operator (2 erty Manage	) ment & Const	ruction	AF N		in a	<del>(U</del> ):	9		
Agencies Notified	Type Notificat	ion		_	Street	Address					+		-		-		
⊠ EPA	☐ Initial						Stree	t, 3rd Flr.			- 31	10 March		700	49. 12.1		
☑ DOLWD	☐ Amended			-		tate, Zip C		,				_			_		
☑ DOH	Amendme	nt #_						0									
☐ DCA			luding			ton, NJ		8									
(NJAC 5:23-8)	justification				Name	of Contact				Telephone No	umber						
70° 5-7	☐ Cancellation	on			Rick	Ferrera				609-292-1	717						
					FAC	ILITY IN	FOR	MATION									
Name of Facility Where A	Abatement is Ta	aking	Place	(3)					Type of Facility	(4)							
Residential								1	School (K-12								
Street Address		7 117			and the last of		11-2		☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-	-12)	huile	dinac				
								1	homes, etc.)	ivate and com	Herciai	Dune	Jii iya	•			
City (5)				77-5-77					Square Feet	# of Floors		Rldo	g. Ag	е .			
New Milford								1	Oquaro i cor	" 011 10010		Diag	9. 7.9	_			
							/a=			<u> </u>							
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being dem	olished	)					
Bergen					ASCM No. Name of Abatement Contractor (9)												
Name of Monitoring Firm	Hired by Buildi	ng O	wner (	8) /	ASCM N	No.	Nam	ne of Abateme	nt Contractor (9)								
Mark Jovic Consult	ting LLC						Al	LL PRO MAI	NAGEMENT L	LC							
Street Address							Stre	et Address									
87 Main Street, Sui	te A							Outwater L	ane								
City, State, Zip Code																	
	****							State, Zip Co									
Lincoln Park, NJ 07				,	Garfield, NJ 07026												
Project Manager for Mon	itoring Firm			Telep	elephone No. Telephone No. License No.												
Mark Jovic				97	973-650-0392 973-928-4888 1188												
Start Date (10)	S	chedu	uled C	omplet	ion Dat	e (11)	Nam	ne of OSHA M	onitor	*							
03 /27 /	19	_0	5_/	31	_ / _	19	ALL PRO MANAGEMENT LLC										
Occupancy Status During	g Abatement (C	heck	only o	ne)	Street Address												
□ Facility Closed/Vacate	ed During Entire	e Peri	iod of	Abaten	and the property of the proper												
☐ Abatement Performed	d Outside of No	rmal	Facility	/ Hours	s - Des	cribe	City	State, Zip Co	de					_	_		
Time of Abatement: _	AM	_PN	1/	_PM-	/	ΑM	10.70	arfield, NJ									
Scope of Work (Check a	Il that apply)						- 0	arneiu, No	01020			_			-		
									ainment with Neg	gative Pressure	:						
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			Yes	No	N/A							-					
Exterior- Foundation	wall							apor Barrier	ace of copper	426 SF		XI					
Exterior- Chimney	exterior- Chimney							k	ice of copper	8 SF		X					
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											1						
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Century Waste / No		g		Н	lauler II	O No. 7 / 0283	Was	ste s Needed		Landfill / Fairles Sanitary Landfill		ill					
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Completed By (Print or 1	Type)	Title	9	Signature Date													
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Date of Notification (1)				- 1	Vame o	f Building	Owno	r/Operator (2	7)	- 11 12								
	26 /	19		.				70	ment & Const	ruction	APR	ne.	1 (	2019				
Agencies Notified	Type Notification	on		1	Street A	Address				Source :				10 14				
⊠ EPA	☐ Initial				20 W	. State S	treet	, 3rd Flr.		, V								
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☑ DOH ☐ DCA			ina		Tren	ton, NJ 0	8608	3	*									
(NJAC 5:23-8)	justification		mig	1	Name o	of Contact				Telephone Nu	mber							
	☐ Cancellatio	n			Rick	Ferrera				609-292-17	717							
					FAC	ILITY INF	ORN	MATION										
Name of Facility Where A	Abatement is Ta	king Pla	ace (3	3)					Type of Facility	(4)								
Residential									☐ School (K-12 ☐ Subchapter 8		12)							
Street Address									Other (i.e., pr			build	lings,					
									homes, etc.)									
City (5)									Square Feet	# of Floors		Bldg	. Age	2				
New Milford																		
County (6)					Count	y Code (7)(	STATE	E USE ONLY)	Current Use (Pri	or if being demo	olished	i)						
Bergen																		
Name of Monitoring Firm	Hired by Buildin	ng Own	er (8)	) A	SCM N	lo.	Nam	e of Abateme	ent Contractor (9)									
Mark Jovic Consul	ting LLC						AL	L PRO MA	NAGEMENT L	LC								
Street Address							Stree	et Address										
87 Main Street, Sui	te A						27	Outwater !	Lane									
City, State, Zip Code							City,	State, Zip Co	ode									
Lincoln Park, NJ 0	7035						Ga	rfield, NJ	07026									
Project Manager for Mon	itoring Firm		T	Telep	hone N	10.	Telephone No. License N											
Mark Jovic				97	3-650-	0392	973-928-4888 1188											
Start Date (10)	Sc	hedule	d Co	mplet	ion Dat	e (11)	Nam	e of OSHA N	lonitor	'								
03 /27 /	_19_	05	_ / ,	31	_ / _	19	AL	L PRO MA	NAGEMENT L	LC								
Occupancy Status Durin	g Abatement (C	heck on	nly on	ne)			Stree	et Address										
☐ Facility Closed/Vacat					nent		27	Outwater	Lane									
☐ Abatement Performed	d Outside of Nor	mal Fac	cility	Hours	s - Desc		City,	State, Zip Co	ode									
Time of Abatement:	AM	_PM/_		_PM-	/	AM		arfield, NJ										
Scope of Work (Check a	Il that apply)																	
				47	2020			☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure								
<ul><li>≥3 sf or ≥3 lf</li><li>&gt;160 sf or &gt;260 lf</li></ul>				novatio nolitio				☐ Gloveba	g Procedure									
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Exterior- Windows			_			Window				212 LF	-							
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Elizabeth, NJ / Nev	wark, NJ						Т	BD	Morrisvill	e, PA / Pen A	rgyl,	PA						
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)  Name of Building Owner/Operator (2)  Name of Building Owner/Operator (2)  Name of Building Owner/Operator (2)  Division of Property Management & Construction															
03/26_	_ / _	19			Divi	sion of F	rop	erty Manage	ement & Cons	truction				-016	, I
	e Notificat	tion			Street	Address				-Vitaec -	noe n	,	(3)	. 15	-
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	mergenc		dina		Trei	nton, NJ	0860	8							
	ustification		unig	ı	Name	of Contact	Š			Telephone N	umber				
	Cancellation	on			Ricl	(Ferrera				609-292-1	717				
					FAC	ILITY IN	FOR	MATION							
Name of Facility Where Abater	nent is Ta	aking Pl	ace (	3)					Type of Facility	(4)			-2772		
Residential									School (K-12		4.00				
Street Address				-					☐ Subchapter ☑ Other (i.e., p homes, etc.)	rivate and com		l bui	lding	S,	
City (5)					-				Square Feet	# of Floors		Bld	g. Ag	ie.	$\dashv$
New Milford													3.7.5		
County (6)			1222		Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishe	d)			$\dashv$
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Name of Monitoring Firm Hired	by Buildi	ing Owr	er (8	) [	ASCM I	No.	Nan	ne of Abateme	ent Contractor (9)	)					$\neg$
Mark Jovic Consulting L	LC						Α	LL PRO MA	NAGEMENT L	LC					
Street Address					Street Address										
87 Main Street, Suite A					27 Outwater Lane										-
City, State, Zip Code							City	, State, Zip Co	ode						
Lincoln Park, NJ 07035							Garfield, NJ 07026								
Project Manager for Monitoring	Firm			Tele	phone I	Vo.	Telephone No. License No.								
Mark Jovic					3-650		97	73-928-4888		1188					
Start Date (10)				2300	tion Dat		Nan	ne of OSHA M	lonitor						
03 /27 /19	_	05	_ / .	31	_ / _	19	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During Abat	ement (C	heck or	nly on	ie)		Street Address									
☐ Facility Closed/Vacated Dur							2	7 Outwater	Lane						
Abatement Performed Outs Time of Abatement:								, State, Zip Co							
							G	arfield, NJ	07026						
Scope of Work (Check all that a	apply)							□ Full Con	tainment with Ne	native Pressure					
≥3 sf or ≥3 lf			Ren					☐ Mini-End	losure	gative i ressure					
⊠ ≥160 sf or ≥260 lf		$\boxtimes$	Den	olitic	n			and the second	g Procedure	n Friable Bree	oduro				
			ls L	ocat	ion		)=10°	M HOH-EXC	mpted (*) and No	ni-i nable r loce	Edule	۸h	tom	ent Ty	ma
Location of				orma				Description of	of		-	-			
Asbestos-Containing Mater TO BE ABATED	ial (ACM)				ely by nce/			Containing Ma rmal systems		Amount		ζem	Repair	nce	incl
IN Facility		(		dial	Staff?	(1.0		urfacing, VAT		(Specify SF or LF)		Remova	Ħ	Encapsulate	Enclosure
(13)			·	(12)	I NI/A			ner miscellane		1000				late	6
Exterior- Foundation Wall			es	No	N/A	Black T	ar V	apor Barrie	r	330 SF	-	$\boxtimes$			
Exterior- Windows						Windov				246 LF	_				
			-							-13-1	_				
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Name of Registered Waste Ha	uler		_		JDEP \	Nasta	Cub	oic Yards of	Name of Doc	stered Landell		Ц	П	Ш	П
Century Waste / Newark Carting Hauler ID No. Waste GROWS North Landfill / Fairless Landfill															
City, State		,			32797	/ 0283		s Needed oosal Date		Sanitary Landfill		_		-0	
Elizabeth, NJ / Newark,	N.I							BD	City, State	e, PA / Pen A	ravi i	DΛ			
	1	Title					'		MOLLISAIII	, I A I FEII A					
Completed By (Print or Type)  Allen Monchik		0.0000000000000000000000000000000000000	004	Ma-	ager			Signature	74 1	./	Date				
ACR 41		110	eul I	widil	ayer			Allen	Monches	e	3/2	6/	19		

### State of New Jersey

(K105	PAI	D	NOTI		TION	OF ASB	w Jersey ESTOS ABAT C 8:60 and 5:16			5	7 1	IV.	1
Date of Notification (1)	是人是	388.0-0-			Nama	of Building	Owner/Operator (2	2)				0.54	
	26 /	19		ı			roperty Manage		ruction A	PR	- 1	201	9
Agencies Notified	Type Notific		_			Address							
	∏ Initial	alluli					Street, 3rd Flr.		11 James				
	☐ Amende	d		-	0.000	ate, Zip Co					er e e e e	201	= 50
☑ DOH	Amenda	nent#_				iton. NJ (							
4 Total (1980) (			luding	-		of Contact	30000		Telephone Numbe	-			
(NJAC 5:23-8)	justificat  Cancella					Ferrera			609-292-1717				
/					FAC	ILITY IN	FORMATION						
Name of Facility Where Al	patement is	Taking	Place	(3)	, AND THE			Type of Facility (	(4)				
Residential								School (K-12					
Street Address								Subchapter 8	(Other than K-12) ivate and commercial	al huil	dinas		
							Î	homes, etc.)	rvate and commercia	ai buii	umge	•	
City (5)								Square Feet	# of Floors	Bld	g. Age	9	
New Milford													
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Bergen													
Name of Monitoring Firm F	Hired by Bui	lding O	wner (8	3) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Mark Jovic Consulti	ng LLC						ALL PRO MA	NAGEMENT L	LC	74			
Street Address							Street Address						
87 Main Street, Suite	PΑ						27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co						
Lincoln Park, NJ 070							Garfield, NJ	07026					
Project Manager for Monit	oring Firm				phone N	ST Section	Telephone No.		License No.				
Mark Jovic				100000	3-650-		973-928-4888		1188				
Start Date (10)	40				tion Dat		Name of OSHA M						
03 /27 / _					/ _19 ALL PRO MANAGEMENT LLC								
Occupancy Status During		a service de la constante de l			0		Street Address						
<ul><li>☑ Facility Closed/Vacated</li><li>☑ Abatement Performed</li></ul>	•					oribo	27 Outwater						
Time of Abatement:							City, State, Zip Co						
Market and the second	3.5						Garfield, NJ	07026				_	
Scope of Work (Check all	tnat apply)						☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			☐ Re				☐ Mini-End	closure					
≥160 sf or ≥260 lf			□ De	monuc	on			g Procedure empted (*) and No	n-Friable Procedure				
			Is	Locat	tion					Aba	ateme	nt Ty	уре
Location	The state of the s			lorma	lly ely by		Description of			<sub>Z</sub>	Z	Ш	Ш
Asbestos-Containing N TO BE ABA		(M)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	val	-	Insc	sure
(13)			Yes	(12) No	N/A	1	other miscellane	eous)				ate	
Exterior- Chimney	100-00-0				N/A	Black T	ar Flashing		6 SF				П
•			-	_					256 LF				
Exterior- Windows					-	The state of the s			250 LF			믐	1
											븨	브	닏
											Ш	Ц	
Name of Registered Was			XV	1000	NJDEP Nauler II		Cubic Yards of Waste	Name of Regi	stered Landfill Landfill / Fairless Lar	ndfill			
Century Waste / Ne	wark Cart	ing					As Needed		Sanitary Landfill				
City, State					Disposal Date City, State								

Elizabeth, NJ / Newark, NJ

Title

Project Manager

Completed By (Print or Type)

Allen Monchik

TBD

Signature

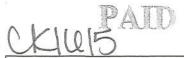
Allen Monchik

Morrisville, PA / Pen Argyl, PA

Date

3/26/19

(X1015)	AID	NO	OTI					TOS ABAT		EC	E						
Date of Notification (1) 03 /	26 /	19				100		er/Operator (2 erty Manage	) ment & Consti	uction A	PR - 1	20	19				
Agencies Notified  EPA  DOLWD  DOH	Type Notificati	ion	_		Street A	Address  V. State State, Zip Co	Stree	t, 3rd Fir.	-	A CONTRACTOR OF THE CONTRACTOR	. 4, 5, 0			- 1			
DCA (NJAC 5:23-8)		y (inclue n)	ding	-	Name	of Contact		8		Telephone Nu	ımber						
	☐ Cancellation	on				Ferrera	ODI	BAATION!		609-292-1	/1/		_	1			
Name of Facility Where A	batement is Ta	kina Pl	lace i	(3)	FAU	ILITY IN	-UKI	WIATION	Type of Facility (	4)							
Residential Street Address									☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pr	) (Other than K-		ilding	s,				
City (5)									Square Feet	# of Floors	Ble	dg. Ag	je				
New Milford																	
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being dem	olished)						
Bergen												- 2.					
Name of Monitoring Firm		ng Owr	ner (8	3)   A	SCM N	No.			nt Contractor (9)								
Mark Jovic Consult	ing LLC			ALL PRO MANAGEMENT LLC													
Street Address					Street Address												
87 Main Street, Suit	te A				27 Outwater Lane City, State, Zip Code												
City, State, Zip Code	,00E																
Lincoln Park, NJ 07				T-1	Garfield, NJ 07026  Telephone No. License No.												
Project Manager for Moni Mark Jovic	itoning Firm				3-650-			73-928-4888		1188							
Start Date (10)	Sc	chedule	ed Co	mplet	ion Dat	e (11)	Nam	ne of OSHA M	onitor	55 (55.400)							
03/27/	19	05	_ /	31	_ / _		Al	LL PRO MA	NAGEMENT LI	LC							
Occupancy Status During			10.7		000 0000 <b>.</b>			et Address									
□ Facility Closed/Vacate     □ Abatement Performed	_					oribo		Outwater I									
Time of Abatement:						20.000011.000	1	State, Zip Co									
Contrary and Contrary							G	arfield, NJ	07026			_		-			
Scope of Work (Check al  ≥3 sf or ≥3 lf	i that apply)	_	T Do	novatio				☐ Full Cont	ainment with Neg	ative Pressure							
□ ≥160 sf or ≥260 lf		×	Der	nolitio	n			☐ Glovebag		n-Friable Proce	edure						
				Locati							Ab	atem	ent T	уре			
Location Asbestos-Containing TO BE ABA	Material (ACM)		Use	lormal d Sole intenai	ly by nce/			Description o Containing Ma mal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facili (13)	ity		Cust	odial 8 (12)	otan?			urfacing, VAT, ner miscellane		SF or LF)	/al		sula	ure			
(10)		1	Yes	No	N/A		Out	ici misociiano	ous,				te				
Exterior- Center Chir	nney					Black tar f	lashir	ng at interface	of metal flashing/	6 SF							
Exterior- Fireplace C	himney				$\boxtimes$	Black tar	flashi	ing at interface	of roof shingle/	6 SF							
								7									
Name of Registered Was	N	JDEP \	Naste	Cub	ic Yards of	Name of Regis					1						
Century Waste / No	Н	auler II 32797	O No. 7 / 0283		s Needed	Grand Central	Landfill / Fairles Sanitary Landfill										
City, State					oosal Date	City, State	DA / D A	raul DA									
Elizabeth, NJ / New	TBD Morrisville, PA / Pen Argyl, PA																
Completed By (Print or T Allen Monchik	oject	Man	ager			Signature Allen	Monchi	é	Date 3/26/	19							



Date of Notification (1)		Division of Property Management & Construction							9								
03/	26 /	19		Divi	sion of P	rope	rty Manage	anagement & Construction									
Agencies Notified	Type Notificati	on		Street	Address				. Aug		_		-	7			
⊠ EPA	☐ Initial			20 V	V. State S	Stree	t, 3rd Fir.										
⊠ DOLWD	Amended			City, S	tate, Zip Co	ode											
⊠ DOH	Amendmen  Emergency			Trei	nton, NJ (	0860	8										
DCA (NJAC 5:23-8)	justification		d	Name	of Contact				Telephone Nu	ımber				$\neg$			
(110/10/0.20/0)	☐ Cancellatio	5-1		Ricl	k Ferrera				609-292-1	717							
				FAC	CILITY IN	FORI	MATION										
Name of Facility Where A	hatement is Tal	king Plac	(3)	1 AC	MEII 1 1141	Oiti	IATION	Type of Facility (	(4)		_			$\dashv$			
Residential		King r ido	(0)					☐ School (K-12)	1000								
Street Address						-		☐ Subchapter 8	(Other than K-	12)		••					
Officer Address								Other (i.e., pr homes, etc.)		nercial	build	lings,					
City (5)		10						Square Feet	# of Floors		Bldg	g. Age					
New Milford																	
County (6)	•			Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demo	olished	)						
Bergen																	
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	No.	Nam	ne of Abatement Contractor (9)										
Mark Jovic Consult	ing LLC					Al	L PRO MA	NAGEMENT L	LC								
Street Address						Stre	et Address										
87 Main Street, Suit	e A			27 Outwater Lane													
City, State, Zip Code						City,	State, Zip Co	ode									
Lincoln Park, NJ 07	035					G	arfield, NJ	07026									
Project Manager for Monit	toring Firm		Tele	phone	No.	Tele	phone No.		License No.								
Mark Jovic			9	73-650	-0932	973-928-4888 1188											
Start Date (10)	So	cheduled	Comple	tion Da	te (11)	Nam	ne of OSHA M	lonitor									
03 /27 /	19	05	/ _ 3	31 / 19 ALL PRO MANAGEMENT LLC													
Occupancy Status During	Abatement (Cl	heck only	one)	Street Address													
☑ Facility Closed/Vacate	d During Entire	Period o	Abate	ment		27	Outwater	Lane									
☐ Abatement Performed						City,	State, Zip Co	ode									
Time of Abatement: _	AM	PM/	PM		AM	G	arfield, NJ	07026									
Scope of Work (Check all	that apply)						_	2 24 10 22 22111212	120 20								
☐ >3 sf or >3 lf		П	enovat	ion			☐ Full Con	tainment with Neg	gative Pressure								
≥ 160 sf or ≥260 lf		-	emoliti					g Procedure									
							Non-Exe     Non-Exe	empted (*) and No	n-Friable Proce	edure							
N 80 800			s Loca Norma				2000	_			Aba	temer	nt T	/pe			
Location Asbestos-Containing		Us		ely by	Ashe	etne (	Description of Containing Ma		Amount		Re	Re	四	En			
TO BE ABA		1	ainten			., the	mal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure			
IN Facili	ty	C	stodiai (12)	Staff?			urfacing, VAT ner miscellane		SF or LF)		a		Encapsulate	ure			
(13)		Yes				Ou	iei illiscellarie	ous)				- 1	te				
1st Floor- Kitchen					Sheet floo (Bottom I		under ceramic	floor tile	104 SF								
Exterior- Chimney						flashi	ng at interface nney	of metal	6 SF		×						
Exterior- Foundation			Black T	ar V	apor Barrie	r	396 SF		$\boxtimes$								
Exterior				$\boxtimes$	Cemen	titiou	us Siding (T		1,276 SF								
Name of Registered Was			NJDEP		19/20	oic Yards of	Name of Regi	stered Landfill Landfill / Fairles	s Land	fill							
Century Waste / Ne	wark Carting	3		Hauler I 3279	D No. 7 / 0283	Was	ste s Needed		Sanitary Landfill								
City, State				JEIJ	5255		posal Date	City, State									
Elizabeth, NJ / New				T	BD	Morrisville	e, PA / Pen A	A / Pen Argyl, PA									
Completed By (Print or T	Title	Signature Date															
Allen Monchik	11-7		ct Mai	nager				Monchis	6,	3/26/19							
		0.000					MICOUN	invivau		1012	UI I	U					



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

				650 Columbia St, New Milford, NJ	Abatement Type						
	-	-		650 Columbia St, New Milford, NJ		Abatemen	Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenand al Staff	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e		
	Yes	No	N/A								
Exterior- Shed			Х	Cementitious Siding (Transite)	60 SF	Х					
				2							
	1	$\vdash$									
	1	$\vdash$	_								
	1	$\vdash$	_								
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			1								

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	3/26/19

MILLI	)	是是多	/					,	14-71					
Date of Notification (1)					Name of Building Owner/Operator (2)									
03/	26 /	19			Divi	sion of P	roperty Manage	ement & Const	ruction AF	'R -	20	19		
Agencies Notified  ☑ EPA	Type Notifica	tion				Address V. State \$	Street, 3rd Flr.		Proseed.			(%)	,:-	
□ DOLWD	☐ Amended			ŀ		tate, Zip C					7	-	$\overline{}$	
□ DOH	Amendme		_	- 1		nton, NJ				100		• 0.5. 10		
☐ DCA (NJAC 5:23-8)			ing	ŀ		of Contact	CONTRACTOR CONTRACTOR		Telephone Nu	mber			$\dashv$	
(NUAC 3.23-0)	☐ Cancellation	(250)				Ferrera			609-292-17					
			-						1 000 202 11				$\dashv$	
Name of Facility Mineral		-ld Di-		'O'	FAC	ILIIY IN	FORMATION	T	(A)				_	
Name of Facility Where A Residential	Abatement is 17	aking Pia	ice (	3)				Type of Facility						
								☐ School (K-12 ☐ Subchapter 8		12)				
Street Address								Other (i.e., pr	Other (i.e., private and commercial buildings, homes, etc.)					
City (5)								Square Feet	# of Floors	RI	dg. Ag	10	-	
New Milford								oquaio i oot	0 100.0		ug. 1 (5			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prior if being demolished)					$\neg$	
Bergen						,		•						
Name of Monitoring Firm		ing Own	er (8	(i)	ASCM I	No.	Name of Abateme	ent Contractor (9)						
Mark Jovic Consult	ting LLC						ALL PRO MA	NAGEMENT L	LC					
Street Address							Street Address							
87 Main Street, Suit	te A						27 Outwater	Lane						
City, State, Zip Code					/		City, State, Zip Co	Code						
Lincoln Park, NJ 07	035						Garfield, NJ	ld, NJ 07026						
Project Manager for Mon	itoring Firm			Telep	ohone l	No.	Telephone No.		License No.					
Mark Jovic				97	3-650-	0932	973-928-4888							
Start Date (10)		cheduled		715		U 60 (5	Name of OSHA N	lonitor						
03 /27 /	19	05	_ /	31	_ / _	19	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (C	Check on	ly or	ne)			Street Address							
☐ Facility Closed/Vacate							27 Outwater	r Lane						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement: _	AIVI	PIVI/		_PIVI-		-NIVI	Garfield, NJ	07026						
Scope of Work (Check al	I that apply)						□ F:# 0							
☐ >3 sf or >3 lf			Ren	novatio	on		☐ Mini-End	tainment with Neg closure	gative Pressure					
≥160 sf or ≥260 lf				nolitio			☐ Gloveba	g Procedure						
			1- 1	4			⊠ Non-Exe	mpted (*) and No	n-Friable Proce					
Location	of		5500	Locati ormal			Description of	of.				ent Ty		
Asbestos-Containing			Used	d Sole	ly by	Asbe	stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure	
TO BE ABA		100		ntena odial S		(i.e	., thermal systems	insulation,	(Specify	Non	air	aps	losi	
IN Facil (13)	ity		Justi	(12)	Jiaii:		surfacing, VAT other miscellane		SF or LF)	2		sula	ure	
(10)		Y	es	No	N/A	1	other miscentific	.003)				6		
2 <sup>nd</sup> Floor- Bedroom			]			VAT			161 SF					
2 <sup>nd</sup> Floor- Bedroom			]		$\boxtimes$	VAT			161 SF					
Exterior- Chimney			]			Black tar	flashing at interface	of chimney to	6 SF					
Name of Registered Was	N	JDEP	Vaste	Cubic Yards of		stered Landfill								
Century Waste / Newark Carting						O No. 7 / 0283	Waste As Needed	GROWS North Landfill / Fairless Landfill  Grand Central Sanitary Landfill						
City, State	-			Disposal Date	te City, State									
Elizabeth, NJ / Nev				TBD Morrisville, PA / Pen Argyl					gyl, PA					
Completed By (Print or 1	ype)	Title		Signature										
Allen Monchik		Proj	ect	Manager Allon				on Manchike 3/26/19						

Date of Notification (1)			Name of Building Owner/Operator (2)									
03 /26 /	19		Division of Property Management & Construction									
Agencies Notified Type Notifica	ition		Street	Address			1					
☐ EPA ☐ Initial			20 1	W. State	Street, 3rd Flr.				2.72		mar.	
☑ DOLWD ☐ Amended			City, S	State, Zip C	ode							
☑ DOH   Amendme     ☐ DCA   ☑ Emergend	-		Tre	nton, NJ	08608							
(NJAC 5:23-8) justification		g	Name	of Contact			Telephone Numb	er				
☐ Cancellati			Ric	k Ferrera			609-292-1717					
	v		FAG	CILITY IN	FORMATION							
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)					
Residential						School (K-12	)					
Street Address						Subchapter 8	(Other than K-12) rivate and commerce	ial bi	ildina			
						ivate and commen	Jai Di	mung	٥,			
City (5)						Square Feet	# of Floors	BI	dg. Ag	ge		
New Milford												
County (6)			Cour	ity Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Bergen								17/2				
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme							
Mark Jovic Consulting LLC					ALL PRO MA	NAGEMENT L	LC					
Street Address					Street Address							
87 Main Street, Suite A					27 Outwater I							
City, State, Zip Code					City, State, Zip Co	Code						
Lincoln Park, NJ 07035					Garfield, NJ							
Project Manager for Monitoring Firm		1	phone		Telephone No. License No.							
Mark Jovic			3-650		973-928-4888 1188							
A CONTRACTOR OF THE PROPERTY O	cheduled C				Name of OSHA M							
03 / 27 / 19	05/		_ ′ -	19	Workship of the Control of the Contr	NAGEMENT L	LC					
Occupancy Status During Abatement (C	마이지(B.) 1 1.1 (1995)				Street Address							
<ul> <li>☑ Facility Closed/Vacated During Entire</li> <li>☐ Abatement Performed Outside of No</li> </ul>				cribo	27 Outwater I							
Time of Abatement:AM	PM/	PM-	3 - DC3	AM	City, State, Zip Co							
Scope of Work (Check all that apply)					Garfield, NJ	07026					_	
□ >3 sf or >3 lf	Пр	enovati	0.0			ainment with Neg	ative Pressure					
⊠ ≥160 sf or ≥260 lf		emolitic			☐ Mini-Enc ☐ Glovebag							
							n-Friable Procedur	е				
		Locat Norma						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM)	1	ed Sole		Asha	Description o stos Containing Ma		Amount	Re	Re	щ	m m	
TO BE ABATED	Ma	aintena	110(2000)	(i.e.	, thermal systems i	insulation,	(Specify	Removal	Repair	ıcap	Enclosure	
IN Facility (13)	Cus	todial (12)	Stan?		surfacing, VAT, other miscellane		SF or LF)	Val	1	Encapsulate	ure	
(10)	Yes	No	N/A	1	other miscellarie	ous)				ite		
1st Floor- Side Bathroom, Laundr	у 🗆			Multi-La	yer resilient Sh	eet Flooring	128 SF			П		
1st & 2nd Floor Chimney				White sn	nooth finish coat p		144 SF					
				brick chi	mney		1440					
		H						6				
Name of Registered Waste Hauler			JDEP \	Maste	Cubic Yards of	Name of Regis	torod Landfill		ш	Ш	ПП	
Century Waste / Newark Carting	9		lauler II	O No.	Waste	GROWS North	Landfill / Fairless La	ndfill				
City, State		OZIOTI OZOS AS NEEded										
Elizabeth, NJ / Newark, NJ					TBD		, PA / Pen Argyl	, PA				
Completed By (Print or Type)	Title	Signature Date										
Allen Monchik	Projec	t Man	ager			Monchik	,	26/	19			

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	2	1	Line	H 3177
1.5	Same	11 =	11	11 3395
	At more		4.500	11 355

The state of the s				100											
Date of Notification (1)  03 / 20	6_ / _	19	_			3 - 12		mer/Operator (2 perty Manage	2) ement & Const	ruction	APF	} -	- 1	201	9
Agencies Notified Ty	ype Notifica	tion			Street	Address				- est-					
The state of the s	] Initial				20 1	N. State S	Stre	et, 3rd Flr.			***				
	Amended				City, S	State, Zip C	ode					A -		inter	
DOH □ DCA □	Amendme Emergeno	_			Tre	nton, NJ	086	08							
(NJAC 5:23-8)	justificatio		auumg		Name	of Contact				Telephone N	lumber				
	] Cancellati				Ric	k Ferrera				609-292-					
					FAC	CILITY IN	FOF	RMATION							
Name of Facility Where Abat	tement is Ta	aking	Place	(3)		J.E. 1 114	. 01	MINTON	Type of Facility	(4)					_
Residential									☐ School (K-12						
Street Address									Subchapter 8	Other than K	(-12)				
									homes, etc.)		commercial buildings,				
City (5)									Square Feet	# of Floors		Blo	lg. Ag	ie	-
New Milford									• • • • • • • • • • • • • • • • • • • •						
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being den	nolishe	d)			
Bergen															
Name of Monitoring Firm Hir	ed by Buildi	ing O	wner (	3)	ASCM	No.	Nar	me of Abateme	nt Contractor (9)		-				
Mark Jovic Consulting	g LLC						Α	LL PRO MA	NAGEMENT L	LC					
Street Address							Stre	eet Address							
87 Main Street, Suite A	A					= 1	2	7 Outwater I	ane						
City, State, Zip Code							City	, State, Zip Co	Code						
Lincoln Park, NJ 0703	5						G	arfield, NJ	J 07026						
Project Manager for Monitori	ing Firm			Tele	ephone No. Telephone No.					License No	).				- 8
Mark Jovic				97	3-650	-0932	9	73-928-4888		1188					
Start Date (10)					tion Da		Nar	me of OSHA M	onitor						
03 /27 /	19	_05	5_/	31	_ / _	19	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During Ab	patement (C	heck	only o	ne)			Stre	eet Address							
☐ Facility Closed/Vacated D															
Abatement Performed Ou Time of Abatement:	utside of No	rmal F	Facility	Hour	s - Des	cribe	City	, State, Zip Co	de						
						CIVI	G	Barfield, NJ	07026						
Scope of Work (Check all that	at apply)							□ Eull Cont	ainment with Neo	otivo Propovro					
≥3 sf or ≥3 lf			☐ Rei	ovati	on			Mini-Encl		jalive Piessuie	=				
≥160 sf or ≥260 lf			□ Der	nolitio	n			☐ Glovebag	n Frieble Dece						
			le	Locat	ion			M NOII-EXE	npted (*) and No	n-Friable Proc	edure				
Location of	- S	- 1	Ν	orma	lly			Description of	f		ŀ		_	ent T	T
Asbestos-Containing Mat				d Sole ntena				Containing Ma	terial (ACM)	Amount		Ren	Repair	Enc	Enc
TO BE ABATE IN Facility	<u>:D</u>				Staff?	(i.e.		ermal systems i surfacing, VAT,		(Specify SF or LF)		Removal	air	aps	Enclosure
(13)		-		(12)		-		her miscellane		OI OI LI )		=		Encapsulate	Гe
			Yes	No	N/A									Ф	
1st Floor- Kitchen						Tan Res	silie	nt Flooring		130 SF		$\boxtimes$			
Basement- Storage/Mechan	nical Room	1						nt on perimeter	wall/floor ch drain system	252 SF		×			
Basement- Storage/Mechai	nical Room	1				VAT				208 SF		$\boxtimes$			
Exterior- Foundation Wa	all				$\boxtimes$	Black tar		rproofing over e	exterior	354 SF		$\boxtimes$			
Name of Registered Waste H	Hauler			1 2	JDEP \	Vaste	Cut	bic Yards of	Name of Regis	tered Landfill					
Century Waste / Newa	rk Carting	3		Н	32797	O No. 7 / 0283	Wa A	ste s Needed	GROWS North			fill			
City, State							Dis	posal Date	City, State		0 22 1				
Elizabeth, NJ / Newark	k, NJ						T	BD	Morrisville	, PA / Pen A	rgyl, l	PA			
Completed By (Print or Type	2)	Title	8					Signature	•		Date				
Allen Monchik		Pr	roject	Man	ager			Allen	Monchik	2	3/2	6/1	9		
10D 44		_						- Landa Cara Company (State of	and the second s				e Till		



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

							<u> </u>					
	_			660 Harvard St, New Milford, NJ		Abateme	nt Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi S Main	s Locat rmally Solely tenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c l o s u r e			
	Yes	No	N/A									
Exterior- Basement Windows			X	Window Caulk	18 LF	х						
Exterior- Windows			Х	Window Caulk	112 LF	Х						
Exterior- Chimney			Х	Black Tar Flashing at Chimney	6 SF	Х						
	_	_										
	_											
	-	-	-									
	$\vdash$	_	-									
A		-	-						-			
									-			
									_			
		_							_			
									_			
					A PARTICIPATION AND ADDRESS OF THE PARTICIPATION AND ADDRESS OF TH							
	T											

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 3/26/19
			MUNICIUS	3/26/19

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(K1015)	AUD	)	(F	ursua	nt to NJA	AC 8	3:60 and 5:10	6)						
Date of Notification (1)				Nam	e of Buildin	g Ov	vner/Operator (	2)		AP	R	- 1	2/	019
03/	26 /	19		Di	vision of	Prop	perty Manage	ement & Cons	truction	2.37	1.4		14.3	313
Agencies Notified	Type Notific	ation		Stree	et Address				1,77.00	e,,				
⊠ EPA	☐ Initial			20	W. State	Stre	et, 3rd Flr.		Ŧ.	((0))				
⊠ DOLWD	Amende			_	State, Zip (		The state of the s							
☑ DOH ☐ DCA	Amendm  Emergen		-		enton, NJ									
(NJAC 5:23-8)	justificati		ıg		e of Contac				Telephone N	Jumber				_
	☐ Cancella	tion		Ric	ck Ferrera	3			609-292-					
				FA	CILITY IN	IFO	RMATION							
Name of Facility Where A	batement is	Taking Place	e (3)		.0.2		MINTION	Type of Facility	(4)					
Residential		e 800						School (K-12)						
Street Address	•							☐ Subchapter	Other than H	(-12)	Lhu	ildina		
								Other (i.e., private and commercial buildings, homes, etc.)						
City (5)								Square Feet	# of Floors		Blo	lg. A	ge	
New Milford														
County (6)				Cou	nty Code (7	(STA	ATE USE ONLY)	Current Use (Pr	ior if being den	nolished	d)			
Bergen														
Name of Monitoring Firm		ding Owner	(8)	ASCM	No.			ent Contractor (9)						
Mark Jovic Consult Street Address	ing LLC					-		NAGEMENT L	LC					
						000	eet Address							
87 Main Street, Suit	e A						27 Outwater I							
City, State, Zip Code	025						y, State, Zip Co							
Lincoln Park, NJ 07			1=			_	Garfield, NJ	07026						
Project Manager for Monit Mark Jovic	toring Firm			ephone		Telephone No. License No.								
Start Date (10)	10	Nahadalad			0-0392		73-928-4888							
_03_ / _27_ /		Scheduled						OSHA Monitor						
	The state of the s			1_/		P	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During						Str	eet Address							
<ul><li>☑ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>	Outside of No	re Period o	Abate	ement			7 Outwater L							
Time of Abatement:						1 83	y, State, Zip Co							
						9	Sarfield, NJ	07026						
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Neg	estiva Desassor					
≥3 sf or ≥3 lf			enova				☐ Mini-Encl	osure	alive Pressure	3				
≥160 sf or ≥260 lf		⊠ D	emolit	ion			☐ Glovebag	Procedure	- F: U B					
			s Loca	ation			M Non-Exer	mpted (*) and No	n-Friable Proc			G.	Apple	
Location			Norm	ally			Description of	f					ent T	T
Asbestos-Containing N		12 1 2553		lely by ance/	Asbe	stos	Containing Mat	terial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE ABA  IN Facilit		1000		Staff?	(i.e		ermal systems i surfacing, VAT,		(Specify		700	air	aps	losi
(13)	,		(12	)	_		her miscellane		SF or LF)	1	<u>a</u>		Encapsulate	лге
		Yes	No	N/A									е	
1 <sup>st</sup> Floor- All Rooms (exclu	ding bathroom	) 🗆		$\boxtimes$			d dampening i	rosin paper	524 SF	C	X			
Exterior- Chimney					Black tai	r flasi	hing associated	with chimney	6 SF	[	X			
										П	П			
									7	$\frac{-}{\Box}$	П			
Name of Registered Wast	NJDEP	Waste	Cul	bic Yards of	Name of Regis	tered Landfill			_	_	10			
Century Waste / Nev	wark Cartin	g		Hauler ID No. Waste				GROWS North Landfill / Fairless Landfill						
City, State				32/9	7 / 0283		osal Date	City, State	Zantary Lanuill		_			
Elizabeth, NJ / News	ark, NJ						Morrisville, PA / Pen Argyl, PA							
Completed By (Print or Ty	pe)	Title		Signature				Date	- 1					
Allen Monchik	1.5		t Mai				1 74 1.1							
				Melen 1				n Monchue 3/26/19						

3/26/19

	1 1494	-		-	ap Plant Plant
	1:3	(3)	11-	П	TI II
	-	11	1=	11	14.
	1.22	6.3		13	
9.5					

K11015 F	AID	N			ION C		EST	sey OS ABATI ) and 5:16			C,	T.I.		ľ.	77.
Date of Notification (1)				١				r/Operator (2		11 1	APR	-	1	2019	
03/	26 /	19	_				roper	ty Manage	ment & Constr	uction	PH C				_
Agencies Notified	Type Notific	ation		5		ddress	10 39	5.57 2000237		*andrec					
⊠ EPA	☐ Initial ☐ Amended	4						3rd Flr.			**		74	and the	$\perp$
☑ DOLWD	Amendm					ate, Zip Co						0.5.2	ee 10	CHICAL CO.	
DCA		cy (incl	uding	L	100000000000000000000000000000000000000	ton, NJ 0	8608		Telephone Number						-
(NJAC 5:23-8)	justificati			ı		f Contact				609-292-17					
	☐ Cancella	tion			(8) (5) (5) (5)	Ferrera				003-232-11	17	_			
					FACI	LITY INF	ORN	IATION	T of Facility /	4)		T/L	_		$\dashv$
Name of Facility Where A	Abatement is	Taking	Place (	3)					Type of Facility (4 ☐ School (K-12)						
Residential									☐ Subchapter 8	(Other than K-1	2)				
Street Address									Other (i.e., pri	vate and comm	ercial b	uild	ings,		
City (F)							_		Square Feet	# of Floors	Te	lda.	Age	)	$\neg$
City (5) New Milford									oquaro i ooi				•		
County (6)					County	Code (7)	(7)(STATE USE ONLY) Current Use (Prior if being demol				lished)				$\neg$
Bergen						, (-)		,	523 5 <b>3</b>	5-35.					
Name of Monitoring Firm	Hired by Bui	Idina O	wner (8	) A	SCM N	lo.	Name	e of Abateme	ent Contractor (9)						$\neg$
Mark Jovic Consul			•			ALL PRO MANAGEMENT LLC									
Street Address	-						Stree	t Address		<del>                                      </del>					
87 Main Street, Sui	te A						27	Outwater l	Lane						
City, State, Zip Code							City,	State, Zip Co	ode						
Lincoln Park, NJ 07	7035						Ga	Garfield, NJ 07026							
Project Manager for Mon	itoring Firm			Telep	hone N	lo.		hone No.		License No.					
Mark Jovic				353500	3-650-		0.55	73-928-4888 1188 ne of OSHA Monitor							
Start Date (10)03 /27 /		Schedi 0		0.5	on Date	1000000	20000000		lonitor NAGEMENT LI	LC					
Occupancy Status Durin	g Abatement	(Check	only o	ne)			Stree	et Address							
□ Facility Closed/Vacat						520	27	Outwater	utwater Lane						
Abatement Performer	d Outside of I	Vormal	Facility	Hours	- Desc	ribe	1 350	State, Zip C							
Time of Abatement.	AIVI			IVI		NIVI	Ga	rfield, NJ	07026	3					_
Scope of Work (Check a	II that apply)		☐ Rei					☐ Mini-End	g Procedure		dura				
			lo.	Locati	on		-	Non-Exe	empted (*) and No	II-FIIable Fluce		ha	teme	ent Ty	/ne
Location	n of		1	lormal	ly			Description	of		-				
Asbestos-Containing	Material (AC	(M)		d Sole intena			stos C	Containing Ma	aterial (ACM)	Amount (Specify		Domous	Repair	Encapsulate	Enclosure
TO BE AB				odial S		(I.e		mal systems urfacing, VAT		SF or LF)	1		₹.	psul	sure
(13)				(12)	1			er miscellane		790-800-3000-00004C				ate	(0)
Exterior- Basement	Windows		Yes	No	N/A	Windov	v Cat	ılk		36 LF		3			
						Garage	Doo	r Caulk		24 LF		3			
										42 LF	_	3	_	П	
Exterior- Doors			Door C	auik		7	42 LI								
Name of Registered Wa		JDEP 1	Vaste	Cub	ic Yards of	Name of Regi	stered Landfill								
Century Waste / N		ing		H	lauler II 2797 /	D No.	A	Vaste GROWS North Landfill/ Fairless Landfill As Needed Grand Central Sanitary Landfill							
City, State Elizabeth, NJ / Ne	wark, NJ			Disposal Da TBD				Date City, State Morrisville, PA / Pen Argyl, PA							
Completed By (Print or				Signature Date											
Allen Monchik	5.5) (5)	F	rojec	t Man	ager			Allen Monchik 3/26/19							

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

Date of Notification (1)					Name of Building Owner/Operator (2)  APR - 1 2019											
03/26/19					Division of Property Management & Construction											
Agencies Notified Type Notification					Street Address											
<b>⊠</b> EPA	☐ Initial		20 W. State Street, 3rd Flr.													
☑ DOLWD ☐ Amended ☐ Amendment #					City, State, Zip Code											
☑ DOH		Trenton, NJ 08608														
□ DCA					Name of Contact Telephone Number											
☐ Cancellation					Rick	Ferrera	609-292-1717									
					FACILITY INFORMATION											
Name of Facility Where	)	Type of Facility (4)								$\neg$						
Residential	☐ School															
Street Address							Subchapter 8					(Other than K-12)				
onest Address							Other (i.e., private and commercial buildings homes, etc.)									
City (5)									Square Feet	# of Floors		Bldg	. Age	9		
Pompton Lakes																
County (6)						y Code (7)(-	STATE	USE ONLY)	Current Use (Prior if being demolished)							
Bergen																
Name of Monitoring Firm	Hired by Buildin	ng Owne	er (8)	A	ASCM No. Name of Abate				nent Contractor (9)							
Mark Jovic Consulting LLC						1	AL	L PRO MA	NAGEMENT L	.LC						
Street Address							Stree	t Address								
87 Main Street, Suite A							27	Outwater I	Lane							
City, State, Zip Code							City,	State, Zip Co	ode							
Lincoln Park, NJ 07035							Garfield, NJ 07026									
Project Manager for Monitoring Firm Telephone N							Telephone No. License No.									
						0932	97	3-928-4888		1188						
Start Date (10) Scheduled Comple						e (11)	10000000	e of OSHA N			12.100					
04 /03 /	_ / _	19	ALL PRO MANAGEMENT LLC													
Occupancy Status During Abatement (Check only one)							Street Address									
□ Facility Closed/Vacated During Entire Period of Abatement							27 Outwater Lane									
☐ Abatement Performed Outside of Normal Facility Hou					rs - Describe City, State, Zip Code											
Time of Abatement:AMPM/PM						AM Garfield, NJ 07026										
Scope of Work (Check a	all that apply)															
□ >2 of or >2 if	ovatio	☐ Full Containment with Negative Pressure														
□ ≥3 sf or ≥3 lf       □ Renovat         □ ≥160 sf or ≥260 lf       □ Demoliti					ion Glovebag Procedure											
						☑ Non-Exempted (*) and Non-Friable Procedure										
Is Location of Norm							Baradatian of					Abatement Type				
Location of Used So						Ashes	Description of stos Containing Material (ACM) e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount		Rei	Repair	E	Enc	
Asbestos-Containing Material (ACM)  TO BE ABATED  Mainte				51 50 50						(Specify SF or LF)		Removal	pair	aps	Enclosure	
IN Facility				(12)	olan?							<u>n</u>		Encapsulate	лге	
(13)		Y	es	No	N/A		Oai	er miscenarie	.003/					е		
Basement- Mechanical Room									6 SF	-	$\boxtimes$					
Exterior- Windows						with wood	ginal exterior window caulk associated od seams			256 LF	-	$\boxtimes$				
Exterior						Cement	itiou	s Siding (1	ransite)	1,900 SF		$\boxtimes$				
Name of Registered Waste Hauler					NJDEP Waste				Name of Rec	istered Landfill h Landfill / Fairles	s Land	fill				
Century Waste / Newark Carting					Hauler ID No. Waste					I Sanitary Landfill						
City, State					32797 / 0283 As Needed Disposal Date				City, State					177.77		
Elizabeth, NJ / Newark, NJ							TI	BD	Morrisvil	le, PA / Pen A	rgyl,	PA				
Completed By (Print or Type) Title					-			Signature	Date							
Allen Monchik Project Ma												3/26/19				
Alleli Molicilik	i mononik i roject in							Necen	n Monchik 3/26/19							