Ch1397			) A FICATIO Puredar	State of N NOF ASI	ew Jers BESTOS 2 8:60-et	ABATE	MENT 0)			<u>(E</u>	C	E		W [	
Date of Notification (1) 03-28-18				of Building		Operator	r (2)			A	PR	- 1	4 21	018	The second second
Agencies Notified Type Notification			Street	Address					-		-sor -				-
EPA Initial Amended Amendment				tate, Zip C						АЗЫ	ا نا <u>ـــــــــــــــــــــــــــــــــــ</u>	DEN.	SINC	ROL	. &
Emergency (	#_ includin	g		ades Pa		07650			1 =						
DCA justification Cancellation			Danie	el Lee					le	lephone	Nun	iber	Ī		
Name of Facility Where Abatement is Taking	Place	(3)	FAC	CILITY INF	ORMAT	ION	Туре	of Facility	(4)						
Street Address							S	chool (K- ubchapte ther (i.e.	r 8 (Oth	er than I & comm	K-12 ercia	) l buil	dings	, hom	es,
City (5) Palisades Park							Square	Feet	#0	f Floors		E	Bldg.	Age	
County (6) Bergen			County (STATE	Code (7) USE ONL	0		Curren	t Use (Pri	or if bei	ing demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8	3)	ASC	M No.		Name Delfa	of Abate Contr	ement Cor acting L	ntractor	(9)					
Street Address							Address 7th St.								
City, State, Zip Code						City, St	tate, Zip	Code	7						
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	one No.	1100	07	License					
Start Date (10)	Schedu	led Cor	npletion	Date (11)			216-96 of OSHA	03 Monitor		01206	) 		-		
	04-16	-18				Delfa	Contra	acting L	LC						
Facility Closed/Vacated During Entire P	eriod of	Ahaten	nent			522 7	Address 'th St.								
Abatement Performed Outside of Norma Other – Describe:	al Facilit	y Hours					ate, Zip	Code NJ 0708	7						
Scope of Work (Check All That Apply)														-	
≥3 sf or ≥3 if  ≥160 sf or ≥260 if		Renova Demolit	77.70.70			-	Mini-l Glove	Containme Enclosure Ebag Prod Exempted	edure						
	100	Locati				- Sound	11011	Zamptet	i ( ) and	INOII-I	able		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normali ed Sole intenar todial S (12)	y by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems cing, VAT	aterial (A insulation, or	ACM)	(S	nount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
(1.5)	Yes	No	N/A		otner m	iscellane	eous)					oval	air	sulate	sure
Exterior		х			5	Siding			180	00 SF	1	2			
										*********	-	-			$\dashv$
Name of Registered Waste Hauler		100000	JDEP W		Cubic \		1	Name of F	Register	ed Land	fill				
Delfa Contracting LLC		Ha	35240		of Was	te 0	100	Tullytow				ove	ry F	acilit	У
City, State Union City, NJ					Disposa 04-16-			City, State Fullytow		8					
Completed by Jaime Delgado	Title Proj.	Mana	ger.		Si	gnature	43			1	Date	8-1	8		
						1/4	7					-			

Ch1394	0		NOTI	FICATIO	State of Ne IN OF ASB ILLO NJAC	ESTOS	ABATEN	NENT		) <u>E</u>			<u>V</u>	
Date of Notification (1) 03-28-18				Name	of Building el K. Lee	Owner/O	perator (	(2)		) AI	חח	4 0	040	
Agencies Notified	Type Notification	1			Address				L	L Ar	PR -	4 2	UIB	
EPA DEP DOL	Initial Amended Amendmen	ıt#		City, S	tate, Zip Co ades Par	ode	7650			ASBES	TOS			8
□ DOH	Emergency justification	(includin	g		of Contact	K, NJ U	7000		Te	lephone N	lumber			
DCA	Cancellatio	n		0.000	el Lee									
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	CILITY INFO	ORMATIC		Type of Facility	(4)					
Private Home		•					1	_						
Street Address							I made	School (K-Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & comme	-12) rcial bu	ildings	s, hom	ies,
City (5) Palisades Park								Square Feet	# 0	f Floors	T	Bldg.	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)			Current Use (Pr	ior if bei	ing demol	ished)	100	-	
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.			f Abatement Co Contracting I		(9)			-	
Street Address	***************************************						Street A	ddress						
City, State, Zip Code	7						522 7t City, Sta	te, Zip Code						
Project Manager for Mon	4							City NJ 0708	37					
	itoring Firm			Telepho	one No.		Telephor 201 21	ne No. 6-9603		License 01206	No.			
Start Date (10) 04-09-18		Schedul 04-16-		mpletion	Date (11)			OSHA Monitor Contracting L	10					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street Ad		LU				-	
Facility Closed/Vaca Abatement Performe	ted During Entire I	Period of	Abater	nent			522 7tl							
Other - Describe: _			,					te, Zip Code City NJ 0708	37					
Scope of Work (Check Al		_												
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re.	
			Locati								T	Abate	ement	į.
Location Asbestos-Containing I		Use	Normal d Sole	ly by	Ashasto	Desci	ription of	erial (ACM)			-	1)	/pe	
TO BE ABA In Facilit (13)	TED	Cusi	intenar todial 5 (12)	nce/ Staff?	(i.e. th	hermal sy	/stems in ig, VAT,	sulation, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
1st Floo	Nr.	Yes	No	N/A									ate	Ø.
151 1100	JI		X			Wall	Plaster		42	0 SF	X			
Name of Registered Waste	e Hauler	1	NI NI	JDEP W	aste	Cubic Ya	urde.	I No. 1						
Delfa Contracting LLC			1219200	auler ID 35240	No.	of Waste		Name of F Tullytow				ery F	acilit	y
City, State Jnion City, NJ						Disposal 04-16-1	Date	City, State						
Completed by aime Delgado		Title Proj.	Mana	ner.			nature	4)	,	100	ate			_
3440		1 10j. l	widild	yeı.			-1	4		03	3-28-1	18		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to MVAC 8 60 and 12 120)

CHECK# 2690

Date of Notification (1)				Name	of Building	Owner	Oporata	· (2)	100-100					
3/27/2018				DBR	Manage	ement	Operato	(2)		[	E C	E	7	VE
Agencies Notified	Type Notification				Address					1111-	5 0	15	U )	
X EPA	X Initial			1000	Portside	e Drive								
X DEP X DOL	Amended				tate, Zip C		No. 1.				APR		4 20	118
	Amendment Emergency		_		water, N		20							
DOH DCA	justification)				of Contact	-			1	elephone 201) 84	Numbe	F S	KÖNT	BOL &
	Cancellation	\(\frac{1}{2} \)			an Daib				9	201) 84	0-0050	DEN	SING	
Name of Facility Where	Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of Facili	tv (4)					
Auto Body Shop								School (						
Street Address								Subchap	ter 8 (O	ther than				
200 Bergen Boulev	ard							Other (i.e etc.)	e. private	& comm	ercial b	uildin	gs, ho	mes,
City (5) Fairview								Square Feet	#	of Floors		Bldg	. Age	
County (6)								1,500	1			67		
Bergen				County (STATE	Code (7) USE ONLY	0		Current Use (I	Prior if b	eing dem	olished)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCI	M No		Namo	Auto Body of Abatement C		(0)				
TBD	,	(0)		7,001	VI 140.			Contracting,		or (9)				
Street Address								Address						
							1385	Valley Road	d, Suite	eΚ				
City, State, Zip Code								tate, Zip Code						
Project Manager for Moni	itoring Eirm			T-1				ne, New Jers	sey 074	170				
	itoring i iiii			Telepho	ne No.		700000000000000000000000000000000000000	one No. 928-5040		Licens				
Start Date (10)		Schedule	d Cor	npletion	Date (11)	-	10.00	of OSHA Monito	or	0007	+			
4/6/2018		4/30/20	118					Contracting,						
Occupancy Status During								Address				11-1100		
Facility Closed/Vaca Abatement Performe	ted During Entire P	eriod of A	bater	nent			San	Valley Road	l, Suite	K				
Other – Describe:	ed Outside of Norma	ai Facility	Hours	3				tate, Zip Code	07	170	112			
Scope of Work (Check All	l That Apply)						vvayi	ne, New Jers	sey 072	+70				
≥3 sf or ≥3 lf	2 - 2 Consider Constitution of the Part of	Пв	enova	ition			Г	l Eull Contain		L MI	_			
× ≥160 sf or ≥260 lf		Desired.	emolit					Full Contain Mini-Enclosu	ıre		e Press	ure		
							×	Glovebag Pr Non-Exempt	ocedure	nd Non-Fi	riahle P	roced	ure	
		Is I	Locati	on					T	id ittoli-i	Table 1	117100000	atemer	nt
Location			ormal			Des	scription	of					Туре	
Asbestos-Containing N TO BE ABA	Material (ACM)		l Sole ntena			tos Cont	aining M	aterial (ACM)	100	Amount			m	_
In Facility		Custo	dial 8 (12)	Staff?	(1.6.		systems sing, VA	insulation, 「, or		Specify F or LF)	Remova	Kepair	Cap	inclo
(13)			(12)	1		other m	niscellan	eous)			ova	bair	Encapsulate	Enclosure
		Yes	No	N/A									ਰਿ	to
Roof			Х		l	Roofing	g Meml	orane	1,	500 SF	x			
Roof			X		Roc	of Flash	ing (Pe	erimeter)	2	00 SF	x			
			х									1	+	
											-	+	+-	
Name of Registered Waste		-		JDEP W		Cubic \		Name o	f Registe	ered Land	fill			
Service Transport Gro	oup, Inc.		11677375	auler ID I 1990	NO.	of Was	te	Miner	/a Ente	erprises	, LLC			
City, State						Disposi	al Date	City, Sta	ate					
New Castle, Delaware	9					TBD			esburg	, Ohio				
Completed by Predrag Sarcev		Title	ne - !	dar.t		Si	gnature			1.0	Date			
July Darcev		Vice P	resid	ient		-		->->			3/27/2	018		

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

CHECK # 2692

Determine the state of		- 11	7)	/.\	dente dente dente						10				
Date of Notification (1) 3/27/2018		ľ			of Building Manage		Operato	or (2)		[7]	EC	E		V [	
Agencies Notified	Type Notification	1			Address					The state of the s		-			
X EPA	Initial Amended				Portside						ΔPF	} -	1 2	018	
X DEP X DOL	Amended Amendmen	t #			ate, Zip C water, N		0			اصا اسا					- Inne
	Emergency justification)	(including	9		of Contact					Tolon	hone Nu	seg serie	**************************************	BOIL	2
DOH DCA	Cancellation				an Daib					(201	) 840-É	050	SINC	ì	. CL
Name of Eacility Where A	hotoment is Table	DI	(0)	FAC	ILITY INF	ORMAT	ION								
Name of Facility Where A Solar Color	batement is Takir	ng Place (	(3)					Туре	of Facility	(4)					encorpy to
Street Address							3721203		chool (K- ubchapte	12) r 8 (Other	than K-1	2)			
180 Old River Road								X O	ther (i.e.	private & d	commerc	al bui	dings	, hom	es,
City (5)								Square	tc.) Feet	# of F	loors	E	Bldg.	Age	
Edgewater			-					5,000		1			0		
County (6) Bergen					Code (7) USE ONL	0			t Use (Pr house	ior if being	demolis	ned)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8	)	ASCI	VI No.	ā		of Abate Contra		ntractor (9 LC	)				
Street Address								t Address 5 Valley		Suite K					
City, State, Zip Code							5952	State, Zip							_
Project Manager for Monit	oring Eirm			T-1					A-00 11 (4-00 - 10-0)	y 07470					
1	oring Firm			Telepho			(973	hone No. 3) 928-5	040	0	icense N 0874	0.			
Start Date (10) 4/6/2018		4/30/2	018	npletion	Date (11)			of OSHA Contrac							
Occupancy Status During			10			9		Address							
Facility Closed/Vacat Abatement Performed	ed During Entire I d Outside of Norm	Period of nal Facility	Abaten y Hours	nent				o Valley State, Zip		Suite K					
Other – Describe:						_	Way	ne, Ne	w Jerse	y 07470					
Scope of Work (Check All	That Apply)						-	_							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	Renova Demolit				×	Mini- Glove	Enclosure bag Pro	cedure					
		Is	Locat	on			1	Non-	Exempted	d (*) and N	lon-Friab	le Pro		e ement	
Location of	of	1	Normal	ly		Des	cription	n of	4				Ту	ре	
Asbestos-Containing M TO BE ABAT			ed Sole iintena			tos Cont	aining N	Material (A		Amo		_		щ	Е
In Facility (13)		Cus	todial S (12)	Staff?	(1.6.	surfac	ing, VA		)11,	(Spe SF or		Removal	Repair	cap	Enclosure
(15)		Yes		NI/A		other m	iiscellar	neous)				oval	ai.	Encapsulate	sure
Roof		res	No	N/A		Doofing	Mana			4.000				· ·	
Roof			X	1		Roofing			>	4,890		х			
Roof			X					Perimete		490		х			
11001			Х		Ho	of Flasi	ning (S	Skylight	s)	225	SF	х			
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic '	Varda		Nama - C	Dogi-t	I I am sterr				
Service Transport Gro			Н	auler ID 0990		of Was		100		Registered a Enterpi		LC			
City, State New Castle, Delaware		<del>7 () - () - () - ()</del>				Dispos TBD	al Date		City, State Waynes	sburg, O	hio				
Completed by		Title	_	•		Si	ghature	3		J, -	Dat				$\neg$
Predrag Sarcev		Vice	Presid	dent			16			20 002	3/2	27/20	18		

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Date of Notification (1) 3/27/2018	4				of Buildin Manag		Operato	r (2)		120	E (	GE	Ī	W	EIF
Agencies Notified	Type Notification				Address					112			· ***-^-~-	- L	-
X EPA	X Initial				Portsid						A S	pp -	ń	กาล	Property of the contract of th
X EPA X DEP X DOL	Amended Amendment	:#			tate, Zip ( water, I		20			T 64 10.			4	:U10	-
▼ DOH	Emergency justification)	(includin	g	572	of Contac					Te	lephone	Niimhe	ACVA	TROI	0
DCA	Cancellation			Mr. D	an Daib	oes					01) 84				Čt
Name of Facility Where A	batement is Takin	n Place	(3)	FAC	CILITY IN	FORMAT	ION	T		40					annich ziro-gazi
Residential - Two Fa	amily House	9 1 1400	(0)					-	of Facility						
Street Address								×	School (K- Subchapter Other (i.e. petc.)	8 (Oth	er than I & comm	K-12) ercial b	uildir	gs, hor	nes,
City (5) Fairview									re Feet	3	f Floors		Bld	g. Age	
County (6) Bergen		NI NI		County (STATE	Code (7)	Y)		Curre	ent Use (Pri idential	or if bei	ing demo	olished)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8	3)	ASC	M No.				tement Cor acting, LI		(9)				
Street Address							Street	Addres			ĸ				
City, State, Zip Code							City, S	tate, Z	ip Code						
Project Manager for Monit	oring Firm			Telepho	one No.			one No	ew Jerse	y 0747	License	e No			
Start Date (10)	1	Schedu	led Cor	mnletion	Date (11)		(973)	928-			00874				
4/6/2018		4/30/2	2018	прісцоп	Date (11)		11 Thirties 11 Gr		acting, LL	.C					
Occupancy Status During  Facility Closed/Vacat			Ø.				Street 1385		s y Road, S	Suito I	v				
Facility Closed/Vacat Abatement Performed Other – Describe:	ed During Entire P d Outside of Norm	eriod of al Facilit	Abater y Hour	nent s					p Code	Suite i	<u> </u>				
	T					_			ew Jersey	0747	70				
Scope of Work (Check All  ≥3 sf or ≥3 lf								1							
≥160 sf or ≥260 lf			Renova Demolit				×	Glo	Containme i-Enclosure vebag Proc -Exempted	edure				hx	
		Is	Locat	on				1101	-Exempled	( ) and	I NOTI-FT	lable Pi		ure atemen	it
Location of Asbestos-Containing M			Normal ed Sole			Des	cription	of				-	_	Туре	
TO BE ABAT	ED	Ma	intena todial S	nce/	Asbes (i.e.	tos Conta	systems	insula	(ACM) tion,		nount pecify	ي ا		Enc	ш
In Facility (13)			(12)	rium:		surfac other m	ing, VAT	Γ, or eous)		SF	or LF)	Remova	Kepair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	=	late	ıre
Exterior - Si	ding		х		Tra	ansite F	anels	- Sidii	ng	1,80	00 sF	x			
			Х												
			Х												
Name of Registered Waste	Hauler		l N	JDEP W	lacto	Cubic	/avda		<u> </u>						
Service Transport Gro			Н	auler ID 1990		of Was TBD			Name of R Minerva						
City, State New Castle, Delaware						Disposa	al Date		City, State Waynesi		Ohio				
Completed by Predrag Sarcev		Title	D			Si	gnature		***		[	Date			-
r reuray Sarcev		Vice	Presid	ent		19				المعالمة ا	2 3	3/27/2	018		

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Date of Notification (1)		L	Name	of Building Owner/	4			<b>W</b>	in the earning	a communication	1
3/20/18 Agencies Notified Type Notification			Resid				A	IPA -	4 4	2018	1
			Street /	Address							1
X DEP		ŀ		ate, Zip Code			ASE	55 LC			- &
Emergency (i		_	0.000	ell, NJ 07420				LIGE	VSIN	G	monumenumes
DOH justification)  Cancellation	•			of Contact E Kahvajian			Telephone I	Number			
				ILITY INFORMAT	ION						
Name of Facility Where Abatement is Taking Residence	Place (	(3)				Type of Facility (4	1)				
Street Address						School (K-1)	2) 8 (Other than k	( 12)			
						Other (i.e. p	rivate & comme	ercial bui	ldings	, home	es,
City (5)			11-11-11			etc.) Square Feet	# of Floors		Bldg.	Age	-
Haskell County (6)			0 1			1134	2		67		
Passaic				Code (7) USE ONLY)		Current Use (Prio	r if being demo	lished)			
Name of Monitoring Firm Hired by Building O	wner (8	)	ASC	M No.	Name	of Abatement Con	tractor (9)	-			
A. Seine Lighthouse Solutions					Brink	s Tank Service	S				
Street Address PO Box 354	3):				5-0000000000000000000000000000000000000	Address Liberty Avenue	Э				
City, State, Zip Code South Orange, NJ 07079						tate, Zip Code de, NJ 07205					
Project Manager for Monitoring Firm		- 41	Telepho			none No.	License	e No.			
Sarah Calandra Start Date (10)	7 a b a al			49-2666		462-7465	01316	1			
1.2.1.1	4/18/1		npletion	Date (11)	77777	of OSHA Monitor eine Lighthouse	Solutions				
Occupancy Status During Abatement (Check	Only O	ne)				Address			70122		-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of	Abatem	ent			Sox 354					
Abatement Performed Outside of Norma Other – Describe:	I Facility	y Hours	E			tate, Zip Code h Orange, NJ 0	7070				
Scope of Work (Check All That Apply)					Coun	ii Orange, 140 0	1013				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				Full Containment Mini-Enclosure Glovebag Proce		e Pressu	ıre		
		W. 32			×	Non-Exempted		iable Pro	30000000000	701000 - 11000	_
Location of		Locati Normall								ement pe	
Asbestos-Containing Material (ACM)	Use	ed Sole	y by	Asbestos Cont	scription aining M	aterial (ACM)	Amount			Е	
TO BE ABATED In Facility		todial S (12)		(i.e. thermal surface	systems cing, VA		(Specify SF or LF)	Remova	Repair	ncap	Enclosure
(13)				other n	niscellan	eous)	52	oval	air	Encapsulate	sure
Garage	Yes	No	N/A	,	21-11		450 0			Ф	
Garage		X			Siding		450 sq. ft.	X	_		_
											_
								-			_
Name of Registered Waste Hauler		N.	JDEP W	/aste Cubic	Yards	Name of R	egistered Land	fill			$\dashv$
Newark Carting		H	auler ID 509			100000000000000000000000000000000000000	anagement		II		
City, State East Orange, NJ				Dispos	al Date	City, State Penn Arg	gyle, PA	1	Λ		
Completed by Alison Lamers	Title Office	e Man	ager	S	ig atore	WOAS		Date	7	8	

no ch			ICATIO		Jersey STOS ABATE :60 and 12:12		т	B-	E C	ower, as of the		W	Int For
Date of Notification (1) 01-26-18			Name o		wner/Operato	r (2)			API	+-	4 6	018	
Agencies Notified Type Notification  EPA Initial	1			Address Hadley Ro	d.			F	ASBEST L		CON		L &
DEP X Amended Amendment			AND THE RESERVE	ate, Zip Cod Plainfield				And the same of th		- 10 May 1		COLUMN TO A SECOND	SHEET PROPERTY.
X DOH justification Cancellatio	)			of Contact y Sierra					one Nur 200-694		11000000		
N. C. S. W. C. S.			FAC	ILITY INFO	RMATION								
Name of Facility Where Abatement is Taki PSEG Norfolk Newark	ng Place (	3)				Тур	e of Facility (4 School (K-12	100					
Street Address 310 Norfolk St.						×	Subchapter 8 Other (i.e. pr etc.)	(Other th			dings	, hom	es,
City (5) Newark						Squ N/A	are Feet	# of Flo	ors		Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY)			rent Use (Prior ritching yard		demolish	ned)		- 10.	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI N/A	M No.			atement Control		es Inc	).			
Street Address N/A					Street 17 C		ess ock Rd.						
City, State, Zip Code N/A							Zip Code NY 11980						
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.	Telepi 631-		No. 8111	1.000	cense No 136	0.			
Start Date (10) 02-05-18 - ON HOLD	Schedul 07-03-		mpletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor vironmental	Service	es Inc.				
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Electrical circuit cab	nal Facility	Abaten / Hours	nent s		City, S	state,	Zip Code						
Scope of Work (Check All That Apply)		0.100			- Гтарі	lank	NY 11980				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Descriptions -	Renova Demolit			×	M	ull Containmer ini-Enclosure lovebag Proce on-Exempted (	dure				e	
Location of	1	Locat	lly		Description						Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ( (12)	nce/	(i.e. th	s Containing Nermal systems surfacing, VA other miscellar	fateria s insu T, or	lation,	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
Combodilio	Yes	No	N/A									ate	Ф
Control House			X		Insulator	· ·		15 L		х			
Control House		1	X		ARC Tap			100 L	-F	X			
Control House			X		Transite pa	nels		24 S	F	X			
Name of Registered Waste Hauler Waste Management		Н	JDEP W lauler ID 7273	No.	Cubic Yards of Waste ΓΒD		Name of Re		Landfill				5.
City, State Elizabeth, NJ 07201					Disposal Date ΓΒD		City, State Morrisvill	e PA 19	067				
Completed by Raymond Tutiven	Title Supe	rviso	r		Signature		Tit	in	Dat 01-	e -26-	18		



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

n),	E	C	E		$\mathbb{V}$	E	M
M	515	APR	-	4	201 <b>8</b>		

Date of Notification (1)			2277	Nome	of Duitdie	- 0		0)	LL A	PR -	- <u>Д</u>	20	18	
04 / 02	, 1	18				_	ner/Operator (	2)					0.7	1
				Gre	enwood	Pro	perties		A COST	6 17 K	110 m to 1	ATTE	001	0
Agencies Notified Type N  ⊠ EPA □ Initia		n			Address				Action	LICE			TUE	~
☐ EPA ☐ Initia				23	Prospect	Ter	race		en water average and the con-	ere un marie		n chinese	e summerm	CADMIST - UNI
	ndment	#		City, S	State, Zip (	Code								
Transfer of the state of the st		(including	1	Mo	ntclair, N	J 07	042							
(NJAC 5:23-8) justi	ication)		3	Name	of Contac	t			Telephone N	lumber				
☐ Can	ellation	1		Jes	sica DeG	Fraff			201-317-0	0298				
				FA	CILITY IN	IFOF	RMATION							
Name of Facility Where Abatemer	t is Taki	ing Place	(3)					Type of Facility	(4)					
Commercial								School (K-12	2)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., p			l besi	dina		
92 Greenwood Avenue								homes, etc.)		mercia	Dui	uirigs	,	- 1
City (5)								Square Feet	# of Floors		Bld	g. Ag	е	$\neg$
Montclair														
County (6)				Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	ior if being dem	nolishe	d)	_		$\neg$
Essex									•		- 677			
Name of Monitoring Firm Hired by	Building	g Owner (	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						$\neg$
Bio Terra Solutions						A	LL PRO MA	NAGEMENT L	LC					
Street Address						Stre	eet Address						_	$\dashv$
P.O. Box 1224						2	7 Outwater I	Lane						
City, State, Zip Code						City	, State, Zip Co	ode						$\dashv$
Union, NJ						G	arfield, NJ	07026						
Project Manager for Monitoring Fir	n		Tel	phone	No.	Tele	ephone No.		License No		72.			$\dashv$
Rick Eustaquio			9	73-494	-3762	9	73-928-4888		1188					
Start Date (10)	Sche	eduled C	omple	tion Da	te (11)	Nar	ne of OSHA M	onitor						$\neg$
04 /11 /18		05_/	_ 0:	_ / _	18	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During Abatem	nt (Che	eck only o	ne)			Stre	et Address							-
☐ Facility Closed/Vacated During			0000000	ment		2	7 Outwater I	_ane						
☐ Abatement Performed Outside	of Norm	al Facility	Hou	s - Des	cribe		, State, Zip Co							$\dashv$
Time of Abatement:AM		PM/	_PM		AM	100	arfield, NJ							
Scope of Work (Check all that app	y)			- 11-12-11-11			X Wrap ar						_	$\dashv$
□ ≥3 sf or ≥3 lf				racios			☐ Full Cont	ainment with Neg	ative Pressure	9				
\(\simes \geq 160 \) sf or \(\geq 260 \) If		☐ Re ☒ De	NUMBER				Mini-Encl     Glovebag							
								mpted (*) and No	n-Friable Proce	edure				- 1
		A 10000	Loca								Aba	teme	nt Ty	/ре
Location of Asbestos-Containing Material (	A C8.4\		iorma d Sol	ily elv bv	A-1-		Description o				D	D D	ш	Ш
TO BE ABATED	4CIVI)	Mai	inten	ince/	Asbe (i.e	stos (	Containing Ma rmal systems i	terial (ACM)	Amount (Specify		Remova	Repair	nca	nclo
IN Facility		Cust	odial (12)	Staff?		S	urfacing, VAT,	or	SF or LF)		val	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	oth	ner miscellane	ous)			-		ate	(D)
Basement					Pipe Ins	sulat	tion- Wrap a	nd Cut	300 LF	-	X			
Basement						y	Insulation		15 SF	_				님
Basement					Boiler I	nsul	ation		60 SF		X	П		님
Basement			П		Boiler F	lue	Insulation		1 SF	_	X		H	
Name of Registered Waste Hauler			_	JDEP \			oic Yards of	Name of Regis			۵	ш	ш	믜
ATC			333	lauler II	O No.	Was		Minerva E						
City, State				SW-2	4310	A	s Needed		irei hi ioco					
Shirley, NY							oosal Date	City, State	011					
The second secon	1.2.3				n	1	BD	Waynesbu	rg, OH					
Completed By (Print or Type)		itle					Signature	72 2 2		Date				
Allen Monchik		Project	Mar	ager			Allen	Monchik		4/2/	18			

Date of Notification (1)		N	ЮТІ	IFIC (P	ATION ursuai	nt to/NJV	BES C 8	TOS ABAT :60 and 5:10	6)	DE	G APR	匠		V 018	Ē
04 /	02 /	40					_	mer/Operator (	2)	Ind but	111 11			.010	
	02 / _	18	-		Gre	enwood	Pro	perties			and transfer	- service	sare view	Constant	- Northern
Agencies Notified	Type Notific	ation	-0	250-30-	Stree	Address				ASI	性ないし				L 8
☑ EPA ☑ DOLWD	☐ Initial				23	Prospect	Ter	rrace		Committee of the second	Liù i	EN5	MIC	à 	Service and
☑ DOLWD	Amender Amendm	Almerica.			City,	State, Zip (	Code	Ł.							
DCA	☐ Emergen		udina		Mo	ntclair, N	IJ 07	7042							
(NJAC 5:23-8)	justificati				Name	of Contac	t :t			Telephone N	lumber				
	☐ Cancella	tion			Jes	sica DeC	Graff	f		201-317-0	0298				
					FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A	batement is	Taking F	Place	(3)	101500				Type of Facility	(4)		_			
Commercial		200 - W. 100 <del>- 1</del> 110						7	School (K-12						
Street Address									☐ Subchapter 8	Other than K	(-12)				
96 Greenwood Aver	nue								Other (i.e., pr	ivate and com	mercia	l build	dings	3,	
City (5)							-		homes, etc.)	# 06 51		- רום	. ^-	_	
Montclair									Square Feet	# of Floors		Bldg	. Ag	е	
County (6)					Com	the Code /	\/OT4	TE USE ON 10	C						_
Essex					Cour	ity Code (/	J(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	nolished	3)			
	I line of hor Double			01	10011		1								
Name of Monitoring Firm		ding Ow	mer (	8)	ASCM	No.			ent Contractor (9)						
Bio Terra Solutions							P	ALL PRO MA	NAGEMENT LI	LC					
Street Address							Str	eet Address							
P.O. Box 1224							2	7 Outwater I	ane						
City, State, Zip Code						Ti.	City	y, State, Zip Co	de						
Union, NJ							0	Sarfield, NJ	07026						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No	•				
Rick Eustaquio				9	73-494	-3762	9	73-928-4888		1188					
Start Date (10)	15	Schedul	ed Co	ompl	etion Da	te (11)	Nai	me of OSHA M	onitor			_			
04 /11 /	18	05	/	_ 0	2 /	18	A	LL PRO MA	NAGEMENT LI	_C					
Occupancy Status During	Abatement (	Check o	only o	ne)			Stre	eet Address							
☑ Facility Closed/Vacate					ement		270.216	7 Outwater I	200						
Abatement Performed	Outside of No	ormal Fa	acility	Hou	rs - Des	cribe									
Time of Abatement:	AM	PM/		_PM	l	AM	100	y, State, Zip Co							
Scope of Work (Check all	that apply							Sarfield, NJ							_
	triat apply)							X Wrap at	nd Cut ainment with Neg	ative Pressure					
☐ ≥3 sf or ≥3 lf			Rei					Mini-Encl	osure	alive i ressure					
≥160 sf or ≥260 lf		≥	☑ Der	molit	on			☐ Glovebag		F: 11 5					
			le	Loca	tion	T	-	M MOII-Exel	mpted (*) and Nor	1-Friable Proce		20 5		(rene	
Location	of	1		lorm				Description o	f		-	Abat	T		
Asbestos-Containing I		1)			lely by	Asbe	stos	Containing Ma		Amount		Removal	Repair	E	Enclosure
TO BE ABA IN Facilit					ance/ Staff?	(i.e		mal systems i		(Specify		Nou	oair	aps	SO
(13)	У			(12				surfacing, VAT, her miscellane		SF or LF)		<u>a</u>		Encapsulate	ure
		,	Yes	No	N/A		Oti							te	
Boiler Room		Г			$\boxtimes$	Pipe Ins	sula	tion- Wrap a	nd Cut	75 LF	1	X I	7	П	П
Ground Floor	C+ 1							tion- Wrap a		170 LF	_		=	귀	7
2 <sup>nd</sup> Floor					0.000		Juid	map a	iid Out		_	-	4		ᆜ
2 11001		_				VAT				1,350 SF	.  [	X I	니	Ш	Ц
											[				
Name of Registered Wast				- 0	NJDEP		1	bic Yards of	Name of Regis	tered Landfill					
ATC / Century Wast	e, LLC				Hauler II SW-243	O No. 10/32797	10000	ste S Needed	Minerva En	terprises/Gl	ROWS	No	rth l	Land	lfil
City, State								posal Date	City, State						_
Shirley, NY / Elizabe	eth, NJ						1000	BD	100 July 100 - 100 July 100 Ju	rg, OH / Mor	risvill	p P/	Δ		
Completed By (Print or Ty		Titlo	-					40000		g, 0117 MIOI		·, · /			_
Allen Monchik	(he)	Title	io-t	8/1				Signature	_ , , ,		Date				
Anen Monenk		Pro	ject	iviat	nager			Allen	Monchik		4/2/	18			

1h2513			NOT	IFIC/ (Pt	TION	OF AS	BES	TOS ABAT	TEMENT 6)		APR	- 4	20	18
Date of Notification (1)  03 /	30 /	18			I			mer/Operator (		Isal Isa	erit stanstillari i na	277.7 P.	Sour - Autoba	
Agencies Notified	Type Notific	ation				Address				AS	SBESTO	8 0	DNTE	SOL
⊠ EPA	☐ Initial	ation					204	Suite 400		Bet-resemble and the	LIL	ENS	ING	-
□ DOLWD   □	☐ Amended	d				of a suppose visiting		- SOC - 10/4 AND A WORLD						
<b>⊠</b> DOH	Amendm					State, Zip (								
DCA	Emergen	icy (in	cluding	3		omfield,		07003		1				
(NJAC 5:23-8)	justificati  Cancellat					of Contac	5			Telephone N				
	L Caricella	uon				rren Spr				973-429-	7900			
					FA	CILITY IN	FOF	RMATION						
Name of Facility Where A	batement is 1	Faking	Place	(3)					Type of Facility	(4)				
Commercial									School (K-12		V-72-20			
Street Address									☐ Subchapter 8 ☐ Other (i.e., p	8 (Other than K	(-12) marcial h	uildin	ae	
169 Minnisink Road	l- Administi	ratior	n Buil	ding					homes, etc.)		illiciolal L	unun	ys,	
City (5)									Square Feet	# of Floors	I E	ldg. A	ge	
Totowa													~	
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being den	nolished)			
Passaic														
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)		_			_
Bio Terra Solutions							1		NAGEMENT L					
Street Address								eet Address	EIIIEII E					
P.O. Box 1224								7 Outwater	lano					
City, State, Zip Code							ode	7.40						
Union, NJ														
Project Manager for Moni	toring Firm			Tele	phone	No		ephone No.	07020	Linanas Na	_			
Rick Eustaquio	.og			0.000	3-494		100	73-928-4888		License No	•			
Start Date (10)	15	Schedi	iled C		tion Da			me of OSHA M	<u> </u>	1100				
04 /09 /	18	_ 0	6_ /	_ 29	_ / _				NAGEMENT L	LC				
Occupancy Status During					***********		Stre	eet Address						
□ Facility Closed/Vacate							2	7 Outwater I	Lane					
Abatement Performed	Outside of No	ormal	Facility	/ Hour	s - Des	cribe	City	, State, Zip Co	ode					
Time of Abatement:	AM	PN	1/	PM-		AM	G	Sarfield, NJ	07026					
Scope of Work (Check all	that apply)													_
≥3 sf or ≥3 lf			ПР	novoti	20			☑ Full Cont	ainment with Neg	ative Pressure	•			
≥160 sf or ≥260 lf				molitic				☐ Mini-Enc	Procedure	- Friekle Dese				
			1 317	Locat				□ NOII-EXE	mpted (*) and No	II-FIIADIE FIOCI		patem	ent T	vpe
Location		, İ		iorma d Sole		0.201120	11 <u>1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description o				-	1	
Asbestos-Containing I TO BE ABA		1)		intena	, ,			Containing Ma rmal systems i		Amount	Remova	Repair	nca	Enclosure
IN Facilit		- 1	Cust	todial :	Staff?	(1.0		surfacing, VAT,		(Specify SF or LF)	ova	=	psu	usc
(13)		ł	V-	(12)	h	{		her miscellane			=		Encapsulate	6
Basement		-	Yes	No	N/A	Pine Inc	elile	tion- Wrap a	nd Cut	2 750 1 5		-	"	
Basement							2007 C	Insulation	ild Out	2,750 LF 150 LF				
1st Floor		$\neg$				_	_	tion- Wrap a	nd Cut	800 LF		믐	H	
		$\dashv$				1 ipe iii.	Jula	uon- wap a	iiu cut	000 LF		片	片	
Name of Registered Wast	e Hauler		Ц		JDEP \	Nasta	Cul	oic Yards of	Name of Dagin	torod Landell				Ш
ATC / Century Waste, LLC/		ment,	LLC	H	auler II		Wa	ste	Name of Regis Minerva Enterpo Landfill/ IESI Be	rises/G.R.O.W.S		ndfill	Fairle	ss
City, State								s Needed posal Date	City, State	enterioni Landii				
Shirley, NY / Elizabe	th, NJ/ Gar	field.	NJ				1000	BD				1000		
Completed By (Print or Ty	ACADIMA CONTRACTOR INCOME.	Title						Signature	Waynesburg, O	n, Morrisville, P		iem, l	Ά	
Allen Monchik	p=)	1000		Man	2005				7.1 1.1		Date			
OR 11		"	oject	ividili	ayer			Allen	Monchik	•	3/30/	18		

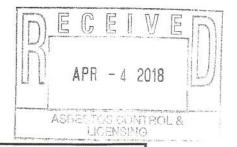
0612		N	IOTI	EICA	TIOM S	ate of N	Je Ve	ersey	- Comment	MENT		<u>G</u>	Ľ,		<u>W</u> _	6
O(8)()	)	IV	1011	(Pu	rsudn	t to NJA	C-8:	60 and 5:10	6)	IAICIA I		APR	- ,	4 2	018	en e
	30 / _		_				stat	e Companie	es		ASB					L&
0.70		ition		- 1							Participation of the second	Lit	JEIV.	2HAE	7 	
NOTIFICATION OF ASSESTED ABATEMENT (Pursuant to NAAO 8:69 and 65:16)    North Continuation (1)					-	_										
NOTIFICATION OF ASSESTIS ASIATEMENT (Pursuant to M3 AC 8:50 and 6:16)  Date of Notification (1)  03 / 30 / 18   Name of Suliding OwnerOperator (2)  Metro Real Estate Companies  Agencies Notified  DOH  DEA  DOLWD  Amended  Asbestos-Containing Material (AcM)  (Id-  Amended  Aspendes  Aspended  Aspende																
NOTIFICATION OF ASBASTOS ABJEMENT (Purseant to MAAC-8:60-and-6:16)  Notification (1)  3																
(NJAC 5:23-8)																
					FAC	ILITY IN	FOR	MATION								$\neg$
	batement is T	aking F	Place	(3)					T	ype of Facility (	(4)					
Commercial																
Street Address													Lbuil	dinas	60	
	- Auditoriur	n							"		ivate and comi	il Ci Cia	ı bun	unige		
									S	Square Feet	# of Floors		Bld	g. Ag	е	
					Coun	ty Code (7)	VSTAT	TE LISE ONLY	10	Turrent Hee /Pri	or if heing dem	olieho	4)			-
					Ooun	ty oode (r	ДОТА	TE OOL OIVET)		unem ose (Fil	or it being derin	Ullarie	uj			
Name of Monitoring Firm I	Hired by Build	ing Ow	mer (	8) /	ASCM	No.	Nan	ne of Abateme	ent	t Contractor (9)						
<b>Bio Terra Solutions</b>							Α	LL PRO MA	N	AGEMENT LI	LC					
Street Address	No.						Stre	et Address								$\neg$
P.O. Box 1224							2	7 Outwater	La	ine						
City, State, Zip Code							City	, State, Zip Co	ode	e						$\neg$
Union, NJ							G	arfield, NJ	07	7026						
NOTIFICATION OF ASSESTION ABATEMENT (Pursulant to MAJA-6:80-and-6:16)  APR - 4  APR				$\neg$												
Rick Eustaquio				97	3-494	3762	97	73-928-4888	3		1188					
Start Date (10)	S	chedul	led Co	omplet	ion Da	e (11)	Nan	ne of OSHA N	/lor	nitor	16-18-20-2					
04 /09 /	18	06	/	_ 29	_ / _	18	Α	LL PRO MA	N	AGEMENT LI	LC .					
Occupancy Status During	Abatement (C	Check o	only o	ne)			Stre	et Address								$\neg$
							27	7 Outwater	La	ine						
							City	, State, Zip Co	ode	е				-		
Time of Abatement:	AM	PM/	-	_PM-		AM	G	arfield, NJ	07	7026						
Scope of Work (Check all	that apply)										0-12-1600 I-september 19900000					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		-						☐ Mini-End	clos	sure Procedure						
			· ·	1				Non-Exe	emp	pted (*) and No	n-Friable Proce	dure			May to	_
Location	of		0.000					Description of	of.			-	Aba		nt Ty	ре
		)				Asbe	stos (			rial (ACM)	Amount		Rer	Rep	Enc	E
						(i.e							Von	air	aps	losı
	У										SF OF LF)		<u>a</u>		ula	ē
			Yes	No	N/A										œ.	
Roof					$\boxtimes$	Asphalt	Shi	ngles			8,550 SF		$\boxtimes$			
				0.00			20000000									
S- 207	All Pro Manag	ement,	LLC	SV	auler II V-24310	NO. /32797/989	A	s Needed		Landfill/ IESI Be			Lan	dfill/F	airles	is
Pursuadant to M\$AC&st&bland5-st6    Date of Notification (1)																
Agencies Notified																
그는 일 시간에 그 사람이 있는 그리고 있는 것이 나를 보고 있다.	/pe)	EV603/92-00										Date				
Allen Monchik		Pro	oject	Man	ager			Allen	7	Monchik		3/3	0/1	3		



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

[D)_[	: C			E	m
	APR	- 4	2018		

Date of Notification (1)			Name	of Building	g Ow	ner/Operator (	2)						
03/30/	18		Met	tro Real I	Esta	te Companie	es	AS	BEST	10S	COL	TRO	21.8
Agencies Notified Type Notifica	ation		Street	Address			-,-				4211		JE O
			2 B	road Stre	eet.	Suite 400		The state of the s	COMPANS OF STREET	CONTRACTOR O	Light, House	-	
☑ DOLWD ☐ Amended				State, Zip C	_						_		-
☑ DOH Amendme				omfield,									- 1
DCA Emergency (NJAC 5:23-8) Emergency justification		g		of Contac	MH455 X			Telephone N	lumbor				
☐ Cancellati				rren Spra	77			973-429-7					
			FAC	CILITY IN	FOF	RMATION				-			$\dashv$
Name of Facility Where Abatement is T	aking Place	(3)					Type of Facility						
Commercial							School (K-12	10000					
Street Address							☐ Subchapter 8	(Other than K					
169 Minnisink Road- Food Serv	rice Build	ing					Other (i.e., property homes, etc.)	ivate and com	mercia	l bu	lding	s,	
City (5)							Square Feet	# of Floors		Blo	g. Ag	je	
Totowa													
County (6)			Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demolished)					
Passaic													
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
Bio Terra Solutions		- 1			A	LL PRO MA	NAGEMENT L	LC					
Street Address					Stre	eet Address							
P.O. Box 1224					2	7 Outwater I	_ane						
City, State, Zip Code					City	, State, Zip Co	ode						
Union, NJ					G	arfield, NJ	07026						
Project Manager for Monitoring Firm			phone I		Tele	ephone No.		License No.					
Rick Eustaquio			73-494	STATE STATE		73-928-4888		1188					
Start Date (10) S	cheduled C					ne of OSHA M		_					
Occupancy Status During Abatement (C				10		et Address	NAGEMENT LI	_C					
☐ Facility Closed/Vacated During Entir			ment										
☐ Abatement Performed Outside of No				cribe		7 Outwater I							
Time of Abatement:AM	PM/	_PM-		AM		, State, Zip Co arfield, NJ							
Scope of Work (Check all that apply)						X Wrap a	San control of the san				2 10		-
□ >3 sf or >3 lf							ainment with Neg	ative Pressure	•				
⊠ ≥160 sf or ≥260 lf	-	enovati emolitic				☐ Mini-Encl					,		
				vv.			npted (*) and No	n-Friable Proce	edure				
E 22	1000	Locat								Aba	teme	ent Ty	ype
Location of Asbestos-Containing Material (ACM		Norma ed Sole		Anhor	-t (	Description of				ZD.	Ŋ	ш	Ш
TO BE ABATED	Ma	intena		(i.e	., the	Containing Mat mal systems i	nsulation,	Amount (Specify		Removal	Repair	cap	l 등
IN Facility	Cus	todial (12)	Staff?		S	urfacing, VAT,	or	SF or LF)		val	7	Encapsulate	Enclosure
(13)	Yes	No	N/A		Otr	ner miscellane	ous)					ate	"
Basement				Pipe Ins	sulat	tion- Wrap a	nd Cut	400 LF				П	
Basement				Pipe Fit	ting	Insulation		50 LF	_				
Basement				Tank In	sula	tion		150 LF	-				
Roof			$\boxtimes$	Built-Up	Ro	ofing		2,500 SF		$\boxtimes$	П		П
Name of Registered Waste Hauler		I	JDEP \	Vaste	Cub	oic Yards of	Name of Regis	Market Control					
ATC / Century Waste, LLC / All Pro Manage	ement, LLC			) No. /32797/989	Was		Minerva Enterpo	ises/G.R.O.W.S		Lan	dfill/F	airles	ss
City, State						posal Date	City, State						
Shirley, NY / Elizabeth, NJ/ Gar	field, NJ				Т	BD	Waynesburg, Ol	- Morrievilla D	A/ Post	lohe	m D		
Completed By (Print or Type)	Title	-			_	Signature	,, neading, Of	mornsville, P.	Date		, P	•	-
Allen Monchik	Projec	t Man	ager			Allen	Monchik		3/30	/18			



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

			1	69 Minnisink Road- Food Service Buildi	ng	Abatemer	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main odi	al Staf	Used by ce/Cust f (12)	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	E n c l o s u r e
Roof	Yes	No	N/A	A l . d . Cl l					
1001	_	-	Х	Asphalt Shingles	4,400 SF	Х			
	-	_							
	-	_							
	-	_							
	<u> </u>	_							
10	_	_							
	_								
				- Constant Constant Constant					
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	1								
	-	-							
	-	-							
	-	-							
	_	_							
	_								

Allen Monchik 3/30/18	Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 3/30/18
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

Charole	)		NOT				C 8:60 and 5:40		10	n	4	004	
Date of Notification (1)					Name	of Building	Owner/Operator (	2)	JULI AF	<u>1                                    </u>	1	201	8—
03/	30 /	18	_				Estate Companie		A CONTRACTOR			و المعتبرة والم	TO THE PARTY
Agencies Notified	Type Notific	ation		1	Street	Address			Albina i	NORW	USIN	HBI	DL &
⊠ EPA					2 B	road Stre	et, Suite 400		And the second second second second second	Phother Porters	4. 41.6	4.1] -9000000	
⊠ DOLWD	Amende				City, S	state, Zip C	ode						
☑ DOH □ DCA	Amendm  Emerger		oludina		Blo	omfield,	NJ 07003					2	
(NJAC 5:23-8)	justificat	ion)	Guuirig		Name	of Contact			Telephone Number	er			
	☐ Cancella				Wa	rren Spra	ike		973-429-7900				
					FΔ	II ITY IN	FORMATION		1 3.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.	-	-		
Name of Facility Where Al	patement is	Takino	Place	(3)	IA	JILITI III	TORWATION	Type of Facility	(4)				
Commercial				(0)				School (K-12					
Street Address				-					(Other than K-12)				
169 Minnisink Road	Chanal B	uildir							rivate and commerc	ial bu	ilding	S,	
City (5)	Oliabei D	unun	19					homes, etc.)		Lou			
Totowa								Square Feet	# of Floors	Blo	je		
County (6)					To		VOTATE / 10 F A						
					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Passaic													
Name of Monitoring Firm I	Hired by Buil	ding C	wner (	8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater I	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monit	oring Firm			Tele	phone l	No.	Telephone No.		License No.				
Rick Eustaquio				1	3-494		973-928-4888		1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
04 /09 /	18	0	6_/	_ 29	_ / _	18	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address						
□ Facility Closed/Vacated	During Enti	ire Per	iod of	Abater	nent		27 Outwater I	ane					
☐ Abatement Performed	Outside of N	ormal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co	ode				_	
Time of Abatement:	AM	PN	N/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all	that apply)				<u> </u>			d Cut ainment with Neg					
≥3 sf or ≥3 lf			ПRe	novati	on		☐ Mini-Enc	ainment with Neg losure	jative Pressure				
≥160 sf or ≥260 lf			☑ De	molitic	n		Glovebag	Procedure					
								mpted (*) and No	n-Friable Procedure	;			
Location	.e			Locat Iorma			5			Ab	ateme	ent T	ype
Asbestos-Containing N		A)		d Sole		Ashes	Description o stos Containing Ma		Amount	Re	Re	En	四四
TO BE ABAT	TED .			intena			., thermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	/		Cusi	odial (12)	Stall?		surfacing, VAT,		SF or LF)	val		sul	ure
(13)		į.	Yes	No	N/A	1	other miscellane	ous)				ate	
Basement						Pipe Ins	sulation- Wrap a	nd Cut	120 LF				
Basement					×	Pipe Fit	ting Insulation		15 LF		П	П	
Basement						VAT		× -	1,200 SF				
Roof						Asphalt	Shingles		4,400 SF	$\boxtimes$	П	П	П
Name of Registered Wast	e Hauler			- N	JDEP \	The second second	Cubic Yards of	Name of Regis				_	_
ATC / Century Waste, LLC / All Pro Management, LLC						C Hauler ID No. Waste Minerva Enterprises/G.R.O.W.S. North Landfill					ndfill/F	airle	SS
City, State				S	wv-2431	JISZ1911989	AS NECUCU		thlehem Landfill		io iii		
Shirley, NY / Elizabe	th. N.I/ Ga	rfield	N.I				Disposal Date TBD	City, State					
Completed By (Print or Ty		Title	S					Waynesburg, Ol	H/ Morrisville, PA/ Be		em, P	A	
	P-0/	1100	100				Signature		Dat	C			

Allen Monchik

Project Manager

Allen Monchik

3/30/18

## Ch 2513

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

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				Andreas and the second	
1	APR	- 4	2018	10 mm	1

011001				- E				- 65		ILL AF	Π -	4 6	UIÖ	
Date of Notification (1)		40					Owner/Operator							
	30 / _	18			Met	ro Real E	state Compar	nies	5	ASCE	1500	E W	TDO	17 0
Agencies Notified  EPA	Type Notificat  Initial	ion				Address					ICEN		1 12	
☑ DOLWD	☐ Amended			1			et, Suite 400							-
⊠ DOH	Amendmer	nt #		- 1		tate, Zip C								
☐ DCA	☐ Emergence	y (includi	ng	1			NJ 07003							
(NJAC 5:23-8)	justification					of Contact				Telephone Numb				
	☐ Cancellation	on			War	ren Spra	ke			973-429-790	0			
No 65 - 112 142		51		•	FAC	ILITY IN	FORMATION	- 1						
Name of Facility Where	Abatement is Ta	iking Pla	ce (	3)				1100	Type of Facility (	Section 1				
Commercial					December 2				☐ School (K-12) ☐ Subchapter 8	(Other than K-12)	Ê			
Street Address		•							Other (i.e., pri	ivate and commer		ilding	5,	- 1
169 Minnisink Road	d- Beauty Pai	rior						1	homes, etc.)	1	1			
City (5)									Square Feet	# of Floors	Blo	lg. Ag	e	
Totowa					1.			1		1				
County (6)					Coun	ty Code (7)	(STATE USE ONLY	)	Current Use (Prid	or if being demolis	hed)			
Passaic	<del></del>							$\perp$						_
Name of Monitoring Firm		ng Owne	er (8)	) /	ASCM I	No.			nt Contractor (9)	_				
Bio Terra Solutions	3							IAI	NAGEMENT LL	_C				
Street Address							Street Address							
P.O. Box 1224							27 Outwate							
City, State, Zip Code							City, State, Zip							
Union, NJ							Garfield, N.	J 0	7026					
Project Manager for Mon	itoring Firm				phone i		Telephone No.			License No.				
Rick Eustaquio					3-494-		973-928-48			1188				
Start Date (10)		cheduled		- 1.			Name of OSHA							
04 /09 /	18	06	1.	29	_ / _	18_	ALL PRO N	IAI	NAGEMENT LL	-C				
Occupancy Status Durin	g Abatement (C	heck onl	y on	ie)			Street Address							
□ Facility Closed/Vacate							27 Outwate	r L	ane					
Abatement Performed							City, State, Zip	Co	de					
Time of Abatement:	AIVI	PIVI/		_PIVI-		Alvi	Garfield, N.	J O	7026					
Scope of Work (Check a	II that apply)													
☐ >3 sf or >3 lf			Ren	ovatio	าก		☐ Full Co		ninment with Neg	ative Pressure				
≥160 sf or ≥260 lf				nolitio			☐ Glovel	bag	Procedure					
1004							Non-E	xen	npted (*) and Nor	n-Friable Procedu	re			
				Locati ormal			5				Ab	atem	ent T	ype
Location Asbestos-Containing		,   1		Sole		Ashe	Description stos Containing I			Amount	Re	Re	En	E
TO BE AB	ATED			ntena			., thermal system	ns ir	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Faci		0	usto	(12)	Staff?		surfacing, VA other miscella			SF or LF)	/al		Encapsulate	ure
(13)		Ye	es	No	N/A	1	oulei miscella	nec	ius)				te	
1st Floor					$\boxtimes$	VAT				3,600 SF				
Roof						Asphal	t Shingles			5,000 SF	×			
Name of Registered Wa	ste Hauler			IN	JDEP I	Waste	Cubic Yards of		Name of Regis					
ATC / Century Waste, L	LC / All Pro Mana	agement,	LLC	H	lauler II W-2431	D No. 0/32797/989	Waste As Needed			rises/G.R.O.W.S. N thlehem Landfill	orth La	ndfill/	Fairle	ess
City, State							Disposal Date		City, State				566	
Shirley, NY / Elizal	TBD Waynesburg, OH, Morrisville, PA/ Bethleh													
Completed By (Print or	Type)	Title					Signature				ate			
Allen Monchik		Proj	ect	Man	ager		A000	и.	Manchib		3/30/	18		

CX-2513

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

(+001)				(Pu	ırsuaı	nt to NJ/	8 2J	160 and 5:1	(6)	el .		A DI	7		20	40		
Date of Notification (1)					Name	e of Buildin	g Ov	vner/Operator	(2)		14 6.	API		- /	20	18		
03/	30 /	18			Me	tro Real	Esta	ite Compani	ies	3		o <del>e</del> e.s.	-1,5444	to be				
Agencies Notified	Type Notific	ation			Stree	t Address					- A	<del></del>	12.00		ZVT	TOL		
⊠ EPA		2			2 B	road Str	eet,	Suite 400			Englishmen and service	L.	3: 1	MS	NG			
☑ DOH	☐ Amended Amendm	560			City,	State, Zip	Code											
□ DCA	☐ Emerger	82 ST	dina	25	Blo	omfield,	NJ	07003										
(NJAC 5:23-8)	justificati	ion)	g		Name	of Contac	:t				Telephone N	lumber						
	☐ Cancella	tion			Wa	rren Spr	ake				973-429-	7900						
					FA	CILITY IN	IFO	RMATION										
Name of Facility Where A	batement is	Taking Pla	ace	(3)					17	Type of Facility	(4)							
Commercial				- 111					Į	School (K-12	2) 8 (Other than K-12)							
Street Address										Subchapter 8     Other (i.e., p)			hui	Idina	9			
169 Minnisink Road	- Main Sch	ool							1	homes, etc.)	Trate and con	microid	Dui	iunig	Ο,			
City (5)									5	Square Feet	# of Floors		Bld	g. A	ge			
Totowa																		
County (6) Passaic					Cour	nty Code (7	)(STA	ATE USE ONLY)	C	Current Use (Pri	or if being den	or if being demolished)						
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Na	me of Abateme	eni	t Contractor (9)	)							
<b>Bio Terra Solutions</b>			•							AGEMENT L	C							
Street Address					1		-	eet Address								-		
P.O. Box 1224																		
City, State, Zip Code					27 Outwater Lane City, State, Zip Code													
Union, NJ																		
Project Manager for Monit	oring Firm			Tele	phone	No.	_	ephone No.	_		License No	).	_		-	-		
Rick Eustaquio				97	73-494-3762 973-928-4888						1188							
Start Date (10)		Scheduled	d Co	mplet	etion Date (11) Name of OSHA					nitor	See Contractive				-			
_04_ / _09_ /	18	06	1	_ 29	29 / 18 ALL PRO MANAGEMENT LL						_C							
Occupancy Status During	Abatement (	Check on	ly or	ne)														
☐ Facility Closed/Vacated	d During Entir	re Period	of A	bater	nent		2	7 Outwater	La	ine								
Abatement Performed	Outside of No	ormal Fac	ility	Hours	s - Des	cribe	City	, State, Zip Co	ode	е						-		
Time of Abatement:		PM/_		_PM-		AM	G	Sarfield, NJ	07	7026								
Scope of Work (Check all	that apply)							X Wrap a	ano	d Cut								
≥3 sf or ≥3 lf		П	Ren	novatio	on				tai	nment with Neg	ative Pressure	•				181		
≥160 sf or ≥260 lf				nolitio				☐ Glovebag	g F	Procedure								
			la l	4:				Non-Exe	emp	pted (*) and No	n-Friable Proc	edure						
Location of	nf			Locati ormal				Description of	- 5	-			Aba	teme	ent Ty	ype		
Asbestos-Containing N	Naterial (ACM	11		Sole	, ,			Containing Ma	ater		Amount		Re	Repair	En	En		
TO BE ABAT				ntena odial S		(i.e		mal systems			(Specify		Removal	oair	caps	Enclosure		
(13)	<i>'</i>			(12)		1		surfacing, VAT, her miscellane			SF or LF)	1	<u>n</u>		Encapsulate	ıre		
		Ye	es	No	N/A										Ф			
Basement/Crawl Space	e		-		×	Pipe Ins	sula	tion- Wrap a	and	d Cut	850 LF	0	3					
Basement					$\boxtimes$	Tank In	sula	tion			225 LF	0	X					
1 <sup>st</sup> Floor																		
2 <sup>nd</sup> Floor					] □ VAT 1,300 SF □													
Name of Registered Waste				0.000	NJDEP Waste													
ATC / Century Waste, LLC	/ All Pro Man	agement,	LLC	SW-24310/32797/989 As Needed Landfill/ IESI Bethlehem Landfill					airles	ss								
City, State	46 N V G	e		Disposal Date City, State														
Shirley, NY / Elizabe			,	TBD Waynesburg, OH/Morrisville, PA/Bethlehem, PA														
Completed By (Print or Ty	pe)	Title	10000	Signature Date														
Allen Monchik		Proje	ect	Mana	//////////////////////////////////////													

CH 4775		NOT	Pursua	on of a	New Jers SBESTOS AC 8:60 ar	ABATE 12 12 12	20)	NT		),[		; [		$\mathbb{V}$	
Date of Notification (1) 03/29/2018			Name	of Buildi tenary (	ng Owner	Operato	r (2)				ΔP	R -	Δ	2018	
Agencies Notified Type Notificati	on		_	Address			-		-   -	-					
☐ EPA 🗵 Initial			400	Jefferso	on Stree	t			-		36ES	26 P	e car	ITRO	
DEP Amended				State, Zip					-	711		102l			
Emergence	ent #_ cy (includir	ng	-		n, NJ 07	840	123			ANN/TON-E THICOSATE	MERSANGE TO	enner ner	-s. rapo-s	- TOTAL PARKY	
DOH justification Cancellation	n)			of Conta ert Tem					Teleph						
Cuncenati					Dogga - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1011			908-8	52-1	400				
Name of Facility Where Abatement is Tall Seay Building	king Place	(3)	FA	CILITY	FORMAT	ION	Тур	pe of Facility (4)							
Street Address 400 Jefferson Street							×	School (K-12) Subchapter 8 Other (i.e. priv	(Other th	nan K-	12) cial bu	ildings	s, hor	nes.	
City (5) Hacketstown								etc.) uare Feet	# of Flo			Bldg.			
County (6) Warren			County (STATE	Code (7	) _Y)			rent Use (Prior	if being d	emolis	shed)				
Name of Monitoring Firm Hired by Building	g Owner (8	3)		M No.		Name			actor (0)						
EDI						Name of Abatement Contractor (9) VMC Company Inc									
Street Address 5434 King Avenue				-2-1-91		Street Address 208 Piaget Avenue									
City, State, Zip Code						City, State, Zip Code									
Pennsauken, NJ 08109						Clifto	itate, in. N	Zip Code IJ 07011					07 00.00		
Project Manager for Monitoring Firm Jay Murray			Telepho 856-6	6	Teleph 973-2	one l	No.	10000000	ense N	Vo.					
Start Date (10) 04/13/2018	Schedu 04/15/	led Co	mpletion	Date (11	)	Name	of OS	SHA Monitor		7 0 4					
Occupancy Status During Abatement (Che						Street		mpany Inc							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abalar	ment s					Zip Code					10000		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				×	Mi GI	ull Containment ini-Enclosure ovebag Procedi on-Exempted (*)	ure						
El .	Is	Locat	ion					on exempted ( )	and Nor	i-riiau	ne Pro	Abate			
Location of Asbestos-Containing Material (ACM)		Normal			Des	cription (	of						ре		
TO BE ABATED In Facility (13)	intena todial ( (12)	olely by nance/ al Staff? Asbestos Cor (i.e. therma			Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
Kitchen	Yes	No	N/A		ala fire						-		te	O)	
Hallway	X	-		pipe fittir		0.5550.000	on	9 LF		х					
		X			VAI	/masti	C		120 SF	=	х				
lame of Registered Waste Hauler		N	JDEP W	aste	Cubic	arde		Name of D							
ewark Carting Inc		H	Hauler ID No. I of Waste			Name of Registered Landfill Grand Central Sanitary Landfill									
ity, State ewark, NJ				Disposal Date City, State Pen Argyl,											
ompleted by Oytek Roszkowski		Signature—				r A	Date								
	Presi		U. dosloce					strust	03/29/2018						

Print Form

Ch 2512

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:76)

1	EC		Π	W	F	
U/L	= 9		L.	<u> </u>		
	A D	3	A	104B		
	API	-	4	2018	1	L

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)	had be-	AFF	_	4 21	Hö
03/	29 /	18	_		Cap	e May C	ounty; Departm	ent of Public W	orks	entralia mesari			
Agencies Notified	Type Notifica	tion			Street	Address			A	Sbesi	US L	INCA	RO
⊠ EPA	Initial				4 M	oore Rd.	, DN 402		Waterstreet process and	L.	CEN	SING	
□ DOLWD	☐ Amended					tate, Zip C				-			$\dashv$
□ DOH	Amendme						ourt House, NJ	08210					
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		luding			of Contact		1	Telephone Nu	mber			=
(NJAC 3.23-6)	☐ Cancellati	300			S S S S S S S S S S S S S S S S S S S	Nancy N			609-465-14				
					FAC	ILITY IN	IFORMATION						$\neg$
Name of Facility Where A	batement is Ta	aking l	Place	(3)				Type of Facility (4	4)				=
Commercial			5000277756					School (K-12)					
Street Address								☐ Subchapter 8	(Other than K-				
384 Ranger Road-#	95 Everion	Bldg.	- Cap	e Ma	ay Cou	nty Airpo	ort	Other (i.e., pri homes, etc.)	vate and comm	nercial b	uilding	S,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	$\neg$
Lower Township													
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	olished)			
Cape May													
Name of Monitoring Firm	Hired by Build	ing Ov	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
<b>Bio Terra Solutions</b>							ALL PRO MA	NAGEMENT LL	.C				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code					***************************************		City, State, Zip C	ode				12	
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm			Tele	ephone l	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888	73-928-4888 1188					
Start Date (10)	1000	chedu	led Co	mple	etion Da	te (11)	Name of OSHA N	lonitor					
04 /09 /	18	06	5_ /	_29	9_/_								
Occupancy Status During	10일 (11일 ) 다니면 14억 Tr. () (14억 14 <b>)</b> (14				1000		Street Address						
□ Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed Time of Abatement: _							City, State, Zip C	ode					25
			'	_1 101		- (IVI	Garfield, NJ	07026					
Scope of Work (Check all	that apply)						⊠ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		1	Rer	novat	ion		☐ Mini-End	losure	alive Flessule				
≥160 sf or ≥260 lf		1	□ Der	noliti	on		☐ Gloveba	g Procedure					
		-	le	Loca	tion		⊠ Non-Exe	empted (*) and Nor	1-Friable Proce				
Location	of			lorma			Description (	of			1	ent Ty	
Asbestos-Containing		)			ely by	Asbe	estos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABA					ance/ Staff?	(i.e	e., thermal systems		(Specify	nov	air	aps	losu
IN Facili (13)	ıy			(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ıге
			Yes	No	N/A		Harrist Constitution of the Constitution of th					O	
Interior- Throughout Offices	and Mezzanine A	Area				VAT/Ma	astic		11,550 SF				
Interior- Office			$\boxtimes$	Texture	ed Ceiling Mater	ial	140 SF						
Interior- Finishing Ar	ea												
Name of Registered Was	te Hauler				NJDEP		Cubic Yards of	Name of Regis	tered Landfill		1		
Newark Carting				1	Hauler II		Waste	The second secon	hem Landfil	i			
City, State			_		02383	5	As Needed Disposal Date	City, State			-		
Newark, NJ							TBD	Bethlehem	. PA				
Completed By (Print or T	vne)	Title					Signature		,	Date	_		- 201
Allen Monchik	) PC)												
			Joor		Manager Allen Monchik 3/29								

CH#006003

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

Date of Notification (1)			Name	of Buildin	ng Owner	/Operato	r (2)		- Parentale		2	F227	0 0	77			
4/2/2018			BES	TFRIE	NDS PE	ET CAF	RE. IN	VC		E	5	E					
Agencies Notified	Type Notification			Address			,					(an ellennike)	THE WORLD				
X EPA DEP	X Initial		197	17 62nd	Avenue	e South	n Sui	te F103									
DEP X DOL	Amended			State, Zip					had be	Al	'H_	-/	_20	18			
	Amendment #_ Emergency (includi	na			ington 9	8032											
DOH DCA	justification)	ng.		of Contac					Teleph	none Nun	nber	SO	ONITI	301			
□ BOX	Cancellation			Leona						481-98				102			
Name of Facility Where	Abatement is Taking Place	(3)	FA	CILITY IN	FORMAT	TION							NAC THE PARTY.	-			
Commercial Buildin	g	(0)					Туре	of Facility (4	4)								
Street Address								School (K-1:	2)	F 184 50							
310-312 Route 22							×	Subchapter Other (i.e. p	8 (Other ti rivate & co	han K-12 ommercia	) d bui	ildina	s hon	nec			
City (5)								etc.)						100,			
Green Brook							530	are Feet	# of Flo	oors	- 1	Bldg.	Age				
County (6)			County	Code (7)	1		S. Connection		_		- 1	50+					
Somerset			(STATE	USE ONL	n		Sto	ent Use (Prio	r ir being (	iemolish	ed)						
Name of Monitoring Firm	Hired by Building Owner (	(8)	ASC	M No.		Name		atement Cont	ractor (Q)		_						
Whitestone Associa	tes,Inc					Hazr	nat D	iagnostic	LLC								
Street Address						Street					_						
35 Technology Drive	9					16 G	lenw	ild Ave									
City, State, Zip Code Warren, NJ 07059						City, S	tate, Z	ip Code									
						Blooi	ming	dale,NJ 0	7403								
Project Manager for Monit Jeremy M. Hassett	foring Firm		Telepho			Teleph			Lic	ense No		_					
Start Date (10)				68-777		973-9			01	181							
4/13/2018	4/29/	uled Co	mpletion	Date (11	)			A Monitor									
Occupancy Status During									LC	)							
SEPARATE STATE OF THE SEPARATE STATE STATE OF THE SEPARATE STATE STA	ed During Entire Period of		Hazmat Diagnostic LLC  Street Address  16 Glenwild Ave														
Abatement Performe	d Outside of Normal Facili	tv Hour	ment 16 Glenwild Ave														
Other – Describe: _			City, State, Zip Code  Bloomingdale, NJ 07403														
Scope of Work (Check All	ope of Work (Check All That Apply)					DIOOI	imige	iale, NJ (	77403								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova					Full	Containmen	t with Nec	ative Pre	essui	re					
	×	Demoli	tion			-	Min	i-Enclosure vebag Proce									
						×	Nor	-Exempted (	dure *) and No	n-Friable	Pro	cedur	e				
	< 1 1	s Locat					.,,					200	ement				
Location of Asbestos-Containing M		Norma ed Sole				cription o				_	_	Ту	ре				
TO BE ABAT	ED M	aintena	nce/	Asbes	stos Conta	aining Ma	terial	(ACM)	Amour	nt			ш	_			
In Facility (13)	Cus	stodial ( (12)	Staff?	(1.6.	thermal surfac	ing, VAT	, or	tion,	(Specification (SF or L	fy F)	Removal	Repair	Encapsulate	Enclosure			
(13)		()	1		other m	iscellane	ous)		-	1	ova	pair	Sula	osui			
	Yes	No	N/A								-		ate	е			
Kitchen	the state of the s	X		Blu	ue linole	eum(3rc	d laye	er)	140SF	=	х						
Kitchen		X			Sink t	underco	oat		5SF		Х						
Basement Wi	ndow	X		Window glaze 12SF X													
Roof			Black ro	oof flas	hing		450SF	=	X								
Name of Registered Waste	JDEP W	aste	Cubic Y	'ards	Ť	Name of Re		1.00									
Hazmat Diagnostic LL	auler ID 1 035440		of Wast	e		G.R.O.W.											
City, State			Disposal Date City, State														
Bloomingdale,NJ		TBD Morrisville,PA															
Completed by	Title		Signature Date							-							
Tatiana Rotaru	Clerk	(				1/1	1			4/2/	201	0					

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Ch Malana	1	NOTIF	ICATIO	tate of New	Jersey STOS ABAT 60 and 12:1	EMEN	NT [	BEC	F		V/ [	F F			
Date of Notification (1)		1,	LJ	W W	wner/Operat	1	100	ASBESTOS CONTROL & LICENSING  Telephone Number							
			ranio	or Dunding O	whenoperat	01 (2)	1	II) API	Q _	1 21	าเล				
Agencies Notified Type Notification	n		Street A	Address				la la Mil		60 1	/10_	Enge			
EPA Initial Amended Amendmer			City, Sta	ate, Zip Code	е		and the second s	ASBES	708 C	NUK	ROL	. &			
DOH justification Cancellation	)		Name o	of Contact				Telephone Nu	mber						
Name of Facility Where Abatement is Taki	na Plana /3	21	FAC	ILITY INFOR	RMATION	1 =	(F. 30, (4								
Street Address	ng Flace (c	·)			5634			4)		dings,	home	es,			
City (5)						Sq	etc.) uare Feet	# of Floors	E	Bldg. A	ge	$\dashv$			
County (6)				Code (7) USE ONLY)		Cu	rrent Use (Prior	if being demolis	hed)			$\neg$			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Nam	e of A	batement Conti	ractor (9)							
Street Address					Stree	et Add	ress								
City, State, Zip Code					City,	State	, Zip Code		License No.						
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	phone	No.	License N	License No.						
Start Date (10)	Schedule	ed Cor	mpletion	Date (11)	Nam	e of O	SHA Monitor		License No.						
Occupancy Status During Abatement (Che	ck Only On	ie)			Stree	et Add	ress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:							Zip Code								
Scope of Work (Check All That Apply)											$\dashv$				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emoli					Mini-Enclosure Glovebag Proce				0				
Location of	N	Locat	lly		Description		Ton Exempted	) and won-s nat		Abate	ement				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Sole intena odial S (12)	nce/ Staff?	(i.e. th	s Containing ermal syster surfacing, V other miscella	Mater ns ins AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure				
Metal roof	No	N/A		Black t	ar		40SF	x		Ф					
					Diagn (	<u>~</u> .		1301	1			$\dashv$			
Name of Registered Waste Hauler		IJDEP W lauler ID		Cubic Yards of Waste		Name of Re	egistered Landfill								
City, State		L_		1	Disposal Dat	е	City, State			ssure Procedure Abatement Type					
Completed by	Title				Signatu	re	200	Da	ate			$\dashv$			

Proprieta approximation of	PA		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMEN	NT /8	kitt	100	7	-					
Date of Notification (1)	and Count CP1	Titus bre	Electric All Park	Name	of Buildin	g Owner/	Operato	r (2)		Λ .	101.	>						
03/31/2018					ifer Pul			(-)			F	0 E	I	W	EI			
Agencies Notified	Type Notification	n		Street	Address	100000000000000000000000000000000000000				+		<u> </u>		141	5			
EPA	× Initial					1000				lan-	\ \ !				100			
DEP X DOL	Amended				tate, Zip (						AF	R -	4 7	2018	- 11			
	Amendmer Emergency	(including			ey, NJ 0					111	1				1			
DOH DCA	justification	)			of Contac	t				Tele	phone N	umber	desperate of	ACTION AND AD				
П рох	Cancellatio	n		Jenn						-				ITROI G	_ &			
Name of Facility Where A	batement is Taki	ng Place (	3)	FAC	ILITY IN	FORMAT	ION	Tve	oo of Fa-1114 . /	4)	visatelementusco	m an contractor	Dan Leiter to Com	Chillian	Name of Street			
Private Home		•						Typ	oe of Facility (4									
Street Address								H	School (K-1: Subchapter	2) 8 (Otho	- 66 16 -	10)						
								×	Other (i.e. p	rivate &	commerc	iz) cial bui	Idinas	. hom	es.			
City (5)								_	etc.) uare Feet				- 38	2.5				
Nutley								Squ	Jare Feet	# 01	Floors	- 1	Bldg.	Age				
County (6)			- 1	County	Code (7)			Cur	rent Use (Pric	r if boin	a damalia	- b = d)						
Essex				(STATE	USE ONL	Y)		Jul	10111 030 (1 110	n ii beiii	g demons	meu)						
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of Al	patement Con	tractor (	9)							
									I Safety LL		-,							
Street Address							Street											
City Chat 7: 0							8 Cr	osb	y Ave									
City, State, Zip Code							City, S	State,	Zip Code									
Project Manager for Monit	orina Firm								n, NJ 07502	2								
r roject Manager for Morni	oning Firm			Telepho	one No.		Teleph			- 1	License N	No.						
Start Date (10)		Cohodul	24 02		D 1 111				-8711		01332							
04/09/2018		04/11/			Date (11)		The second second		SHA Monitor									
Occupancy Status During	Abatement (Cher								Safety LLO	<i>3</i>								
Protection of the Contract of					Street 8 Cr		ess / Ave											
Abatement Performe	Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F								Zip Code									
X Other – Describe: 8			-						n, NJ 07502	)								
Scope of Work (Check All	That Apply)								1, 110 07 002	-		1,3-22						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova					F	ull Containme	nt with N	Negative F	Pressu	re					
		ш,	cinom	1011			×	M G	ini-Enclosure lovebag Proce	edure								
					T			N	on-Exempted	(*) and	Non-Friat	ole Pro	cedur	е				
			Locati											ement				
Location of Asbestos-Containing N			Normal d Sole			Des	cription	of				-	Т	ре				
TO BE ABAT	ED		intena		Aspes (i.e.	tos Conta	aining M systems	ateria	al (ACM)		ount ecify	70		m l	т			
In Facility	'	Cusi	odial 8 (12)	stan?		surfac	ing, VA	T, or			or LF)	(em	Repair	cap	nclo			
(10)	(13)						iscellan	eous	)			Remova	Dair	Encapsulate	Enclosure			
	Yes No N/A													te	Ф			
Basemer	Basement x						Insulat	tion		107	LF	x		х				
									+		^							
								-										
Name of Registered Waste	Hauler		l NI	JDEP W	nate		, ,				9 1-11							
Removal Safety LLC			60.00	auler ID		Cubic \ of Was			Name of Re	egistere	d Landfill	9)						
				037007		2			Grows N	lorth								
City, State						Disposa	al Date City, State											
Paterson, NJ						TBD Morrisville, PA												

Completed by

Lasko Veskov

Title

President

Date

03/31/2018

Signature

Xanles

D&S Proj. #: 18-85  Date of Notification (1)  O 3 / 2 3 / 1 8  Agencies Notified Type Notificat  EPA Initial  Amended Amendment #:  DDD Emergency (including justification)  DCA Cancellation	tion	marne Street Ac City, State newar	(Purs Building Ow mcdaniel ddress te, Zip Code rk, nj 071	rication of As uant to NJA	<b>1</b> 8:6	July Spatement (20) (20)	ASB	G E  APR -  ESTOS ( LICEN	4 20	018		
			FAC	CILITY INFORM	MATIO	N			_			
Name of facility where abatement i  marne mcdaniel  Street Address  City (5)		ace (3)			I Cou	unty Code (7)	Subch	ol (K - 12) apter 8 (0	Other to Commi	ercial	(-12) ldg. A	ge
					100000	ate use only)	Current Use (P	rior if heir	n den	nolish	ed)	
newark	ess					.,	Ourient ose (i	noi ii beli	ig uci	11011511	eu)	
Name of Monitoring Firm Hired by I	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
City, State, Zip Code						20 California A						
City, State, Zip Code						City, State, Zip Code			William Tre-Vi	l feeting o		
Project Manager for Monitoring Firm			<del></del>			Paterson, NJ 07	7503					
Froject Manager for Monitoring Firm			Phone Numb	per		Telephone Number		License				
						973-345-8020		10	1169			
Start Date (10)	Sched	l. Comple	etion Date (1	1)		Name of OSHA Mon D & S Restorati						
04/23/18	05/18					Street Address	ion, mc.					
Occupancy Status During Abatemen						20 California Av	venue					
Facility closed/vacated during Abatement performed outside	entire peri	od of aba	itement.			City, State, Zip Code			_			
Describe:		lacility fic	ours-									
Other-Describe: NORMAL Ho					-	Paterson, NJ 07	7503					
≥160 sf or ≥260 lf	Renovatio Demolition	1					Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	е	friable		edure	
Location of asbestos-containing	by mainte		y used solely ustodial	1	27	37 S			R	R	E	E
material (acm) to be	staff(12)			Description material (		sbestos-containing	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A		, ,		LF)		0 V	i	a	Ľ
basement			_	PIPE INSU	II.ATI	ON	125 L FT		e	r		
				1 2 11100	~1111		123 1.11			+	금	+
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									H	H	H	H
			j 🗀						H	H	Ħ	
Registered Waste Hauler  D & S RESTORATION, INC.	NJDE 135	P Haule 06	2	ubic Yards of V yds.	Naste	Name of Registered TULLYTOWN,		COVER	Υ.Υ			
City, State PATERSON, NJ 07503			Disposal D 04/23/1			City, State	D.4					
	Title		- 37/23/1	Signature		TULLYTOWN,	PA	Data				
	PRESIDI	ENT		3.14.0.0				Date 03/28/	2018			
ASB-41 *	Do not use	this form	n for ashesto	s licensure ev	amntoc	1 activities			_010			

D&S Proj. #: 18-83  Date of Notification (1)		ame of Ruile	(Purs	State of As	best 8:6	os Abatement 0 and 12: 20)		DE	- the street of the country	100 Falls	V 018	LL Transport	
10  3  / 2  8  / 1  8	- 11			ner/Operator (2	:)			first to.				1	
Agencies Notified   Type Notified	option	GENIE KE							DEUT US				
☐ EPA ☐ Initial		eet Address	5					70.	LICE			. Ct	and the same of th
DEP Amended Amendment	#. Cit	ty, State, Zir	Code										
DOL Emergence		TANCON INCOME.		50									
DOH (including	Na	glen rock, me of Conta		52	-			I Telepho	ne Numbe	)r			-
DCA justificatio	n)	GENIE K						Telepho	ne manno	51			
Cancellat	on    .	GENIE K											_
N			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatemer	it is taking plac	e (3)						Type of Facility	(4) ol (K - 12	)			
GENIE KEESE								=	napter 8 (	9.	han K	-12)	
Street Address								○ Other	(Private/0 /Homes,	Comme			
								Square Feet	# of Floo		BI	dg. A	ge
City (5)	County	y (6)			533,732	unty Code (7)	7						
glen rock	BERG	GEN			(Sta	ate use only)		Current Use (F	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired b				ASCM No.	Н	Name of Abatem	nent (	Contractor (9)				_	
	,	, , ,		ACCIVITIO.		D & S REST		02 S					
Street Address					-	Street Address	UKA	TION, INC.					
						20 California	a A v	e					-
City, State, Zip Code					-	City, State, Zip Co	-						
						Paterson, N.	J 075	503					
Project Manager for Monitoring Fire	m	Phon	e Numb	er	_	Telephone Numb	er		License	Numl	oer		
						973-345-80				1169			
Start Date (10)	Sched. (	Completion	Date (1	1)		Name of OSHA							
04/13/18	05/18/1	18				D & S Resto Street Address	ratio	on, Inc.					
Occupancy Status During Abatem	ent (Check only	y one)				20 California	Ave	enue					
Facility closed/vacated durin Abatement performed outside	g entire period le of normal fac	of abateme	ent.			City, State, Zip Co		ondo					
Describe: NORMAL	HOURS				-	Paterson, NJ	1 075	0.2					
Scope of Work (check all that app						1 atc13011, 143							_
								ull Containment v Iini-enclosure	//negative	press	ure		
☐ ≥160 sf or ≥260 lf	Demolition							lovebag procedu	re				
	Is location r	ormally use	d solely				ЦΝ	Ion-Exempted (*)	and Non-	friable R			
Location of asbestos-containing	by maintena				n of c	sbestos-containing	~	Amount		е	R	E n	E
material (acm) to be abated in facility (13)	staff(12)			material (		spesios-containing	9	(Specify S	F or	m	p a	C ,	C
avated in facility (13)	Yes	No	N/A					LF)		V	i	a p	L
basement		X		PIPE INSU	LATI	ON		155 L FT		e	Í	П	П
										T		一	
Pagistared Waste III													
Registered Waste Hauler D & S RESTORATION, INC	NJDEP 13506	Hauler ID#	10.550	ubic Yards of V yds.	Vaste	Name of Registe			COVER	v			
City, State			posal D			City, State	14, 1	ESOURCE RE	COVER	I		-	
PATERSON, NJ 07503		147 (39)	4/14/1			TULLYTOW	/N, I	PA					
Completed by (Print or Type)	Title			Signature			Date						
BOGDAN JOLDZIC	PRESIDEN					(indexessed and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexes experience and indexessed and indexesse			03/28/	2018			
ASB-41	Do not use t	his form for	asbesto	s licensure exe	mpte	d activities.					Y21 12 2 2 2 2 2		

Ch5217			FICATIO Pursuan	tate of N N OF AS	8:60 an	ABATE 12:12		т		E (		3			int F
Date of Notification (1) 4-3-18				of Building				ENT TRUS	T	Ar	n	- 4	20	10	L
Agencies Notified Type Notification				Address EAST J	EEEER	SON	STDI	EET		ASBES	STO	3 GC	UNTE	ROL	&
X EPA X Initial Amended Amendment			City, St	ate, Zip C	ode		7111				LICE	ENS	ING		arcinizes.
Emergency (		_		(VILLE, of Contact		852			Tele	ephone I	Numb	ner			
X       DOH       justification)         X       DCA       Cancellation			12.50 AV	VOODIE					00000000	1-998-					
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMATI	ON	Tvp	e of Facility (	4)						
BRICK PLAZA - SPACE 6	,						П	School (K-1							
Street Address 100 CEDARBRIDGE AVENUE							×	Subchapter Other (i.e. p etc.)	8 (Othe	er than k comme	<-12) ercial	build	lings,	home	∋s,
City (5) BRICK							100	are Feet 0000	1	Floors		+,	ldg. A /-10(		
County (6) OCEAN				Code (7) USE ONL	0			rent Use (Prio		ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building C VERTEX COMPANIES	Owner (8)		ASCI	M No.				atement Con		1	ERV	/ICE	S, II	NC.	
Street Address 700 TURNER WAY						Street 2251		ess ALEY STR	EEET						
City, State, Zip Code ASTON, PA 19014								Zip Code ELPHIA, PA	A 1913	37					
Project Manager for Monitoring Firm DON HEIM			Telepho	ne No. 87-0402	2	Teleph 215-	one l	No.		License No. 01166					
Start Date (10) 4-12-18	Schedule 4-16-1	ed Co 8	mpletion	Date (11)				SHA Monitor COMPAN	IES			7/80			
Occupancy Status During Abatement (Check	Only Or	ne)		1000		Street	Addre	ess	ES						
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm     Other – Describe:	eriod of A	Abate Hour	ment rs			City, S	tate, 2	NER WAY							
Scope of Work (Check All That Apply)						ASTON, PA 19014									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol				×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					9	
		Loca							17				Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use		ely by	Ashes	Des	cription		al (ACM)	۸۰	nount	-		Ту		
TO BE ABATED In Facility (13)	- La Vigo 300	intena todial (12)	Staff?		thermal surfac		insul T, or	lation,	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
TURQUESTO	Yes	No	N/A									1000		te	19
THROUGHOUT			X MIRROR GLUE DOTS 350SF X												
Name of Registered Waste Hauler	lant-	0.1.	/		I N			15"							
ame of Registered Waste Hauler  NJDEP Waste Hauler ID No.  NJDEP Waste Of Waste  Name of Registered Landfill A & L SALVAGE															
State VARK, DE  Disposal Date City, State LIBSON, OH															
Completed by ENNIFER NIVEN	Title DIR.	OF C	DPERA	TIONS	Si	gnature	2	_			Date	( )	2	1	フ
ASB-41 (R-06-08)					/	7		this form for	000000000000000000000000000000000000000		/	•	<i>U</i>	- 1	9

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

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Date of Notification (1)	re librores de		Nam	e of Buildi	ng Owner/Operator	(2)		/			
	18	e:	Ve	rizon	20	05 N	ME	CI	E 1	W	7 E
Agencies Notified Type Notifie	cation		Stree	et Address						-	
☐ EPA ☐ Initial				Verizon V			III				
☑ DOLWD ☐ Amende				State, Zip	•		$-    _{l}$	APR	-1	201	8
☐ DHSSAmendn		_		sking Ri			الما الما				•
DCA Emerge (NJAC 5:23-8) ustificat	ncy (inclu	ding		e of Conta			1 - 1 - 1 - 1 - 1 - 1	Toport - the to	- N. J. & B. P N. 1941	7773500	7 May - 2 J
(NOAC 5.23-8) Justinical				ain Kings			Telephone Nun (201) 388-0				OL &
			100		NFORMATION		Transaction and transaction of the second	CARROLL STREET, STREET	THE SHAPE OF	TO PULL CORNE	CO THEODER
Name of Facility Where Abatement is	Taking PI	ace (3)	1.1			Type of Facility	<b>'</b> (1)				
Verizon						School (K-12	1 0				
Street Address						─ Subchapter 8	Other than K-12	2)			
1883 Highway 27						Other (i.e., pr homes, etc.)	ivate and comme	ercial b	uilding	js,	
City (5)						Square Feet	# of Floors	В	Ida A		
Edison, NJ						Condustration of the	2	Р	ldg. A	ge	
County (6)			Cou	nti Cada /	7)(STATE USE ONLY)	10,000			50		
Middle sex			Cou	nty Code (	(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Name of Monitoring Firm Hired by Buil	dina Own	05 (0)	I A C C N	NI-	[N. 601.1						
ESIS	ung Own	er (8)	ASCM	NO.		ent Contractor (9)					
Street Address					JVN Restora	ition Inc					
10 Exchange Place					Street Address						
City, State, Zip Code					47 Foster Ro	20.00					
Jersey City, NJ 07302					City, State, Zip C Staten Island						
Project Manager for Monitoring Firm		Te	ephone	No	Telephone No.	1 NT 10309	Trianna No				
Brain Kingsbury				38-0620	718-605-6256	:	License No. 00774				
	Scheduled				Name of OSHA N		00774				
04 /16 /18		/ _1			Testor Tech	normor					
Occupancy Status During Abatement (	Check on	ly one)			Street Address					-	
☐ Facility Closed/Vacated During Enti			ement		10 59 Jackso	n Avenue					
Abatement Performed Outside of N	ormal Fac	ility Hou	rs - Des	scribe	City, State, Zip C		-				
Time of Abatement: 8:00AM-5:00	PM/	_PM	AM		LIC NY 1110						
Scope of Work (Check all that apply)											-
☐ ≥3 sf or >3 If	M	Renova	tion		☐ Full Con ☐ Mini-End	tainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf	-	Demolit				a Procedure					
					Non-Exe     Non-Exe	mpted (*) and Non	-Friable Procedu	re			
7		Is Loca Norma						Ab	ateme	ent T	уре
Location of Asbestos-Containing Material (ACN	n   L	Ised Sol	0.000	Acho	Description of stos Containing Ma			Z	R	Ш	ш
TO BE ABATED	'   1	Mainten			., thermal systems		Amount (Specify	Remova	Repair	าса	nclo
IN Facility	C	ustodial (12)			surfacing, VAT	, or	SF or LF)	val	=	Encapsulate	Enclosure
(13)	Ye		N/A		other miscellane	ous)				ate	ф
Exterior Windows, Doors & Louv	rers 🛚			Caulkin	ıg		26SF				
	П										
		ᅢ									
Name of Pegistered Wasts 11										Ш	
Name of Registered Waste Hauler  Newark Carting			JDEP \		Cubic Yards of Waste	Name of Registe					
			NJ-56	S. III SHOCKS	2	G.R.O.W.S.,	Inc.				
City, State					Disposal Date	City, State					
Hackettstown, NJ					05/16/18 Morrisville,PA						
Completed By (Print or Type)	Title		Signature Date / /								
Ignatius Marraccino	Proje	ect Mar	nager		. 9,	when Man	alloward)	4	121	118	
					In last let	2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 0000	- 4	-	-	1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N) AC 2:60 and 15:16)

-(n')j'	)			(1	ursua	III IONS		annis:1	Ph)	CK#3	338						
Date of Notification (1)					Nan	e of Buildir	ng Ow	vner Operator	2								
04/	03 /	18			TI	ne Hamps	hire	Companies	TEC	IME	C	1 [	1\/7	EI			
Agencies Notified	Type Notifica	ation	<del>12</del>		Stre	et Address					9 1	2 L	/4/	5			
					22	Maple A	venu	ie		1175				The Designation			
☑ DOLWD	Amended				City	State, Zip	Code	)			APR -	- 4	2018				
☑ DHSS ☐ DCA	Amendme	_	ludina	2	000000	orristwon				led lest			LUIG	14			
(NJAC 5:23-8)	☐ Emergen justification		luding			e of Conta				Telephone N	umber	- 10 77 - 104	Continue				
- No 1999 (1997)	☐ Cancellat	600			E	ic Helstro	om			Peterphone N 973-630-9	815 -	CO	NTRO	L &			
					F	ACILITY II	NFO	RMATION			سا ال.\ اسط معالمات المعالمات	I VOII	VO	- Control of the Cont			
Name of Facility Where A	batement is T	Taking	Place	(3)					Type of Facility	(4)		-11114					
Mountain Side Hosp	pital / The N	Aills B	uildi	ng					School (K-1					Ì			
Street Address			77.7						Subchapter	8 (Other than K	-12)		121272				
1 Bay Avenue									homes, etc.	private and com	mercial	bulla	ngs,				
City (5)									Square Feet	# of Floors		Bldg.	Age				
Montclair									10,000	3		50					
County (6)					Co	inty Code (	7)(STA	ATE USE ONLY)	Current Use (Pr	rior if being dem	olished	)	-				
Essex									250	OLE ARTHUR							
Name of Monitoring Firm	Hired by Build	ding Ov	wner (	8)	ASCI	Λ No.	Na	me of Abateme	ent Contractor (9)	)							
								JVN Restora	tion Inc								
Street Address							Str	reet Address					-11				
							4	47 Foster Ro	ad								
City, State, Zip Code							Cit	y, State, Zip C	ode			TO THE					
							5	Staten Island	I NY 10309								
Project Manager for Monit	toring Firm			Tel	ephon	e No.	Te	lephone No.		License No.	.0						
							7	718-605-6256	5	00774							
Start Date (10)	1001000					ate (11)	Na	me of OSHA N	lonitor								
04 /12 /	18	12	/	3	1_/	18	1	Testor Tech									
Occupancy Status During	Abatement (0	Check	only o	ne)			Str	eet Address									
☐ Facility Closed/Vacate							1	10 59 Jackso	n Avenue								
Abatement Performed Outside of Normal Facility H Time of Abatement: 7:00 AM-3:30 PM/ PM-							Cit	y, State, Zip Co	ode								
Time of Abatement. 1.	AIVI-3.30			IVI	^	LIC NY 11101											
Scope of Work (Check all	that apply)							MENO	native Pressure								
≥3 sf or ≥3 lf		[	Re	nova	tion			Mini-Enc	gative Pressure								
≥160 sf or ≥260 lf		Ī	⊠ Dei	molit	ion				g Procedure								
			le	Loca	ation				mpted (*) and No	n-Friable Proce							
Location	of			lorm				Description of	of .				ment 7				
Asbestos-Containing N	Material (ACM	1)			lely by ance/			Containing Ma	iterial (ACM)	Amount	2	Nepall	E E	Enc			
TO BE ABA					Staff?	(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	Neilloyd	=	aps	Enclosure			
(13)	,			(12	)	4		ther miscellane		31 01 11)	7	-	Encapsulate	le l			
			Yes	No	N/A	1							CD				
See Attached	See Attached																
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Service and the control of the service of the control of the contr						Waste ID No.	2,578,50	bic Yards of aste	Name of Regis								
Newark Carting						666	2	200	G.R.O.W.S	s., Inc.							
City, State							1	posal Date	City, State								
Hackettstown, NJ				10/31/18 Morrisville,PA													
Completed By (Print or Ty	rpe)	Title		Signature													
Ralph Barnhardt		Pr	oject	t Ma	nager			/WIN I	plan	9	Date 23-13						

TO BE ABATED Materials ( ACM)	Description of Asbestos Containing Material (ACM)	Amount (SF or LF)	Ahatement Type
Throughout	Fire Doors	1,638 SF	Removal
Basement	Pipe Insulation and Fittings	1,590 LF	Removal
Basement	Floor Tile and Mastic	5,540 SF	Removal
1 <sup>st</sup> Floor	Floor Tile and Mastic	6,400 SF	Removal
2 <sup>nd</sup> Floor	Floor Tile and Mastic	1,200 SF	Removal
3 <sup>rd</sup> Floor	Floor Tile and Mastic	13,560 SF	Removal
1 <sup>st</sup> Floor Main Entrance	Pipe Insulation and Fittings	120 LF	Removal
S. S.			
201			
CAPR			
ASE			

24 -23-13

#### 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) 04 02 / Township of Toms River- Department of Enginering 18 Agencies Notified Type Notification Street Address ASSESTED CONTROL & **⊠** EPA ☐ Initial LICENSING 33 Washington Street ☑ DOLWD City, State, Zip Code ☑ DOH Amendment #1 Toms River, NJ 08753 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Robert Chankalian 732-341-1000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 66 Route 3 West homes, etc.) City (5) Square Feet # of Floors Bldg. Age Toms River County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Estaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>04</u> / 05 / 18 05 / 07 / 18 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >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 Used Solely by Asbestos-Containing Material (ACM) Encapsulate Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout X RACM П X П П П

ASB-41 JAN 13

City, State

Linden, PA

Allen Monchik

Name of Registered Waste Hauler

Weigle Trucking, LLC

Completed By (Print or Type)

Cubic Yards of

As Needed

Signature

Disposal Date

TBD

Waste

Name of Registered Landfill

Minerva Enterprises

Date

4/2/18

Waynesburg, OH

City, State

Allen Monchik

NJDEP Waste

Hauler ID No.

PA-589

Title

Project Manager

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

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

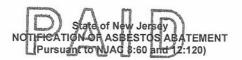
Date of Notification (1)					Nam	e of Build	ina C	wner/Operator	(2)		A	PR		- 0	018
03/	27 /	18	B						(2) Department of E	L L Enginering	, a.c.	1 11	L	! 21	UID
Agencies Notified  EPA	Type Notifi	cation	E		Stre	et Address	3			-	ASPI		15 K	UNI	ROL
☑ DOLWD	Amende	ed			_	Washin				a Utovernosistem	Salah Casar Line	LK.	ENS	HNG	TOTAL SERVICE TO THE
☑ DOH	Amendr			2	1	State, Zip									
☐ DCA	☐ Emerge		ncludir	- ig		ms Rive		J 08753							
(NJAC 5:23-8)	justifica					e of Conta		april 2		Telephon	ne Numb	er			
	☐ Cancella	ation			Ro	bert Ch	anka	alian		732-34	41-100	0			
N					F/	CILITY	NFC	RMATION							
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)					Type of Facility	7/(07)					
Street Address					161				School (K-1:	2)					
252 Washington Str	reet, #1								Subchapter Other (i.e., p	rivate and o	in K-12) commerc	cial b	uildin	gs,	
City (5)									Square Feet	# of Floo	nre	TB	ldg. A	no.	
Toms River										" 011100	510	1	ug. /	ige	
County (6)					Cou	nty Code	(7)(ST	TATE USE ONLY)	Current Use (Pr	ior if being o	demolish	ned)	_		
Ocean												,			
Name of Monitoring Firm		lding C	Owner	(8)	ASCM	No.	Na	ame of Abatem	ent Contractor (9)						-
Bio Terra Solutions									NAGEMENT L						
Street Address							St	reet Address							
P.O. Box 1224					*			27 Outwater	Lane						
City, State, Zip Code							Ci	ty, State, Zip Co	ode				-	_	
Union, NJ							1	Garfield, NJ	07026						
Project Manager for Monit	oring Firm				ephone		Te	lephone No.	V and the control of the s	License	No.				
Rick Estaquio Start Date (10)				1		-3762	1	973-928-4888		1188					
	10					ite (11)	20000	me of OSHA M							
				175	7_/	18_	1	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (	Check	only	one)			1000	reet Address							
<ul> <li>☑ Facility Closed/Vacated</li> <li>☑ Abatement Performed</li> </ul>	Outside of N	re Per	TOO Of	Abate	ment	arit a		27 Outwater I							
Time of Abatement:	AM	PN	n aciiii; M	PM	- Des	AM		y, State, Zip Co							
Scope of Work (Check all								Garfield, NJ	07026						
☐ ≥3 sf or >3 lf								☐ Full Cont	ainment with Neg	ative Pressi	ure				
≥160 sf or ≥260 lf			☐ Re ☑ De		10000000000			☐ Mini-Encl	osure						
					011				npted (*) and Nor	n-Friable Pro	ocedure				
	_			Loca	200700		-20/11/21						atem	ent T	vne
Location of Asbestos-Containing M	of faterial (ΔCM	, 1		lorma d Sol	illy ely by			Description of	f		200				
TO BE ABAT	<u>red</u>	"	Ma	intena	ince/	ASDE (i.e	stos the	Containing Matermal systems in	erial (ACM)	Amour (Speci	2017	Remova	Repair	nca	incl
IN Facility (13)	1		Cust	odial (12)	Staff?	,		surfacing, VAT,	or	SF or L		oval	=	Encapsulate	Enclosure
(10)			Yes	No	N/A	1	ot	her miscellaned	ous)				l i	late	0
Throughout						RACM						$\boxtimes$	П		
Name of Registered Waste	Hauler				JDEP V	Vaste Vaste	Cut	oic Yards of	Name of Posist	orod Lande			П	П	
Weigle Trucking, LLC	100	lauler IE	No.	Wa		1	tered Landfill								
City, State		PA-58	9		s Needed	Minerva En	terprises								
Linden, PA				Disposal Date City, State											
Completed By (Print or Typ	ne)	Title			<u> </u>		TBD Waynesburg, OH								
Allen Monchik	.~)	10.000	oject	R/I	200			Signature			Date				
		1 60	oject	widil	ayer			Allow.	Manhib.		2/2	7/1	Q		

ASB-41 JAN 13

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

PROJECT ON HO	10 CK	_		ICATIO	N OF ASE t to NJAC	BESTOS	ABATE		T		E C	15	The state of the s	<u>W</u>	<u>E</u>			
Date of Notification (1) 04/04/18					of Building o Park I		Operator	r (2)			APF	- }	Ą	2018		世		
Agencies Notified	Street A	Address										VIII.						
⊠ EPA ☐ Initial					E State	Street	, Suite	220	220 ASI					JK GINTROL&				
X DEP X Amended					ate, Zip C			LEGINATIO										
	X DOL Amendment #1 ☐ Emergency (including					08609												
DOH justification)					of Contact				Telephone Number									
☐ DCA	Cancellation				ael Com	*		609-658-4210										
Name of Facility Where	Abatement is Taking	Place (	(3)	FAC	ILITY INF	ORMAT	ION	Tyn	e of Facility	(4)	37501119							
Metal shack roof	,					,,p												
Street Address					School (K-12) Subchapter 8 (Other than K-12)													
1800 E State Stree	et							Other (i.e. private & commercial buildings, homes,										
City (5)						etc.) Square Feet # of Floors Bldg.						ldg. A	ge					
Hamilton														Jnkn	7			
County (6)				County Code (7)					Current Use (Prior if being demolished)									
Mercer				(STATE	USE ONLY	, —		Co	nstruction	n mate	rial sto	rage						
Name of Monitoring Firm Hired by Building Owner (8) n/a					I make the second of the secon				e of Abatement Contractor (9) 2 LLC									
Street Address							Address											
							1800	0 Federal Street										
City, State, Zip Code							State, Zip Code											
								nden, NJ 08105										
Project Manager for Monitoring Firm								Telephone No. 856 630 3288				License No.						
Start Date (10) Scheduled Co				nnlation	Data (11)						0130	3						
04/07/18 04/21/18				ripietion	Date (11)			of OSHA Monitor monitor										
Occupancy Status During Abatement (Check Only One)					Street Address													
Facility Closed/Vacated During Entire Period of Abater							Otrock	ridare	233									
Abatement Performed Outside of Normal Facility Hour  Other – Describe: Occupied					City, State, Zip Code													
Scope of Work (Check A	Il That Apply)														911-1-15	10000		
X       ≥3 sf or ≥3 lf       Renova         X       ≥160 sf or ≥260 lf       X       Demolit					ion Mini-Enclosu Glovebag Pro													
1-1								- 110	on Exempte	- y and	2 14011-1 1	labic		Abate				
Is Location of Norma						De	scription	of	1					Туре				
Asbestos-Containing Material (ACM)  Used Sol						tos Cont	aining M	ing Material (ACM)			Amount				Ш			
In Facility Custodial					(i.e.			ems insulation, VAT, or			pecify or LF)		Remova	Repair	Encapsulate	Enclosure		
(13)				N. 10-22-10-1			niscellan		)	F-20	· · ·		ova	oair	slus	nusc		
Yes No				N/A											le l	(D		
Roof				Х	Roofing ma			erial			5200		x					
1 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -				JJDEP Waste   Cubic Yards				Name of Registered Landfill										
('hampion Dienocal				Hauler ID No. of Waste 32707 43			ste	Grows Landifill										
City, State					Disposal Date													
Hainsport, NJ					04/16/18													
Completed by Title Jeff Yekenchik Owner					Signature				// /				7//-	0				
OGIL LEVELICILIK					1/2	04/04/18												

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		ESTO	OS GC	NTRO	L &	+

Date of Notification (1) 3/29/18	- 1	Name of Building Owner/Operator (2) Residence							-60	10						
Agencies Notified Type Notification		Street Address							SBESTOS CONTROL &							
		-	Rosell Name of	ate, Zip Cod e Park Bo f Contact d Brink	LICENSING D Code rk Boro act Telephone Number										efements for Angu	
		FACI	LITY INFO													
Name of Facility Where Abatement is Taking Residence				f Facility (4												
Street Address					ol (K-12) lapter 8 (Other than K-12) (i.e. private & commercial buildings, homes,											
City (5) Roselle Park Boro		Squ 138					Feet	# of	f Floors		Bldg. Age 97					
County (6) Union			Code (7) USE ONLY)		Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building O A. Seine Lighthouse Solutions		ASCM No. Name of Abatem Brinks Tank						ent Contractor (9) Services								
Street Address PO Box 354		Street Address 1256 Liberty Ave						nue								
City, State, Zip Code South Orange, NJ 07079							State, Zip Code ide, NJ 07205									
Project Manager for Monitoring Firm Sarah Calandra				Telephone No. 201-349-2666			F - 20 1 12 1 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2					ense No. 316				
4/16/18	Com	mpletion Date (11)  Name of OSHA Mon A. Seine Lightho														
Occupancy Status During Abatement (Check		Street Address PO Box 354														
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:				ment					07079							
Scope of Work (Check All That Apply)							3-,									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ovat	ition × M					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	catio	on I			1 14011	Lxempted	( ) ain	u Mon-ri	lable		Still Total	ment				
Location of	mally				scription of					+	Type		pe			
TO BE ABATED In Facility (13)  Mainte Custodi (1			ntenance/ odial Staff? (12) (i.e. therma surfa other				taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Basement Yes N			N/A		Pipe Wrap				100 LF			2				
					•						1				$\neg$	
Name of Registered Waste Hauler				P Waste				Name of Registered Landfill								
Newark Carting				Hauler ID No. of Waste								ndfill				
City, State East Orange, NJ				Disposal Dat				e City, State Penn Argyle, PA								
Completed by Alison Lamers  Title Office Mar							Date 3/29/18									