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

	C	E	Wrint	Form
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KOND PAIL		(P	ursuant	to NJAC	8:60 an	d 12:120	0)		C	неск #Д	8 <b>8</b> 15	0	2019	)
Date of Notification (1) 04-02-19				of Building Port Auth					¥.		0.59	25		لتحاد
Agencies Notified Type Notification				Address rk Liber	ty Inter	nationa	al Air	port, Bldg	. 125.	Central	Termi	nat7	ر Area	المارين در دوريد
EPA Initial Amended Amendment		_	City, Sta	ate, Zip C rk, NJ 0	ode									
□ Emergency     justification)     □ DCA     □ Cancellation	•		23 23	of Contact A. Volpe		7.7				ephone Nu 73) 622-0		ext. 2	259	
			FAC	ILITY INF	ORMATI	ION							48800	
Name of Facility Where Abatement is Takin Newark Liberty International Airpor		3)					Туре	of Facility School (K-	E 52					
Street Address 3 Brewster Road		- 3-					×	Subchapte Other (i.e.   etc.)	8 (Oth			dings	, hom	es,
City (5) Newark								are Feet	# 0	f Floors		Bldg. A		
County (6) Essex				Code (7) USE ONLY	)		0	ent Use (Pri	or if bei	ng demolis		,		
Name of Monitoring Firm Hired by Building The Port Authority of NY & NJ	Owner (8)		ASCN N/A	И No.			of Aba	atement Co Environm				= -		
Street Address 241 Erie Street			1			Street	Addre		ontar					
City, State, Zip Code Jersey City, NJ 07310	City, NJ 07310						tate, Z	Zip Code NJ 0707	2					
Project Manager for Monitoring Firm Ralph Campione	ct Manager for Monitoring Firm h Campione						one N	lo.		License N	lo.			
Start Date (10) 04-15-19	Schedule 07-31-	ed Con		22-0800 Date (11)		Name	of OS	HA Monitor chnology	Envir		Son	icos		
Occupancy Status During Abatement (Chec						Street		Total Committee	LIIVII	Jilliental	Jeiv	1003		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abatem	ent			10-59	) Jac	kson Ave	nue					
Other – Describe: Abatement will be co	onducted i	n a res	tricted ar	rea.	_			ip Code nd City, N	Y 111	01				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoliti				×	Mir Gle	II Containmeni-Enclosure ovebag Production-Exempted	e cedure				e	
1 control of	1000	Location				675	5955					Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar odial S (12)	ice/		tos Cont thermal surfac		ateria insula T, or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	ď
Exterior		х	Tar (	Coated	Corrug	gated	l Pipe	4	00LF	х				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill				
ATC, Inc. / JBT (50071)	H	auler ID 310		of Was			Minerva							
City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date	,	City, State Waynes		OH 4468	88			
Completed by Raymond Kinsella	Title	ct Ma	nager		S	ignature	1			Da	te	10		

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Date of Notification (1) 04-03-19					of Building lifer Color		/Operato	or (2)		n	4.0					The state of the s
Agencies Notified	Type Notification			Street	Address						AP	<u>K</u>		2019	1	اسا
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DEP DOL	Amended Amendment	#			State, Zip Co ewater, N		20			1	4			(c)	Q	
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DOH DCA	justification) Cancellation			700000000000000000000000000000000000000	ifer Color	า				Te	lephone	Nun	nber			
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Name of Facility Where A	Abatement is Takin	g Place	(3)					Туре	of Facility	(4)						
Street Address							,		School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12 ercia	) Il buil	dings	, hom	es,
City (5) Edgewater									e Feet	# 0	f Floors		E	ldg. /	Age	
County (6) Bergen					Code (7) USE ONLY	)		Curre	nt Use (Pr	rior if bei	ing dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.				ement Co		(9)					
Street Address								Addres 7th St.								
City, State, Zip Code						City, S	State, Zip		87							
Project Manager for Moni	toring Firm		Telepho	one No.		Teleph	none No 216-96		-	Licens						
Start Date (10)	T	Schedu	led Cor	mpletion	Date (11)				A Monitor		01206		-			
04-15-19		04-17	-19						acting l							
Occupancy Status During	Abatement (Chec	Only O	ne)					Address	3				0.000			
Facility Closed/Vaca Abatement Performe	ted During Entire F	eriod of	Abater	nent				7th St.		Lyen Comme						
Other – Describe: _	outside of North	ai r aciiii	y Hour	5				tate, Zip n City	Code NJ 0708	87						
Scope of Work (Check All	That Apply)							Oity	110 07 01			-		-	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii				r	Mini- Glov	Containm Enclosur ebag Pro Exempte	e cedure						
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Location			Normal ed Sole			De	scription	of	en en estat de Siss			-		Ту	pe	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma	intena todial 5 (12)	nce/		thermal surfa	taining M systems cing, VAI niscelland	insulati T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
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Exterio	X			,	Siding	FF		150	00 SF		ζ					
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Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Register	red Land	Ifill				
Delfa Contracting LLC							ste )	1	Tullytov	73			ove	ry F	acilit	у
City, State Jnion City, NJ						sal Date 7-19		City, State Tullytov								
Completed by Jaime Delgado		Title Proj.	Mana	iger.		S	ignature	Ke	J.		- 1	Date 04-(	)3-1	9		

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Date of Notification (1) 04-03-19				Building O Inty Serv			(2)	And an array of the second of	J	APR	1 0	21	110	and have a seed the first of	and and
Agencies Notified Type Notification		100	Street Ac 57 Map	dress ole Ave.					is 4	M-III-			710-		gar . *
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Emergency (in justification)		1	Name of Joe Sc	Contact						phone N 3) 747-	umbe	r			
DCA Cancellation				ITY INFO	RMAT	ION			,			_	<del>1 - 200</del>		
Name of Facility Where Abatement is Taking	Place (3)	)					Type o	f Facility (4	-)						
Private Home Street Address		000					S	chool (K-12	B (Othe	er than K-	-12)	الماني	nac I	nome	
							L et	ther (i.e. pr			Clai				5,
City (5) Wayne							Square	Feet	# of	Floors		Blo	lg. Ag	je	
County (6) Bergen			County C	Code (7) ISE ONLY)			Curren	t Use (Prio	r if beir	ng demol	ished)	)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				ement Con		(9)					
N/A Street Address	Delfa Contracting LLC.  Street Address 522 7th St.														
City, State, Zip Code							7th St. State, Zip	Code						-	
City, State, Zip Code						Unio	n City	NJ 0708	7					9.2	
Project Manager for Monitoring Firm			Telephor	ne No.			none No 216-96			License 01206					
	Schedule 04-16-		npletion [	Date (11)				A Monitor racting Ll	LC						
Occupancy Status During Abatement (Check	Only On	ie)					Addres	S				1.000			
Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal	eriod of <i>A</i> al Facility	Abatem Hours	nent			City, S	7th St. State, Zip			V-de-code					_
Other – Describe:						Unic	n City	NJ 0708	7						
Scope of Work (Check All That Apply)						Г	7				-		20		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure					Э	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		therma surf	ntaining I al system acing, VA miscella	is insula AT, or		(5	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
1st & 2nd Floor	X		Join	t Cor	mpound	d / Dry	wall	45	00 SF	X					
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Name of Registered Waste Hauler	1		JDEP W		Cubi of W	c Yards		Name of	0.000						
Delfa Contracting LLC			lauler ID 3524	Control of the contro		20		Tullytov		source	Rec	OVE	ery F	acili	У
City, State Union City, NJ					1 CONTRACTOR	osal Date -16-19	9	City, State Tullytov		Α					
Completed by Jaime Delgado	Title Proj.	Mana	ager.	**************************************		Signatur	e / 5	l			Date 04-0		19		

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DOH DCA	Emergency (ir justification) Cancellation	icluaing		Name of Joe So	f Contact cirica						ephone No 73) 747-				
				FACI	LITY INFO	RMA	TION								
Name of Facility Where Ab Private Home	atement is Taking	Place (3	3)						of Facility of School (K-	(2)					
Street Address								-	Subchapter Other (i.e. petc.)				dings,	home	₽S,
City (5) Wayne	***************************************			A JULY COMME					re Feet	# of	Floors	В	ldg. A	ge	
County (6) Bergen					Code (7) USE ONLY)			Curre	ent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm H N/A	ired by Building O	wner (8)		ASCN	/ No.				atement Contracting L		(9)				
Street Address								Addre 7th S							
City, State, Zip Code									Zip Code y NJ 0708	37					
Project Manager for Monito	oring Firm			Telepho	ne No.		100000000000000000000000000000000000000	hone N 216-9			License 01206	No.			
Start Date (10) 04-13-19		Schedule 04-17-		npletion I	Date (11)				HA Monitor ntracting L	LC					
Occupancy Status During A Facility Closed/Vacate				nent				Addre 7th S				,			
Abatement Performed Other – Describe:							580		Zip Code y NJ 0708	37					
Scope of Work (Check All 7	That Apply)											700			
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2nd Floo	r	Х			Join	t Comp	ound		35	00 SF	X				
Name of Registered Waste	Hauler		l NI	JDEP W	/aste	Cubi	c Yards		Name of	Registe	ered Landf	ill			
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City, State Union City, NJ						100000000000000000000000000000000000000	osal Date -17-19	)	City, Sta Tullyto		Ą				
Completed by Jaime Delgado		Title Proj.	Mana	ager.			Signature	e _/	A		100	ate 04-03-	19		
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Date of Notification (1) 04.04.2019			Priva	of Building ate Build	g Owner/ ing	Operato	г (2)		APF	1 1	20	in	The second secon
Agencies Notified Type Notification	in			Address Highwa	ay 34	-			ALL	<u></u>	CU	19	The state of the s
EPA  DEP  DOL  Amended  Amendme  Emergence				State, Zip C Iwan, NJ			· · · · · · · · · · · · · · · · · · ·		Feb. 2	ر د د د د د د	gg.	د د د د د د د د د د د د د د د د د د د	ieli E
DOH justificatio	1)	ıg	300000000000000000000000000000000000000	of Contact y Awad	t				lephone N 32-570-6	Number			-11
N- 75 W W			FAC	CILITY INF	ORMAT	ION						-	
Name of Facility Where Abatement is Tak Private Building Street Address	ing Place	(3)					Type of Facilit						
1130 Highway 34							Subchap	ter 8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hon	nes,
City (5) Matawan, NJ							Square Feet N/A	2	f Floors		Bldg. N/A	Age	
County (6) Monmouth			County (STATE	Code (7)	n		Current Use (F Demolition	Prior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name Spes	of Abatement C Contracting	ontractor LLC	(9)				
Street Address						Street	Address Meriline Ave						
City, State, Zip Code							tate, Zip Code dland Park, N	J 0742	4			STANGET CO.	
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No. 307-630		License 01383	No.		-	
Start Date (10)	Schedu	led Co	mpletion	Date (11)			of OSHA Monito	ır	01303		8		
Occupancy Status During Abatement (Che	04.	141	2019			Spes	Contracting						
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Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	nal Facilit	y Hour	ment 's			City, St	ate, Zip Code Iland Park, N		1				
Scope of Work (Check All That Apply)							and rain, r	0 0142	-				
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ( (12)	nce/	Asbest (i.e.	tos Conta thermal : surfac	aining Ma	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Roof Lower Level		Х		8	Singles,	Tar, P	aper aper	200	00SF	Х			
										+			
Name of Register-1184-11													
Name of Registered Waste Hauler Spes Contracting LLC		Н	IJDEP Wilauler ID I 038075	No.	Cubic Y of Wast		Name of Fearles		ed Landfil fill	ľ	-		
City, State Woodland Park					Disposa TBD	al Date	City, Stat Morrisv						
Completed by Branislav Pavlov	Title proje	ct ma	nager		Sig	nature	7	P	Da	ite 1.04.2	019		

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Date of Notification (1) 04/04/2019			Name o	f Building ence	Owner/C	Operator	(2)	Marie de la companya		APR	1	0 2	019	where the real real	IJ
Agencies Notified Type Notification			Street A	ddress				1	1			558 2 416		-	WEEDST*
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DEP Amended Amendment #				ate, Zip Co eth NJ (					- sec	َ فَمَا الله المعاددة	List in	Jac		200,000	
Emergency (ir justification)	ncluding		Name o	f Contact					Tel	ephone	Num	ber			
DCA Cancellation			Pablo	Lopez											
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INF	ORMATI	ON	Typ	e of Facility	(4)						
Residence	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٥,						School (K-							
Street Address								Subchapte	r 8 (Oth						
							×	Other (i.e. etc.)	private 8	& comm	ercia	il build	lings,	home	es,
City (5) Elizabeth							Squ 8,0	are Feet	# o	f Floors	A.	300	ldg. A 20	ge	
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Union				USE ONLY	)	_	Cui	(i i	.01 11 501	ng donn	0110111	ouj			
Name of Monitoring Firm Hired by Building Of A. Seine Lighthouse Solutions	wner (8)	)	ASCN	/I No.				atement Co ank Service		(9)					
Street Address PO Box 354						Street 1256		ess erty Aveni	16						
City, State, Zip Code South Orange, NJ 07079		- 3 - 10				City, S	state,	Zip Code NJ 07205							
Project Manager for Monitoring Firm			Telepho	ne No		Teleph				Licens	e No	`			_
Sarah Calandra		- 1		19-2666				7465		01316		,.			
	Schedul 05/07/		npletion	Date (11)		1000 CO		SHA Monitor Lighthous		ıtions					
Occupancy Status During Abatement (Check	Only O	ne)				Street		5.5.5							
Facility Closed/Vacated During Entire Pe						PO E									
Abatement Performed Outside of Norma Other – Describe:	i Facility	y Hours	<u>.</u>					Zip Code ange, NJ	07079						
Scope of Work (Check All That Apply)															-
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		Lagati					א ב	on-Exempte	d (*) an	I NON-F	паріє			ment	
Location of		Locati Normal	ly		Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole intenar				aining M	/lateria	al (ACM)		mount		71		En	m
In Facility	Cus	todial S (12)	Staff?	(1.6.	surfac	cing, VA	T, or			or LF)		Remova	Repair	caps	Enclosure
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•								100733	(I)						
						-000 - 100 <i>0</i>	16/4-T-1								
Name of Registered Waste Hauler	I	1000	JDEP W		Cubic			Name of	Registe	red Lan	dfill				
Newark Carting		01.5	auler ID 4509	No.	of Was	30 <i>00</i>		Waste		gemen	t La	ındfil	I		
City, State East Orange, NJ				Dispos	sal Date	M	City, Stat		,PA						
Completed by Alison Lamers	Title Offic	e Mar	nager		S	ignature	W	Mil	N		Date 04/	e /04/2	2019		

												Pr	rint.
CK3200 PA	VID	NOTIF	TICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE	MEN 0)	T		CE		$\mathbb{V}$		The state of the s
Date of Notification (1) 04/04/2019			Name (	of Building Owner	Operator	(2)		41.1	APR 1	0	2019	and a second	U
Agencies Notified Type Notification	ı		Street	Address			1		<b>-</b>			ا فعد.	
□ EPA     □ Initial     □ Amended     □ Amendment     □ Amendment				ate, Zip Code beth NJ 07202		ni. ess	10 27		The second of th	1 to 1/10 <sup>4</sup>	77.00 701 402.00		
■ DOH	,			of Contact Lopez				118372	lephone Nu 18-463-87		-=		
Nome of Facility 186 Abote 1991: T. L.	n.		FAC	ILITY INFORMAT	ION								
Name of Facility Where Abatement is Takir Residence	ng Place (	(3)				Тур	e of Facility (	(4)					
Street Address						×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) cial bui	ildings	, hom	es,
City (5) Elizabeth						Squ 8,0	etc.) are Feet 00	# 0	f Floors	- 1/-	Bldg. /	Age	
County (6) Union				Code (7) USE ONLY)		Cun	rent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building  A. Seine Lighthouse Solutions	Owner (8	)	ASCI	M No.			atement Cor ank Service		(9)				
Street Address PO Box 354					Street 1256		ess erty Avenu	ie					
City, State, Zip Code South Orange, NJ 07079					City, S	tate,	Zip Code NJ 07205						
roject Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	ne No. 19-2666	Teleph 844-4				License N 01316	10.			
tart Date (10) 04/15/2019	Schedul 05/07/		npletion	Date (11)			SHA Monitor Lighthouse	e Solu	itions				
occupancy Status During Abatement (Chec	k Only O	ne)			Street								
Facility Closed/Vacated During Entire F	Period of	Abaten	nent		PO B	10/10/10							
Abatement Performed Outside of Norm Other – Describe:	nai Facility	y Hours			1000		Zip Code ange, NJ (	7079					
cope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	M Gl	ull Containme ini-Enclosure lovebag Proc	edure					
Location of	1	Locati	ly	De	scription		on-Exempted	() and	a NOII-FIIAL	ne Pro	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	al (ACM)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos (i.e. the						lation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_		te	Ø
Basement		X			pe wrap				0 LF	X			
Basement Hallway		X		Fibergla	ass insu	ulatio	on	33	0 LF	X			

Hauler ID No. of Waste Newark Carting Waste Management Landfill 04509 City, State Disposal Date City, State Penn Argyle, PA East Orange, NJ Completed by Signature Title Date Alison Lamers Office Manager 04/04/2019

(K322)	X PA	ALL	NOTI (	FICATIO Pursuar	ON OF ASI	BESTOS	ABATE	MEN	T			7		$\mathbb{V}$		7/
Date of Notification (1) 04/04/2019					of Building	g Owner	/Operator	r (2)			A D	י מו	1 0	202	n	A STATE OF THE STA
	Type Notification	I,			Address					1 11	AP	n	0	201	9	l base
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X DEP X DOL	Amended Amendmen				tate, Zip C beth NJ							10.		19.		
ĭ DOH	<ul><li>Emergency justification)</li></ul>		g	Name	of Contact	The second second				Te	lephone	Nun	nber			
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Name of Facility Where At	patement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAI	ION	Тур	e of Facility	(4)						
Residence Street Address									School (K-							
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City (5)									etc.) are Feet	# 0	f Floors		E	Bldg. /	Age	
Elizabeth County (6)				Carrat	0-1-7			8,00		5	. 100		1	20		
Union					Code (7) USE ONLY	o		Curr	ent Use (Pr	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm H A. Seine Lighthouse	lired by Building Solutions	Owner (8	3)	ASCI	M No.		Name Brink	of Aba	atement Co Ink Service	ntractor es	(9)					
Street Address PO Box 354							Street									
City, State, Zip Code							1		erty Avent Zip Code	ne			725 E			
	outh Orange, NJ 07079 ject Manager for Monitoring Firm								J 07205							
Project Manager for Monito Sarah Calandra	oject Manager for Monitoring Firm arah Calandra						Teleph 844-4				Licens					
Start Date (10)									HA Monitor		0131	ь				
04/15/2019		05/07/	2019						_ighthous		tions					
Occupancy Status During A  × Facility Closed/Vacate							Street A									
Abatement Performed	Outside of Norm	eriod of al Facilit	Abaten y Hours	nent s					ip Code							
Other – Describe: Scope of Work (Check All T	"hat Annh A						South	n Ora	ange, NJ	07079						
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TO BE ABATE In Facility	<u>-D</u>	100000	todial S	70.0	(i.e.	surfac	systems cing, VAT	, or	ation,		pecify or LF)		Remova	Repair	incap	Enclosure
(13)		Ver				other n	niscellane	eous)			(\$\dot{\dot})		loval	pair	Encapsulate	osure
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Basement Hal	X		F	1.0	oe wrap iss insu		_	119/42-1	0 LF		X					
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Newark Carting			17562333	1509		oi vvas			Waste N	/lanag	ement	Lar	ndfill			
City, State East Orange, NJ					Dispos	al Date		City, State Penn Ar		PA						
Completed by					Si	ghature/	10	MAA A	۱ ,در و		Date					
Alison Lamers		Office	Man	ager			HM	W	MUK	)		04/0	)4/2	019		

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Date of Notification (1) 04/04/2019				of Building Ow dence	ner/Operato	or (2)	ñ		2100/12	and the second		-
Agencies Notified Type Notification				Address		*	1 117	APR	10	2019	-	HU
X EPA X Initial Amended			City St	tata Zin Cada		*		MEAN				
X DOL Amendment				tate, Zip Code n NJ 07011			A	aki Ligi		i ili	u â	
DOH Emergency ( justification)	includin	g		of Contact			Те	lephone Nu				
DCA Cancellation			Ana C	ILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residence	Place	(3)			i Allon	Type of Facility	(4)					
Street Address						Other (i.e.	er 8 (Oth	er than K-1 & commerci	2) ial bui	dings	, hom	nes,
City (5) Clifton						etc.) Square Feet 1,324	# 0	f Floors	122.5	3ldg. /	Age	
County (6) Passaic				Code (7) USE ONLY)		Current Use (P	rior if bei	ing demolisi				
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	wner (8	)	ASCI	M No.		of Abatement Co ks Tank Servi		(9)				
Street Address PO Box 354						Address Liberty Aven	IIA					
City, State, Zip Code South Orange, NJ 07079					City, S	State, Zip Code ide, NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra		Т	Telepho		Telepi	hone No.		License N	0.			
	Schedu	led Cor		49-2666 Date (11)		462-7465 of OSHA Monitor	r	01316				/a
04/15/2019	05/01/	2019		()		eine Lighthous		itions				
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire P					F 1000000000000000000000000000000000000	Address 3ox 354						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abaten y Hours	nent		City, S	State, Zip Code th Orange, NJ	07079					
Scope of Work (Check All That Apply)	7111.48					3-,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×		re ocedure	\$77.0			9	
		Locati						.,,,,,,,,,		Abate	ement	:
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asbestos C	Description	of laterial (ACM)	Δ,	mount		i y	pe	
TO BE ABATED In Facility (13)		todial S (12)		(i.e. therr	mal systems irfacing, VA er miscellan	s insulation, T, or	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>=</u>		ate	ге
Basement		X		pi	pe insula	tion	8	LF	Х			
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Name of Registered Waste Hauler			JDEP W auler ID		oic Yards Vaste		60 A C C	ed Landfill	9/200			
Newark Carting		(11-00)	1509					ement La	ındfil	I		
City, State East Orange, NJ				Dis	posal Date	City, Stat		PA				
Completed by Alison Lamers	Title Office	e Man	ager		Signature	lamen	\$	Dat	e /04/2	010		$\dashv$
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USUDY PATE	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12
Date of Notification (1)	
Agencies Notified   Type Notification	AA 3 - Macroperator (2)
EPA Initial	Street Address Street Address
DEP Initial Amended	
Amendment #	City, State, Zip C
☐ DCA ☐ Emergency (including justification) ☐ Cancellation	Name of Contact  Name of Contact
	Marcin Telephone Number
Name of Pacility Where Abatement is Taking Place (3)	FACILITY INFORMATION
Street Address	Type of Facility (4)
City (5).	School (K-I2)  Subchapter 8 (Other than K-I2)
1 1/2 Sale	other (i.e. private & commercial buildings, homes are )
County (5)	# of Floors   Ride Area
Name of Monitoring Furn Hired by Building Owner (8)	County Code (7) (STATE USE ONLY)  Current Lise (Prior if being demolished)
	LACON CONTRACTOR CONTR
Street Address	ASCM No. Name of Abatement Contractor (9)
City, State, Zip Code	Street Address
Project Me	City, State, Zip Code
Project Manager for Monitoring Firm	Telephone 1 S Cliff & MIT Sing of
Start Date (10)	1 phone 140.
Occupancy Status During	etion Date (11) Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)  Gracility Closed/Vacated During To a company of the Company	
Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other—Describe:	Street Address
Scope of Work (Check All That Apply)	City, State, Zip Code
☐ Sign Sign —/	
P ≥160 sfor ≥260 if Renovation	Full Containment of the
	Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure
Location of Normalia	Non-Exempted (*) and Non-Friable Procedure
Asbestos-Commining Material (ACM)  TO BE ASA TED  Normally Used Solely by	Abatemen:
In Facility (13)  Maintenance/ Custodial Staff? (12)	(i.e. thermal systems inculation (ACivi) Amount
	VAT, or other miscellaneous)  (Specify SF or LF)  SF or LF)  Removal
Yes No N/A	/
	Plaster Coales (Color
	(m) 5F   1   1
of Registered Waste Hauler NIDEP Wa	ista   C.
1/ INT / / Hauler D)	No. OF West Name of Registered Landau
1 20547	1000 12 1000
sted by / - : III   Title	1.50 City, State
beptil the Williams	Signature Date Date
R-06-08)	19/1/19

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Date of Notification (1) 04/02/2019	30.280.27		Name Mich	of Building Owr aels Develop	ner/Operation	or (2) ompany		A F	חח	1 0	20.	0	Annual designation of the control of
Agencies Notified Type Notification			Street	Address st Stove Rd				Al	PR_	10	201	3	-
≭ EPA			. 35_77733	State, Zip Code			-	France				i i i	<del>_</del>
■ Amendment     ■ Emergency		na .	Marlt	ton, NJ 08050	6					1	<u>ug</u>	e44	<b>1</b> 0 cc
DOH justification)  Cancellation		J		of Contact Carroll				elephone 56-596					
Name of Facility No. 11			U	CILITY INFORM	IATION			50 550	J-03(				
Name of Facility Where Abatement is Takin Cooper Historic Homes	g Place	(3)				Type of Faci							
Street Address 45-461 Haddon Ave						School Subcha Other (i	(K-12) pter 8 (Ot .e. private	ther than & comn	K-12	!) al buil	dings	, hom	ies,
City (5) Camden						Square Feet 3,600	3	of Floors	3		3ldg. /	Age	
County (6) Camden				Code (7)		Current Use Not being	(Prior if be demo- F	eing dem	nolish	ed)			
Name of Monitoring Firm Hired by Building ( A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.	Name	of Abatement ks Tank Ser	Contracto		ritical				
Street Address PO Box 354					Stree	t Address 6 Liberty Ave							
City, State, Zip Code South Orange, NJ 07079					City, S	State, Zip Code ide, NJ 0720							
Project Manager for Monitoring Firm Sarah Calandra			Telepho	one No. 49-2666	Telep	hone No. -462-7465		Licens		).			
Start Date (10) 04/12/2019	Schedu 05/01/			Date (11)	Name	of OSHA Mon		0131	0				
Occupancy Status During Abatement (Check	Only C	ne)			Street	eine Lightho Address	use Soi	utions					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent S			Box 354 State, Zip Code							
Other – Describe:  Scope of Work (Check All That Apply)		*			350	th Orange, N	J 07079	9					
≥3 sf or ≥3 If	×	Renova	tion		Г	7							
≥160 sf or ≥260 lf	=	Demolit			×	Full Contain Mini-Enclos Glovebag F Non-Exemp	ure Procedure					<b>a</b>	
ā		s Locati Normal										ment	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole aintenar	ly by	Asbestos Co	Description ontaining M	of Naterial (ACM)	Α	Amount	ŀ		ıy		
TO BE ABATED In Facility (13)		todial S		(i.e. therm sur	nal systems facing, VA r miscellan	s insulation, T, or		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	oure	rmscellar	leous)				val	air	ulate	sure
Roof		Х		Ro	of Flash	ing	23	35 LF		X			
One work area for this project				One work	area for	this project							
Name of Registered Waste Hauler		N.	JDEP W		ic Yards		of Registe	red Land	dfill				
Champion Disposal			auler ID 98	No. of W	/aste		es Landi						
City, State Hainesport, NJ				Disp	osal Date	City, Si	ate sville, P	A					
Completed by Alison Lamers	Title Office	e Man	ager		Signature	LAMU	W.		Date 04/0		019		

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Date of Notification (1) 04/02/2019					of Building Owner/ uels Developm					A	PR	1	0 2	)19	and the contract of the	
Agencies Notified	Type Notification				Address					· ·					1	
× EPA	× Initial				t Stove Rd					Anner		-			. (2	
DEP DOL	Amended Amendment Emergency (		,_[		ate, Zip Code on, NJ 08056				The state of the s							
☑ DOH DCA	justification)	irioiddiriş	'		of Contact	Telephone Number										
DCA	Cancellation				Carroll		85	6-596-0	050	0						
Name of Facility Where A	Abatement is Taking	Place	(3)	FAC	ILITY INFORMAT	ION	Type of Facility (4)									
Cooper Historic Hor						-										
Street Address 706 Washington St						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home						home	es,			
City (5) Camden							1000	etc.) quare Feet ,200	# 0	Floors		- 1	ldg. A	ge		
County (6)			T	County	Code (7)			urrent Use (Prior	-	na demo	lishe					
Camden				(STATE	USE ONLY)			lot being dem				-/				
Name of Monitoring Firm A. Seine Lighthouse		)wner (8	)	ASCI	M No.			Abatement Cont Tank Service	Contractor (9)							
Street Address PO Box 354						Street 1256	-	Idress iberty Avenue	enue							
City, State, Zip Code South Orange, NJ 0	7079						State, Zip Code side, NJ 07205									
Project Manager for Moni Sarah Calandra		Telepho	ne No. 49-2666	Teleph 844-		e No. 2-7465		License 01316								
Start Date (10) 04/12/2019		Schedu 05/01/		npletion	Date (11)	23, 822		OSHA Monitor e Lighthouse	Solu							
Occupancy Status During	Abatement (Check	Only O	ne)			Street					-		- Y.V.E.		T 11=	
➤ Facility Closed/Vaca	ted During Entire P	eriod of	Abatem	ent		PO E	Вох	354								
Abatement Performe Other – Describe:	ed Outside of Norma	al Facilit	y Hours	South Orange, NJ					7079	<u> </u>					11	
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1100		Renova Demoliti			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					9				
		Is	Locati	on									Abate			
Location		7,576.0	Normall ed Solel	•	De	scription	n of				-	-	Ту	ре		
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intenar todial S (12)	nce/	(i.e. thermal surfa	scription of taining Material (ACM) systems insulation, cing, VAT, or miscellaneous)			(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
48		Yes	No	N/A										te	(D	
Roof		Х		Roo	f Flash	ning	g	100 LF		2	2					
		-									+					
One work area for			One work a	one work area for this project					+							
Name of Registered Wast	e Hauler		(2000)	JDEP W	/aste Cubic	Yards		Name of Re	egiste	ed Land	fill					
Champion Disposal	2.227.62	Hauler ID No. of Waste 2698				Groves L	andf	ill								
City, State Hainesport, NJ					Dispos	sal Date	,	City, State Morrisvill	e, PA	1						
Completed by Alison Lamers Title Office Man					Manager Signature Date 04/02/2					2/2	019					

## State of New Jersey NOTIFICATION OF ASSESTOS ARA

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Date of Notification (1) 04/02/2019			Name Mich	e of Building Ow naels Develo	ner/Operato	or (2) ompany		APR	1 (	) 20	19	5 1 3 4 5 600		
Agencies Notified Type Notification	n			t Address ast Stove Rd			Ĺ	Question .				-		
EPA Initial Amended			200	State, Zip Code										
X DOL Amendme	nt # v (includi	na		ton, NJ 0805	56		The state of the s							
DOH justification Cancellation	٦)			of Contact Carroll			Telephone Number							
				CILITY INFORM	MATION		8	856-596-0500						
Name of Facility Where Abatement is Tak Cooper Historic Homes	ing Place	(3)			AHON	(4)								
Street Address						School (K	(-12)							
714-718 Washington St						Subchapt  Other (i.e.	er 8 (Ot private	her than K- & comme	-12) rcial bu	ıildina	s hor	mes		
City (5)						etc.) Square Feet		of Floors		Bldg.				
Camden County (6)						1,800	2	211 10013		1950				
Camden			County (STATE	Code (7) USE ONLY		Current Use (P	rior if be	ing demoli	ished)					
Name of Monitoring Firm Hired by Building	Owner (	(8)		M No.	Name	Not being de			ial					
A. Seine Lighthouse Solutions	2				ontracto Ces	r (9)								
Street Address PO Box 354					IIE.									
City, State, Zip Code South Orange, NJ 07079					City, S	Liberty Aven state, Zip Code de, NJ 07205	2.00							
Project Manager for Monitoring Firm Sarah Calandra				one No. 149-2666	Teleph	none No. 462-7465		License	No.					
Start Date (10)	Schedu	uled Co		Date (11)		of OSHA Monitor		01316						
04/12/2019	05/01	/2019		. ,		eine Lighthous		utions						
Occupancy Status During Abatement (Cher						Address Ox 354								
Abatement Performed Outside of Norr	Period of nal Facili	f Abater ty Hour	nent s											
Other – Describe:					07079									
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	_	Renova Demoli			Mini-Enclosure Glovebag Pro	nment with Negative Pressure sure Procedure oted (*) and Non-Friable Procedure								
		s Locat	ion		×	Non-Exempte	d (*) and	Non-Frial	ble Pro	To any time to the	emen			
Location of		Normal ed Sole	lly	1	Description (	of					ре			
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	aintena	nce/	Asbestos Co	ontaining Ma nal systems	aterial (ACM)		mount	_		ш	_		
In Facility (13)	Cus	stodial S (12)	staπ?	Sur	facing, VAT	, or		pecify or LF)	Remova	Repair	ncap	Enclosure		
**************************************	Yes	No	N/A	oune	r miscellane	eous)			oval	air	Encapsulate	sure		
Roof						ng	32	5 LF	X			$\vdash$		
												$\Box$		
One work area for this project				0										
Name of Registered Waste Hauler		l N	JDEP W	One work	area for thic Yards									
Champion Disposal		H	auler ID 898		Name of F Groves									
City, State Hainesport, NJ			Disposal Date City, State Morrisville, P					DA						
Completed by Alison Lamers			Signature	MANA	iie, ra	Da	te							
, moon Lamers	ager	-1.6-	THE	WILLIAM )		10000000	/02/2	019						

						lovebag Pro on-Exempte	cedure d (*) and Non-Friab	le Pro	cedur	e		
Location of	1	Locati Normal	ly		Description of		Abatement Type					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Roof  Roof  One work area for this project me of Registered Waste Hauler ampion Disposal y, State	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A					_		ate	, e,	
Roof		Х			Roof Flashing		720 LF	Х				
Roof		Χ			Roof Tar		2,500 SF					
One work area for this project	a for this project			One work area for this project								
Name of Registered Waste Hauler		100000000000000000000000000000000000000	JDEP W		Cubic Yards	Name of	Registered Landfill					
Champion Disposal		0.000	auler ID 598	No.	of Waste	Groves	Landfill					
City, State					Disposal Date	City, Star	te		_			
Hainesport, NJ					1.	Morrisv	ville, PA					

Office Manager

Completed by

Alison Lamers

04/02/2019

**EPA** 

DEP

DOL

DOH

DCA

Street Address

City (5)

Camden

County (6)

Camden

Street Address

PO Box 354

Start Date (10)

04/12/2019

×

×

Date

04/02/2019

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2019 Randolph Township Public School District 04/02/19 Street Address Type Notification Agencies Notified 25 School House Rd. Initial EPA City, State, Zip Code DEP Amended X Amendment # DOL Randolph, NJ 07869 Emergency (including Name of Contact Telephone Number X justification) DOH 973-361-0808 Andy Hurd DCA Cancellation X **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Center Grove School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 25 School House Rd. etc.) City (5) Square Feet # of Floors Bldg. Age Randolph Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Morris ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) **AHERA Consultants** 0057 Academy Construction Inc. Street Address Street Address 205 Route 46 Suite 14 P.O. Box 385 City, State, Zip Code City, State, Zip Code Totowa NJ 07512 Oceanville, NJ 08231 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973 832 4244 01379 Eric Clarkson 609-652-1833 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/13/19 04/27/19 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes No N/A X 266sf Main Entrance Vestibule 9x9 VAT & Mastic х X Main Entrance Vestibule X Ceiling tile mastic (glue dots) 189sf X X Entrance Vestibule X Vapor barrier 81sf Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Fairless Landfill Academy Construction Inc. 034422 4 Disposal Date City, State City, State Totowa NJ TBD Morrisville, PA Completed by Signature Date Title 04/02/19 Supervisor Filip Geleski

State of New Jersey

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-61 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) APR 2019 0 4 / 0 4 / 1 9 10 carmela giambone Agencies Notified Type Notification Street Address Initial Amended ☐ EPA ☐ DEP Amendment #: City, State, Zip Code DOL ☐ Emergency fairview, nj 07022 ☑ DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation carmela giambone **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) carmela giambone Subchapter 8 (Other than K-12)

Street Address						Other (Private/Commercial Bldgs./Homes, etc.							
Oit (5)						Square Feet	# of Floor	s	E	3ldg. A	Age		
City (5)	County (6	5)			unty Code (7)								
fairview	bergen			(St	ate use only)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired	by Bldg. Owner (8)		ASCM No.	$\vdash$	Name of Abatement	Contractor (9)							
				- 1		0.004							
Street Address			-	-	D & S RESTORA Street Address	ATION, INC.							
				- 1	Carrier Detail Theres on a	and the second							
City, State, Zip Code				_	20 California Av City, State, Zip Code	e.							
Project Manager for Monitoring F	irm	Phone Numb		_	Paterson, NJ 073	503							
, and a second morning .	****	Flione Numb	ber		Telephone Number		License						
01.15.110		_			973-345-8020		0.	169					
Start Date (10)	Sched. Cor	npletion Date (1	1)		Name of OSHA Monit	57.00							
04/16/19	04/30/19				D & S Restoration	on, Inc.							
Occupancy Status During Abater		ne)		-	ANTHORNE THE CONTRACT OF THE C								
Facility closed/vacated dur					20 California Ave	enue							
Abatement performed outs	ide of normal facility	/ hours-			City, State, Zip Code								
Describe:NORMAI	LHOURS			-	Paterson, NJ 075	503							
Scope of Work (check all that ap	pply)				ПЕ	ull Containment w	/negative	nrace	uro				
$\ge 3$ sf or $>3$ lf	Renovation					fini-enclosure	mogative	01033	uic				
≥160 sf or ≥260 lf	Demolition				⊠g	lovebag procedu	re						
	- ALCOHOMOGRAPHICA ZAL	adlivional salak				lon-Exempted (*)	and Non-fr	iable	proc	edure			
Location of asbestos-containing	by maintenance	nally used solely e/custodial						R	R	E	E		
material (acm) to be	staff(12)		Descriptio	n of a	sbestos-containing	Amount (Specify S		m	e p	n	n		
abated in facility (13)	Yes N	lo N/A	material (A	(CIVI)		(Specify S LF)	r or	0	а	a	C		
								v e	r	р	-		
basement			PIPE INSUI	LATI	ON	20 l ft		X					
basement			PIPE fitting	INSU	JLATION	30 elbows		X					
basement			wire mesh (c	eme	nt)	5 sq ft		X					
										П			
								司	一	一			
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Ha		ubic Yards of W	aste	Name of Registered L	andfill							
City, State	2. 13506		yd.		TULLYTOWN, R	ESOURCE RE	COVERY	(					
PATERSON, NJ 07503		Disposal D			City, State			17.00					
Completed by (Print or Type)	Title	04/17/19			TULLYTOWN, F	PA							
BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date						
ACD 44	* Do not was this		- 12				04/04/2	019					

State of NJ Notification of Asbestos Abatement D&S Prov. #: 19-54 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 0 5 / 1 9 jean & david russell Agencies Notified Type Notification Street Address ☐ EPA | Initial Amended DEP Amendment #: City, State, Zip Code DOL Emergency westmont, nj 08108 DOH. (including Name of Contact Telephone Number justification) □ DCA Cancellation jean & david russell **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) jean & david russell Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) westmont camden Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 04/17/19 04/29/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Renovation Mini-enclosure ≥160 sf or ≥260 lf Demolition Glovebag procedure Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing е E Description of asbestos-containing Amount n staff(12) material (acm) to be m n p material (ACM) C (Specify SF or abated in facility (13) 0 Yes No N/A LF) а V p basement boiler insulation 32 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/18/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 04/05/19 ASB-41 Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-62 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 0 5 / 1 9 brad turner Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency ridgewood, ni 07450 DOH. (including Name of Contact Telephone Number justification) ☐ DCA Cancellation brad turner **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) brad turner Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) ridgewood Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 05/01/19 05/15/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing п Amount Description of asbestos-containing staff(12) m material (acm) to be (Specify SF or C material (ACM) C 0 a abated in facility (13) а LF) Yes No N/A p BASEMENT HVAC rm. PIPE INSULATION 81ft X basement PIPE INSULATION 41ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 05/02/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 04/05/19

Do not use this form for asbestos licensure exempted activities

ASR-41

## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) 09 04 19 Street Address Agencies Notified Type of Notification 2198 STANLEY TERRACE EPA 1 Initial City, State, Zip Code DEP 0 2019 Amended UNION, NJ DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification KEVIN KNIGHT 732-850-3578 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G School (K-12) Street Address Subchapter 8 (Other than K-12) 2198 STANLEY TERRACE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** UNION UNION 10,000 Current Use (Prior if being demolished) 40 + PRODUCTION/OFFICE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO LANGAN ENGINEERING NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 300 KIMBALL DR, 4TH FLOOR City, State, Zip Code 32 Williams Parkway PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BRIAN FEURY** 973-560-4857 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 06 14 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: \_\_ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) 1 Demolition Renovation Full Containment with Negative Pressure 1 >3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 If Glovebag Procedure 1 Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P A L (13)by Mainor other miscellaneous) V A P 0 tenance/ A 1 S S Custodial R 11 U Staff (12) R YES NO N/A EXTERIOR WINDOW GLAZING 21 EA 1

ROOF

ROOF

**OFFICES** 

City, State

Steve Stiles

ASB-41

FLANDERS, NJ

Name of Registered Waste Hauler

Completed by (Print or Type)

ENVIRONMENTAL TRANSPORT GROUP INC

**ROOFING & FLASHING** 

NJDEP Waste Cubic

Hauler ID No. Yards Of

Waste -100

Date

TBD

Disposal

**ROOF TAR** 

\*00692061

Project Manager

VAT/MASTIC

8.900 SF

270 SF

300 SF

Name of Registered Landfill

Signature

FAIRLESS LANDFILL

MORRISVILLE, PA

City. State

1

1

Date

04/09/19

Location of Asbestos Containing  TO BE ABATED in Facility (13)	b te Cu St	Joca Vorm Us Sol Sol y M enai usto taff	nall ed lely lain nce odia (12	y - (	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatem R E M O V A L	R E P A I R		ENCAPSU	ENCLOSU
FICES	YES			A		1	-	_		L	R
	H	V	1		VAT	350 SF	<b>V</b>	+			
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								2.194	No. of Contrast Contr				Pri	nt Fo
Mock			ursuant	tate of New NOF ASBE to NJAC 8	STOS AB 8:60 and 1	2:12	0)	The street property and an address		C	E			2 2 7 2 2
Date of Notification (1) April 9, 2019				of Building Coity El				gional Offi	ce	APR	1 (	20	19	
Agencies Notified Type Notification  EPA Initial			Street A 100 H	ddress arding H	ighway				harmen from				د. و حالية ا	3
DEP Amended Amendment		_ [		ate, Zip Coo Landing,		30				Para mode	40 - 10 V	14G	<b>.</b>	
➤ DOH justification)  DCA Cancellation		I		f Contact O'Donne	ell		<del>900-110-110-110</del>		Telepho					
			FACILITY INFORMATION											
Name of Facility Where Abatement is Takir Atlantic City Electric Power Pole	g Place (3	3)						of Facility (4) School (K-12)						
Street Address 2nd Avenue and 95th Street			Subchapte  Cher (i.e.					Subchapter 8 Other (i.e. privetc.)	(Other th			dings,	home	es,
City (5) Stone Harbor								re Feet	# of Flo	ors	7	ldg. A 5	ge	
County (6) Atlantic	12			Code (7) USE ONLY)		_		nt Use (Prior y Pole	if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building Vertex	Owner (8)		ASCM No. Name of Al					e of Abatement Contractor (9) services, LLC						
Street Address 700 Turner Way		Historia de la Constantina del Constantina de la	Street Address 303 B Nationa						11					
City, State, Zip Code Aston, PA 19014		The state of the s					ip Code 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telepho 610-55	ne No. 58-8902			hone N 872-8			ense No 161	).			9	
Start Date (10) 4/8/19	Schedule 4/12		mpletion	Date (11)		lame EMS		A Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)			1000		Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Segregated Area			ement urs Cit				State, Z	130 North				ŭ.		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	10	Locat Norma				Non-Exemple						Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Used 3 Mainti Custod					escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Power Pole	Yes	No	N/A		Transit		nduit		5 SF		Х			
Power Pole			X Transite conduit 5						2 21		Λ			
Name of Registered Waste Hauler	10000					Name of Re	e of Registered Landfill							
PSC Ind Outsource	+	Hauler ID No. of Waste Cape N					Cape Ma	May County Landfill						
City, State Union, NJ					Disposal TBD	Date	•	City, State Woodbin	e, NJ					
Completed by	roice	t Mana	aor	Sign	patur	e	0 1	0.0	Da	te	1			

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

1 X 20 4			ATION O	FAS		ersey ABATEMENT and 12:120)		APR	1 0	201	9		
Date of Notification (1) N	MARCH 27, 2019		Name o	f Buil	lding Owr	ner/Operator (2) V	altris Speciali	ty Chemicals	plan	) =	est to the		
Agencies Notified	Notification Type		Street A	.ddre	ss 170	US 130							
□ EPA □ DEP X DOL	Initial x Amended Amendment #		City, Sta			80850				-			
□ DOĤ □ DCA	☐ Emergency (Includ Justification) ☐ Cancellation	ing	Name of John N	umber 220									
			FACILITY INFORMATION										
Name of Facility Where A	batement is Taking Plac	ce (3)Va	altris Spec	ialty	Chemica	ls	Type of Facility	y (4)					
Street Address 107 US	130						School (K-1 Subchapter X Other (i.e. homes, etc	r 8 (other than K- private & comm	12) ercial l	ouilo	ings,		
City (5) Sweedesboro NJ 80850	)						Square Feet NA	# of Floors NA	BI	dg. A	Age		
County (6) Salem					County Co JSE ONL	de (7) (STATE Y)	Current Use (p	rior if being demo	olished	)			
Name of Monitoring Firm H Harvard Environment		)	ASCM N	0.	Name Cour								
Street Address 760 Pulaski Highway					Street	Address New Churchma							
City, State, Zip Code New Castle, DE 1972						tate, Zip Code Castle, DE 197	'20						
Project Manager for Monito Wesley Morrison			one No. 326-233	33	Teleph	one Number 322-8946		License Numb	er		-		
Scheduled Start Date (10) 04-10-2019	Scheduled Com 04-11-2019	pletion	Date		Name	of OSHA Monitor ty Environmen	tal						
Occupancy Status During			-0		Street	Address New Churchma							
Facility Closed/Vacated Abatement Performed ( X Other – Describe: ext	Dutside of Normal Facilii erior work only	Abater ty Hour	ment s -		City, S	tate, Zip Code Castle, DE 197		)					
Scope of Work (Check all t $\geq$ 3 sf or $\geq$ 3 If $X \geq$ 160 sf or $\geq$ 260 If	пат арріу)				novation molition	☐ Mini-Enclose		e Pressure ebag Procedure -Friable Procedu	re				
HITOS.			s Location						Ab		nent		
			Normally ed Solely		Asbes	Description of the stos Containing Ma		Amount	h	Тур	e		
Locatior Asbestos-Containing <u>TO BE AB.</u> IN Facility Exterior lines / oil tan	n Material (ACM) ATED (13)	Ma	aintenanc Custodial Staff? (12)	e/	(i.e	thermal systems surfacing, VAT other miscellane	insulation, , or ous)	(Specify SF or LF) 140 LF	Removal X	Renair	Enclosure		
		Yes	No	N/A		ft high in the				,			
Name of Reg. Waste Haule Service Transport Gr		0.000 (2.000)	DEP Was No.20990		auler	Cubic Yards of Waste	Name of Reg Minerva	. Landfill					
City, State New castle DE						Disposal Date TBA	City, State Waynesburg	OH					
Completed by Virgel Cassel				Signature		Date	2019						

CK 41104 PA	AID	NOT	IFICATI (Pursua	State of New Jers ON OF ASBESTO: ant to NJAC 8:60 a	SABATE	EMENT 0)		C	F		V i		
Date of Notification (1) $4/9/2019$ Agencies Notified Type Notification				of Building Owner U Jersey Na		(2) Gas Co.		APR	1 ^	20	)19		
□ EPA Initial □ Amended			Stree	t Address 1415	5 W	YCKOFF R	d - L_						
Ø DOL Amendme  © Emergence	(includir	ng	City, 8	State, Zip Code	Will	07719	07719						
□ DCA □ Cancellation	on			of Contact OM Merer	nda		Telephone N	lumbe 93	3 1	060	0		
Name of Facility Where Abatement is Tak	ing Place		FA	CILITY INFORMAT	ION	Type of Facility							
Street Address 531 Highlan City (5)			ZV.			School (K Subchapt Other (i.e etc.)	(-12) er 8 (Other than K- . private & commer	12) cial bu	ildings	s, hon	nes,		
Toms River NI			753			Square Feet	# of Floors		Bldg.	Age			
County (6)			County (STATE	Code (7) USE ONLY)		Current Use (P	rior if being demoli	shed)	MA				
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	CM No.	Name o		SCIL LEMEDIA						
Street Address				143		Address							
City, State, Zip Code					City, S	tate, Zip Code	Street	100	2 (2				
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	OKIUN one No.	License	12: No.	) d				
Start Date (10)	Sched	led Co		Date (11)		431-06 of OSHA Monitor	046/0131	14					
Occupancy Status During Abatement (Che		170	201	9	Street A	Address	na lytica	1, -	fn (	~ •			
Abatement Performed Outside of Normal Other - Describe:	Period of A	Abatem Hours		PM	10 K 23000	ate, Zip Çode	t 38th 5	otre	et				
Scope of Work (Check All That Apply) □≥3 sf or ≥3 if					Nei Mini E	nclosure	LINY LOI	019	)	-			
100 ≥160 sf or ≥260 lf		Renova molitio			Full Co	ontainment w	vith Negative Pr	ressur	re				
	Τ.			×	Non E	xempted (*	e / Cut and ( ) and Non-Fria	ble P	P roce	lure			
Location of Asbestos-Containing Material (ACM)		s Locat Normal ed Sole	lly	Des	cription o	of				pe	t .		
TO BE ABATED In Facility (13)	Ma	aintena stodial s (12)	nce/		aining Ma systems ling, VAT iiscellane	insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
- 7	Yes	No	N/A					/al	Ï	ılate	ure		
Excavated fipe in trench			X	coultar pi	pe w	rap	300 Lf	X					
Name of Registered Waste Hauler		N	JDEP W	/aste Cubic Y	'ards	Name of	Registered Landfill						
Freehold Casting			auler ID	No. of Wast		1	ss Jand fill						
Freehold NJ 07728				Disposa N/A	al Date	City, State	w ford Milled	Mor	risin	lle.	PA.		
Completed by J. Robert Dounbreski	Title Projec	i Ma	nr -	Sig	gnature	h	Da						