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

PAID CIC 45A4

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

Date of Notification (1)				Name o	f Building	Owner/O	perator (2)	JE	FL	Ael	EC	E			7 7
Agencies Notified	Type Notification Initial			Street A							AP	8 1	6 2	118	1000
DEP DOL	☐ Amended Amendment #_ ☐ Emergency (in	cluding	_	N	ORTH	H	GED	01)	, NE		0756			77(3)	9.
DOH DCA	justification) Cancellation			M	S. F			1		Tel	ephone No	mbers (OIN I	no.	
Name of Facility Where Ab	natament is Talsing Die	122 (2)		FACI	LITY INF	ORMAT		T	er-11-7	1)					
	TLACH	18 10		3	· •					2) 8 (Other	than K-12				
									other (i.e. p	rivate &	commerci	al buildi	ngs, ho	omes, e	etc.)
	A HALEO	201		•	- "				820		f Floors		Bldg. A	Age 40	۵.
County (6)	ASSAIC				Code (7) USE ONLY)			Curren	and the second		g demolish				
Name of Monitoring Firm I				ASCI	M No.		Name of	Abate	ment Cont						
		100.5					Best	Re	mova	In	c				
Street Address							Street Ad		th Ri	Wer	Stre	οt			
City, State, Zip Code							City, Sta	te, Zip	Code	VEL	DILLE	C L			-
							Hack	ens	ack,	NJ	07601			200.0.2.2.2.2.2	
Project Manager for Monito	oring Firm			Telephor	ne No.		Telephon	ne No.			License 1	No.			
Start Date (10)	T	Scheduled	1 Comp	letion D	ate (11)				- 7444 Monitor		003	88_		-	
4/24	118	9		5/18			CSST		nviro	nmei	ntal				
Occupancy Status During A							Street Ad	idress							
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	ed During Entire Perio Outside of Normal Fa	d of Abat cility Ho	ement urs	0			City, Stat		ler S Code	tre	e t				
		(0) 5	5:0	0 6	<u> </u>	_				sacl	k. NJ	0.76	606		
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovati emoliti					Mini Glov	-Enclosure rebag Proce	edure	Negative Pr Non-Friabl		lure		
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		30 A-306	Location Location Location											ре	
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM)	Use Ma Cust	d Solely intenant odial S (12)	by ce/taff?		stos Conti rmal syste	scription of aining Mate ems insulate VAT, or miscellance	erial (A		(5	mount Specify or LF)	Removal	Repair	Encapsulate-	Enclosure
BASE MEI	+-	Yes	No	N/A	41				- \		- < 10	= 100	-		
DASETE				THEKN	IAC 18	VSU LAT	110.	\sim		SSLF	×	\vdash			
												+	-		
	9											\top			
Name of Registered Waste F	fauler		1 1	DEP W		Cubic `			Name of I	Registere	d Landfill				
Best Removal City, State	Inc		- 1	1710		of Was	207	S	Mine City, State	rva	Enter	pri	ses	,]	LLC
Hackensack, N	JJ 07601	-					123/19	8	Wayne	esbu			468	8	
Completed by		Title				S	ignature	0		_	E	ate /	1	0	
J. Maiorano		Est	ima	tor			Χ	1/0	اصماون	us		4	10	18	

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

ETS JOB # 5062/18 CHEC	6		I I	CEII	V F I					
Date of Notification (1)	Name of	f Building Ow	ner / Operator ((2)	111111111111111111111111111111111111111	0 5 0				
Agencies Type Notification	O 18 THE PO	RT AUTHOR	RITY OF NEW Y	ORK & N	111 111					
Notified	Street A	aaress				APR 16 2	018 [
	241 ERI	E STREET, F	ROOM 236		tel len		1			
DEP Initial Notification	, ,	ate & Zip Cod			ASB	ESTOS CONT	ROL &			
DOL Amended Not		CITY, NJ 07 f Contact	7310		L	LICENSING				
DCA Cancellation		r Contact LPH CAMPIO	ONE		3	Telephone 1 973-624-689				
	FACIL	ITY INFORM				373-024-003	70			
Name of Facility Where Abatement is	Faking Place (3)	Ту	pe of Facility (4							
TERMINAL "B" – SPACE B-2 Street Address			School (K-12)		10					
NEWARK LIBERTY INTERNATIONAL	AIRPORT		Subchapter 8 Other (i.e., pri	(Other th	an K-12) mmoroiol b	معمله معملاتان				
3 BREWSTER ROAD	- 7	So	uare Feet	# of Floor		Bldg. Age	ies, etc.			
City (5) County (6) County Co		1,100,000		3	70÷				
NEWARK ESSEX	1	Cu	ırrent Use (Prior	r if being o	demolished)				
Name of Monitoring Firm Hirad by Built	din = 0 (0) A		OMMERICAL -		The second secon					
Name of Monitoring Firm Hired by Build ATC ASSOCIATES	ing Owner (8) A		me of Abateme							
Street Address	30		S CONTRACT	ING, INC.						
104 E. 25TH STREET - 10 TH FLOOR		11 (2003)	O CLAY STREE	T						
City, State & Zip Code NEW YORK 10010	7.		y, State & Zip C							
Project Manager for Monitoring Firm	Telephone No		ROOKLYN, NY		1					
PATRICK SISK	212-353-8280		lephone Numbe 8-706-6300	er	License	Number 00511				
Scheduled Start Date (10) Scheduled	Completion Date	e (11) Na	me of OSHA Me	onitor						
4/23/2018	7/31/2018		STOR TECH.							
Occupancy Status During Abatement (C Facility Closed/Vacated During B			eet Address 59 JACKSON	AVENUE						
Abatement	indic r enda or	10	39 JACKSON	AVENUE						
Abatement Performed Outside o	f Normal Facility I		y, State & Zip C							
Describe: MONDAY – FRIDAY Other - Describe:	9:00 PM - 5:30 A	AM LO	NG ISLAND CI	TY, NY 1	1101					
Scope of Work (Check all that apply)										
Demolition Rend	ovation	*	Full Cont	tainment v	with Negativ	ve Pressure				
Large Project				losure						
Quantity is ≥ 3 SF or ≥ 3 LF ACI Quantity is > 160 SF or > 260 LF				g Procedu	ire					
Quantity is ≥ 160 SF or ≥ 260 LF	Is Location Normally	v l	Other:		Amount	Abstement	Tuno			
Asbestos-Containing Material (ACM)	Used Solely by Maintenance or	Asb	estos-Containing		(Specify	Abatement (Specify: Re				
TO BE ABATED in Facility (13)	Custodial Staff? (12)) Material (AC insulat	M) (i.e., thermal system) ion, surfacing, VAT	stems So	uare Feet or inear Feet)	Repair, Encar or Enclos				
B - DEPARTURES	NO	or oth	er miscellaneous)				secont			
D-DEPARTORES	NO	FIR	EPROOFING	1	,200 SF	FULI				
Name of Registered Waste Hauler #1	NJDEP Waste	Hauler ID #	Cu. Yds. of Wa	aste Na	me of Regi	stered Landf				
JIMMY BYRNE T/A JIMMY BYRNE	195	51	60			TERPRISES				
TRUCKING City, State			Disposal Date		· Ctot-	,				
559 TIFFANY STREET, BRONX, NY 10	1474		Disposal Date TBD		y, State 00 MINERV	A ROAD				
				WA	YNESBUF	RG, OH 4468	8			
Completed By (Print or Type)			Signature 🦴	M	/ h	Date				
Richie Smith Project Executive Signature Project Executive										

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

Name of Building Owner (Operator (2))

ETS JOB # 5062/18	CHECK#	128730					
Date of Notification (1)	1 1	Name of F	Buildina Ow	ner / Operator (2	2)	TITAL	
10/18/2017	4/10/1	& THE POR	T AUTHOR	ITY OF NEW Y	ORK & NE	WJERSE	ENKPR 16 2018
Agencies Type Notificat	ion	Street Add					
Notified						1	
EPA			STREET, R			ASE	BESTOS CONTROL &
	otification		& Zip Code			AT LITTLE STATE OF THE STATE OF	
DOH Cancell	ed Notifica		CITY, NJ 07	310			
DCA Cancell	allon	Name of C	contact PH CAMPIC	ME			Telephone Number
- BOX		THE STREET AND ASSOCIATIONS	TY INFORM				973-624-6898
Name of Facility Where Abateme	ent is Taki	ing Place (3)		pe of Facility (4)	\		
TERMINAL "B" - SPACE B-2		g 1 1400 (0)		School (K-12))		
Street Address				Subchapter 8	(Other than	K-12)	
NEWARK LIBERTY INTERNAT	IONAL A	RPORT					uildings, homes, etc.
3 BREWSTER ROAD					# of Floors		Bldg. Age
	ounty (6)	County Code	€ (7)	1,100,000	3		70+
NEWARK ES	SSEX		Cu	rrent Use (Prior	if being de	molished)	
				MMERICAL - A	AIRPORT		
Name of Monitoring Firm Hired b	y Building	Owner (8) AS	CM No. Na	me of Abateme	nt Contract	or (9)	
ATC ASSOCIATES		98		S CONTRACTI	NG, INC.		
Street Address				eet Address			
104 E. 25TH STREET - 10 TH FLO	OOR			CLAY STREE			
City, State & Zip Code NEW YORK 10010				, State & Zip C			
Project Manager for Monitoring F	irm	Tolonhone Num		OOKLYN, NY 1		Tr.	
PATRICK SISK		Telephone Nur 212-353-8280	718	ephone Numbe 3-706-6300	r	License I	00511
Scheduled Start Date (10) Sch 4/23/2018		ompletion Date of 7/31/2018		me of OSHA Mo	onitor		
Occupancy Status During Abater	ment (Che	ck only one)	Stre	eet Address			
Facility Closed/Vacated D	uring Enti	re Period of	10	59 JACKSON	AVENUE		
Abatement Abatement Performed Ou	taida af N	armal Facility II	0:4	04-4-07:0			
Describe: MONDAY – FF				/, State & Zip Co		104	
Other - Describe:	NDAT 3.0	0 FW - 5.50 A	VI LO	NG ISLAND CI	11, N1 111	101	
Scope of Work (Check all that ap	nly)						
Demolition	Renova	tion			tainment wi	ith Negativ	e Pressure
Large Project				Mini-Enc		ur riogaui	C I ICOGUIC
Quantity is ≥ 3 SF or ≥ 3 l	LF ACM				g Procedur	е	
Quantity is ≥ 160 SF or ≥		CM		Other:			
Location of		Is Location Normally Used Solely by		Description of		Amount	Abatement Type
Asbestos-Containing Material (AC <u>TO BE ABATED</u> in Facility	CM)	Maintenance or		estos-Containing M) (i.e., thermal sys		Specify are Feet or	(Specify: Removal, Repair, Encapsulation
(13)		Custodial Staff? (12)	insulat	ion, surfacing, VAT		ear Feet)	or Enclosure)
B - DEPARTURES		NO		er miscellaneous)	-		
B - DEPARTURES		NO	FIR	EPROOFING	1,	200 SF	FULL
Name of Registered Waste Haule	or #1	NJDEP Waste I	Jaular ID #	Cu. Yds. of Wa	ooto Nom	o of Dogie	CONTAINMENT
JIMMY BYRNE T/A JIMMY BYR		1955		60			stered Landfill #1 TERPRISES, INC.
TRUCKING		.000			1	LIXV/\ LIX	TEM MOLO, MO.
City, State				Disposal Date	City.	State /	,
559 TIFFANY STREET, BRONX	NY 1047	4		TBD	9000	MINERY	
				Ĭ.	WAY	MESBUR	RG, OH 44688
Completed By (Print or Type)	Title	15		Signature 🦠	M	1-4	Date
Richie Smith	Project	Executive		1	/		4/10/2018

#00013595	PAL	NOT	SI FICATION Pursuant	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT))	DE	C	E 1	\mathbb{V}			And and speciment management and the state of
Date of Notification (1) 04/12/2018			Name o	of Building G	Owner/0	Operator	(2)		APR	16	2018	da ta partira	IJ	
Agencies Notified Typ	e Notification		Street A 80 Pa	Address rk Place	e			AS	BESTO	S CON	TROI	2	o ar	
DEP DOL	Amended Amendment #			ate, Zip C rk, NJ 0			9	- W	LIC	ENSIN	3	_ 01		
DOH DCA	Emergency (inclujustification) Cancellation	uding		f Contact Milarcz						hone Nu 239-19				
Name of Facility Where Abate	ment in Taking Die	200 (2)	FAC	ILITY INF	ORMATI	ON								
PSE&G Pool Building Street Address 237 US Highway 22	ment is raking Fie	ice (3)					Sc St	Facility (4) chool (K-12) abchapter 8 ther (i.e. pri) (Other			dinas	hom	es
City (5) Dunellen							Square 1,800	C.)	# of FI		E	Bldg. A		
County (6) Somerset				Code (7)	?		Current	Use (Prior Space/S	if being	demolisi		25+		
Name of Monitoring Firm Hired Bureau Veritas	d by Building Owne	er (8)	ASCN				of Abate	ment Contr g Industr	actor (9)			n) *		
Street Address 110 Fieldcrest Avenue -	Raritan Plaza	1				Street	Address	an Drive	iai Ser	vice Co	ompa	ny		
City, State, Zip Code Edison, NJ 08837			7			City, St	ate, Zip		<u> </u>		The state of the s			
Project Manager for Monitoring JB Chadwick	g Firm		Telephor	ne No. 25-6040		Teleph	one No.		L	icense N 0721	0.			
Start Date (10) 04/26/2018		eduled Co /04/2018	mpletion I		- 1	Name o		Monitor	100	0121				
Occupancy Status During Abat	tement (Check On	ly One)					Address	9						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: SLAB I	itside of Normal Fa	acility Hour	ment rs			City, St	ate, Zip							- 17
Scope of Work (Check All That		0 0, 1, 10				Bethle	ehem f	PA 18015						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	[x	Renov Demol				×	Mini-E Glove	Containment Enclosure Ebag Proced Exempted (1	dure					
Location of		Is Loca Norma	illy		Dec	cription						Abate Ty	ment	No. of the Control of
Asbestos-Containing Mater TO BE ABATED In Facility (13)		Used Sole Maintena Custodial (12)	ance/ Staff?	Asbes (i.e.	tos Conta thermal : surfac	aining Ma	aterial (A insulation, or	on,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Sub Surface Concret		es No	N/A	MI == = = = = = = = = = = = = = = = = =	0.01		.,						ate	Ġ.
Sub Surface Concret	le Slab		X		6x6 1	Floor T	ile		1,800	SF	X		_	
Name of Registered Waste Hau	uler		NJDEP W	aste	Cubic Y	/arde	IN	Name of Re	aistered	Landfill				
WM of New Jersey		H	Hauler ID 7273		of Wasi			VM Fairle	T.:		fill			
City, State Bethlehem, PA					Disposa 04/26/	al Date 18-05/	11/1 N	City, State Morrisville	e, PA 1	9067				
Completed by Stephen Carne	11. 35%	tle nvironme	ental En	gineer		gnature		2,		Dai 04	e /12/2	กาล		

Print Form

Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 04/11/18 New Jersey State Police Agencies Notified Type Notification Street Address P.O. Box 7068 **EPA** X Initial 1 6 2018 X DEP Amended City, State, Zip Code DOL Amendment # West Trenton, NJ 08628 Emergency (including Name of Contact DOH justification) Telephone Number ROL & X DCA Cancellation Mike Genco 609-882-2000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) New Jersey State Police School (K-12) Street Address Subchapter 8 (Other than K-12) 1040 River Road Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Ewing Township 50 County (6) County Code (7) Current Use (Prior if being demolished) Mercer (STATE USE ONLY) Office Buildings Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management INC 00112 Advanced Specialty Contractors Street Address Street Address 344 West State Street 2400 Main St. Extension Suite 10 City, State, Zip Code City, State, Zip Code Trenton, NJ 08618 Sayreville, NJ 08872 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-656-8101 732-525-0100 00750 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/25/2018 06/11/2018 Environmental Tactics, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 64 Broad Street Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: All abatement will take place outdoors Matawan, NJ 07747 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Buildings 1,5,7,8,9,10,12 X Window Caulking 1000 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Freehold Cartage of Waste Grows Landfill 15939 60 City, State Disposal Date City, State Freehold, NJ 06/11/2018 Morrisville, PA Completed by Signature Date Kurt Nale Branch Manager 04/11/18

State of New Jersey
NOT FICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	the dead	, F	Understan-	of Building					E C	; [5			
04-12-18			PSE		Ownenc	perator	(2)	出呂					
Agencies Notified Type Notification X EPA X Initial	n		1	Address Hadley F	Rd.				AP	H 1	6 20	18	The same area of
DEP Amended Amendme				tate, Zip Co				-	etrometro-to-pr.	elledekombetatoka		or manages.	
Emergend	y (includin	ig .		h Plainfiel of Contact	d NJ				ASBEST	IC ENIC	SIMIC	ROL	&
DCA justificatio				don Prest	on				elephone-108-202-6			200000	WILLIAM PROPERTY.
Nome of Facility 14			FAC	CILITY INFO	DRMATIC	ON			70 202 0				
Name of Facility Where Abatement is Take PSE&G Linden Switch 138 ky	ting Place	(3)					Type of Facility	(4)					
Street Address 4013 Tremley Road							School (K Subchapt Other (i.e.	er 8 (Oth	ner than K & comme	-12) rcial bu	ildings	, hon	nes,
City (5) Linden							etc.) Square Feet N/A		of Floors	T	Bldg. /		
County (6)			County	Code (7)			Current Use (P		1900	1	IN/A		
Union			(STATE	USE ONLY)		-	Control Hou	se	ing demoi	iioi icu)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC N/A	M No.			of Abatement Co Environmen			nc.			
Street Address N/A							Address d Dock Road	1	77				- 325
City, State, Zip Code							ate, Zip Code					-	_
N/A					1		ank NY 1198	0					
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.		Telepho 631-9	one No. 24-8111		License 01136	No.			
Start Date (10) 04-23-18	Schedu 09-24		mpletion	Date (11)			of OSHA Monitor Environment		vices Inc				
Occupancy Status During Abatement (Che	eck Only C	ne)			-	Street A			V1000 1110	·			
Facility Closed/Vacated During Entire	Period of	Abater	ment				d Dock Road						
Abatement Performed Outside of Noi Other – Describe: Electrical circuit ca	mai Facilii binet	y Hour	'S		_		ate, Zip Code ank NY 1198	0					
Scope of Work (Check All That Apply)	10.7												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
	1:	s Locat	ion				THE EXCHIPTO	, a () an	4 14011-1 116	J J J J J J J J J J J J J J J J J J J		emen	1
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				ription o					Ту	ре	Ι
TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/	(i.e. th	hermal s	ystems ing, VAT		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
0.1	Yes	No	N/A									te	CD
Control House			Х			Roof		50	00 SF	x	0.07		
	Control House						els	41	6 SF	x			
Control House			Х		Wrapp	oing ta	ре	36	0 SF	x			
Control House Name of Registered Waste Hauler		L	JDEP W		Cubic Ya	aulk			'0 LF	x			
Waste Management							Name of Fairles		red Landfi ill	II		-	
City, State Elizabeth, NJ 07201			7273		TBD Disposal TBD	I Date	City, Stat Morrisv		19067				
Completed by Raymond Tutiven	Title	ervisor	r			nature	1-1	11	D	ate	10		
	Cape	,, ,,,,,,,,	<u> </u>		IV	aum	ul lul	M	0	4-12-	18		

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Print	-arm

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

Date of Notification (1)				Name	- f D . '! !'					31				7
				Name	of Buildin	g Owner	/Operato	r (2)		LI APF	1 1 (5 20	18	
Agencies Notified	Type Notification	1		Street	Address								.0	1
□ EPA [Initial									ACDITOR	tion mer was a	-	VII. California	
DEP T	Amended			City, S	tate, Zip (Code			1	ASBEST	OS CO DENS	HTMC	OL 8	
DOL	Amendmen	t#	_						Internation .	Printer and the second second	7EM2	ING	MATERIAL PROPERTY.	Taking-
□ DOH	Emergency justification	(including	r	Name	of Contac	t			T	Telephone N	lumba			
DCA	Cancellation									relepitorie i	arribe			
				FAC	CILITY IN	FORMAT	ION							
Name of Facility Where Ab	atement is Takir	ng Place (3)				O Cally C	1011	Type of Fa	acility (4)				-	-
								CV21						
Street Address								Subc	ol (K-12) hapter 8 (Other than K	.12)			
								Othe	r (i.e. priva	ate & comme	cial bu	ildings	, hon	nes,
City (5)						dre na de		etc.)						2000000000
55 SESSEC								Square Fe	et	# of Floors		Bldg.	Age	
County (6)			- 17	2011	0-1- (7)									
(-)			17	STATE	Code (7)	Y)		Current Us	se (Prior if	being demol	ished)			
Name of Monitoring Firm Hi	irod by Duildin-	O (0)												
Name of Worldoning Firm Hi	irea by Building	Owner (8)		ASC	M No.		Name	of Abateme	nt Contra	ctor (9)				
Street Address														
Street Address							Street	Address					e e e e	
A														
City, State, Zip Code		1.7					City, S	tate, Zip Co	de		1			
							10000	W 1500000						
Project Manager for Monitor	ing Firm		1	elepho	one No.		Teleph	none No.		License	No			
										Liborioc	140.			
Start Date (10)		Scheduled	Com	pletion	Date (11)		Name	of OSHA Mo	nitor					
			68800000						311101					
Occupancy Status During A	batement (Chec	k Only One)	-			Street	Address						
Facility Closed/Vacated				nt			01.000	, iddi Coo						
Abatement Performed	Outside of Norm	nal Facility F	dours	3111			City S	tate, Zip Coo	10					
Other – Describe:							Oity, O	iale, Zip Col	ie.					
Scope of Work (Check All TI	hat Apply)													
≥3 sf or ≥3 lf			W				F	1						
≥160 sf or ≥260 lf			novati molitic				-	Full Cont	ainment v	vith Negative	Pressi	ıre		
			montic					Mini-Enc Glovebac	iosure 3 Procedu	re				
								Non-Exe	mpted (*)	and Non-Fria	ble Pro	cedu	e	
		Is Lo	ocatio	n								Abat	emen	t
Location of		E. 2007 P.C.	rmally		ĺ.	Des	scription	of				Ty	/pe	
Asbestos-Containing Ma	terial (ACM)	Used : Maint			Asbes	tos Cont	aining M	aterial (ACN	1)	Amount			m	
TO BE ABATE In Facility	<u>:D</u>	Custoc			(i.e.			insulation,		(Specify	Re	R	nca	E
(13)		(12)				cing, VAT			SF or LF)	Remova	Repair	sde	Enclosure
		Yes	No	NI/A				5545)			val	=	Encapsulate	ure
0		168	No	N/A									(D	
Switching ya	ird			X		Du	ict banl	<		330 LF	X			
											1	1		
			-								-			_
Name of Registered Waste H	lauler		NJI	DEP W	/aste	Cubic '	Yards	Nam	e of Regi	stered Landfil				-
			Hai	ıler ID	No.	of Was			9"	www.idiii	2.0			
City Otata														
City, State						Dispos	al Date	City,	State					
Completed by				Si	gnature	, –		. Da	ate					
						Cours	nul. 1	dill	\wedge					
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1014796 L			NOT	THICATIO	State of I	SBESTO	SABATE	EMEN	г Г	Asserted The State of the State				1415
Date of Notification (1)		<u>u</u> u			nt to NJA					n) E C		1	//	
04-12-18				PSE	of Buildir G	ng Owner	/Operato	or (2)		níl –				17
	pe Notification	n			Address Hadley	, Dd			1	HU APR	1 (5 20	18	
EPA DEP	Initial Amended				State, Zip					AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				_
X DOL X		(includi	na	Sout	h Plainf	ield NJ				ASBESTO	SCC	ONTR	OL 8	2
DOH DCA	justification Cancellatio)	5	0.000	of Contac ny Sierr					Telephone N 848-200-6	lumbe	er-mone	Name and Associated	700
Name of Facility Where Aba	tement in Taki	na Di-	(0)	10	CILITY IN		TION			040-200-6	0940	10		_
PSEG Port Street Stat	ion	ng Place	(3)						of Facility (
Street Address									School (K-1 Subchapter	8 (Other than K-	-12)			
255 E. Port St.								X	Other (i.e. p etc.)	private & commer	rcial b	uilding	s, ho	n
Newark								Squa N/A	re Feet	# of Floors N/A		Bldg N/A	Age	
County (6) Essex				County	Code (7)	VI		Curre	ent Use (Prid	or if being demoli	ished)		-	_
Name of Monitoring Firm Hire	ed by Building	Owner /	8)		M No.	r)	_	Swit	tching yar	d				
N/A	o, building	OWING! (٥)	N/A			Name WRS	of Aba Envi	itement Con	tractor (9) Il Services,Ind	2.			
Street Address N/A							Street	Addre	SS				-	-
City, State, Zip Code									ck Rd					_
N/A									NY 11980					
Project Manager for Monitorin N/A	ng Firm			Telepho N/A	one No.		Teleph 631-9			License 01136	No.			
Start Date (10) 04-13-18				mpletion	Date (11))			A Monitor	01130				_
Occupancy Status During Aba	atement (Chec	06-13								l Services, Inc	c.			_
Facility Closed/Vacated	During Entire F	Period of	F A hata	ment			Street / 17 OI		3.50					
Abatement Performed O Other – Describe: Electr	utside of Norm ical circuit cabi	nal Facili net	ty Hour	S			City, St							-
Scope of Work (Check All Tha	at Apply)						тарп	ank i	NY 11980					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Min	i-Enclosure vebag Proce	nt with Negative				
			s Locat	ion	T		×	Non	-Exempted	(*) and Non-Frial	ble Pr			
Location of	\$11.00000000000000000000000000000000000		Norma ed Sole	lly		Des	scription of	of					emer ype	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Ma	aintena stodial	nce/	Asbes (i.e.	tos Conta	aining Ma systems	aterial insulat	(ACM)	Amount (Specify	7		g g	
In Facility (13)		Cus	(12)	Statif		surfac	ing, VAT	, or		SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A							/al	=	ılate	
Switching yar	d			х		Tran	site pip	ре		15 LF	х			
											+			
Name of Registered Waste Ha	uler			JDEP W		Cubic Y			Name of Re	egistered Landfill				
Waste Management				7273	140.	TBD	ıe		Fairless I	andfill				
City, State Elizabeth, NJ 07201						Disposa TBD	al Date		City, State Morrisville	e PA 19067				
Completed by		Title					gnature			Da	te			_
Raymond Tutiven		Supe	rvisor				ayn	nend	- 1w	7	-12-	18		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-89 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 0 9 / 1 8 joan cotellessa Agencies Notified | Type Notification Street Address ☐ EPA ✓ Initial Amended DEP Amendment #: City, State, Zip Code ASBESTOS CUNTROL 3 LICENSING DOL. Emergency hohokus, nj 07423 DOH. (including Name of Contact justification) Telephone Number ☐ DCA Cancellation joan cotellessa **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) joan cotellessa School (K - 12) Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) hohokus Current Use (Prior if being demolished) BERGEN 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) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 04/25/1818 05/18/18 Occupancy Status During Abatement (Check only one) Street Address 20 California Avenue Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) \boxtimes >3 sf or >3 If Full Containment w/negative pressure Renovation Mini-enclosure ≥160 sf or ≥260 lf Demolition Glovebag procedure Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of asbestos-containing by maintenance/custodial R E E staff(12) Description of asbestos-containing е material (acm) to be P Amount n n abated in facility (13) m material (ACM) p (Specify SF or C Yes No 0 C N/A LF) a a L V basement p PIPE INSULATION 140 lft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/26/18

Signature

Completed by (Print or Type)

BOGDAN JOLDZIC

ASR-41

Title

PRESIDENT

Do not use this form for ash

TULLYTOWN, PA

Date

04/09/2018

CR# 3346

19.			NO				State of I	Nev	/ Jersey		JE-	# 334	6				
		g-n	NO						ESTOS ABA 8:60 and 5:								
Date of Notification (1)	1/1	of Character	Ir	1)						17.55	1	ne c	g [2	П	n n		\$41.71.20 A41.00.20
Date of Notification (1)	12/1	1	BL				e of Buildi erizon	ng C	Owner/Operato	r (2)			厂区	U	\mathbb{V}	ß	
Agencies Notified	Type Notif	ication			-	Stree	et Address				-	111 417	D 4	0			
⊠ EPA	Initial								omery Place	lowerle	(0)	LI AP	H 1	6	2018	3	12
⊠ DOLWD	Amend	727 L			(State, Zip			, LOWEI LE	761				_		7540/240
☐ DCA	Amend						ttsburgh,					ASBEST	ros c	ON	TRO	1 0	references de la compa
(NJAC 5:23-8)	☐ Emerge justifica		ncludir	ng	1		e of Conta		. 10212		L	1	11 im M	SINK	-		
	☐ Cancell	Selection of the select				An	thony Po	orta				Telephone 412-633			CO. T. P. C. LONG	Part of the last	THE PERSON NAMED IN
									ORMATION			412-033	-4021	_			
Name of Facility Where At	patement is	Takin	g Plac	e (3)			CILITI	WI C	NIVIATION	Type of Fa	ailite e d	4)					
Verizon Ewing Centr			9	(-)						School							
Street Address										─ Subcha	pter 8	(Other than	K-12)				
1606 Pennington Ro	ad									Other (i. homes,	e., pr	ivate and cor	nmerc	ial bi	uildin	gs,	
Ewing										Square Fee	et	# of Floors	3	B	dg. A	Age	
County (6)						0		7) (0.7									
Mercer						Cou	nty Code (1)(81	TATE USE ONLY)	Office	e (Pri	or if being der	molish	ed)			
Name of Monitoring Firm F			Owner	(8)	AS	CM	No.	N	ame of Abaten	nent Contracto	r (9)						
USA Environmental	Managem	ent							BRISTOL E	VIRONMEN	NTAL	., INC.					
Street Address								St	reet Address								
8436 Enterprise Ave.									1123 BEAVE	R STREET							
City, State, Zip Code								Ci	ty, State, Zip C	ode		0.00					
Philadelphia, PA 191									BRISTOL, P.	A 19007							
Project Manager for Monito Mark Jenkins	ring Firm			1	eleph			1	elephone No.			License No	٥.				
Start Date (10)		0.1					-5810		215-788-604			00509					
4 /30 /	18		5/		7		te (11) 18	0.000	ame of OSHA I BRISTOL EN		ITAL	, INC.					
Occupancy Status During A								-	reet Address					-			
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abat	teme	nt			1123 BEAVE	R STREET							
Abatement Performed C Time of Abatement:	outside of N	lormal	Facilit	у Но	urs -	Des	cribe	Cit	ty, State, Zip C	ode							-
			11/5:00	PIVI-	1:30	AIVI		E	BRISTOL, PA	19007							
Scope of Work (Check all the	nat apply)								☐ Full Con	tainment with	Nega	tive Pressure	<u> </u>				
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			⊠ Re	nova					Mini-End	closure g Procedure			-				
									⊠ Non-Exe	empted (*) and	Non	Friable Proce	edure				
Ë .					ation						\neg		T	Ab	atem	ent T	vne
Location of Asbestos-Containing Ma		4)		Norm	ially ilely b	ov			Description				ŀ		-		_
TO BE ABATE		")	Ma	inten	ance	í			Containing Ma ermal systems			Amount (Specify		em	Repair	nca	incl
IN Facility		0	Cus	todia (12	I Stat	ff?		5	surfacing, VAT	, or		SF or LF)	.	Remova	¥:	psu	Enclosure
(13)			Yes	No		I/A		ot	her miscellane	ous)				_		Encapsulate	ଡି
Basement Generator R	oom						Floor til	e aı	nd mastic		+	400 SF		\boxtimes	П		П
Basement Generator Room							Door ca	ulk			+	5 SF	-				
Basement HSB Room]			nd mastic			340 SF	-		П							
Basement Cable Vault						7	Pipe ins	ula	tion			25 LF	-				
Name of Registered Waste	Hauler						Vaste		oic Yards of	Name of Re	eniste				_		ᆜ
BRISTOL ENVIRONMI	ENTAL, IN	NC.		1	Haule 18	706		Wa	ste			ANDFILL					
City, State BRISTOL, PA 19007								Dis	posal Date	City, State							
										FAIRLE	SS H	ILLS, PA 1	9047				
Completed By (Print or Type									Signature		1	10.	Date	_			
Brian Scafiro		Es	timat	or					Brian	Scapin	D/	yn 1	4.	-1	2-	18	

Pg. 2

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

Ch# 3346

Date of Notification (1)			-		Na	me of B	Buildin	a O	wner/Operator	(2)			_		_	
100	12 /	18	3			/erizor		9 0	wiiciroperator	(2)						
⊠ EPA	ype Notific				1	eet Add		ntgo	omery Place,	Lower Level						
☑ DOLWD [Amende Amendm				Cit	y, State	, Zip C	Code	е							
	Emerger			-	F	ittsbu	rgh,	PA	15212							
(NJAC 5:23-8)	justificat	ion)	icidali	ig	Na	me of C	ontac	t			Telephone I	Numbe	۹۲			
] Cancella	ation			1	nthon	у Ро	rta			412-633-					
					F	ACILI	TY IN	IFO	RMATION							
Name of Facility Where Aba	atement is	Takin	g Plac	e (3)		710121			TON	Type of Facility	(4)		_		-	
Verizon Ewing Centra										School (K-12	100					
Street Address										Subchapter	8 (Other than I	K-12)				
1606 Pennington Roa	ıd									Other (i.e., p	rivate and con	nmerc	al bu	uildin	gs,	
City (5)								-		Square Feet	# of Floors		Tpi	dg. A		
Ewing										oquare r cet	# 01110015		DI	ug. A	ge	
County (6)					Co	ounty Co	ode (7'	YST	ATE USE ONLY)	Current Use (Pr	ior if being der	molich	24)			
Mercer								,,		Office	ioi ii beilig dei	HORSH	eu)			
Name of Monitoring Firm Hi	red by Buil	ding (Owner	(8)	ASC	M No.		Na	ame of Abateme	ent Contractor (9)			_			
USA Environmental N	lanagem	ent								VIRONMENTA						
Street Address								_	reet Address	· · · · · · · · · · · · · · · · · · ·	<u></u>					
8436 Enterprise Ave.								1000000	1123 BEAVE	R STREET						
City, State, Zip Code								Cit	ty, State, Zip Co	ode			_			
Philadelphia, PA 1915								1133	BRISTOL, PA							
Project Manager for Monitor	ing Firm			Te	elephor	e No.			lephone No.		License No)	-			
Mark Jenkins					215-3	55-581	0	2	215-788-6040		00509	•				
Start Date (10)	5	Sched	uled C	Comp	letion I	Date (11	1)	Na	me of OSHA M	lonitor	00000				-	
_4 / _30 / _	18	_ !	5 /		7	_18	_	Е	BRISTOL EN	VIRONMENTAL	L. INC.					
Occupancy Status During Al	patement (Check	only	one)					eet Address				-			
Facility Closed/Vacated [During Enti	re Per	iod of	Abat	tement			1	1123 BEAVER	RSTREET						
Abatement Performed Ou	utside of No	ormal	Facilit	у Но	urs - D	escribe	ŀ		y, State, Zip Co							
Time of Abatement:	AM	PN	A/ <u>5:00</u>	PM-	<u>1:30</u> A	VI			BRISTOL, PA							
Scope of Work (Check all the	at apply)															
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De							ainment with Neg osure procedure npted (*) and Nor						
					ation					. ,,		1	Ah:	ateme	ent T	vne
Location of Asbestos-Containing Mat	torial (ACM	15		Norm	ally dely by			20 0	Description of			-				1
TO BE ABATE)	Ma	inter	nance/	1 '	Asbes (i.e.	tos the	Containing Matermal systems in	erial (ACM)	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todia (12	I Staff?		()	S	surfacing, VAT,	or	SF or LF)		ova	Ŧ	psu	Insc
(13)			Yes	No				otl	her miscellaned	ous)	**************************************				ilate	6,
1sf Floor Toll Area		-	_	-												
st Floor Toll Area						Line	oleun	n			16 SF					
														П		П
			П	П	10							-				
Name of Registered Waste H	lauler			17	111	Waste	Т	Cub	oic Yards of	Name of Regist	orod Landell			Ш	Ц	Ш
BRISTOL ENVIRONME		C.		1.3		ID No.		Was		FAIRLESS						
City, State								Disp	posal Date	City, State						
BRISTOL, PA 19007										FAIRLESS	HILLS, PA 1	9047				
Completed By (Print or Type)	-/				Signature			Date								
Brian Scafiro									Brian	Scapino	182		-10	₹ -	18	

PA			CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		(2K-5	H-10	78			
Date of Notification (1)	5 23	T	Name of	f Building	Owner/0	Operator	r (2)		-11			2010	7	
04/14/2018			CVG	Alexander Property			T	come II	(1)	FI	WE		11	
Agencies Notified Type Notification			Street A				- In	IME	. (9)			111	111	
EPA X Initial				mbridge				11541				11		
DEP Amended Amendment #	:	_		ite, Zip Co Hills, No		78			AP	R 16	2018	1	-	
▼ DOH	cluding		Name of	f Contact					Tel	ephone Nu	ımber -	. O	-	
DCA Cancellation			Mike						(9	17) 561-	0211	L. OL		
			FACI	LITY INFO	DRMATI	ION		1		TIONS!	NO.		er and their area	
Name of Facility Where Abatement is Taking F	Place (3	3)					Type o	f Facility (4)					
Private Home							☐ So	chool (K-12	!)					
Street Address								ubchapter 8						200
								ther (i.e. pr c.)	ivate d	& commerc	iai bull	aings,	nome	es,
City (5)							Square		# of	Floors	В	ldg. A	ge	
Short Hills, NJ 07078														
County (6)			County (Curren	Use (Prior	if bei	ng demolis	hed)		V	
Essex			(STATE C	JSE ONLY)	-									
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	l No.		1		ment Cont afety LL((9)				
Street Address			1	-200			Address	,						_
							rosby A							
City, State, Zip Code					-		State, Zip				-			
								J 07502	i.					
Project Manager for Monitoring Firm		T	Telephor	ne No.			hone No.			License 1	Vo.			
						S:	-400-87	11		01332				
Start Date (10)	chedule	ed Con	npletion [Date (11)		Name	of OSHA	Monitor						
	4/25/							afety LLC)					
Occupancy Status During Abatement (Check C	Only On	ie)					Address	- 350						
Facility Closed/Vacated During Entire Per	ind of A	hatem	ent			8 Cr	osby A	ve						
Abatement Performed Outside of Normal	Facility	Hours	i				State, Zip							
Other – Describe: 8:00 am - 5:00 pm					_	150		NJ 07502)					
Scope of Work (Check All That Apply)										-				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renova Pemolit				×	Mini- Glov	Containmer Enclosure ebag Proce	edure	8				
						L	☑ Non-	Exempted	(*) and	d Non-Fria	ble Pro	A		
		Locati	Section 1										ement rpe	
Location of Asbestos-Containing Material (ACM)		Normal d Sole		A .		scription			190		-	Ι,		
TO BE ABATED	Ma	intenar	nce/				Material (/ s insulati			mount Specify	R		Enc	Щ
In Facility	Cusi	todial S (12)	зап?	18	surfa	cing, VA	T, or	538		or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	—т	(/			other n	niscellar	neous)				oval	음.	sula	sure
	Yes	No	N/A										te	, a
Basement			х		FI	oor Til	le		6	0 SF	x		х	
											+			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yarde		Name of R	egisto	red Lands				
Removal Safety LLC		Н	auler ID	No.	of Was									
		0	037007	7	1			Grows N	vorth					
City, State					- 1000000000000000000000000000000000000	sal Date		City, State						
Paterson, NJ					TBD			Morrisvi	lle, P	Α				
Completed by	Title				, S	Signature	9	1/	/	D	ate			
Lasko Veskov	Pres	ident			1	1000	· Coo	Lela	~	/ 0)4/14/	2018	3	



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

Date of Notification (1)	Unit likely	Name	e of Buildin	a Owner/C	Inerator	(2)	-				
4-13-18						URBAN RE	NEWA EC	P I	П	10	= =
Agencies Notified Type N	otification	Stree	t Address		(O) II (L	ONDAN NE	竹竹竹	CE		V Į	5 [
X EPA X Ini	W-1			YLVANI	A AVE	NUE SUITE	306			-	$\neg \parallel$
	tial nended	_	State, Zip C			NOL COME	111 111	1111 4			111
	nendment #		WASHIN		PA 19	034		PH 1	6 21	018	
	nergency (including tification)		of Contac		17110		<u> </u>				Pricero
	ncellation		INY WAD	G::			Télephon	e Numbe	CALT		
	7.0000000000		CILITY INF		ON		267276	0-2043 110EN	SING	TOL	& ————————————————————————————————————
Name of Facility Where Abatemer	nt is Taking Place (3)		OLLIT I III	OKWATI	ON	Type of Facility		FRANCING STERROS	PLANTFHUMP	of Geological St.	120.010 (Access
ONE STATE STREET SQ	JARE					<u> </u>	887 - 15				
Street Address						School (K.	-12) er 8 (Other than	K-12)			
50 W. STATE STREET						X Other (i.e.	private & comr	nercial b	uilding	s, hon	nes,
City (5)						etc.) Square Feet	# of Flore		DIJ	•	
TRENTON						11000	# of Floors	5	Bldg. +/-5(2.5	
County (6)		Count	y Code (7)			Current Use (Pr	100	I' - I ()	10/21/10/2003		
MERCER		(STATI	E USE ONLY	n		OFFICE BLI	nor ir being den DG	nolisnea)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	CM No.	T	Name	of Abatement Co					
PARTNER ENGINEERING	AND SCIENCE	41150,000				PER ENVIRO		SERVII	°ES	INIC	
Street Address					AND DESCRIPTION OF THE PERSON NAMED IN	Address	THENTAL	OLIVI	JLO,	IIVC.	
100 DEERFIELD LANE-ST	E 200					FRALEY ST	RFFT				
City, State, Zip Code					100000000000000000000000000000000000000	ate, Zip Code					
MALVERN, PA 19355						ADELPHIA, F	PA 19137				
Project Manager for Monitoring Fire	n	Teleph	one No.		Telepho			se No.			110000
		800-	419-4923	3		33-5155	0116				
Start Date (10)	Scheduled 0	Completion	Date (11)		Name o	f OSHA Monitor					
4-23-18	5-4-18				PART	NER ENGIN	EERING AN	ID SCI	ENCE		
Occupancy Status During Abateme	nt (Check Only One)				Street A						
Facility Closed/Vacated Durin	Entire Period of Abar	ement			100 D	EERFIELD L	ANE-STE 2	00			
Abatement Performed Outside Other – Describe:	of Normal Facility Ho	urs			City, Sta	ate, Zip Code					
				-	MALV	ERN, PA 19	355				
Scope of Work (Check All That App	ly)										
≥3 sf or ≥3 If ≥160 sf or ≥260 If		vation			×	Full Containm	ent with Negati	ve Press	ure		
≥ 100 St 0r 2260 If	Dem	olition			Н	Mini-Enclosure	е		ui o		
					H	Glovebag Pro	cedure d (*) and Non-F	riable Dr	ooodu.	_	
	Is Loc	ation				TON Exemple	a () and Non-r	TIADIE FI	0.888 7.07	emen	
Location of	Norm	nally		Door	ription o	_	***			ре	
Asbestos-Containing Material (A	(CM) Used So Mainter		Asbest	tos Contai	ning Ma	terial (ACM)	Amount				
TO BE ABATED In Facility	Custodia		(i.e.	thermal s	ystems i	nsulation,	(Specify	R	77	nc	ᄪ
(13)	(12	2)		other mis	ng, VAT,	or ous)	SF or LF)	Remova	Repair	apsı	Enclosure
	Yes No	N/A	1	outor mile	Joonario	ous)		val	=	Encapsulate	ure
4071151000	165 140									Ф	
13TH FLOOR		X	CARPE	T & COV	/E BA	SE MASTIC	11,000	X			
								-			
Name of Registered Waste Hauler		NJDEP W	Vasto	Cubi- V	and a						
SERVICE TRANSPORT GR	OLID.	Hauler ID	0.500.000	Cubic Ya of Waste		100000000000000000000000000000000000000	Registered Land				
	JUP		\$29.69 (20)		^	MINER'	VA LANDFIL	L			
City, State				Disposal	Date	City, State	9				\dashv
NEWARK, DE				/		LIBSON	N, OH				
Completed by JENNIFER NIVEN	Title			Sign	nature			Date /		9 -	
OCININIFER INIVEN	DIR. OF	OPERA	TIONS		Ika	~/		Date /	13.	18	4

Print Form

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



Date of Notification (1) 4-13-18				Name	of Buildin	ng Owner	/Operato	r (2)	[lone of	E @	/~~1			
Agencies Notified	T - N 00						/ INVE	STMENT TRU	JST	E G	[5]		V/ [Eli
10000000	Type Notification	n		Street Address 1626 E. JEFFERSON ST.										
EPA DEP DOL	Initial Amended				State, Zip		JN S1.	1						
× DOL	Amendmer						0852		II L	i Ali	1 1	2(118	i I Iro
X DOH	Emergency justification		3		of Conta		0002			stant				
X DCA	Cancellatio			3.1900390000000	WOOD				3	01-gag-s	Pan P	ONT	OL.	<u></u>
Name of Falls and				10,000,000		FORMAT	ION			01-000-0	CINAS	ING	in the factor of	
Name of Facility Where A BRICK PLAZA-SPA	Abatement is Taki	ng Place (3)					Type of Facility	(4)				N- 42	
Street Address	ACE 0													
100 CEDARBRIDG	FAVENUE							Subchapt Other (i.e.	er 8 (Ott	ner than K-	12)	ildina		
City (5)								etc.)				.000		165,
BRICK									0.000	of Floors		Bldg.		
County (6)				County	Code (7)						+/-1()()	
OCEAN					USE ONL			RETAIL ST		ing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.		Name			r (9)				
VERTEX COMPAN	IES										RVIC	ES.	INC.	
Street Address 700 TURNER WAY							Street	Address						
City, State, Zip Code							1		REET					
ASTON, PA 19014				8										
Project Manager for Moni	toring Firm			Talaah	NI			The state of the s	PA 191	137				
DON HEIM	toring i iiii			Telepho	ne No. 87-040	2				The state of the s	No.			
Start Date (10)		Schedule	ed Co		Date (11		Contraction of			01166				
4-18-18		4-20-1	8			<i>'</i>								
Occupancy Status During	Abatement (Chec	k Only Or	ne)											
Facility Closed/Vaca	ted During Entire I	Period of A	Abate	ment			700 7	TURNER WA	Υ					
Abatement Performe Other – Describe:	d Outside of Norn	nal Facility	Hour	S				Control of the Contro						
Scope of Work (Check All	That Apply						AST	ON, PA 1901	4					
≥3 sf or ≥3 lf	тпас Арріу)	100												
≥160 sf or ≥260 lf		Sea. command	lenova lemoli				H	Full Containm	ent with	Negative	Pressu	ire		
		_		202001				Glovebag Pro	cedure					
			100-000				×	Non-Exempte	d (*) and	d Non-Fria	ole Pro	57.87		
Location	of	70	Locat lorma										tement ype	
Asbestos-Containing N	Location of Asbestos-Containing Material (ACM)		d Sole	ely by	Asbes				A		-	,,		\Box
TO BE ABA	TED	7 COS 100	ntena odial :	nce/ Staff?	(i.e	. thermal :	systems	insulation,			Z.	71	Enc	m
(13)	((12)				Telephone Numb 301-998-8100 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial etc.) Square Feet 100,000 Current Use (Prior if being demolished RETAIL STORE Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERV Street Address 2251 FRALEY STREET City, State, Zip Code PHILADELPHIA, PA 19137 Telephone No. 215-533-5155 Name of OSHA Monitor VERTEX COMPANIES Street Address 700 TURNER WAY City, State, Zip Code ASTON, PA 19014 Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P escription of taining Material (ACM) I systems insulation, (Specify SF or LF) escription of miscellaneous) R GLUE DOTS Name of Registered Landfill	ome	Repair	apsı	Enclosure			
		Yes	No	N/A				,			val	≒	Encapsulate	ure
THROUGH	OUT			X	N /	IDDOD	01.115	DOTO			-			\vdash
111100011	-	-		^	IV	IIKKUK	GLUE	DOTS	35	0SF	X			
		-												
Name of Data time														
Name of Registered Waste			201204	JDEP W		Cubic Y		Name of	Register	ed Landfill				
SERVICE TRANSPO	RT GROUP, IN	VC.	13	adioi ID	. 10.	or wast	ıe	A&LS	SALVA	GE				
City, State						Disposa	al Date	City, Stat	e				-	
NEWARK, DE						/		Frankling (1977)						
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ASB-41 (R-06-08)						J	\Box					-		
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Check # 25576

PA		NOTI	FICATIO	State of New J ON OF ASBES at to NJAC 8:6	TOS ABAT	EMENT 20)		Check #	255	76		
Date of Notification (1) 4/9/2018			Name	of Building Ow	ner/Operato	or (2) Schotla	and	117) [C			W I
Agencies Notified Type Notification			Street	Address					-	-		17 [
X EPA X Initial Amended			City C	tata 7'- 0 1					APR	1 1	2 0/	340
X DOL Amendmen			City, S	tate, Zip Code	Fle	mington	NJ 0882	22	* * * * * * * * * * * * * * * * * * * *	, /.	CI	ΝÖ
DOH Emergency justification)		g	Name	of Contact	AN 19 30			Telephone	lumber	19.00	Westernage Value	- Constitution
☐ DCA ☐ Cancellation	1		F16		chotland			908 50	7-270	8NSI	NG NG	IOL 8
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	CILITY INFORI	MATION	Type of	Facility (4)					To work the
Residential Street Address					3		nool (K-12)					
City (5)						Sui	ochapter 8 er (i.e. priv	(Other than K- rate & commer	·12) ·cial bu	ildings	, hom	es,
Flemington, NJ	0882	2				Square F 25	872 F-833 86	# of Floors		Bldg. A	-	
County (6) Hunterdon				Code (7) USE ONLY)		Current I	Jse (Prior i	f being demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	0.00	M No.	Name	of Abatem	ent Contra	ctor (9)				
MECS Street Address				o de la companya de	Stev	ens Env	ronment	al Services	, Inc.			
PO Box 341						Address Box 322						
City, State, Zip Code Chesterfield, NJ 085	15					State, Zip C ntown, N						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	one No. 298-4070	Telepi	hone No. 259-9688	- Controlle	License 00493	No.			
Start Date (10) 4/25/2018		npletion	Date (11)		of OSHA		00493					
Occupancy Status During Abatement (Chec	k Only O		/30/20	18	MEC							-
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent			Address Box 341						
Abatement Performed Outside of Norm Other – Describe: 8 am 4 pm	al Facilit	y Hours	5			state, Zip C	ode NJ 0851	5				
Scope of Work (Check All That Apply)							140 0001					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit			×	Mini-Er Gloveb	iclosure ag Procedu	ure				
	1	s Locati	on			J Non-Ex	empted (*)	and Non-Fria	ble Pro	Cedure		
Location of	1	Normal ed Sole	ly	8	Description					Ту		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	aintenar	nce/	Asbestos C (i.e. then	ontaining Mal systems	laterial (AC	M)	Amount (Specify	77		Ē	ш
In Facility (13)	Cus	todial S (12)	otan?	SL	rfacing, VA	T, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		or meddian				\\ \alpha \	=	ulate	ure
Attic		Х			Vermiculi	te		150 sf	Х			\dashv
	-											
Name of Registered Waste Hauler		N.	JDEP W	aste Cui	oic Yards	l Na	me of Regi	stered Landfil				
Stevens Environmental Services		1	auler ID 18292	No. of V	Vaste 3	The Contract of	irless La					
City, State Allentown, NJ				Dis	posal Date 4/30/2018	Cit	y, State Orrisville,	PA		Sept. Linear 1		
Completed by Mahlon E. Stevens	Title	ot 1.4			Signature		/ /		ite			-
TIGHTOTI E. OLEVETIS	Proje	ct Ma	nager		///	71 /			4/13/	/18		

Date of Horitication (1)			9/		NOTIFICA	STATE OF TION OF A	SBESTOS	ABATEME	NT C	10.b	ð:1	301	92			
Agencies Notified December Pape Initial Pape of Notification December Decem	/	1	4	L	UB	Name of	Building	Owner / Ope	erator (2)		<u> </u>	OU.				
EPA	/_/							DOHME CO	RP.	IN F	C	 	VI BIR			
DOL		200		on							<u> </u>					
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Cancellation	□ DOH	П						PDOWN	İ		ne Numl	Ser 20	118			
Name of Facility Where Abatement is Taking Place (3) Super Facility (4)		Ī			1					9081740-	2035	era amar artika kanan				
Street Address 200 GALLOPING HILL ROAD Subchapter 8 (Other than K-12) Subchapter 9 (Other (I.e., private & commercial bldgs., homes, etc.)	N					ACILITY II	NFORMAT	ION		ASE			ROL&			
Street Address Occupant (Seption Private & commercial bidgs, homes, etc.) City (6) County (6) N/A NA Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM NO Name of Abatement Contractor (9) Northstar Contracting Group, Inc. Street Address S	MERCK	re Abaten	nent is T	aking	Place (3)		Type of	Facility (4)								
Other (Le, private & commercial bidgs, homes, etc.) Other (Le, private & commercial bidgs, homes, etc.) Square Feet # Of Floors N/A N/A N/A Current Use (Prior if being demolished) N/A N/A Current Use (Prior if being demolished) N/A	Street Address															
County (code (7)	2000 GALLOPING HILL ROAD							Other (I.e	., private 8	cmmercia	2) al					
NA No Name	City (5)	County (6)	-	County Code	(7)	Square F	bldgs., h	omes, etc.)							
Name of Monitoring Firm Hired by Bildg. Owner (8) ASCM NO Name of Abatement Contractor (9) Northstar Contracting Group, Inc. Street Address		•		Touring Touc	()		N/A	N	I/A	Bullain	g Age					
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM NO Nombatar Contractor (9) Northstar (9) Northstar Contractor (9) Northstar (9) No								Jse (Prior if	being den	nolished)						
Street Address Stre	Name of Monitoring Fi ATC GROUP SERVICE	irm Hired S	by Bldg	. Owr	ner (8)	ASCM NO		Abatement	Contracto	r (9)						
STERRI LANE, BROMLEY CORP CENTER GIV, State, Zip Code BERLINGTON, NJ 08016 Project Mingr. For Monitoring Firm OPEN LUTZ Sheduled Start Date (10) DS O3 DS Sched. Completetion Date (11) DS O3 Sched. Sched. Completetion Date (11) DS O3 Sched. Sched. Completetion Date (11) B373-772-3660 Name of OSHA Monitor Northstar Contracting Group, Inc. Street Address 22 Williams Parkway City, State, Zip Code East Hanover, NJ 07936 City, State, Zip Code East Hanover, NJ 0	Street Address								Group, Inc							
DERLINGTON, NJ 08016 Project Magr. For Monitoring Firm JOHN LUTZ Project Magr. For Monitoring Firm JOHN LUTZ Shaduled Start Date (10) 05 03 19 Sched. Completetion Date (11) 06 01 18 973-772-3660 Doccupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Other - Describe: 1	3 TERRI LANE, BROML	LEY COR	P CENTE	ER			Street Ac	ldress								
Project Migr. For Monitoring Firm Tolephone Number G09-571-7522		16														
Sheduled Start Date (10) O5	Project Mngr. For Mon		irm		Telephone Nu	ımber	City, State, Zip Gode									
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe: 7:00AM-3:30 PM MoN-FRI Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936	009-57 1-7522								36							
Cocupancy Status During Abatement (Check Only 1)	Sheduled Start Date (10) Sched. Completetion Date (11) 05 03 18 06 01					/	relephon	e Number		License Number						
Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	Occupancy Status Dur	ing Abate	ement (C	heck.	Only 1)				4	<u></u>	0	0860				
Abatement Performed Outside of Normal Facility Hours - Describe: ☐ Other - Describe:	☐ Facility Clos	sed/Vacat	ed Durin	ig En	tire Period of											
Hours - Describe:	☐ Abatement F	Performe	d Outsid	e of N	lormal Facility		Street Ad	dress								
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≥3sf or ≥3lf	Scope of Work (Check	All That	Apply)	J. Commission Commissi			4		3977							
Sist of 25t of 15t of			7		Renovation		Full Cont	ainment wit	h Negative	Pressure						
Location of Asbestos Containing Material (ACM) Normally Material (ACM) Amount E R N N N N N N N N N N N N N N N N N N		260 If				11.	Mini - Enclosure									
Asbestos Containing Material (ACM)						200				ble Proced	lure					
Material (ACM) TO BE ABATED In Facility (13) Waterial (ACM) Used (I.e., thermal systems In Facility (13) Waterial (ACM) (I.e., thermal systems In Facility (Specify Insulation, surfacing, VAT, Insu		ina		on							it Type					
Used Solely In Facility In F	Material (ACM)				AS				Amount	0. 0.000	R					
(13) by Maintenance/ Custodial Staff (12) YES NO N/A XTERIOR ADJACENT TO EM-1 SUB STATION OR ONCRETE/TRANSITE PIPE A I S S S U U U U U U U U U U U U U U U U	IO BE ABATED in Facility	2						.		M	E	С	С			
Custodial Staff (12) YES NO N/A XTERIOR ADJACENT TO EM-1 SUB STATION CONCRETE/TRANSITE PIPE Z5 LF A L R U U U U R XTERIOR ADJACENT TO EM-1 SUB STATION I D D D D D D D D D D D D D D D D D D	10 HONO 10 HO		by Ma	in-	or	ther misc	ellaneous)	,	SF OF LF)	0.000		1000				
Staff (12) YES NO N/A XTERIOR ADJACENT TO EM-1 SUB STATION CONCRETE/TRANSITE PIPE 25 LF Amme of Registered Waste Hauler ORTHSTAR CONTRACTING GROUP, INC. Waste AST HANOVER, NJ 07936 TEVEN STILES NAME of Registered Landfill LYCOMING COUNTY RESOURCE MGMT SRVCES LYCOMING COUNTY RESOURCE MGMT SRVCES Disposal Date MONTGOMERY, PA 17752 Date Date Date OA/13/18		1		757733								0.978	S			
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TEVEN STILES PROJECT MANAGER ATRON DATE OA/13/18						Date	WONIGO	VIERY, PA 1	7752							
ATON X 82 04/13/18	ompleted by (Print or TEVEN STILES	Type)				IAGER		Signature	()			Date				
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Date of Notification (1	/18				Building O		erator (2)	100 Section 141				
Agencies Notified EPA DEP DOH DOL	Type of N	otification Initial Amended Amendment Emergency of Cancellation	- ⊮/ justification	City, Stat	RIS AVENU te, Zip Cod NJ 07901 Contact		Community of the section of the sect	Telephot 908-897	C E	477 014		
		Cancellation		ACILITY IN	FORMATION	DN		ASRE	STOC (
Name of Facility Wher CELGENE CORPORAT	re Abatem FION - BL	nent is Taking DG. S-1	Place (3)		Type of Facility (4) ASBESTOS CONTROL LICENSING							
Street Address 535 MORRIS AVENUE						Other (I.e	ter 8 (Othe	r than K-12 commerc	?) ial			
	County (6) JNION		County Code	(7)	CONTROL BURNINGS AND ADDRESS OF THE PARTY OF	eet ,000	# Of Floo	rs 3	Buildin	ng Age	***************************************	
Name of Monitoring Fi	rm Hired	by Bldg. Own	ner (8)	ASCM NO	OFFICE		being den	nonsneu)		401		
WCD GROUP LLC Street Address		NMA		THE OWN THE			RACTING (GROUP. IN	C.			
23 RT 31 NORTH, STE B2 City, State, Zip Code PENNINGTON, NJ 08534		O MISTY LANE	07054	MARCON COLUMN	32 William	s Parkway , Zip Code		- Alba			A	
Project Mngr. For Mon MIKE GARAMBONE / Kev Sheduled Start Date (1	itoring Fi in Seise	rm	Telephone Nu 609-730-0007 / 97: Dietetion Date (1	3-560-1400	1	ver, NJ 070		License N	l			
04/18/ Occupancy Status Dur	18	973-88	4-8682	No.	License		00860					
Abatement Abatement	ed/Vacat Performed cribe:	d Outside of N 7:00 am to 3:3	tire Period of		Street Add	AR CONTE Iress s Parkway	RACTING O	GROUP. INC	C.			
	-	C. C. C. St. C.			City, State East Hano							
Scope of Work (Check □ Demolition □ ≥3sf or ≥3lf □ ≥160 sf or ≥3		Apply)	Renovation		Mini - Enc Glovebag	losure Procedure	h	Pressure				
Location of Asbestos Containing TO BE ABATED in Facility (13) Location Normally Used Solely by Maintenance/ Custodial Staff (12)			(I. insul	Descripti bestos - C Material (e., thermal lation, surf other misce	ontaining ACM) systems acing, VAT	,	Amount (Specify SF or LF)	Abatemen R E M O V A L	R E P A I	ENCAPSUL	AC SOLOZ M	
31		YES NO N/A	PIPE & FITTING	G INSULAT	TON		60 LF	\ \forall \				
Name of Registered Wa NORTHSTAR CONTRAC		U IU IU er	NJDEP Waste Hauler ID No. 30534	Yards of Waste	Name of R FAIRLESS			\ \ \ \				
EAST HANOVER, NJ					City. State MORRISVI	0					Auto disconsista	
Completed by (Print or Steven Stiles	Type)		Title Project Manage	er		Signature	en Li			Date	i/13/18	
SD 44						700	- 11/-		-	1 04	113/10	

7577		Name of Contact Brian Tarzik Telephone Number 212-873-4919													
Date of Notification (1) 3/15/2018			Name	of Building Owne	r/Operato				PR	1.6	201	8			
Agencies Notified Type Notification	on				inc			H H H	1 11	1.0					
EPA X Inflial			1000		9			Of the latest and the	antical about		or a title of	~			
X DEP Amended	7							ASSESTOS CONTROL							
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	n)	3	-							r					
					TION			212-873-	4919						
Name of Facility Where Abatement is Tak Maybrook Garden Apartments - E	ing Place	(3)		oili i iii oitiii A	HON	Туре о	of Facility (4)							
Street Address	sullaing,	* 2	_			□ s	chool (K-1	2)							
18-32 Maybrook Drive						I S	ubchapter	8 (Other than K	-12)						
City (5)		-				et	c.)	22.7570	rcial bu	ullaings	s, nor	nes,			
Maywood						Square	Feet				Age				
County (6) Bergen						Current	t Use (Pric	- 1	lished)	00					
Name of Monitoring Firm Hired by Building	Owner (8	3)			I No-										
Crown Air Services LLC			1.00	110.	Asbe	of Abate estways	ment Con Salutio	ractor (9) ns							
Street Address 478 Albany Street					1			-							
City, State, Zip Code					132 \	Washin	gton Av	enue							
Brooklyn, NY 11203					City, S	, State, Zip Code Doklyn, NY 11205									
Project Manager for Monitoring Firm			Telepho	one No.		The second second	1 11205		No						
Start Date (10)				718-858-2600			00	01340							
3/27/2018- 04/13/2018	4/30/2	018	mpletion	Date (11)											
Occupancy Status During Abatement (Cher	ck Only O	ne)					Colution	15							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent		132 V	Vashing	gton Ave	enue							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	y Hours	5												
cope of Work (Check All That Apply)					Brook	klyn, N'	Y 11205								
≥3 sf or ≥3 If ≥160 sf or ≥260 If					×	Mini-E Glove	nclosure bag Proce	dure			a				
	100		77.70					/ 4114 11611 1 114							
Location of Asbestos-Containing Material (ACM)				Des	cription of	of			-	Туре					
TO BE ABATED In Facility	Ma	intenar	ice/	(i.e. thermal	systems	insulation	CM)						71	1 6 2018 OS CONTROL OENSING ber 9 buildings, homes, Bldg. Age 60 d) Repair Repair Repair	m
(13)	003		ilali :	surfac	ing, VAT	. or			emo	Rep	caps	nclo			
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ewark Carting Inc		Ha	auler ID			L.									
ity, State		140		Disnos	al Data			- NE Facility							
ewark, NJ 07102				213005	- Date	C	ny, State								
endy Gorodetsky	Title	d = = 4		86	nature	A T		,Da	ite /	9		-			
,	Presid	uent			11	11		14.4	1111	710	1.10	(I			

Do not use this form for asbestos licensure exempted activilies.