MCX	)		ПОИ		ATIO	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		DEC	E		VE	n n n
Date of Notification (1)					Name	e of Buildin	g Owner/Operator (	2)	TITUL AP	R 1	6 2	019	No. of Concession, Name of Street, or other Persons, Name of Street, or ot
	21 /	19	)		На	ckettstov	wn Board of Edu	cation					1-
Agencies Notified  EPA	Type Notific  ☑ Initial	cation		×31114-02-0	14000000000	t Address	Varren Street		ASBES				&
⊠ DOLWD		d								LICEN	SINC	i Carantaria	-0-
⊠ DOH	Amendm	nent#	2-4/11	1/19	100000000000000000000000000000000000000	State, Zip (							
☑ DCA	☐ Emerger		ncludin	g			vn, NJ 07840						
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	□ Caricella	LIOII			1 27590	il Woicek			908-852-28	100			
No. of White	,				FA	CILITY IN	NFORMATION						
Name of Facility Where A		Takin	g Place	e (3)				Type of Facility					
Hackettstown High	School							School (K-12		0.0			
Street Address 599 Warren Street								Other (i.e., p	8 (Other than K-1 rivate and comm		uildin	gs,	
City (5)		-						homes, etc.)			I-I A		
Hackettstown							<b>&gt;</b>	Square Feet +-75,000	# of Floors		ldg. A		
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Warren					Cou	nty Code (/	)(STATE USE ONLY)		ior if being demo	lishea)			
Name of Monitoring Firm	Hired by Ruil	dina (	Jwner	(8)	ASCM	No	Name of Abetame	High Schoo					
Environmental Con	ALTERNATION OF THE PROPERTY OF	1000 m V = 00 0	JWIICI	(0)	000		Name of Abateme	100					
Street Address	neodon, m				000.	30		VIRONMENTA	L, INC.				
120 North Warren S	treat						Street Address	CTDEET					
City, State, Zip Code					-	4	1123 BEAVE						
Trenton, NJ 08608							City, State, Zip Co						
Project Manager for Monit	oring Firm			Tol	ephone	No	BRISTOL, PA	19007	11:				
Roland Jones	oning i iiiii			1	99-392		Telephone No. 215-788-6040		License No.				
Start Date (10)		Schen	luled C	31		ite (11)	Name of OSHA M		00509				
ON HOLL	)	_4	ON	1_t	tol	-		VIRONMENTAI	L, INC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Enti	re Pe	riod of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement:	AM	ormai Pl	// <u>3:30</u>	y Hou PM- <u>1</u>	rs - Des 2:00AN	A A	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)						DIGITOL, FA	13007					_
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	71-37		⊠ Re	novat						ure			
				Loca						Ab	atem	ent Typ	ре
Location of Asbestos-Containing N		1)		Norma		Acho	Description of			Z,	R	m	Щ
TO BE ABAT		')		intena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	1		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Sul	Sure
(13)			Yes	No	N/A	1	other miscellaned	ous)				ate	
Auditorium					$\boxtimes$	Acousti	c Ceiling Plaster	•	6,300 SF				
Auditorium North Med	h. Closets				$\boxtimes$	Acousti	c Wall Plaster		600 SF		П		$\Box$
Auditorium West Mec	hanical Clo	set				Pipe Fit	ting Insulation		10 LF		П		
													릵
Name of Registered Waste	e Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill				_
SERVICE TRANSPO		, INC	<b>)</b> .	Н	auler ID 20990	Statement	Waste	MINERVA L					
City, State YARDLEY, PA							Disposal Date TBD	City, State	UPC OU				$\neg$
Completed By (Print or Type	201	Tin.						WAYNESB					
Dillan DeCaro	De)	Title	stimat	tor			Signature	No Para	me P	ate ( / - /	1-1	9	

Date of Notification (1)				I	lame of Built	dina O	701	15			
3/21	1	19		ľ		ding Owner/Operate own Board of E		A	PR 1	6	201
Agencies Notified Type	Notificati	on		- 0	treet Addres			[ [m] [m]; 11.	***	~	
⊠ EPA ⊠ In		011		1		S Warren Street			- Andrean State	neza neza n	TO AMERICA
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	mendmen			9	ity, State, Zi				Management of the second	CONTRACTOR OF THE PARTY OF THE	wertow
☑ DCA	mergency stification	(includ	ding	NI NI		own, NJ 07840					
	ancellation			1	ame of Cont			Telephone Nu	ımber		
				_	Gail Woice			908-852-2	800		yez:
Name of Facility Where Abatem	ent is Tal	cina Pl	ace (3	1)	FACILITY	INFORMATION	1=	200.60			
Hackettstown High Scho		ung i n	UU (U	''			Type of Facility	3 4			
Street Address							Subchapter	2) 8 (Other than K-1	40)		
599 Warren Street							Other (i.e., p	orivate and comm	12) iercial l	buildi	nas
City (5)							homes, etc.	)			.5-,
Hackettstown							Square Feet	# of Floors	F	Bldg.	Age
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Name of Monitoring Firm Hired b	v Buildin	Our	or (0)	100	284.81	T.,	High School				
Environmental Connectio		OWNE	si (Q)	- PARTER	CM No.		nent Contractor (9)				
Street Address	11, 1110			0	0030		NVIRONMENTA	L, INC.			
120 North Warren Street						Street Address					
City, State, Zip Code						1123 BEAVE					
Trenton, NJ 08608						City, State, Zip (					
Project Manager for Monitoring F						BRISTOL, P	A 19007				
Roland Jones	ırm		200000		ne No.	Telephone No.		License No.			
Start Date (10)	10.				92-4200	215-788-604	N	00509			
4 /15 /19	Sche				Date (11)	Name of OSHA I					
					/19	BRISTOL EN	IVIRONMENTAL	_, INC			
Occupancy Status During Abatem	ent (Che	ck only	one)			Street Address				-	-
Facility Closed/Vacated During	Entire P	eriod o	f Aba	tement		1123 BEAVE	R STREET				
Abatement Performed Outside Time of Abatement:AN	of Norma	al Facil	ODM	urs - D	escribe	City, State, Zip C	ode				
Scope of Work (Check all that app		1411/0.0	<u>O</u> r IVI-	12.00	- IVI	BRISTOL, PA	19007				
	oly)					M = " o		W 25			
⊇ ≥3 sf or ≥3 lf		⊠R	enova	ation			tainment with Nega	ative Pressure			
≥160 sf or ≥260 lf			emolit	tion			g Procedure				
		1	0 1 000	otion		☐ Non-Exe	mpted (*) and Non	-Friable Procedu	ire		
Location of			s Loca Norm			5			Ab	atem	ent T
Asbestos-Containing Material (	ACM)			lely by	Asbe	Description of stos Containing Ma	terial (ACM)	Δ	R	Z,	m
TO BE ABATED IN Facility		Cus	ainten	ance/ Staff?	/; ~	., thermal systems	insulation,	Amount . (Specify	Removal	Repair	าса
(13)		l ou.	(12			surfacing, VAT,	or	SF or LF)	va	=-	Encapsulate
		Yes	No	N/A	A	other miscellane	ous)				ate
uditorium					Acousti	c Ceiling Plaste	r	6,300 SF			
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			1	1	Waste	Cubic Yards of	Name of Basista	11 150			
ame of Registered Waste Hauler	NIP IN	Э.		Hauler	ID No.	Waste	Name of Registe				
	, mec			2099		Disposal Date	City, State	UIILL			
SERVICE TRANSPORT GRO ty, State	, nec						Jily, State				
ame of Registered Waste Hauler SERVICE TRANSPORT GRO ty, State YARDLEY, PA	701 , 1110					TBD	WAYNESBU	RG OH			
SERVICE TRANSPORT GRO ty, State YARDLEY, PA	Title					TBD	WAYNESBU				
SERVICE TRANSPORT GRO ty, State	Title	stima	for				WAYNESBU	/ Dat	te 3 - 2		10

Date of Notification (1)				LNI	(D "	1. 0 10			1	13	5 6		W	į
3 / 21 /		19				ding Owner/Operato own Board of Ed			K		And the property of the	PHILIPPINE SINE, NO.	-	
Agencies Notified Type Noti	ficatio	n			reet Addres					A F	<del>2 R - 1</del>	6	2019	3
⊠ EPA ⊠ Initial						Warren Street		1	14	AI	11 1	U	<u> </u>	J
☑ DOLWD ☐ Amend				-	ty, State, Zij			-		and the same	ACCRECATION			====
☑ DOH   Amend     ☑ DCA   ☐ Emerg			ina			own, NJ 07840				ASBE	STOS LICEI			) i
(NJAC 5:23-8) justific	ation)	inciuu	iriy	-	me of Cont			IT	eleph	one Nu	opposition and the contract of	magent round	ALL MINISTER DE	27.
☐ Cance	llation				Doug DeM	latteo				852-28				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				FACILITY	INFORMATION								-
Name of Facility Where Abatement i	s Taki	ng Pla	ce (3)				Type of Facilit	y (4)					SALU:	_
Hackettstown High School							School (K-	12)						
Street Address							Subchapte Other (i.e.,	r 8 (C	ther the	han K-1	2)	L	743	
599 Warren Street							homes, etc	;.)	te and	COMM	erciai	bullall	ngs,	
City (5)							Square Feet	1	# of FI	oors	F	3ldg.	Age	-
Hackettstown				20			+-75,000		+-2			+-5	92.0	
County (6)				C	ounty Code	(7)(STATE USE ONLY)	Current Use (F	rior i	fbeing	demol	ished)			-
Warren	** **						High Scho	ol						
Name of Monitoring Firm Hired by Bu		Owne	r (8)		M No.		nent Contractor (9					VALUE OF	- 3-2	-
Environmental Connection, In Street Address	nc			00	0030		NVIRONMENTA	AL, II	NC.					
120 North Warren Street						Street Address								_
City, State, Zip Code						1123 BEAVE								
Trenton, NJ 08608						City, State, Zip C								_
Project Manager for Monitoring Firm			1=			BRISTOL, P.	A 19007							
Roland Jones				lephor		Telephone No.		L	icens					
Start Date (10)	School	dulad (	1		92-4200 Date (11)	215-788-604	T		0050	09		9_58.9		
<u>4</u> / <u>15</u> / <u>19</u>					19 19	Name of OSHA I	vionitor IVIRONMENTA	41 14	ıc					
Occupancy Status During Abatement						Street Address	· · · · · · · · · · · · · · · · · · ·	\L, II	••					
☐ Facility Closed/Vacated During En	tire Pe	riod of	Abate	ement		1123 BEAVE	R STREET							
Abatement Performed Outside of N	Norma	I Facili	ty Hou	ırs - D	escribe	City, State, Zip C							i Teome	
Time of Abatement:AM	P	M/ <u>3:3</u> (	<u> PM-1</u>	12:00	AM	BRISTOL, PA								
Scope of Work (Check all that apply)									-					_
≥3 sf or ≥3 lf		M P	enova	tion		⊠ Full Con	tainment with Ne	gative	Pres	sure				
≥160 sf or ≥260 lf			emoliti				g Procedure							
						☐ Non-Exe	empted (*) and No	n-Fri	able F	rocedu	re			
Location of			S Loca Norma	270000000							At	atem	ent T	y
Asbestos-Containing Material (ACI	A)	Use	ed Sol	lely by	Asbe	Description of stos Containing Ma			۸		R	Z,	m	T
TO BE ABATED  IN Facility	•	1000000	intena	ance/ Staff?	(ie	., thermal systems	insulation,		Amor (Spec		Removal	Repair	ncap	
(13)		000	(12)			surfacing, VAT other miscellane	, or		SF or	LF)	Va.	-	Encapsulate	1
		Yes	No	N/A			- 30/						ate	-
uditorium				$\boxtimes$	Acoust	ic Ceiling Plaste	r	(	3,300	SF				1
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ame of Registered Waste Hauler			10700		Waste	Cubic Yards of	Name of Regis	tered	Land	fill			_	1
SERVICE TRANSPORT GROUP	, INC			lauler 2099		Waste	MINERVA I	LANI	DFILL	_				
ty, State YARDLEY, PA						Disposal Date TBD	City, State WAYNESB	IIPO	Oh					
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Dillan DeCaro		timat	or				De Caro	10		Da		(-		
Dillati Decato													10	N.

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

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Date of Notification (1)					f Building			500.05			100	1.0	0.0	10	1	
04-10-2019	T N:c:				ship of S	South C	range	!			APR	16	20	19	form	
Agencies Notified	Type Notification			Street A	iddress uth Orar	200 Av										
EPA DED	× Initial		-		ate, Zip Co	The state of the state of	е				SBEST			ROL	2.	
EPA DEP DOL	Amended Amendment	#			Orange		079		L	NO TO SERVICE STREET	LI(	CENS	NG	2.000 -TTTD	n.	ACRES.
	Emergency (		-		f Contact	110 07				Tel	ephone N	Jumbe			_	-
DOH DCA	justification) Cancellation				an Daska	aloski				1 32333	3-246-8					
					LITY INFO	E. MONIUL III CON	ON									
Name of Facility Where		g Place (3	3)					Туре	of Facility	(4)						
South Orange Police	ce Station								School (K-		V20 22					
Street Address	A								Subchapte Other (i.e. <sub>l</sub>				ıildin	as ho	mes	
201 South Orange	Ave								etc.)			TOIGI D				,
City (5)	7070							100000000000000000000000000000000000000	re Feet	3333	Floors		10000	, Age		
South Orange NJ 0 County (6)	77079			Caumbia	Code (7)			N/A	111 /5	N/A		V - 1 15	N/A	١.		
Essex					USE ONLY				nt Use (Pri ce Statio		ng aemoi	iisnea)				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	/ No		Name	100000000000000000000000000000000000000	tement Co		(9)					
RJB Environmenta	5.7	(-)							tracting		(0)					
Street Address								Addres								
56 East Bridge Stre	eet						PO E	30X 7	734							
City, State, Zip Code	W. A. C.								p Code						- 1- /	
Morrisville PA 1906							Woo	dland	Park NJ	0742	4			- 6		
Project Manager for Mon	itoring Firm			Telepho				none No		Ĭ,	License					
James Frisbee					91-9212		5.5	692-6			01266	i				
Start Date (10) 04-20-2019		12-20-		npletion	Date (11)				A Monitor	110						
Occupancy Status During	a Abatamant (Chan	totoward sterni	Daniel State of the Control of the C					Addres	tracting	LLC	22:					
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Facility Closed/Vaca	ated During Entire F ed Outside of Norm	eriod of /	Abaten Hours	nent S					p Code							
Other - Describe:	OCCUPIED BUILDI	VG		· 		_	2.50		Park NJ	0742	4					
Scope of Work (Check A	II That Apply)		·		<del>1111-1111-1111-1111-1111-1111-1111-11</del>											_
≥3 sf or ≥3 lf		× F	Renova	tion				Full	Containm	ent with	Negative	e Press	sure			
2160 sf or ≥260 lf			emolit	ion			-	Min	i-Enclosure	9						
							×		vebag Prod n-Exempted		d Non-Fri	able P	roceo	lure		
		Is	Locati	ion										ateme	ent	
Location	n of	67.11	Vormal			Des	scription	of				-	_	Туре	_	
Asbestos-Containing			d Sole intena			tos Cont				7.7	mount	-			1	ш
TO BE ABA		Cus	todial S	Staff?	(1.6.	thermal surfac	systems cing, VA		tion,		pecify or LF)	Kemova	, Court	Encapsulate		Enclosure
(13)			(12)			other n	niscellan	neous)			Something and a contract	ova	1	Sula		sure
		Yes	No	N/A								-		6		(D
Report Writin	ng Room			х	D	uct Vil	oration	Colla	ır	1	SF	x				
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Name of Registered Was			12.0	IJDEP W lauler ID	STATE OF THE	Cubic of Was			Name of	- 5	red Land	fill				
AMax Contracting L	LC		0	036184	1	5 CY			Fairles	s Hills						
City, State						E-2011	al Date		City, Stat							
Woodland Park NJ (	07424						-2019		Morrisv	ille PA						
Completed by Tome Maslarkov		Title	ot M	2000		S	ignature					Date		10		
TOTTIE WIASIATKOV		Proje	CL IVI	anager			IN	1				04-20	1-20	19		

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Pa.	IM(	NO		MIOITA	V OF AS	lew Jersey BESTOS ABA		DECE		$\mathbb{V}$	E	F
			(Pi	ursua	nt to NJA	AC 8:60 and 5:1	6)	13		220		711
Date of Notification (1)						g Owner/Operator (	(2)	UL APR 1	6	2019	)	$\parallel U$
	21 / 19	9		Ve	rizon Cor	mmunications	1		Ü	2010	,	
Agencies Notified	Type Notification			Stree	t Address			ASPESTOS	001	Company of	-	
⊠ EPA ⊠ DOLWD				-		ntgomery St	L	ASBESTOS LICEI	VSIN	G G	JL &	
☑ DOLWD	Amendment #	2-4/1	1/19		State, Zip (					AL COME		a thinking to
□ DCA	☐ Emergency (in					PA 15212						
(NJAC 5:23-8)	justification)  Cancellation				of Contac			Telephone Numb			1176-2-	
	Cancellation				thony Po			412-633-4021	1			
None of Facility Miles of				FA	CILITY IN	IFORMATION						
Name of Facility Where A		g Plac	e (3)				Type of Facility	A 2 2				
Verizon Ridgewood Street Address	Central Office						School (K-12	2) 8 (Other than K-12)				
178 East Ridgewood	d Avenue						Other (i.e., p	rivate and commerc	cial bu	uilding	gs,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Ridgewood							39,780	3		+-50		
County (6)				Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Bergen							Verizon					
Name of Monitoring Firm I		Owner	(8)	ASCM	No.	Name of Abateme	20.0					
USA Environmental, Street Address	, inc						VIRONMENTA	L, INC.				
8436 Enterprise Ave	v					Street Address	0.0000000					
City, State, Zip Code			-			1123 BEAVE						
Philadelphia, PA 191						City, State, Zip Co BRISTOL, PA						
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.		77		
Mark Jenkins				15-365		215-788-6040		00509				
Start Date (10)		duled C	4 4	Difference of the same	te (11)	Name of OSHA M	DOMESTIC TO THE THE					
4/_8/_		///		01		BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During				2012 CONTRACTOR		Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (					cribe	1123 BEAVER						
Time of Abatement:	AMPI	M/ <u>5:00</u>	PM- <u>1:</u>	30AM	CIDE	City, State, Zip Co						
Scope of Work (Check all t	that annly)					BRISTOL, PA	19007					
	and apply)						ainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Taxable 1	enovati emolitic	-			losure Procedure					
		Пъс	irronac					n-Friable Procedure	•			
		100	Locat						Ab	atem	ent T	уре
Location o Asbestos-Containing M			Normal ed Sole		Aabaa	Description of			R	Z,	ш	Ē
TO BE ABAT	ED	Ma	intena	nce/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	ncap	Enclosure
IN Facility (13)	•	Cus	todial ( (12)	starr?	(8)	surfacing, VAT,		SF or LF)	val	_	Encapsulate	sure
(13)		Yes	No	N/A		other miscellaned	ous)				ate	
Basement Air Dryer Ai	rea			$\boxtimes$	12x12 V	AT/Mastic		140 SF				
Basement Passage Wa	ay				12x12 V	AT/Mastic		132 SF				
Basement Ash Vault				$\boxtimes$	12x12 V	AT/Mastic		90 SF				
Basement Storage Ro	om	П		M	12×12 V	ΔT/Mastic		30 SE	M			П

ASB-41 JAN 13 DD19017

Completed By (Print or Type)

YARDLEY, PA

Dillan DeCaro

City, State

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

Cubic Yards of

Disposal Date

Signature

Waste

TBD

Name of Registered Landfill

MINERVA LANDFILL

WAYNESBURG, OH

Date

City, State

NJDEP Waste Hauler ID No.

20990

Title

Estimator

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

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	-	APR	1	6	2019	

Date of Notification (1)					Non	o of Duildi			(0)						Ш
3 /	21 /	19	)					wner/Operator (	(2)		APR	1.6	2019	O'Chromanage or o'Chromanage	UI.
Agencies Notified	Type Notific	ation			Ctro	et Address				Sal L	- AIII	1 0	_010	14	7
⊠ EPA	☐ Initial	ation										M. Supposer Co.			
☑ DOLWD		d				East Mo	1				ASBESTOS	S CON	TROL	. &	
☑ DOH	Amendm	ent #	2-4/11	/19	5-9050	State, Zip					LICE	NSIN	<u>G</u>	The same	
☐ DCA	☐ Emerger		cludin	g		ttsburgh		15212							
(NJAC 5:23-8)	justificat					e of Conta					Telephone Nu	mber			
	☐ Cancella	tion			Ai	nthony Po	orta				412-633-40	21			
Name of Facility 1911					F/	ACILITY II	NFO	RMATION						11.272	
Name of Facility Where Al			Place	(3)					Type of Faci	lity (4	)				
Verizon Ridgewood	Central Of	ffice							School (K	(-12)					
Street Address	2 20								☐ Subchapt	ter 8 (	Other than K-1 ate and comm	12) ercial	huildin	75	
178 East Ridgewood	d Avenue								homes, e		ato and comm	oroidi	Junum	30,	
City (5)									Square Feet		# of Floors		3ldg. A	ge	
Ridgewood									39,780		3		+-50		
County (6)					Cou	inty Code (	(7)(ST	ATE USE ONLY)	Current Use	(Prior	if being demo	lished)			
Bergen								*	Verizon						
Name of Monitoring Firm F	lired by Buil	ding C	wner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor	(9)			-		
USA Environmental,	Inc							BRISTOL EN			INC				
Street Address							-	reet Address		,					
8436 Enterprise Ave							670000	1123 BEAVE	RSTREET						
City, State, Zip Code							_	ty, State, Zip Co							
Philadelphia, PA 191	53						10000	BRISTOL, PA							
Project Manager for Monito			1000111	Te	lephone	No		lephone No.	13007		Linnan Ma				
Mark Jenkins				4		5-5810	1 66	215-788-6040			License No.				
Start Date (10)		Sched	uled C			ate (11)	- 177	me of OSHA M			00509				
4/8/_		0	11/	L	to 2					T A I	INC				
Occupancy Status During					10 6			BRISTOL EN	VIKONIVIEN	IAL,	INC				
☐ Facility Closed/Vacated								eet Address							
Abatement Performed (	During Entire	ormal	Facility	Abai	ure De	scribo		1123 BEAVER							
Time of Abatement:	AM-	PN	1/5:00	PM-	1:30AN	Scribe		y, State, Zip Co							
				(9)/////////			E	BRISTOL, PA	19007						
Scope of Work (Check all t	nat apply)							□ Full Cont	oinmont with N		D				
			⊠ Re					☐ Mini-Encl	ainment with Nosure	vegat	ive Pressure				
≥160 sf or ≥260 lf			☐ De	moli	tion			Glovebag							- 1
			1-						npted (*) and	Non-F	Friable Proced	ure			
Location of	f			Norm	ation ally			D				A	batem	ent T	уре
Asbestos-Containing M		n	Use	d Sc	lely by	Ashe	estos	Description of Containing Mat		1	Amount	Z e	Re	Ē	四
TO BE ABAT	ED				ance/ I Staff?	(i.e	e., the	ermal systems in	nsulation,		(Specify	Remova	Repair	cap	clos
IN Facility (13)			Cust	.001a (12				surfacing, VAT,			SF or LF)	va	'	Encapsulate	Enclosure
(10)		Ī	Yes	No	1		Oti	her miscellaned	ous)	1				ate	
Basement Air Dryer Ar	ea		П	П		12x12 \	/AT/	Mastic		-	00.05				
2.70.7.	-				-	12X12 V	VAII	IVIASUC		+	80 SF				
				100 100						-		4	Ш	Ш	Ш
			Ц												
Name of Registered Waste					NJDEP		100000000000000000000000000000000000000	oic Yards of	Name of Re	gister	ed Landfill				
SERVICE TRANSPOR	RT GROUP	, INC			Hauler I 2099	State of the state	Was	ste	MINERV	A LA	NDFILL				
City, State							Disp	posal Date	City, State					-177	
YARDLEY, PA							Т	BD	WAYNES	BUF	RG, OH				
Completed By (Print or Type	e)	Title						Signature				ate	ti et e		
Dillan DeCaro		Es	timat	or				Dillan	DeCar	0/			11-	19	

						1200 8 2200	NG 65		III SANTANIA SANTANI				
(9. W	$\Gamma$		NIC	TIEI	ATIC	State of I	New Jersey SBESTOS ABA	TF66F017	MEC	E	П	7/7	P
1	) (r	)	NC	(F	Pursu	ant to NJ	AC 8:60 and 5:1	6)		E	<u>U</u>	₩ !	
Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)					- 11
	21 /	1	19		100		mmunications	(2)	UU APR	16	20	)19	Soldinaries pro-month
Agencies Notified	Type Noti	ficatio	n		Stre	et Address							+
⊠ EPA					15	East Mo	ntgomery St		ASBESTO	S C	TNC	ROL	2
☑ DOLWD	⊠ Amend	1975	ua an	140	City	State, Zip	Code		L/C	ENS	ING		
□ DCA	Amend				Pi	ttsburgh	PA 15212						
(NJAC 5:23-8)	justifica		moladi	iig	_	e of Conta			Telephone Num	her	-		
	☐ Cancel	llation			A	nthony Po	orta		412-633-402				
					-		NFORMATION		112 000 402				
Name of Facility Where A				ce (3)				Type of Facility	(4)				
Verizon Ridgewood	Central C	Office	;					School (K-12	2)				
Street Address								Subchapter	8 (Other than K-12 rivate and comme	)		502000	
178 East Ridgewood	d Avenue							homes, etc.)	invate and comme	cial D	ullair	igs,	
City (5)								Square Feet	# of Floors	IB	Bldg. A	Age	
Ridgewood								39,780	3		+-5(		
County (6)				7	Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Bergen								Verizon	3	,			
Name of Monitoring Firm I		uilding	Owne	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
USA Environmental	, Inc							VIRONMENTA					
Street Address							Street Address		,				
8436 Enterprise Ave	1						1123 BEAVE	RSTREET					
City, State, Zip Code			CORP.				City, State, Zip Co	to concern we are sent in the					
Philadelphia, PA 191	153						BRISTOL, PA						
Project Manager for Monitor	oring Firm	5130		Tele	ephone	No.	Telephone No.		License No.				
Mark Jenkins				2	15-365	5-5810	215-788-6040		00509				
Start Date (10)		Sche	duled (	Comple	tion Da	ate (11)	Name of OSHA M	onitor					
_4_/_8_/_					7_ /	19		/IRONMENTAL	., INC				
Occupancy Status During							Street Address				-212		-
☐ Facility Closed/Vacated	During Ent	tire Pe	riod of	Abate	ment	220	1123 BEAVER	STREET					
Abatement Performed ( Time of Abatement:	AM-	Norma	i Facili M/5·00	DM-1	s - Des :30AM	scribe	City, State, Zip Co	de			-		
			VII 0.00	21 141-1	.ooAivi		BRISTOL, PA	19007					
Scope of Work (Check all t    >3 sf or >3 if   >160 sf or >260 if	hat apply)		□ De	enovati	n			Procedure	ative Pressure	9			1000
1 0			797	Locat Norma	10000					Ab	atem	ent T	уре
Location of Asbestos-Containing Management		VI)	Use	ed Sole	ly by	Ashes	Description of stos Containing Mate			R	Z,	m	ш
TO BE ABAT	ED	,	Ma	intena todial	nce/		, thermal systems in		Amount (Specify	Removal	Repair	Cap	Iclo
IN Facility (13)			Cus	(12)	olan !		surfacing, VAT, other miscellaneo		SF or LF)	val	"	Encapsulate	Enclosure
(/			Yes	No	N/A		other miscellaneo	us)				ate	
Basement Air Dryer Ar	ea					12x12 V	AT/Mastic		140 SF			П	
Basement Passage Wa	у				$\boxtimes$	12x12 V	AT/Mastic		132 SF				
Basement Ash Vault						12x12 V	AT/Mastic		90 SF				
Basement Storage Roo	m					12x12 V	AT/Mastic		30 SF				
Name of Desistant 1144 4	L 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1									

ASB-41 DD19017

Completed By (Print or Type)

YARDLEY, PA

Dillan DeCaro

City, State

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

Cubic Yards of

Disposal Date

Signature

Waste

TBD

Name of Registered Landfill

MINERVA LANDFILL

WAYNESBURG, OH

Date

City, State

NJDEP Waste

Hauler ID No.

20990

Title

Estimator

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

19.0	`		NO				AC 8:60 and 5:		B	E (	C E	3 [	W	7 FE	3 Pm
Date of Notification (1)	-								IIU)	1-5	5 E		$\mathbb{V}$	<u>[</u>	-11
3 /	21 /	1	Q				ng Owner/Operator	(2)	1						
										AF	PR 1	6	201	9	
Agencies Notified  EPA	Type Notif	fication	1			eet Address									1
⊠ DOLWD	☑ Amend	ded					ntgomery St			ASBES	2700		aronaronos	~ t . c	
☑ DOH	Amend		#1-4/9	/19		, State, Zip				7000	LICEN	1911	10	16.0	K.
☐ DCA	☐ Emerge	ency (i	includi	ng			PA 15212			NAME OF TAXABLE PARTY.	THE SHARESTONE	mereox			or bright.
(NJAC 5:23-8)	justifica					ne of Conta			Te	lephone	Numbe	er			
	☐ Cancel	llation				nthony Po			4	112-633	-4021				
No						ACILITY II	NFORMATION								
Name of Facility Where A				ce (3)	)			Type of Facility							
Verizon Ridgewood	Central	Office						School (K-1	2)	b = - 11	14.400				
Street Address								Subchapter Other (i.e.,	orivate	ner than and cor	K-12) nmerci	ial h	uildin	as	
178 East Ridgewood	Avenue							homes, etc.	.)	- ua 00.		uib	ununi	,,,	
City (5)								Square Feet	#	of Floors	3	В	ldg. A	ge	
Ridgewood						1		39,780		3			+-50	Ŋ,	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (P	rior if	being de	molish	ed)			
Bergen								Verizon							
Name of Monitoring Firm		ilding	Owner	(8)	ASC	VI No.	Name of Abatem		- T						
USA Environmental	inc						BRISTOL EN	VIRONMENTA	L, IN	C.					
Street Address							Street Address	77							-
8436 Enterprise Ave							1123 BEAVE								
City, State, Zip Code							City, State, Zip C				-8542 - 85				
Philadelphia, PA 191				1=			BRISTOL, PA	19007	00 - 114 - 1120						
Project Manager for Monito Mark Jenkins	oring Firm				elephon		Telephone No.		Lie	cense No	ο.				
Start Date (10)		0.1				5-5810	215-788-6040			00509					
_4_ / _8_ / _						ate (11)	Name of OSHA N								
						19		VIRONMENTA	L, IN	С					
Occupancy Status During							Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed (	During Ent Outside of N	tire Pe	Facilit	Aba	tement	ooribo	1123 BEAVE								
Time of Abatement:	AM-	PI	W/5:00	)PM-	1:30AN	escribe 1	City, State, Zip Co								
Scope of Work (Check all t							BRISTOL, PA	19007							
Scope of Work (Check all t	nat apply)						☐ Full Cont	ainment with Neg	notive.	D====					
☐ ≥3 sf or ≥3 lf			⊠ Re					losure	Jauve	riessure	3				
≥160 sf or ≥260 lf			∐ De	emoli	tion		☐ Glovebag	Procedure mpted (*) and No	_ =:-	LL B	10.000				
			Is	Loc	ation	T	⊠ Non-Exe	inpled ( ) and 140	n-rna	DIE Proc	eaure				
Location of			1	Norm	ally		Description of	f			-		ateme		
Asbestos-Containing Ma		VI)			lely by		stos Containing Mat	terial (ACM)		Amount		Remova	Repair	Enc	Enclosure
IN Facility	ED				I Staff?	(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>			(Specify		nov	air	aps	iosi
(13)				(12	2)	_	other miscellane		٥	F or LF)		<u>a</u>		Encapsulate	ле
			Yes	No	N/A									O	
Basement Air Dryer An	ea					12x12 V	AT/Mastic			80 SF		X			П
			П									-	$\equiv$		
		-	_		+						- 1		Ш	Ш	Ш
										373					
	-														
lame of Registered Waste					NJDEP		Cubic Yards of	Name of Regis	tered	Landfill					_
SERVICE TRANSPOR	T GROUP	P, INC		1	Hauler I 2099		Waste	MINERVA	AND	FILL					
City, State							Disposal Date	City, State						-	
YARDLEY, PA							TBD	WAYNESB	URG.	ОН					
Completed By (Print or Type	9)	Title			N. 1027		Signature				Date				
Dillan DeCaro		Es	timat	or				1 No Cana	0/	On 1	U.	_ <	}	19	

ASB-41 DD 19017

N.	001		NO	OTIF	ICATI (Pursi	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT	CML#	=3	53	9	
Date of Notification (1)	21	/	19		Na	me of Build	ding Owner/Operato		ME	5 [		$\mathbb{V}$	7 E
Agencies Notified	Type Not	_							113				
Ø EPA 5   35	☑ Initial	moati	J11		100000	eet Addres			III A	PR '	16	201	19
☑ DOLWD 5(()	☐ Amen	ded			_		ontgomery St			11	, 0	LVI	U
Ø DOH5/04	Amen			_		/, State, Zi				edecation C*		remain our Times	NATIONAL PROPERTY.
DCA (NJAC 5:23-8)	☐ Emerg	gency	(includ	ing	_		PA 15212		ASBE	1 100	TAICH	NTE	OL 8
(143/10 3.23-6)	justific				1	ne of Cont			Telephone Nur	nber	HOI!	NAME OF THE PERSON NAME OF THE P	LUUL-TITE
	- Canoo	matioi			_	nthony F			412-633-40	21			
Name of Facility Where A	hatamant	a Tal	i DI-	(0)	F	ACILITY	INFORMATION				1,500		
Verizon Ridgewood				ce (3)				Type of Facility					
Street Address	Central	Onic	e					School (K-	12)	200			
178 East Ridgewoo	d Avenue	)						Other (i.e., homes, etc	r 8 (Other than K-1 private and comme :.)	2) ercial l	buildi	ngs,	
City (5)								Square Feet	# of Floors	- 11	Bldg.	Age	
Ridgewood								39,780	3		+-5		
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	rior if being demol	shed)			
Bergen								Verizon					
Name of Monitoring Firm		uilding	Owne	r (8)	ASC	√l No.	Name of Abatem	ent Contractor (9	9)			-	
USA Environmental	, Inc						BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address							Street Address						
8436 Enterprise Ave							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Philadelphia, PA 191							BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			Te	lephone	No.	Telephone No.		License No.		_		
Mark Jenkins						5-5810	215-788-6040	)	00509				
Start Date (10)4 /8 / _	19					ate (11) 19	Name of OSHA N BRISTOL EN	Monitor VIRONMENTA	I INC				
Occupancy Status During /	Abatement	(Chec	ck only	one)			Street Address						
Facility Closed/Vacated	During En	tire Pe	eriod of	Abat	ement		1123 BEAVE	R STREET					
Abatement Performed (	Outside of N	Vorma	I Facili	ty Ho	ırs - De	scribe	City, State, Zip Co	***************************************					
Time of Abatement:	AIVI	P	M/ <u>5:0</u> (	PM-	:30AM		BRISTOL, PA						
Scope of Work (Check all to	hat apply)							. 10001					
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				enova				Procedure	gative Pressure				
			1	Loca				. ()		-	otono		F
Location of Asbestos-Containing Ma		. 41		Norma	ally ely by		Description of	f			atem	1	-
TO BE ABATE		vi)	Ma	inten	ance/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(	surfacing, VAT,	or	(Specify SF or LF)	lova	air	apsi	losu
(13)			Yes	(12) No		-	other miscellaned	ous)	0. 0. 21 /	=		ulat	Te
Basement Air Dryer Are	ea		res	No	N/A	12x12 V	AT/Mastic		220 SF			-	
Basement Passage Wa	v					12v12 V	AT/Mastic			-			
asement Ash Vault							AT/Mastic		132 SF 90 SF				
asement Storage Roo	m			П		12×12 V	AT/Mastic						
ame of Registered Waste I					JDEP V	1	Cubic Yards of	Name of Death	30 SF				
SERVICE TRANSPOR		, INC	<b>.</b>		auler ID	No.	Waste	Name of Regist MINERVA L					
ity, State			NS54		20990		Dianas I Dat		ANDFILL				
YARDLEY, PA							Disposal Date TBD	City, State WAYNESBU	JRG, OH				
ompleted By (Print or Type	)	Title					Signature a				ul over	-	
Dillan DeCaro		Es	stimat	or			Dillan	1 DICALS	/ SDL 2		7/	10	

Check No. 5813

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Date of Notification (1)							ng Owner/Operator	r (2)		IIU	厅	3 🐷		П	0	- 1
April 12, 2019						N & YV				lln						
Agency Notified	Type Notification	on				Address					-0.000	APR	1	6	201	9
	Initial						g Street			fruit 6		441.11				
	☐ Amended			- 1		State, Zip							TTO-PONISS.		Name of Street	
⊠ DOL	Amendment  Emergency (						07114				AS	BEST	OS (			OL
☑ DOH	justification)				Name	of Conta	ct		Tel	ephon	e Nu	mber	7517	011	-	an_e
□ DCA	☐ Cancellation	§			Jam	es Zog	hlan		97	3-57	8-21	27				
					FAC	ILITY INF	ORMATION		*							
Name of Facility Where At	atement is Tak	ing Place	(3)	- Caración				Type of Facility	(4)							
Maher Terminal								☐ School (K-12								
Street Address								Subchapter 8		er tha	n K-1	2)				
1519 North Slate St	reet							Other (i.e. pri homes, etc.)	ivate 8				ngs,			
City (5)								Square Feet		Floor	s	Bldg	. Ag	е		
Elizabeth, NJ 07201								N/A	N/	Α		N/A	4			
County (6)				T			) (STATE USE	Current Use (Pr	or if t	peing (	demo	lished)		250		
Union					ONLY)		2015	Sewer Line		550		- 65				
Name of Monitoring Firm H	lired by Building	g Owner	A	SCM	No.		Name of Abatem	nent Contractor (9	)							
PA of NY & NJ			N	I/A			B&N&K Res	toration Co. I	nc.							
Street Address							Street Address						-			
241 Erie Street, Roo	m 236						223 Randolp	oh Avenue								
City, State, Zip Code							City, State, Zip C									
Jersey City, NJ 0731	10						Clifton, NJ 0	7011								
Project Manager for Monito	ring Firm		Tele	pho	ne No.		Telephone No.		Lice	nse N	0.					
Uday Mehta			20	1-59	5-488	31	973-478-468	1	00	120						
Start Date (10)	Schedu	led Comp	oletio	n Da	te (11)		Name of OSHA	Monitor								
April 22, 2019	May :	30, 201	9				EMSL Analy	tica <mark>l</mark> , Inc.								
Occupancy Status During A	Abatement (Che	ck only o	ne)				Street Address	*								
☐ Facility Closed/Vacated	During Entire Pa	eriod of A	hator	nant			200 Route 1	30 N								
☐ Abatement Performed O	utside of Norma	I Facility	Hour	S			City, State, Zip C	ode							ð	
Other - Describe:							Cinnaminso	n, NJ 08077-2	2892							
Scope of Work (Check all the	nat apply)											30				
≥ 3 sf or ≥ 3 lf					⊠ Ren	ovation		Containment with Enclosure	Negat	ive Pr	essu	re				
≥ 160 sf or ≥ 260 If					☐ Dem	olition	☐ Glove	ebag Procedure				0000				
		-				1	⊠ Non-	Exempted (*) and	Non-	riable	Pro	cedure	Τ Δ	bate	mo	nt
				ocati									"	20,500	pe	11
Location		Ι.	Jsed	rmal Sole	-		Description of	of								
Asbestos-Containing I TO BE ABA			Maint	ena	nce/		stos Containing Ma			0.00000	ount		77		E	ш
IN Facilit			200500	stodi taff?	000	(i.e.	, thermal systems surfacing, VAT				ecify or LF)		em	Re	cap	nclo
(13)	***		-	12)			other miscellane				/		Remova	Repair	Encapsulate	Enclosure
		-	-										=		te	0
Sewer Line		Ye	s	No	N/A	Minari	ning Metavist	Inoulette			4	00 1 1		-		
Ocwer Line			1	-		avrap	ping Material/	insulation			10	00 In 1	4			
			-										-			
		-	_										-			
Name of Pagistard Wasts	Uaule:		MID.	- P 1	last: 11	aula -	Cubic Vester of	Non- (5								
Name of Registered Waste	пашег		ID No		/aste H	auier	Cubic Yards of Waste	Name of Regist	ered L	.andfil	I					
Jimmy Byrne Trucki	ng		195				20	Minerva En	terp	rises	, Inc	c.				
City, State							Disposal Date	City, State	_							
Bronx, NY / Newark,	NJ						To be Determined	Waynesbur	a. O	Н						
Completed by	Title						Signature	///	3, 5			Date				
G. Roger Woodman	Proie	ct Mana	ager				11/10					4/12	201	9		

Check No.

5812

Date of Notification (1)					Name	of Buildi	ng Owner/Operato	r (2)									
April 12, 2019							NJ, Newark L		tiona	14	\irp	ort_					
	Type I	Notification				Address				Ti	7	E	C	E	1	W	
□ EPA	⊠ Initi	-1			Buil	ding 80	), 2nd Floor				D)r		9	브	П	U	
	☐ Am					State, Zip				#	N						
⊠ DOL		endment #	12		New	ark, N.	J 07114				loane at		APR	1	6 3	201	9
⊠ DOH		ergency (includ ification)	ling			of Conta			Tele	pho	ne N				0 1	_01	0
		cellation			Ralp	h Cam	pione		1200000	1	24-6			and and a second	armoner .	and the same	and the same
			- 111-00-				FORMATION			-		ASB	EST(		SIN		OL
Name of Facility Where At	pateme	nt is Taking Pla	ace (	3)	170		ORMATION	Type of Facility	(4)	-			LIC	)CIV	SIM	5	-
Terminal A Pipe Ga					Λler												
Street Address	псту	- Aujacent	LO I	CIIIIII	iai A			☐ School (K-12) ☐ Subchapter 8		r th	an K	12)					
	rnoti	onal Airnor	4					Other (i.e. pri	vate &	100	mmer	cial b	uildin	gs,			
Newark Liberty Inte	mati	olial Airpor	ι					homes, etc.)	,								
City (5)							.14	Square Feet	# of i		ors ound		Bldg.	-			
Newark								N/A	Fuel	Lin	es		50 +	-/-			
County (6)					Count		) (STATE USE	Current Use (Pr	or if be	eing	dem	nolish	ed)				
Essex					Greenwan Ceo	/ NZ		Abandoned		Li	nes						
Name of Monitoring Firm F	Hired b	y Building Own	er	ASC	ΛNo.		Name of Abatem	nent Contractor (9	)								
PA of NY & NJ				N/A			B&N&K Res	storation Co.,	Inc.								
Street Address					107		Street Address	***									
241 Erie Street, Roo	om 23	6					223 Randolp	oh Avenue									
City, State, Zip Code							City, State, Zip C	Code									
Jersey City, NJ 073							Clifton, NJ 0	7011									
Project Manager for Monito	oring F	rm		Telepho	ne No.		Telephone No.		Licen	ise	No.						
Ralph Campione					24-689	98	973-478-468	1	001	20							
Start Date (10)		Scheduled C		etion Da	ate (11)		Name of OSHA	Monitor									
April 24, 2019		May 30, 2					McCabe Env	vironmental S	ervic	es	, L.L	C.					
Occupancy Status During /	Abaten	nent (Check on	ly one	e)			Street Address										
☑ Facility Closed/Vacated	During	Entire Period	of Ab	atemen	t		464 Valley B	Brook Avenue									
□ Abatement Performed O	utside	of Normal Faci	lity H	ours	Te (1)		City, State, Zip C	ode									
☐ Other - Describe:							Lyndhurst, I	NJ 07071-1998	3								
Scope of Work (Check all t	hat ap	oly)					M Euli (	Containment with	Mogatio	vo F	25000						
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf					⊠ Ren	ovation	☐ Mini-	Enclosure	negau	/e r	ressi	ure					
□ ≥ 160 sf or ≥ 260 If					☐ Dem	olition	□ Glove	ebag Procedure Exempted (*) and	Non F	ui a b	la De						
				ST 20 S	<u></u>		□ мон-	Exempled ( ) and	NOII-FI	lab	ne Pro	ocea	ure	ΔΙ	bater	ner	ıt
				Is Locat Norma				1							Тур		
Location		1/4010	Us	ed Sole			Description of										
Asbestos-Containing TO BE ABA		ai (ACIVI)	M	aintena			stos Containing Ma ., thermal systems				nount pecify			Z	_	Enc	四
IN Facilit				Custod Staff		(1.0.	surfacing, VAT				or LF			em	Rep	ans.	Enclosure
(13)		1.9		(12)			other miscellane	eous)						Removal	Repair	ncapsulate	sure
				1	T										6	0	5100
24" Chilled water lin	10		Yes	No	N/A	tar no	aper covering			_		50	In ft		+	+	$\dashv$
18" TSI high temp h		tor line	$\leftrightarrow$		-	-	ed block insul	letie u		_					+	+	$\dashv$
10 Tornight temp in	OL WA	iter iiiie	$\triangle$	-	-	molu	eu block ilisui	lation				10	In ft	$\triangle$	+	+	-
				-											_	+	_
Name of Registered Waste	Ua.d-		1	IDED.	Mosts !	aulaa l	Ouble Vani	Non- 12	11								_
				JDEP I	Naste H	auier	Cubic Yards of Waste	Name of Registe	ered La	ndf	111						
Jimmy Byrne Trucki	ing		99	9555			10	Minerva Ent	terpri	ise	s, In	ıc.					
City, State	= 1,1400,234						Disposal Date	City, State		-							$\dashv$
Bronx, NY							04/24/2018 - 05/30/2019	Waynesbur	g, OF	-							
Completed by		Title					Signature	1111				Da	ate			_	$\dashv$
G. Roger Woodman		Project Ma	anaç	ger			41	/// "				4	/12/2	201	9		

(K5053

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)		COLUMN TO THE OWNER OF THE OWNER	- Million		
4/12/	19					AUREL	202 000	STEWE	C F	П	W	F
Agency Notified	Type Notification		$\dashv$		Address	BO ECC			(0) 11	1)	17/	
			1			•		11531				
© EPA © DEP	☑ Initial ☐ Amended		H	City, S	tate, Zip	Code .			APR 1	6	201	0
DOL	Amendment#						NT. 07	2944 /	AFN 1	O	201	J
<b>Б</b> ООН	☐ Emergency (includ	ng	-	Name	of Contac	FIELD.		Telephone Nur	nber			
D DCA	justification)  Cancellation					BERUSTEIL		i hamanananan			R	OL 8
						ORMATION			LICE	1211.	CZ Marian	
Name of Facility Where	Abatament is Taking Di	in (3)		FACI	DIT ME	ORMATION	Type of Facility	(A)				
	BERNSTEIN	0.303					Type of Facing	y ( <del>-</del> )				
	PEICH ZIEIN			von more	- ,		School (K-1					
Street Address				1983			Dother (i.e. p	8 (Other than K-12 rivate & commercia	al building	JS,		
					,		homes, etc.	.)				
City (5) .						5.72	Square Feet		Bldg.			1
Bloom	FIELD				÷.		2000		19	40	>	
County (6)						(STATE USE		rior if being demol	ished)			illi execut
255	ξ×			ONLY)			(CES	DENCE				
Name of Monitoring Firm	Hired by Building Own	er	ASCM	No.		Name of Abaten	nent Contractor (	9)				
(8)						Best Re	moval In	C				
Street Address						Street Address	,					
						450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C						
						Hackens	ack, N.J	. 07601				
Project Manager for Mon	itoring Firm	Te	elephor	ne No.		Telephone No.		License No.		No.		
						201-329-	-7444 -	00388				
Start Date (10)	Scheduled C					Name of OSHA	Monitor					
4/23/19	4.	24	115	}		Omega 1	Environm	ental				
Occupancy Status During	g Abatement (Check on	ly one)				Street Address						
☐ Facility Closed/Vacate	d During Entire Period	of Ahat	ement			280 Hı	ıyler St					
□ Abatement Performed	Outside of Normal Fac					City, State, Zip C				+0.		
2 Other - Describe: 8	4900	10:		•		S. Had	ckensack	,N.J. 07	606			
Scope of Work (Check a	I that apply)			80				Negative Pressur				
J2 ≥ 3 sf or ≥ 3 lf				Ren	ovation		Enclosure	i Negative Flessui				
12 ≥ 160 sf or ≥ 260 lf				☐ Dem	olition		ebag Procedure					
						⊔ Non-	Exempted (*) an	d Non-Friable Proc	edure	Ah	atem	ent
			Locati							S	Туре	
. Locatio			d Sole			Description	of					
Asbestos-Containin TO BE A			intenar			stos Containing Ma		Amount		70	_   =	T m
IN Fac		Ġ	Staff?		(i.e.	. thermal systems surfacing, VAT		(Specify SF or LF)		em .	Repair	iclo
(13	)		(12)			other miscellane	2000 C. Maria			Removal	Repair	Enclosure
		V	T	1 21/0	1		χ.				9	
810-00-0		Yes	No	N/A	4.				. =		+	+
BASEITENT				1		AL SYSTEM IN		145		^	+	+
BASEMEN	Ψ			1	THERMA	h sulfacing	MOITHWAI	45 SF	2 7	7	1	$\perp$
									٠,۶		1	$\perp$
						9						
Name of Registered Was		10000		Vaste H	auler	Cubic Yards of	Name of Regi	stered Landfill	1			
Best Remo	val Inc	ID	No. 1.7	109		Waste 3/20)	Minerva	a Enterpr	ises	,	LL(	3
Cib. Chub.			1/.	109		/ /						
City, State	le NIIO7	601				Disposal Date	City, State	1 61	111	0.0		
Completed by	k , N.J. 07	OUL				4/25/19	Waynes	sburg, Oh	, 446 Date	88		
	100	ime				Signature	'orang		4/	2	10	
J.Maiorano	Est:	ımaı	or			1/100			-11	-	11	

1 0 100	ì		g	~ A	71 1-				7 @			rint [
Jh 2428		NOTI	FICATIO	State of New DN OF ASBE nt to NJAC 8	Jersey STOS ABATI 60 and 12:12	EMEN 20)	ıT	ID-	E C	E		<u> </u>
Date of Notification (1) 4/11/2019			Name SOU	of Building C	Owner/Operato	or (2)	ANY		API	7 1	20	)19
	lotification		Street	Address					SBES	TOC	ONIT	EOI
	itial mended			RKET ST				P	12BE2	ICEN	ING	I UL
Ĭ DOL A	mendment # mergency (includir				RK, NJ 074	407		45-5				
Ŭ DOH │ ju	stification) ancellation	ig	100000000000000000000000000000000000000	of Contact NAPICK				Telephone		er	-	
Name of Facility Where Abateme	nt in Taking Diseas	(2)	FAC	CILITY INFO	RMATION							
BOILER HOUSE	nt is Taking Place	(3)				Тур	e of Facility (4)					
Street Address						H	School (K-12) Subchapter 8	(Other than	K-12)			
1 MARKET STREET						×	Other (i.e. privetc.)	ate & comm	ercial b	uilding	, hon	nes,
City (5) ELMWOOD PARK						Squ	are Feet	# of Floors		Bldg	\ge	
County (6) BERGEN			County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prior	if being dem	olished)	)	_	
Name of Monitoring Firm Hired by N/A	Building Owner (8	3)	ASC	M No.	Name	of Ab	oatement Contra	actor (9)	ING	INC	-	
Street Address					Street	Addr	ess				_	
City, State, Zip Code							LAND AVE	NUE				
only, state, zip code							Zip Code A, NJ 07512					
Project Manager for Monitoring Fi	rm		Telepho	one No.	Teleph			Licens	e No.		-	
Start Data (40)					( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	The state of	-8700	0049				
Start Date (10) 4/22/2019	4/25/2		mpletion	Date (11)			SHA Monitor					
Occupancy Status During Abatem					Street		S (9) ABOVE	-			-	
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ng Entire Period of le of Normal Facilit	Abater y Hour	nent s				Zip Code					
cope of Work (Check All That Ap	ml. d				-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit			×	Mi GI	ull Containment ini-Enclosure ovebag Proced on-Exempted (*	ure				
		S Locati						and Home	Idbic 11	Aba	men	t
Location of Asbestos-Containing Material (		Normal ed Sole		A=h==4==	Description						Эе	Г
TO BE ABATED In Facility	IVI	aintena todial S		(i.e. the	Containing Mermal systems	insul	ation,	Amount (Specify	Z.	77	Enc	m
(13)		(12)			surfacing, VA <sup>*</sup> ther miscellan			SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>	"	late	ıre
BOILER ROOM		Х			PIPE			60 LF	X	+	-	
				PIP	E (WRAP 8	k CU	T)	45 LF				
											-	
ame of Registered Waste Hauler		1011200	JDEP W	335-00-00	Cubic Yards		Name of Reg	istered Land	fill		_	
NO BROTHERS CONTRA	CTING		auler ID 8743	No. o	f Waste 4		WASTE N			G.R.(	W.S	S.
ty, State				D	isposal Date		City, State					
OTOWA, NJ				4	1/25/20/19		MORRISV	ILLE, PA				
ompleted by IVECA RAMOS	Title PRO	JECT	COOR	RDINATOR	Signature		P		Date	040	0	

CK4562	54	Control of Control					E C	EI	V E
Federal N	otification of Asb	estos Aba	itement (Pu	rena	nt to NJAC 8:60-7 and 12	120 7			
Date of Notification	0 1	Nam	e of Building mingdales Ir	Ow	ner/Operator	.120-7)	APR	116;	19
USEPA X	of Notification Initial		et Address est Seventh	Stree	et	A	SBEST	OS CON	ROL&
X DEP X DCA/DOL X DOH	Notification Amended Cancellation		State, Zip C		-	l	L	CENSIN	
			e of Contact	************		Telephone Nu	mber		10
		Ralph	n Coppola			973-265-9763			
		FACIL	ITY INFOR	MAT	ION	1973-203-9703			
Name of Facility Where Abate	ement is Taking P	lace		T	Type of Facility				
Bloomingdales Hackensack					( ) School (K-12) ( ) Sub-Chapter 8 (Oth	er than K 12)			
Street Address				1	(X) Other (I.e. private &	& Commercial			
400 Hackensack Ave				-	buildings, homes, etc	C.)			
City	County	County (	Code	Jor	of Bldg. 1 MILLION +S	# Floor	3	Age of	dg.
Hackensack	LINION	State us	e Only	Cui	rrent Use (prior if being der			1 5	1
Name of Monitoring Firm Hire	UNION d by Building Own	er	ASCM No.	Mai	me of Abatment Contractor				
	,	01	AGGINI NO.	Ivai	tie of Abatment Contractor				
PENNONI ASSOICATES Street Address					M CONSULTING CORP.				
Offeet Address				Stre	eet Address				
24 COMMERCE ROAD				215	0 STANLEY TERRACE				
City, State, Zip Code			10	City	, State, Zip Code				-
NEWARK, NJ 07102				UM	ION, NJ 07083				
Project Manager for Monitoring	g Firm	Telephone	No.		ephone Number	License Numb	er		
TO BE DETERMINED	TO .	C DETER	MNED						
Scheduled Start Date	Scheduled Comp	BE DETER		_	-687-1008 ne of OSHA Monitor	008	75		
					ne or oor a timoritor				
5 6 2019 Month Day Year	9 30 Month Day	2019 Year		_	SL ANALYTICAL				
Occupancy Status During Aba	tement (Check On	Iv One)		Stre	et Address				
Facility Closed/Vacated X Abatement Outside Norr	During Entire Peri	od of Abat	ement		WEST 38TH STREET				
X Describe: 9:30PM TO 7	:00AM			City	, State, Zip Code				
Other - Describe:				NEV	V YORK, NY 10118				
Scope of Work (Checl Only Or	10)		Ala ataura at	1.4.4	,				
Demolition	177		Abatement I		od Containment with Negative	Pressure			
>3sf or >3lf				Mini	-Enclosure				
X ≥ 160sf or ≥ 260lf Renovation					rebag Procedure -Friable Procedure				
			n Normally	NOTI	Describtion of	Amount to be	Ahat	tement Ty	(1 <del>0</del>
Location of ACM Facility			Custodial Sta		ACM to be	Removed	-		
1st FLOOR - WA1		Yes	NO	N/A	Removed VAT & Mastic	(Specify SF/LF) 1300SF		Rep. En	Encl.
1st Floor - WA2					VAT & Mastic	1400SF	X	-	-
1st Floor - Escalator					VAT & Mastic	100SF	X	+-	
						+	-		
Name of Registered Waste Ha			Waste ID N	lo.	Cubic Yds waste	Name of Regist	ered La	ndfill	
TRI-STATE TRANSFER ASSOCITION OF TRIPLEMENT OF TRANSFER ASSOCITION OF TRANSFER ASSOCIATION OF TRIPLEMENT OF TRANSFER ASSOCIATION OF TRIPLEMENT OF TRANSFER ASSOCIATION OF TRANSFER ASSOCIATION OF TRIPLEMENT OF TRANSFER ASSO	C., INC.		SW1896 al Date		TBD	MINERVA ENT			
BRONX, NY		TBD	ai Dale		City, State of Registered L WAYNESBURG, OHIO	andtill			
Completed By (Print or Type)		Title			Signature	1 2 1/2		Date	
Regina Smolar		GENER	RAL MANAG	ER	Dura &	COCCI	~	4/1	2019

4/1 2019

			200	A Secretaries	M	bul busines		11			17.	
_			NOTI (P	FICA	TION ASE	New Jersey BESTOS ABATE C 8 60 and 12:12	MENT	ME	C	6		V [
Date of Notification (1) 4/8/19	)					ling Owner/Operato					-	
Agencies Notified	Type Notificat	tion			re Distric	t #2 Gloucester	Twp.		APR	1	20	119
□ EPA				h-1-1000 Hz	Somerda							
DEP	Amended Amendmer	nt#		1 1 1 1 1 1	, State, Zip			ASE	ESTC		TNC	ROL
⊠ DOH	Emergency justificato	y (includia	ng			, NJ 08012			LIC	EN	ING	STREET, NO.
DCA	Cancellatio				me of Co liam Rob			Telephone Nu				
						IFORMATION		8562823370		=	_	
Name of Facility Where	Abatement is Ta	king Plac	e (3)			Ordinarii Ort	Type of Facil	ity (4)		_	_	
Fire House							School (K	-12)				
Street Address 43 Somerdale Road								er 8 (Other than K , private 8 comme		ildir	:	
City (s)			-				homes, et	tc.)		Bld		
Blackwood, NJ 0801	12						4000 SF	1		10	Age	
County (6) Camden				Co	unty Code	(7) (STATE		Prior if being demo	olished			_
Name of Monitoring Firm	Hired by Buildin	n Owner	_	ASCN		I Nome of Abote	Fire House	(0)		_	_	
(8)	······································	g Omner		AGGI	ii NO.	Name of Abatem AEi2, LLC	ient Contractor	(9)				
Street Address				-		Street Address				=	_	
City, State, Zip Code						361 E. Flemin						
City, State, Zip Code						City, State, Zip Hammonton, 1					100	
Project Manager for M	onitoring Firm		Tele	phone	No.	Telephone No.	113 08037	License No.		=	_	_
						609-481-212	2	00689				
Start Date (10) 4/17/19		eduled C 4/19	omple	tion D	ate (11)	Name of OSHA N	Monitor					
Occupancy Status During			one)			AEi2, LLC Street Address				_	_	
▼ Facility Closed/Vacate	ed During Entire	Period o	f Abat	ement	:	361 E. Flemin	ng Pike					
Abatement Performed Other - Describe:	Outside of Norm	al Facility	y Hou	rs		City, State, Zip Co	ode			=	=	_
Scope of Work (Check all	that apply)					Hammonton,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас арруу)	X Re	novati molitio	on n		Mini-Enc	losure a Procedure	legative Pressure				
			ocatio			IZI NOII-EXE	impled (") and N	lon-Friable Proced		Aba	nent	
Location o	f		rmally Solely			Description of				1	е	
Asbestos-Containing Ma TO BE ABATE	iterial (ACM) ED		tenano stodial		Asbest (i.e.	os Containing Mate thermal systems in:	rial (ACM)	Amount (Specify	R	F	n	E n
IN Facility (13)	_	7000	taff? (12)		(,	surfacing, VAT, other miscellaneou	or	SF or LF)	m o	e p	e p	1 0
()		<del></del>	1			outer miscellaneou	is)		v a	a i	u 1	s u r
Office		Yes	No	N/A	T				1	r	a t	e
5111 <b>00</b>		++	$\dashv$	X	Vinyl Fl	ooring		400 SF	X		c	
		+ +	$\dashv$									
		1							-		-	
Name of Registered Waste	Hauler		4 62.0	DEP V		Cubic Yards	Name of Regis	stered Landfill				_
AEi2, LLC				uler ID 376	No.	of Waste	TBD	120				
City, State				210		Disposal Date	City, State	1)		=	_	-
Hammonton, NJ Completed By	Title					TBD /	TBD					
Vm. Minnick	V 10000	e ogram	Mgr			Signature	ani	Date 4/8/19				
B-41			<i>5</i> ··	_		4101/10	1100	7/0/19		_	_	=

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	Control or the second		OTIF (Pu	ICA1	TION ASB	New Jersey SESTOS ABATEI 3 8:60 and 12:12	WENT 0)	DEC			<u>//</u>	E		
Date of Notification (1) 4/8/19						ing Owner/Operato	r (2)	IM		_				
Agencies Notified	Type Notificat	tion			son Hunt			HILL API	7 1	9	19	- 11		
□ EPA	Initial	3011		Suit	et Address	5						1		
DEP DOL	Amended Amendmer	nt#		City	, State, Zip	Code		ASBEST	OS C	ON	301	. &		
⊠ DOH	Emergency	y (includir	ng			NJ 08204		<u>L</u> L	ICENS	SINK	ALTER A			
DCA	justificato Cancellatio			l	me of Cor	ntact		Telephone Nu	ımber	_				
					n Hunt						_			
Name of Facility Where Al	patement is Ta	king Plac	e (3)	F	ACILITY IN	IFORMATION	Type of Facil	ib. (4)						
Residence	- Controller of the	iking r ido	C (0)				Type of Facili							
Street Address								er 8 (Other than K						
							Other (i.e. homes, et	, private 8 comme	rcial bu	ildin	Ť			
City (s) Wildwood							Square Feet	# of Floors		Bldg	Age			
County (6)				I Co	unti Cada	(7) (STATE	900 SF	_ 1		40 y				
Cape May, NJ				US	E ONLY)	(1) (STATE	Vacant	Prior if being demo	olished	)				
Name of Monitoring Firm F	lired by Buildin	ng Owner		ASCN	l No.	Name of Abatem		(9)		=	=	_		
(8)			_		5,400,000	AEi2, LLC		<b>.</b> - <i>j</i>						
Street Address						Street Address				_	=			
City, State, Zip Code						361 E. Flemin								
Oity, State, Zip Code						City, State, Zip Hammonton, I								
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.	43 00037	License No.		_		_		
				p		609-481-212	2	00689						
Start Date (10)		neduled C	omplet	ion D	ate (11)	Name of OSHA N	lonitor			_	200			
4/17/19		4/19				AEi2, LLC								
Occupancy Status During / Facility Closed/Vacated	Abatement (Ch	neck only	one)			Street Address	n''							
Abatement Performed O	utside of Norm	nal Facilit	v Hour	emeni s	e d	361 E. Flemin City, State, Zip Co				_	_			
Other - Describe:						Hammonton,	NJ 08037							
Scope of Work (Check all to	hat apply)					Full Con	tainment with N	Negative Pressure		=		=		
□>3 sf or >3 lf		ПRе	novatio	n		Mini-Enc		regularo i recours						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ De				Gloveba	g Procedure	. Promoter data of the last						
		ls L	ocatio	n		Non-Exe	empted (*) and N	Non-Friable Proced		Λ b = 4		-		
Location of			rmally Solely	hv		Description			'	Ty	ient			
Asbestos-Containing Mate		Main	tenano	e/	Asbest	Description of os Containing Mate	rial (ACM)	Amount	R	П	E	E		
TO BE ABATED IN Facility	<u>)</u>		stodial taff?		(i.e.,	thermal systems in surfacing, VAT, of	sulation,	(Specify SF or LF)	e m	R	0	n c 1		
(13)			(12)			other miscellaneou	is)	Of Or Er )	0	p a	p s	o s		
		Yes	No	N/A					a 1	r	1 a	u r		
Exterior		165		X	Siding			500 SF	37	H	t			
		+	-						X	H	_	$\dashv$		
			$\dashv$						+	<del></del>	-			
			$\dashv$							-	-	$\dashv$		
Name of Registered Waste	Hauler	-	100000	DEP V		Cubic Yards	Name of Regi	stered Landfill			- 4	$\dashv$		
AEi2, LLC				uler ID 376	NO.	of Waste 2	TBD							
City, State			121	210		Disposal Date	City, State	/>		_	_	=		
Hammonton, NJ						TBD 1	7 TBD				<u> </u>			
Completed By Wm. Minnick	Titl	e rogram	Mor			Signature / 2	ym	Date						
B-41		rogram	wigi.			11/10	11000	h 4/8/19		_				

hund		TEATION OF A	New Jersey SBESTOS ABATE IC 8:60 and 12:12		DECEI N APR 162	<u>/</u> [8
Date of Notification (1	11 -19	1 1 1	ding Owner/Operato			
7			1010	c CODVI	AR REBESTOS OON	101
Agencies Notified	Type Notification	Street Addres	50 Hau	14.01	AUE LICENSING	Resident and
☐ DEP	Initial ☐ Amended	City, State, Zip		CN	HUE	-
₩ DOL	Amendment #	City, State, Zit	CEAM C	170	N. T 0822	1-
⊠ DOH	Emergency (including justification)	Name of Cont			Telephone Number	0
□ DCA	Cancellation		twe		releptione number	
	<u> </u>					=
		FACILITY II	NFORMATION	Time of Facili	h: ///	
	Abatement is Taking Place (3)			Type of Facili		
	ESIDEMCE			School (K-	er 8 (Other than K-12)	
Street Address				Other (i.e.,	private & commercial build	gs,
Cit. (5)				homes, et Square Feet	c.) # of Floors Bk	Age
City (5)	OCCIAN CITY			1000	# 01710013	5 +
County (6) CAP		County Code USE ONLY)	(7) (STATE	Current Use (I	Prior if being demolished)	
Name of Monitoring Fin (8)	Hired by Building Owner	ASCM No.	Name of Abatem	The second second by the second secon		
Street Address				SPRU	E AUE	
City, State, Zip Code			City, State, Zip C		141 > 050-	7/
			MAPCE	SHAPE	M.J 0805	_
Project Manager for Mo		ephone No.	Telephone No. 856-77			
Start Date (10)	Scheduled Comple	tion Date (11) -   9	Name of OSHA N	N/A		
Occupancy Status Duri	ng Abatement (Check only one)		Street Address			
Facility Closed/Vaca	ted During Entire Period of Abate	ment				
Abatement Performe Other - Describe:	d Outside of Normal Facility Hou	rs	City, State, Zip Co	ode	1.	
Scope of Work (Check and Scope of Work (Check and Scope of Work (Check and Scope of	ali that apply)  Renovati		Mini-End		egative Pressure	

B	7-				Non-E	xempted (*) and N	ion-Friable Procedu	е	_	
. Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mai	Location Loc	y ly by nce/ al		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	уре	Encapsulate
*	Yes	No	N/A						1	6
SIDING	-		X		TRAWSIT	E	1250 SE	X	+	$\dashv$
								Ħ	+	$\exists$
Name of Registered Waste Hauler  KUMCO IWC,		1000	UDEP V lauter ID	Ng.	Cubic Yards of Waste  Disposal Date	Name of Reg	istered Landfill	<u> </u>	_	

Encapsulate Enclosure

Completed By
MiCHALL

Title SUP.

Ch 5610	ПОИ	TIFIC.	<b>10</b> TA	OF AS	ew Jersey BESTOS ABA C 8:60 and 51	TEMENT D	EG	EIV	E	M
Date of Notification (1)  / /	19		Service 1		g Owner/Operator ( vood Board of E	1111	APR	1 6 201		U
Agencies Notified  ☐ EPA ☐ Initial ☐ Amended ☐ DOH ☐ DCA ☐ (NJAC 5:23-8) ☐ Type Notifica ☐ Initial ☐ Amended ☐ Amendme ☐ Emergen ☐ justificatio	I ent # cy (includin	- g	City,	State, Zip (	vood, NJ 08260	American	ASBESTO LIC	ENSING	. &	U Calar
☐ Cancellat			Ro	se Millar			609-729-			
None of Facility Valley on Alexander		/61	FA	CILITY IN	IFORMATION					
Name of Facility Where Abatement is T Margaret Mace Elementary Sch Street Address 1201 Atlantic Avenue		e (3)				Type of Facility ( School (K-12) Subchapter 8 Other (i.e., pri homes, etc.)	(Other than K	(-12) mercial buil	ıgs,	
City (5)						Square Feet	# of Floors	Bld	Age	ě
North Wildwood						80,000	3	9	(	
County (6)			Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Price	or if being dem	nolished)	3000	
Cape May		(8)	1		(	School				2.000.055
Name of Monitoring Firm Hired by Build TTI Environmental, Inc.	ling Owner	(8)	ASCM	No.	Name of Abateme					
Street Address						onmental, LLC				
1253 North Church Street					Street Address 623 Cutler Av	100110				
City, State, Zip Code					City, State, Zip Co				-	
Moorestown, NJ 08057					Maple Shade					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	, 110 00002	License No			
Jim Guilardi		1	56-840		856-755-0099	)	00842			
Start Date (10) S	cheduled 0		tion Da		Name of OSHA M EMSL Analyt		1			
Occupancy Status During Abatement (C	Check only	one)			Street Address				_	
<ul> <li>☐ Facility Closed/Vacated During Entirement Performed Outside of Note Time of Abatement:AM</li></ul>	rmal Facilit	y Hou	s - Des		200 Route 13 City, State, Zip Co Cinnaminson	ode			-	
Scope of Work (Check all that apply)						,			-	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	_	enovati emolitic			☐ Mini-Enc ☐ Glovebag					
	100	Locat Norma						Abat	nent	Туре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma Cus	ed Sole intena todial (12)	ely by nce/ Staff?		Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Liicapsulate	Enclosure
Boiler Room	Yes	No	N/A	Boiler G	Packate		40 LF		+-	1
				Doner C	Jashels		40 LF		+	
		_							+	
	-								1	
N(B									L	
Name of Registered Waste Hauler Shade Environmental, LLC		11000	JDEP V auler II <b>3242</b> 6	O No.	Cubic Yards of Waste 1	Name of Registe Cape May C		fill		
City, State			JETEU		Disposal Date	City, State			-	
Maple Shade, NJ					04/26/2019	Woodbine, I	LV			
Completed By (Print or Type)	Title		,,,,,		Signature	<b>&gt;</b>		Date		
Christina Lynch	Vice Pr	eside	nt of (	Operation	is Mola	X		4-11		

of midd	NOTI		state of New Jers	ey	I N. T.	ME	G- 1	- -	$\mathbb{V}$	7 E
Date of Notification (1)		Pursuan	t to NJAC 8:60 ar	nd 12:120)						
4-12	-19		of Building Owner		11 1	TINA)	PR	T	201	9
□ EPA 🕱 Initial		7.	Address	_		ASB	ESTO		NTR	OL 8
DDEP Amended Amendment DEmergency (		City, St	tate, Zip Code	stor	N-	085	34	A PRODUCTION OF THE PERSON NAMED IN	Marie and Table	Alan Seeses
DOH justification)  DCA Cancellation			of Contact RV Vinc	1/	ntection	Telephone Nu	mber	. >>		
Name of Facility Where Abatement is Taking		1.7	LITY INFORMAT	TON	Type of Facility	(4)				
Street Address	DWE	lling	)		Other (i.e.	-12) er 8 (Other than K-1 private & commerc	2) ial buil	ldin	, hom	es,
City (5) Hopewell -	1/4/2	11	T 0853	y	etc.) Square Feet	# of Floors	E	Bldg	Age	
County (6) Mercen	/ <del>W</del> P	County	Code (7) USE ONLY)	/	\. I	rior if being demolis	hed)	E	71	
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCI	M No.	Name o	Abatement Co	A	U Y	12 &	111	<del>)</del> -
Street Address R.O. Box 3.	37		8 9 8 8 48	Street A	ddress	chaples		<u> </u>		9 C
City, State, Zip Code	NJ	08	533		te, Zip Code	/A+ AUT	0	8	53	3
Project Manager for Monitoring Firm		Telepho	758-3365	Telepho	ne No. 58-33	License N	10.		4	600
4-23-19	Scheduled Cor	mpletion	Date (11)	Name of	OSHA Monitor		I	nc.		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of Abater	ment	*	Street A	ddress	337				
Abatement Performed Outside of Normal Other – Describe:	al Facility Hours	s	-	City, Sta	te, Zip Code		)8S	S .	7	
Scope of Work (Check All That Apply)				<u> </u>	Japi	/00 (	0	٥.		$\dashv$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ Renova Demolii			<b>4</b> 000	Mini-Enclosur Glovebag Pro				В	
	Is Locat	37-11			Tron Exemple	d ( ) and North Hat	lerio	Ab	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Normal Used Sole Maintena	elý by nce/	Asbestos Cont (i.e. thermal		terial (ACM)	Amount	-			E
In Facility (13)	Custodial 8 (12)	Staff?	surfa	cing, VAT,	or	(Specify SF or LF)	Removal	Kepair	Encapsulate	Enclosure
	Yes No	N/A					_		ate	Ĝ.
exterior Gable 12"	X	1,	Floor	25		250 SF	X			
exterior Cable 14"		×	Diding	Shi	75/5	150 SF	X		-	-
									-	
Name of Registered Waste Hauler  EPC Technologies	Н	IJDEP W lauler ID	No. of Was	ste Z	Wasi	Registered Landfill		t.	: P	A
	VJ		Dispos	sal Date 4-26-	City, Stat	te	A			
Steve Schenker	Pires id	ent	( ) S	ignature Stere	a) Sch	Da	te 4	/-	2-1	19

41000	D A A A A A A A A A A A A A A A A A A A	State of New Jerse TION OF ASSESTOS Dant to NJAC 8:50 an	ABATEMENT d 12:120)	APR 1 6 201	
Date of Notification (1)  Agencies Notified Type Notification  EPA Initial Amended Amendment #	19 Stre	y, State, Zip Code	ne Public	ASBESTOS CONTA ASBESTOS CONTA LICENSING AVENAC	Lat
DOH Emergency (inc justification)  DCA Cancellation	Nai	me of Contact	los K	Telephone Number 856 - 912 - 0	257
Name of Facility Where Abatement is Taking F BELLOCKS Elevni Street Address  356 Anderson City (5) B. 11	Place (3) COTCKY AVED	School	Type of Facility  School (K  Subchapte	0.7.50	
County (6)  Can den  Name of Monitoring Firm Hired by Building Ow	(ST	Unity Code (7) ASCM No.	Current Use (P	rior if being demolished)	<u>Ot-</u>
Street Address P.O. Box 316	estel	ASCIVI NO.	THE CHE OF THE PARTY AND THE P	chnologies	Inc
Project Manager for Monitoring Firm  Steve Flaniage	NJ 0	18086 Rephone No. 18 - 846 - 0800	Telephone No.	License No.	533
Apail 27. 2019 Occupancy Status During Abatement (Check of	Apail Z Only One)	etion Date (11) 22, 2019	Name of OSHA Monito	hnologies In	
Facility Closed/Vacate During Entire Per Abatement Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)	Facility Hours	t	City, State, Zip Code New Egypt		33
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition		☐ Mini-Enclosu ☐ Glovebag Pr		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely b Maintenance Custodial Staf (12)	Asbestos Cor (i.e. therma surfa	escription of staining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)	Amount (Specify Removal	tement ype Encapsulate
2 Floor, Utility Rm	Yes No !	Small F Vibra	ithings How Meterial	JLF X 5SF X	
Name of Registered Waste Hauler  EPC Technologies	Haul	EP Waste Cubic of Wa	aste C   Was	of Registered Landfill ste Management	E PA
City, State	UJ Title Presiden	Dispo 4	osal Date City, St	ate PA	12-19

Date of Notification (1)		NOT	(Bursua	State of New ON OF ASBE	STOS ABAT :60 and 12:1	20)	Prince Control of the	) E	C E		E	Print E
04/12/2019			Jose	of Building O eph Carbon	wner/Operato e	or (2)	lend	LI AF	PR 16	201	-	U
Agencies Notified  Type Notification  Initial Amended Amendmen Emergency	nt#	ng	City,	t Address State, Zip Cod side Park, N	e NJ 07010		AND STREET	ASBE	STOS C LICENS		L &	
DOH justification Cancellation	1)	rig		of Contact ph Carbone	-			Telepho	ne Numb	er	-	
				CILITY INFOR								
Name of Facility Where Abatement is Tak House	ing Place	(3)				Type o	f Facility (4	)			-	
Street Address						Si	chool (K-12 ubchapter 8 ther (i.e. pri	Other tha	an K-12) nmercial	ouilding	hor	nes,
City (5) Cliffside Park						Square N/A		# of Floo	rs ,	Bldg.	ge	
County (6) Bergen			County	Code (7)			Use (Prior	1031500	molished	12.000.000	-	
Name of Monitoring Firm Hired by Building $N/A$	Owner (	8)	ASC	CM No.	Name D&S	of Abate	ment Contr	actor (9)			_	
Street Address					Street	Address	en Avenu				-	
City, State, Zip Code					City, S	tate, Zip	Code				<u></u>	
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	one No. 345-868		100000000000000000000000000000000000000	nse No.			
Start Date (10) 04/23/2019	Schedu 04/24		mpletion	Date (11)	Name	of OSHA	Monitor	013	11			
Occupancy Status During Abatement (Chec						Abatem Address	nent, Inc.					
Facility Closed/Vacated During Entire I	Period of	Abatan	nent		11 R		n Avenu	е				
Other – Describe:						va, NJ (						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if		Renova Demolit			×××	Mini-Ei Gloveb	ontainment nclosure pag Proced xempted (*)	ure				
Location of		Locati Normall								Abat		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by ice/	(i.e. ther	Description of Containing Ma mal systems urfacing, VAT er miscellane	iterial (AC insulation , or	CM)	Amount (Specify SF or LF)	Removal		. Encansulate	Enclosure
December	Yes	No	N/A						à	=	late	ле
Basement 2nd floor closet		X		Pi	ipe Insulati	on		15 LF	Х		-	
JIG HOOF CIOSET		Х			VAT			20 SF	Х			
									_		-	
ame of Registered Waste Hauler &S Abatement, Inc.		Ha	DEP Water ID I	No. of \	bic Yards Naste		me of Regi		dfill			
ty, State towa, NJ		120		TB Dis TB	posal Date	Cit	y, State					
ompleted by ed Joksimovic	Title Projec	ct Mar	nager	10	Signature	7	orrisville,	PA	Date 04/12/	2010		

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Chile27		NOTIF	ICATIO	tate of New J N OF ASBES t to NJAC 8:6	TOS ABATE	MEN 0)	IT		E	C E		$\mathbb{V}$	E
Date of Notification (1) 04/12/2019				of Building Ow ara Loffredo		r (2)			À	PR 1	6 2	2019	
Agencies Notified Type Notification  EPA Initial				Address					ASBE	STOS			. &
X EPA   X DEP   X DOL    Initial  Amended  Amendment  Amendment				ate, Zip Code field, NJ 07				The second		PARTITIVE SALES			0709,697
□ Emergency justification)     □ DCA     □ Cancellation				of Contact ara Loffredo	ì			Telep	hone N	lumber			
N			FAC	ILITY INFOR	MATION			-			11.527.31		
Name of Facility Where Abatement is Takin House	ng Place (	3)				Тур	oe of Facility (4 School (K-12						
Street Address						×	Subchapter ( Other (i.e. pr	8 (Other			ldings	, hom	es,
City (5) Westfield						Squ N/A	etc.) uare Feet A	# of F N/A	loors	1.32	Bldg. /	Age	
County (6) Union				Code (7) USE ONLY)			rrent Use (Prio	r if being	demoi	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI	M No.			batement Cont atement, Inc		)				
Street Address					Street 11 R		ress ngren Aven	ue					
City, State, Zip Code							Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 973-		No. -8685	1000	icense 1311	No.			
Start Date (10) 04/24/2019	Schedul 04/25/2		npletion	Date (11)			SHA Monitor atement, Inc	·.					
Occupancy Status During Abatement (Chec	7.0	883			Street		57.776						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of a nal Facility	Abaten / Hours	nent 3		City, S	state,	ngren Aven Zip Code NJ 07512	ue					
Scope of Work (Check All That Apply)					100	vva,	110 07512						
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	N G	ull Containmer dini-Enclosure Blovebag Proce don-Exempted	edure	-				
Location of	1	Locati	ly		Description		ion-Exempled	( ) and i	4011-F116	able Fit	Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. the	Containing M rmal systems surfacing, VA ner miscellar	Materi s insu T, or	lation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
# 355	Yes	No	N/A				·			/al	7	late	Jre
Basement		X		Р	ipe Insula	tion		32	LF	Х			
Name of Registered Waste Hauler		1,.	IDES.										
0&S Abatement, Inc.		Н	JDEP W auler ID 0996	No. of	ubic Yards Waste 3D		Name of Re Fairless			ill			
City, State Totowa, NJ				to be self-the	sposal Date		City, State Morrisvill	е РА					
Completed by led Joksimovic	Title Proje	ct Ma	nager	1,5	Signature		The	J, 171	1000	ate 04/12/2	2019		

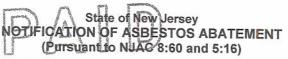
Ch 201	69		NOTII (I	FICATIO	N OF ASE	ew Jersey BESTOS 8:60 and	ABATE	MEN (0)	ŀΤ		)_[	C	E		V	
Date of Notification (1) 04/12/2019						Owner/C		(2)		The same of the sa		APR	1	6 2	019	- Constitution
Agencies Notified  EPA	Type Notification	ı		Street A	Address	an Dian .		ie		-	ASE	BESTO				L &
X EPA X DEP X DOL	Initial Amended Amendmen				ate, Zip C	ode NJ 0745	0			1	No service surv	LIC	EN	SIN		
DOH DCA	Emergency justification Cancellatio	)	3		of Contact en Twer						ephone					
Name of Facility Where A	hatament in Tabi	DI /	0)	FAC	ILITY INF	ORMATI	ON			_						
Health Care	Abatement is Taki	ng Place (	3)					Ту	oe of Facility (4							
Street Address 304 South Van Dian	Avenue							×	School (K-12 Subchapter 8 Other (i.e. pr	(Othe	er than & comm	K-12) nercial b	uild	ings,	home	es,
City (5) Ridgewood								Sqi N//	etc.) uare Feet A	# of	Floors	(		dg. A	ge	
County (6) Bergen					Code (7) USE ONLY	0		Cui	rrent Use (Priorivate Buildin	if being	ng dem	olished	)			<u> </u>
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCN	И No.				batement Cont atement, Inc		(9)					
Street Address							Street 11 R		ress ngren Aveni	ue						
City, State, Zip Code							City, S	tate,	Zip Code NJ 07512							
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph	one			Licens 0131					
Start Date (10) 04/22/2019		Schedul 04/23/		npletion	Date (11)		Name	of O	SHA Monitor atement, Inc		0.0.					
Occupancy Status During	Abatement (Che	L ck Only O	ne)				Street			·						
Facility Closed/Vacat Abatement Performe Other – Describe: 00	d Outside of Norr	Period of a	Abaten y Hours	nent S			City, St	tate,	ngren Avenu Zip Code	ie						
Scope of Work (Check All							I otov	va,	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,	X F	Renova Demolit	ition iion			×	N G	ull Containmer lini-Enclosure llovebag Proce on-Exempted (	dure						
Location	of	1	Locati	ly		Desi	cription			, , , ,					ment	
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Ma	ed Sole intena todial S (12)	nce/	Asbes (i.e.	tos Conta thermal s	ining M systems ng, VA	ateri insu T, or	ılation,	(S <sub>l</sub>	nount pecify or LF)	Zellova		Repair	Encapsulate	Enclosure
Room 112-	111	Yes	No	N/A								7			ate	re
			X				nsulat				0 LF	Х				
Room 124-	-126		X			Pipe I	nsulat	ion		90	) LF	Х	-			
Name of Registered Waste	e Hauler			JDEP Wauler ID		Cubic Y			Name of Re	, T		dfill				
D&S Abatement, Inc.  City, State				0996		TBD Disposa			Fairless L	endf	ield					
Totowa, NJ				- 4		TBD			Morrisville	e, PA						
Completed by Ned Joksimovic		Title Proje	ct Ma	nager		Sig	nature	5	A			Date 04/12	/20	119		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Borough of Lawnside 19 11 1 04 Street Address Type Notification Agencies Notified 4 Dr. Martin Luther King Jr. Road **⊠** EPA ASBESTOS CONTROL & City, State, Zip Code ☐ Amended **⊠** DOLWD LICENSING Amendment #\_ **⊠** DHSS Lawnside NJ ☐ Emergency (including Telephone Number ☐ DCA Name of Contact justification) 856-573-6215 (NJAC 5:23-8) Mr. Angelique Rankin ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Police Dept ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 4 Dr. Martin Luther King Jr. Road Bldg. Age Square Feet # of Floors 1946 City (5) 2600 Lawnside NJ Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Police Station Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Graham-Tech Environmental Service, LLC. Street Address Street Address 958 Jackson Rd City, State, Zip Code City, State, Zip Code Mays Landing, NJ 08330 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01158 609-561-1901 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Graham-Tech Environmental Services, LLC. 04 / 14 / 19 04 / 13 / 19 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 958 Jackson Rd ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Mays Landing, NJ 08330 Time of Abatement: 7AM-11:30PM/\_ PM-Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure □ Demolition ≥160 sf or ≥260 lf Abatement Type Is Location Encapsulate Enclosure Description of Repair Normally Removal Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A No Yes X 256SqFt Floor Tile X Jail cell П П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Pioneern Crossing Waste Hauler ID No. Graham-Tech Environmental Service 30 0034500 Disposal Date City, State City, State Signature Title Completed By (Print or Type)

ASB-41 MAY 11

Vernice Graham

President





Date of Notification (1)			A STATE OF THE STA		Nam	e of Buildir	ng Owner/Operator (	(2)					7
04/	09 /	19	)			r. Marc St			EGE	$\mathbb{V}$	E		
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notific   ☐ Initial  ☐ Amende				1:	A STATE OF THE PARTY OF THE PAR	ve Suite #1515		APR 16	201	g	The state of the s	$\parallel$
☑ DHSS	Amendm	nent #			283	State, Zip			AIII	20,		I WHILLIAM	
DCA	☐ Emerger		cludin	g			New York 10017			an productival	energeneral contracts	1	_
(NJAC 5:23-8)	justificat  Cancella					e of Contac			ATEREPROTES NOTE LICENS	ber	UL &		-
	☐ Cancella	111011				. Marc St		L.	E) O : 1 4 O	#A@#####	unca estade	ant conservation	unionii.
Name of Francisco					FA	CILITY	NFORMATION						
Name of Facility Where A Existing Chester H		Taking	g Place	e (3)				Type of Facility (  School (K-12)					
Street Address								☐ Subchapter 8	(Other than K-12	2)			
One North Main St	reet							homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Manville, Somerse County (6)	t County N	New J	lerse	у				3800	3		193		
					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Somerset County	111 - 11 - 5 - 7							Resident					
Name of Monitoring Firm	HIREG BY BUIL	aing C	wner	(8)	ASCN	No.	Name of Abateme						
Street Address								n Environmenta	al Service, LLC	•			
otroce radicos							Street Address	D.I					
City, State, Zip Code			A 1 11 25 1 1 2	-			958 Jackson	1.77					
ony, otato, zip oode							City, State, Zip Co						
Project Manager for Moni	toring Firm			Tal	ephone	No	Mays Landing Telephone No.	g, NJ 08330	T		riines		
- reject manager for mon	toring r arm			l e	epriorie	INO.	609-561-1901		License No.				
Start Date (10)	15	Sched	uled C	Compl	etion Da	ate (11)	Name of OSHA M		01158				
_04_ / _18_ /						19	[ 보다 하는 사람이 사람이 되었다.	n Environmenta	I Sandaga I I d	_			
Occupancy Status During							Street Address	Literioninenta	ii Services, LLi	٥.			
☐ Facility Closed/Vacate					ement		958 Jackson	Dd					
☐ Abatement Performed	Outside of No	ormal	Facilit	у Ноц	rs - Des	scribe	City, State, Zip Co						
Time of Abatement: 7/	AM- <u>11:30</u> PM	1/	_PM-		_AM		Mays Landing						
Scope of Work (Check all	that apply)						Mays Landing	g, 140 00000					
⊠≥3 sf or ≥3 lf □≥160 sf or ≥260 lf			☐ Re 図 De				☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non		re			
				Loca						1	atem	ent T	vpe
Location ( Asbestos-Containing N		.		Norma	ely by	Anha	Description of	f	¥00000000	-	_		1
TO BE ABA	TED	"	Ma	inten	ance/	(i.e	stos Containing Mat	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	val	=	Insc	sure
(10)			Yes	No			other miscellaned	ous)				ate	
See Attachedment						See Att	achement		SqFt				
										П	П	П	
			П							1-	1		
Name of Registered Wast	e Hauler			100	NJDEP '	Naste	Cubic Yards of	Name of Registe	arod Landell		ш	Ш	Ш
Graham-Tech Enviro		ervic	е	1188	lauler II	D No.	Waste	Pioneern Cr					
City, State					00345	000	30 Disposal Date	City, State					
							$\wedge$						
Completed By (Print or Ty	pe)	Title					Signature		Da	te _		A	
Vernice Graham		Pr	eside	ent			MARIA	Mala	1	1-0	1-1	4	

		COLOR CONTROL	THINKS I WE CA	DAL DIVIDIN	I COSID		
Sample Location & Sample Number	No. of Samples & Lab Parameters	Description of Material	Friable or Non-Friable	Condition	Asbestos Containing (Yes/No)	Approximate Volume or Area*	Estimated Abatement Costs
Kitchen, 2 <sup>nd</sup> Floor Hallways & Rooms M-91, 92, 93	3 PLM 2 TEM	12" x 12" Tan Vinyl Floor Tile	NF.	ß	No	1,300 sf	1
Kitchen, 2 <sup>nd</sup> Floor Hallways & Rooms M-94, 95, 96	3 PLM 2 TEM	Mastic to 12" x 12" Tan Vinyl Floor Tile	NF	D	No	1,300 sf	1 4 1
Throughout 3 <sup>rd</sup> Floor M-97, 98, 99	3 PLM 2 TEM	12" x 12" Brown Vinyl Floor Tile	NF	Ð	No	900 sf	***
Throughout 3 <sup>rd</sup> Floor M-100, 101, 102	3 PLM 2 TEM	Mastic to 12" x 12" Brown Vinyl Floor Tile	NF	Ð	No***	900 sf	-
Scattered Tenant Rooms M-103, 104, 105	3 PLM 2 TEM	Light Blue Linoleum Flooring	NF	Ð	No	1,200 sf	
Tenant Room #3 M-106, 107, 108	1 PLM (2 PS)	Red Linoleum Flooring	NF	G	Yes	180 sf	3
Stairs M-109, 110, 111	3 PLM 2 TEM	Vinyl Stair Tread	NF	ß	No	160 sf	***
Stairs M-112, 113, 114	3 PLM 2 TEM	Mastic to Vinyl Stair Tread	ĄN	Ð	No	160 sf	
Windowpanes M-115, 116, 117	3 PLM 2 TEM	Window Glaze/Putty	N.	ĹT.	No	380 sf	
Exterior Facade M-118, 119, 120	3 PLM 2 TEM	Window & Door Caulk	ŊŖ	ū	No***	190 If	AS
3rd Floor Exterior Walls M-121, 122, 123	3 PLM 2 TEM	Top-Layer Asphaltic Roofing Shingle	NF	Ð	No	Js 096	APR EESTO
3 <sup>rd</sup> Floor Exterior Walls M-124, 125, 126	3 PLM 2 TEM	Bottom-Layer Asphaltic Roofing Shingle	NF	Ľ.	No***	Js 096	1 6 2 s con s name

# WHITESTONE ASSOCIATES, INC. 13658-ACMTable.wpd

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Date of Notification (1)				Nan	ne of Build	ing Ov	wner/	Operator	(2)	-	111-	ADD	1.0	004	0
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	Notification				et Address										
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	mended mendment :	4		City	State, Zip	Code	)					LIC	ENS	NG	
	mergency (i	-	-	Nutl	ey, NJ 07	110									
(NJAC 5:23-8) ju	stification)	ioidan	19		ne of Conta					Tel	ephone i	Number			
	ancellation			Judy	Gonnelle	)					opnone.	-			
					ACILITY		RMA	TION					- R-10-1	-	
Name of Facility Where Abatem	ent is Takir	g Plac	e (3)					(1101)	Type of Facili	tv (4)			·		
Private house									School (K-						
Street Address	10000								Subchapte	r 8 (Oth	er than K	(-12)			
									Other (i.e. homes, et	, private	and con	nmercia	build	lings.	
City (5)									Square Feet		of Floors		Bldc	. Age	
Nutley, NJ 07110											10013		2.06	. rige	
County (6)				Cou	nty Code (7	) (STA	TE U	SE ONLY)	Current Use (	Prior if t	being der	nolishe	d)		
Essex													es.C		
Name of Monitoring Firm Hired I	by Building	Owner	(8)	ASCN	No.	Na	me c	of Abateme	ent Contractor (	9)					
Street Address						Gr '	Tecl	h LLC							
Street Address						Str	eet A	Address							
City, State, Zip Code								lley Rd#							
ony, orate, zip oode						S Permit		ate, Zip Co							
Project Manager for Monitoring I	Firm		Tol	abana	Na	_		NJ 0747	0						
, and the meaning ,	11111		Tele	phone	NO.			ne No.		Lie	cense No	1.			3 TX -15-11-11-11
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04/24/19	_	)4/	_ 25		19	10000000		f OSHA M vision Co	nsultants,Inc						
Occupancy Status During Abater Facility Closed/Vacated During	ment (Chec	conly of	one)			Stre	eet A	ddress						20000 120	
Abatement Performed Outsid	e of Normal	Facilit	v Hou	e - Da	scribe	20-2	21 W	Vagaraw	Road, Bldg .#	# 35E					
Time of Abatement:A	PM		_AM	0.00		ate, Zip Co									
Scope of Work (Check all that ap	(vla	- 20-10-				Fair	Lav	vn, NJ 07		I = 0'	.,,	,.			
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>3 sf or >3 If 2 160 sf or 2260 If		Re	novati molitic	on			a	Mini-Encl	osure						
-			oneic					Non-Exer	Procedure Dupted (*) and N	on-Fria	nui Nega ble Proce	itive Pre edure	essure	Ì	
		/ 100	Locat	(0.00)		-				T			Abate	ment 7	Type
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TO BE ABATED	V,	Ma	intena	nce/				aining Mati systems ir	erial (ACM)	11 22	Amount Specify	2	Repair	nca	ncle
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r Tech LLC			0	03378	15		ГBD		T.R.R.F. Inc						
City, State				-55/6		Disp			City, State						
/ayne, NJ 07470							BD			۸					
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Date of Notification (1)			7.	11	1 1000	- 1 1 m	I have		1181				
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	ype Notificatio	n		The state of the latest section in the lates	et Address	200001011					Valmote		
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☑ DHSS	Amendment	#		City.	State, Zip	Code				LICEN	2II/C	5	
□ DCA □	] Emergency	-	na	Unic	n City, N	J 07087					(6)		
(NJAC 5:23-8)	justification)		3		e of Conta				Telephone Nu	mber			
L	] Cancellation			Mari	on Willia	ms				-			
				F/	CILITY	NFORM	ATION						
Name of Facility Where Aba	tement is Taki	ng Plac	e (3)					Type of Facilii	tv (4)				
Private house					5			School (K-					
Street Address								- Subchapte	r 8 (Other than K-1	2)			
								Other (i.e., homes, etc	private and comm	nerciai b	uildir	gs,	
City (5)								Square Feet	# of Floors		NI d		
Union City, NJ 07087								Oquare 1 eet	# 01 F10018	1	Bldg. i	4ge	
County (6)				Cou	nty Code (7)	(STATE /	ISE ONLY)	Current Hea /	Prior if being demo	15 1 15			
Hudson					, (. /	(0)//120	OL ONE!)	Ourient use (i	riidi ii being demo	ilisnea)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCM	No.	Name	of Ahatam	ent Contractor (	0)				
						Kings Inches		ent Contractor (	9)				
Street Address							h LLC Address						
						The state of the s		12.02					
City, State, Zip Code						City S	alley Rd # tate, Zip C	7283 ode					
						1000000							
Project Manager for Monitoria	ng Firm		Tele	ephone	No	Teleph	, NJ 0747	70	Tr:				
									License No.				
Start Date (10)	Sche	duled (	Comple	tion Da	ate (11)	973-63	of OSHA N	tonitor	01127				
04/29/1	9	04	/ 30	) /	19								
Occupancy Status During Ab	atement (Cher	ck only	one)				vision Co Address	nsultants,Inc					
Facility Closed/Vacated D	uring Entire P	eriod of	Abate	ment									
	side of Norma	I Facilit	ty Hou	re Dos	scribe	20-21 \	Nagaraw	Road, Bldg .#	35E				
Time of Abatement:	_AMF	PM/	PM_		_AM	14000-00	ate, Zip Co						
Scope of Work (Check all that	apply)		-		100000	Fair La	wn, NJ 0						
	10,50					H	Full Cont	ainment with Ne	ination with negation	ve press	sure		
>3 sf or >3 If > 160 sf or >260 If			enovati emolitic				Mini-Enc	losure		A 250 <u>22</u> X			
			Jiii Oillic	21.1		A	Non-Exe	Procedure L mpted (*) and N	Tent with Negative on-Friable Proced	e Press	sure		
		1	s Locat						T		otom	ont T	1400
Location of Asbestos-Containing Mate	rial (ACAA)		Norma ed Sole				scription o				_	ent T	T
TO BE ABATED		Ma	intena	nce/	Asbe:	stos Cont	aining Mat I systems i	terial (ACM)	Amount	Ren	Repair	inc	Enc
IN Facility		Cus	todial	Staff?	(1.0		cing, VAT,		(Specify SIF or LF)	Remova	air	sqe	Enclosure
(13)		-	(12)	T	+	other r	niscellane	ous)		<u>a</u>		Encapsulate	ē
		Yes	No	N/A								(D)	
Basement				$\boxtimes$	Pipe insu	ılation			30 LF	$\boxtimes$	П	П	П
Crawl space				$\boxtimes$	Pipe inst	lation				-	7		
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r Tech LLC		25.00	0	03378	5	TBE	)	T.R.R.F. Inc					
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	Date of Notification (1) 4-13	-19		Name o	f Building Owner/C	Operator	(2) (husel	15/	16	) .	1	
	Agencies Notified Type Notification		C 10	Street A	iddress 775	14	Cirquete	ASBESTO	OS GO	NTE	OL &	
	□ EPA Initial □ Amended	v., 36	e i	City, Sta	ate, Zip Code	VV	est / L	A I -	A	70	/ -	ACTUM TO
	DOL Amendmen	(including	-	Nama	f Contact	91.1	tield	_ <i>[V]</i>		70	60	
-	DOH justification)  Cancellation	1		St	CVEN E	ON	Danyo	Telephone N	umber	1	F	
	Name of Facility Where Abatement is Takin	ig Place (3	3) &		Christ		Type of Facility	(4)				
	Street Address 230 West	71	,	512				12) r 8 (Other than K- private & commer		dings	home	es,
1	City (5)	1					etc.) Square Feet	# of Floors	E	Bldg. A	ge	
1	County (6)	N	~		) 7060 Code (7)		Current Line (Br	ior if being demoli	abad)	60	) F-	
-	Union			(STATE	USE ONLY)	_			sned)			
	Name of Monitoring Firm Hired by Building			ASCN	No.		of Abatement Co	ntractor (9)	eie:		In	26
	Street Address R.O. Box 3	37				Street	Address 0.80%		9	400	THE WAY	V 15
	City, State, Zip Code	N		08	533	City S	tate, Zip Code	LA ta	0	8.	53	3
	Project Manager for Monitori (gr irm	ê.	1	Telepho	758-3365		one No. 34 758 - 330		No.	59	4	
	Start Date (10) 4 · 2.3 · 19		ed Con	npletion	Date (11)	Name	of OSHA Monitor				-	
-	Occupancy Status During Abatement (Chec	k Only Or	-20 ne)	1 -1	7	Street	Address	hnologies	5 1	nc		
1	Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abatem / Hours	nent i		City, St	tate, Zip Code					
-	Scope of Work (Check All That Apply)					įve	w Egypt	NJ	083	53	3	
-	≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demolit			, 0	_ Mini-Enclosur		Pressu	re		
-						~	Glovebag Pro Non-Exempte	cedure d (*) and Non-Fria	ble Pro			
	Location of	4	Locati Normali		Do	scription	of				ement pe	t
	Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole iintenar	nce/	Asbestos Cont	aining M	aterial (ACM)	Amount (Specify	Z		Enc	Ē
	in Facility (13)	Cus	todial S (12)	Staff?	surfac	cing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	8-00-50	Yes	No	N/A	W. C.		,		a		late	ire
	Basement Corrido	n	X		Pige T	<u>.</u> 1954	lation	25 LF	X			
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-		-							+			
	Name of Registered Waste Hauler			JDEP W auler ID			1	Registered Landf		1		-
	EPC Technologie	S		1700	00	2	/ Was	te Manage	men	te	F P	A
	City, State New Egypt	NJ			Dispos	sal Date 4-26	City, Stat	te	PA			
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2h F6752		NO	TIFICATI (Pursue	State of Ne ON OF ASB ant to NJAC	ESTOS A	BATE 12:12	MENT 0)	B-	E C			V	Priet F
Date of Notification (1)			Name	of Building	Owner/Op	erato	r (2)		AP	R 1	6	201	9 1
4/11/19			Dav	id Denbor	е		(2)	Estroit Garook	SF3.1	1.911		0 1	7
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Name of Facility Where Abatement is Takir	ng Place	(3)			111101		Type of Facility	v (4)				_	
home								2020					
Street Address							School (K	12) er 8 (Other th	an K-12	٥١			
						-	X Other (i.e	. private & co	mmercia	al bui	lding	s, hor	mes.
City (5)							etc.)				200		
East Rutherford							Square Feet 1800	# of Flo	ors		Bldg.	Age	
County (6)			Count	/ Code (7)				2			76		
Bergen			(STATE	USE ONLY)			Current Use (P	rior if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner /	01		(32)			home						
and the state of building t	Owner (	0)	ASC	M No.			of Abatement Co						
Street Address							Environment	al Services	s, LLC				
							Address						
City, State, Zip Code					TO SERVICE SER		ox 483, 4 E	Gate Drive					
							ate, Zip Code	2000000					
Project Manager for Manile 1						Glenv	wood, NJ 07	418					
Project Manager for Monitoring Firm			Teleph	one No.	110000	2000 O. A. CAN PRO	one No.	Lice	ense No				
Start Data (10)					9	73-7	64-2276	703	3				
Start Date (10) 4/23/19			ompletion	Date (11)	Na	ame o	of OSHA Monitor						
	4/30/												
Occupancy Status During Abatement (Check					St	reet A	ddress						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm  X Other – Describe: basement	eriod of al Facili	Abate ty Hou	ment		Cit	ty, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)													
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≥160 sf or ≥260 lf		Renov Demol	ation ition			×	Full Containm Mini-Enclosur Glovebag Pro	e	ative Pre	essur	e e		
	_						Non-Exempte	d (*) and Non	-Friable	Proc	cedur	е	
		Loca								,		ement	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Descrip	tion o	f		1		Ту	ре	
TO BE ABATED	Ma	aintena	ance/	Asbestos	Containin	ng Ma	terial (ACM)	Amount				Ш	
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(13)		(12)		0	ther misce	ellane	ous)	SF OF LF	)	Remova	Repair	Encapsulate	Enclosure
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ame of Registered Waste Hauler		T N	IDED W	onto I -		2	Name of [						
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lame of Registered Waste Hauler BS Environmental Services, LLC ity, State ilenwood NJ ompleted by . Scott Higgins	Title	H	lauler ID	No. O	f Waste BD	ate	Grand (	Central Sar		anc	dfill		

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Chist	153		NOTI	FICATION	State of New Jers ON OF ASBESTOS Int to NJAC 8:60 al	ABATE	EMENT 00)		i i	TO THE SAME		$\mathbb{V}$	Print
Date of Notification (1) 4/11/19					of Building Owner	Operato	r (2)		LI AI	o R	16	201	9
Agencies Notified	Type Notification	1			Address			-	ASBE	OTO	2 001	UTD:	O1 0
× EPA	× Initial								MODE	LICE	ENSIN	IG IG	ال ق
DEP X DOL	Amended				State, Zip Code			- Delivering to		Mattercoco	OCTASON:	Marin Table	A
	Amendmen Emergency		ng		rson, NJ 0751	4							
≥ DOH DCA	justification Cancellation	)		and the same of th	of Contact			Te	lephone N	umbe	٢		
	Cancellation	<u>'</u>			/ Reid CILITY INFORMAT	TON							
Name of Facility Where	Abatement is Takir	ng Place	(3)	1 //	CILITI INFORMAT	ION	Type of Facilit	y (4)	-		_		
building							School (H	5.8.9					
Street Address 315 Crooks Avenue	9						Subchapt	ter 8 (Oth	er than K-	12) cial bu	uildings	s, hor	nes,
City (5) Clifton							Square Feet 2200	# 0	f Floors		Bldg.	Age	
County (6) Passaic					Code (7)		Current Use (F	Prior if bei	ng demolis	shed)	7		
Name of Monitoring Firm	Hirod by Building	0	0)	-	in the second	_	building						
rianie or Montoring Fiffi	rined by Building	Owner (a	8)	ASC	M No.	Name	of Abatement C	ontractor	(9)	_			
Street Address							Environmen	tal Serv	rices, LL	C			
						100,000,000	Box 483, 4 E	Gate D	rive				
City, State, Zip Code						-	tate, Zip Code	outo B	1170				
Desirat Manager 5 Mars						Glen	wood, NJ 07	7418					
Project Manager for Moni	toring Firm			Telepho	one No.	100000000000000000000000000000000000000	none No.		License N	No.			
Start Date (10)		Schedu	led Cor	moletion	Date (11)		764-2276		703				
4/20/19		4/30/		iipietion	Date (11)	Name	of OSHA Monito	or					
Occupancy Status During	Abatement (Chec	k Only C	ne)			Street	Address						
Facility Closed/Vacat	ted During Entire F	Period of	Abater	nent									
Abatement Performe  Other – Describe: le	d Outside of Norm	nal Facilit	ty Hours	5		City, S	tate, Zip Code						
Scope of Work (Check All													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тас пррту		Renova Demolit			×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
		Τ.					Non-Exempte	ed (*) and	Non-Friab	le Pro	0.440		
Location of	of		s Locati Normal		_						Abate Tv	emen pe	t
Asbestos-Containing N	Material (ACM)	100000000000000000000000000000000000000	ed Sole	, ,	Asbestos Conta	scription airiing M	aterial (ACM)	An	nount		T		П
TO BE ABAT		24,200	stodial S		(i.e. thermal	systems ing, VAT	insulation,	(S	pecify	Re	Z.	Enca	Enc
(13)			(12)		other m	iscellan	eous)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						2		ate	Ге
left unit h	all			Х	flo	oor tile		151	0 SF	x		-	
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Ch 24278		NOTI	Pursuar	Nate of NON OF ASI	BESTOS 8:60 au	S ABATE nd 12:12	0)	т		EC			<b>∀</b>	
Date of Notification (1) 4/10/2019			Name GTI N	of Building VEW JE	Owner/ RSEY,	Operato	r (2)		UL	API	1	6 20	)19	
Agencies Notified Type Notification    X   EPA	1		100000000000000000000000000000000000000	Address GETTY A	AVENU	JE				ASBEST	OS C	CONT	ROL	8
DEP Amended Amendment	nt #			tate, Zip C ERSON,		503					IOLIV.		910000	
▼ DOH	)	ng	Name	of Contact						elephone N 17-751-9		6(		
Name of Facility Where Abatement is Taki	na Placa	/2\		ILITY INF						., ,,,,				
WAREHOUSE	ng Flace	(3)					Тур	e of Facility ( School (K-1	0.350					
Street Address 237 GETTY AVENUE							×	Subchapter Other (i.e. petc.)	8 (Oth	ner than K- & commer	12) cial bu	ildings	, hom	ies,
City (5) PATERSON							Squ	are Feet	# 0	of Floors		Bldg.	Age	
County (6) PASSAIC				Code (7) USE ONLY	)		Curr	ent Use (Pri	or if be	ing demoli	shed)			-
Name of Monitoring Firm Hired by Building PENNONI ASSOCIATES, INC.	Owner (8	3)	ASC	M No.		Name TWC	of Ab	atement Cor	tractor	r (9) TRACTIN	NG. II	NC.		
Street Address 515 GROVE STREET, SUITE B						Street	Addre		114 1130 1000 11 1141	-1	, 0,			
City, State, Zip Code HADDON HEIGHTS, NJ 08035						City, S	tate, 2	Zip Code A, NJ 0751	Institute in the	_				_
Project Manager for Monitoring Firm ALAN LLOYD			Telepho	one No. 47-0505		Teleph 973-	one N	lo.	_	License 00494	No.			
Start Date (10) 4/15/2019	Schedu 4/23/2			Date (11)		Name	of OS	HA Monitor S (9) ABO	/E	00494				
Occupancy Status During Abatement (Chec	k Only C	ne)				Street			V C		-			
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norn Other – Describe:	Period of nal Facilit	Abater ty Hour	ment s			City, St	tate, Z	ip Code		<u> </u>				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf							II Containme ni-Enclosure ovebag Proc n-Exempted	edure					
		s Locat				×		T Exempted	( ) and	a Non-i na	JIE FIG	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us Ma	Normal ed Sole aintena stodial S (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfac	scription aining Ma systems bing, VAT niscellane	aterial insula 「, or	(ACM) ation,	(S	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		late	re
SEE ATTACHED														
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Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	JDEP W auler ID	CONTRACTOR OF THE PARTY OF THE	Cubic Y			Name of R		red Landfill		P 0	1010	
City, State		1	8743		80 Dispos /4/23/	al Date		City, State			NI G	i.R.U		۶.
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Date of Notification (1)		-			ling Owner/Operator	33.00					
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☑ DHSS   Amenda     ☐ DCA   ☐ Emerge			1	y, State, Zip						-	_
DCA Emerge (NJAC 5:23-8) Lustificat	ncy (includ	ding	Bay	onne, NJ	07002						
Cancella			F				Telephone N	lumber			
2				istina Bek							
Name of Facility Where Abatement is	Taking Pla	ace (3)		ACILITY	INFORMATION						
Private house	runing i is	100 (3)				Type of Facili	Sec. 8.13411.			1000	
Street Address						School (K	-12) er 8 (Other than K-	4.01			
						Other (i.e.	, private and com	1 2) mercial	huildi	nas	
City (5)						nomes, et	c.)			34,	
Bayonne, NJ 07002						Square Feet	# of Floors		Bldg.	Age	_
County (6)			Co	unty Codo (7	) (STATE USE ONLY)						
ludson			100	unity Code (7	) (STATE USE ONLY)	Current Use (	Prior if being dem	olished)	)		
Name of Monitoring Firm Hired by Build	ding Owne	er (8)	LASCI	M No.	I Nome of Atom				155		
		1-7	7.001	VI IVO.	Name of Abatem	ent Contractor (	9)				
Street Address					Gr Tech LLC Street Address						
City, State, Zip Code					576 Valley Rd # City, State, Zip C	283					
Project Manager for Monitoring Firm		Tel	lephone	e No.	Wayne, NJ 0747	/0	License No.				_
					973-638-1777						
Start Date (10)	Scheduled	Compl	etion D	ate (11)	Name of OSHA N	lonitor	01127				_
	04		1 /	_ 19	Envirovision Co						
Occupancy Status During Abatement (C	Check only	one)	12.00		Street Address	iisuitants, me					
Facility Closed/Vacated During Entir	e Period o	of Abate	ement		20-21 Wagaraw	Road Bldg +	25E				
Abatement Performed Outside of No Time of Abatement: AM-	rmal Facil	ity Hou			City, State, Zip Co	de	- 33E				_
	F191/			_AM	Fair Lawn, NJ 0	7410					
cope of Work (Check all that apply)					Clean up	and decontam	ination with negati	ive pres	ssure		_
>3 sf or >3 If > 160 sf or >260 If	⊠ R	enovat	ion		Full Cont Mini-Encl	ainment with Ne	egative Pressure				
7 5 190 st ot 5590 lt		emoliti	on		Glovebad	Procedure	Tent with Negation	ve Pres	sure		
		Is Loca	tion		☐ Non-Exe	npted (*) and N	on-Friable Proced	lure	1		
Location of		Norma	ally		D			Al	batem	ent 7	Γ
Asbestos-Containing Material (ACM)  TO BE ABATED	Us	ed Sole aintena	ely by	Asbe	Description o stos Containing Mat	erial (ACM)	Amount	R	R	m	
IN Facility	Cu	stodial	Staff?	(i.e	., thermal systems in	isulation.	(Specify	Remova	Repair	cap	
(13)		(12)	_		surfacing, VAT, other miscellaned	or ius)	SIF or LF)	va a	=	Encapsulate	
	Yes	No	N/A						1	ate	
sement			$\boxtimes$	Pipe inst	lation		100 1 5	N .			
		П	П	- Po mot			100 LF		1		-
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eme of Registered Waste Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill		Ц		1
Tech LLC		0	03378		TBD	T.R.R.F. Inc					
ty, State					Disposal Date	City, State					_
yne, NJ 07470					TBD						
mpleted By (Print or Type)	Title				Signature /	Tullytown, P.					_
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-41	, 111101				//e	wic Wena	04	1/11/19	<b>F</b>		

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Date of Notification (1)			N:	ame (		ng Owner/Operato		ILL AP	R 1	6 2	201	9	
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Agency Notified	Type Notification		St	treet .	Address	70,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ASSES	T/100 (	A C			0
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DCA DOH	justification)  □ Cancellation		N		of Conta	d KiEC		Telephone Num	ber				
a box	LI Cancenacon		Щ.		• • • • • • • • • • • • • • • • • • • •				-				-
Name of English Mar	e Abatement is Taking F	Main (2)	- 1	FACII	TIVINE	FORMATION	J T	(4)					
		2.07					Type of Facility	(4)					
	CHAEL Ki	EC.					☐ School (K-12						
Street Address				*0				8 (Other than K-12) ivate & commercia		nas.			
					,		homes, etc.						
City (5) .						1.72	Square Feet	# of Floors	Bldg.	1		_	
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County (6)						7) (STATE USE		nior if being demolis					
BEKG	ED.		U	NLY)			KE	SIDENCE					
The first first and the control of t	rm Hired by Building Ow	ner A	SCM N	0.		Name of Abater	nent Contractor (	9)					
(8)						Best Re	moval In	С					
Street Address						Street Address							
						450 Sou	th River	St					
City, State, Zip Code						City, State, Zip							_
						Hackens	ack, N.J	. 07601					
Project Manager for M	onitoring Firm	Tek	ephone	No.		Telephone No.		License No.					
						201-329	-7444 -	00388					
Start Date (10)	Scheduled			(11)		Name of OSHA	Monitor						
4/22/19		123/	17			Omega :	Environm	ental					
Occupancy Status Dur	ring Abatement (Check o	nly one)				Street Address							
□ Abatement Performe	ated During Entire Period ed Outside of Normal Fa	cility Hour	2			280 H	uyler St						_
D-Other - Describe:	8:00 DM TO	5:00	oen	_		S. Ha	ckensack	,N.J. 07	606				
Scope of Work (Check ≥ 3 sf or ≥ 3 if	( all that apply)		a	Ren	ovation		Containment with	Negative Pressure	,				
□ ≥ 160 sf or ≥ 260 lf				Dem	olition		ebag Procedure	d Non-Friable Proce	a elema				
		Τ				u Non	-Exempted ( ) and	Non-Frane Floci	edute	A	bate	me	nt
Asbestos-Contain TO BE IN F	ation of hing Material (ACM) ABATED Facility 13)	Used Main Cu	ocation ormally Solely stenance istodial Staff? (12)	by e/		Description stos Containing M thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)		Removal	Repair		Enclosure
_		Yes	No	N/A			1						
BASEME	NI		1.	/	THER	LIC SISTON	INSULATION	500	F	7			
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Name of Registered W	laste Hauler	10.000	EP Wa	ste H	auler	Cubic Yards of	Name of Regis	stered Landfill		لـــا			
Best Rem	oval Inc	IDN	lo. 171	09		2/2 <	Minones	Enterpr:	ises	,	LI	C	
City, State						Disposal Date	City, State						
	ck , N.J. 0	7601				4/23/19	Waynes	burg, Oh,	,446	88			
Completed by	Title					Signature /			Date,	1			
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Date of Notification 4/10/ Type Notifi							/ Operator (2)	•		ASRES	TOS CO	NTROL &	GENERAL
Agencies Notified	Cation			Street A		ion	of Ne Jersey,	inc.			LICENSH	HOL &	
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1		tification			ate & Zip Co		ıu				-		
X DOL A	Amende	d Notificat			nville, NJ (		1						
X DOH (	Cancella	ation			f Contact						Telephor	ne Number	
DCA				Mark D							732-995		
				FAC	ILITY INFO	DRM	ATION				102 000		
Name of Facility Where Abat	ement i	s Taking P	Place (3	3)		Tvr	ne of Facility (4)						
v		Building				1.31	School (K-12)						
Street Address						7	Subchapter 8 (	Other tha	an K-12)	1			
·	1155 R	oute 34					Other (i.e., priva			al buildin	gs, home	es, etc.	
0 (2)						Squ	uare Feet	# of Flo	ors	E	Bldg. Age		
City (5)		unty (6)	100000000000000000000000000000000000000	unty Co	de (7)		5000		1			60÷	
Aberdeen	Mo	onmouth					rrent Use (Prior if	being d	emolish	ed)			
Name of Maritaria Einer						_	mmercial						
Name of Monitoring Firm Hire Environmental Tactics, I	ed by Bi	uilding Ow	ner (8)		ASCM No.		me of Abatement						
Street Address	116.						obal Abatemer eet Address	it Servi	ces, LL	_C			-
64 Broad Street							S Schoolhouse	Road					
City, State & Zip Code						-	, State & Zip Co						
Matawan, NJ 07716							nroe Townshi		8831				
Project Manager for Monitoria	ng Firm			hone N			ephone Number			cense N	umber		
Tom Geiger				290-22	Committee of the Commit	_	2-605-9062				0071	4	
Scheduled Start Date (10) 4/20/19		eduled Cor	4/23/	/19	(11)		ne of OSHA Mon bal Abatemen		ces. LL	.c			
Occupancy Status During Ab	atemen	t (Check or	nly one	:)		Stre	et Address						
X Facility Closed/Vacat							Schoolhouse						
Abatement Performed Describe:	Outsid	ie of Norm	al Facil	lity Hour	S-		, State & Zip Coo						
Other - Describe:						IMO	nroe Townshi <sub>l</sub>	p, NJ 08	3831				
Scope of Work (Check all tha	t annly)						- Aller						_
X Demolition	( apply)	Renovat	ion				Full Cont	ainment	with No.	antivo D	rossuro		
Large Project		, 10,10,101					Mini-Encl		with Ne	yalive r	ressure		
Quantity is ≥ 3 SF or	≥ 3 LF	ACM					Glove-ba		dure				
X Quantity is ≥ 160 SF	or ≥ 260	LF ACM					X Other: N						
Location of				ocation		D	escription of		Amo	ount	Abate	ment Type	9
Asbestos-Contai				ally Use	ed /		stos-Containing		(Spe			y: Remova	al,
Material (ACN TO BE ABATE				olely by enance	05 /		aterial (ACM)		Square			Repair,	
in Facility				dial Stat		ulatio	thermal systems on, surfacing, VA	т	Linear	Feet)		sulation o	r
(13)				(12)			er miscellaneous				E11	closure)	
IInner D				NI/A									
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Name of Registered Waste Ha	auler		NIDE	D Masta	Hauler ID #		Cu. Yds. of Was	100	Vlama (	. D		ıcıı	-
Freehold Carting	adioi		NODE		1693		25		Name of GROW		ered Land	ווודב	
City, State							Disposal Date		City, Sta				-
Trenton, NJ							4/23/19			rille, Pa	ı		
Completed By (Print or Type)		Title					Signature			7		Date	
Dominick Tringali		Preside	nt				Dominick Tr	ingali				4/10/19	,
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OD 44 11111 OF 0 1005						-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is th			and the last of th			- 1

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Date of Notification (1) 4/11/19			of Building Ow	)	200	APR	1.6	2019		JIII					
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	)(I			larrison Str	eet		Professional Control	ASBESTOS CONTROL &							
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DOL Amendme	ent #_ cy (including	-	Hobo	ken NJ 070	030		Special Section 1	Constitution of the Consti							
☒ DOH   justificatio     ☒ DCA   Cancellation	n)			of Contact cia Blanco	***************************************	Telephone Number 201-239-2181						г			
Nome of Facility NAMe or About	. 51		FAC	ILITY INFOR	MATION			1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -							
Name of Facility Where Abatement is Tal Hoboken Housing Authority Uni		3)				T	Type of Facility (4)								
Street Address					×	School (K. Subchapte		er than I	K-12)						
311 13th Street						Ē	Other (i.e. etc.)	private 8	comm	ercial b	uilding	s, hom	es,		
City (5) Hoboken NJ 07030							quare Feet	# of	Floors		Bldg.	Bldg. Age			
County (6)			Code (7)			urrent Use (P		ng demo	olished						
Name of Monitoring Firm Hired by Buildin	Hudson														
TTI Environmental Inc.	g Owner (8)		ASCI 003	VI No.	975	ame of Abatement Contractor (9) Pernaco Inc.									
Street Address 1253 North Church Street					eet Address										
City, State, Zip Code					PO Box 329 City, State, Zip Code										
Moorestown NJ 08057				92233333	West Berlin NJ 08091										
Project Manager for Monitoring Firm James Guilardi		Telepho 856-8	ne No. 40-8800		Telephone No. License No. 856-753-9800 00727										
Start Date (10) 5/1/19	ed Cor	mpletion	Date (11)		OSHA Monito	Vionitor									
Occupancy Status During Abatement (Ch	5/1			Sam		dress									
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe: UNIT 80 CLOSED	Abater Hour	nent City, State, Zip Code						· · · · · · · · · · · · · · · · · · ·				_			
Scope of Work (Check All That Apply)	-														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	tenova temoli					Mini-Enclosus Glovebag Pro	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Locat	ion							Abatement						
Location of		iorma d Sole			Description						Гуре				
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	intena	nce/		Containing A rmal system			f) Amount (Specify				ᄪ	ш			
In Facility (13)	odial (12)	stan?	s	surfacing, VA her miscellar	T, c	or		or LF)	1 8	Repair	Encapsulate	Enclosure			
(1-7)	Yes	No	N/A	00	ner miscenar	ieot	us)			1	S   ST	ulate	ure		
Unit 8U			×	Po	opcorn Ce	orn Ceiling		420 SF		2		-			
Unit 8u			х	Flo	or Tile & r	nas	stic	37	0 SF	Х					
Unit 8U			х	floor ti	le and ma	stic	c to be			1	+	+			
				removed	non friable	e, fo	or Decon	50	SF	X	1				
Name of Registered Waste Hauler		1000	IJDEP W	/aste C	ubic Yards			Register							
Pernaco Inc.		459	1787	15	Waste 5		G.R.O	.W.S.							
City, State West Berlin NJ					isposal Date 117/19										
Completed by	Title				Signature	• ,	11		1	Date					
Anthony T Perna	dent			10	l	4/11/19									

NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 10 / 19 The Township of North Bergen, NJ APR 1 6 2019 Agencies Notified Type Notification Street Address ☐ EPA 423 Kennedy Boulevard ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING □ DHSS Amendment # North Bergen, NJ 07047 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Mr. Peter Hammer 201-392-2040 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) N/A School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 600 Liberty Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Bergen 2,000 2 58 + yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A MAK-B Pro, Inc. Street Address Street Address 104 Market Street City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-931-3293 01365 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 20 / 19 \_\_05\_\_ / \_\_10\_\_ / \_\_20 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 - Describe Time City, State, Zip Code of Abatement: \_\_\_AM-\_\_\_\_PM/\_\_\_\_PM-\_ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior sides of house  $\boxtimes$ Transite Siding 1200 SF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting, Inc. G.R.O.W.S., Inc. 11222 10 City, State Disposal Date City, State Newark, NJ 4-23-19 Morrisville, PA Completed By (Print or Type) Signature Kiril Nestorov Project Manager 4-10-19

State of New Jers

Check #

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Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator	(2)	N			-					
04 /	11 /	19			W	alidah Al	i		LL API	7 1 6	2019	9	L			
Agencies Notified	Type Notifi	cation			Stree	et Address					-					
⊠ EPA	☐ Initial							-	ASBES	TOS CO	NTE	2 10				
☑ DOLWD	Amenda Amenda				City,	State, Zip	Code		ASBESTOS CONTROL & LICENSING							
□ DCA	⊠ Emerge	2001-000-001-000-000-00-00-00-00-00-00-00	ıdina	ri.	Ne	wark NJ	07106	like:	Винительно подположение почение в по							
(NJAC 5:23-8)	justifica		unig	10	Nam	e of Conta	ct		Telephone Number							
☐ Cancellation						alidah Ali										
					FA	CILITY II	NFORMATION					3100				
Name of Facility Where A	Abatement is	Taking P	lace	(3)				Type of Facility	(4)							
Same							☐ School (K-12)									
Street Address								Subchapter Subchapter Other (i.e., p	8 (Other than I	(-12) mercial	huildir	nas				
Same								homes, etc.	.)	microlar	Danan	195,				
City (5)								Square Feet 2970	# of Floors		Bldg. Age					
County (6)						nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being der	nolished	)					
Essex		- 11						Residentia	I							
Name of Monitoring Firm	Hired by Bui	lding Owi	ner (	8)	ASCM	No.	Name of Abatem	ent Contractor (9	)							
	A.E.S.L							021 CPR ENVIRONMENTAL SERVICE								
Street Address							Street Address									
2200 PATTERSON I	. UNIT 7				8421 HEGERMAN ST											
City, State, Zip Code							City, State, Zip C									
NORTH BERGEN NJ 07047							PHILA PA 19	136								
Project Manager for Monitoring Firm Telep CARMELO ALTAMONTE 20:							Telephone No.		License No	).		33534-15011	3010-2010			
Start Date (10)	TAMONTE 201 864-6583 Scheduled Completion Date (11)						215 333-5117 01328									
4/ 12/						19	Name of OSHA Monitor  A.E.S.L									
Occupancy Status During																
☐ Facility Closed/Vacate					mont		Street Address									
Abatement Performed	Outside of N	ormal Fa	cility	Hour	s - Des	scribe	SAME City, State, Zip Co	- 4 -								
Time of Abatement:	AM	PM/_		_PM-		_AM	SAME	ode								
Scope of Work (Check all	that apply)				-		OAME									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				ovati			☐ Mini-Enc ☐ Glovebad		<u> </u>							
				ocat					Abatement Type							
Location of Asbestos-Containing N	7.0	n   1		orma I Sole	lly elv bv	Asha	Description o	of	5 - <b>10</b>	-						
TO BE ABA	red `			ntena		(i.e	stos Containing Ma	insulation,	Amount (Specify	Kemova	Repair	Encapsulate	Enclosure			
IN Facility (13)	/		usto	(12)	Staff?		surfacing, VAT,	, or	SF or LF)	Val	.   -	Sul	sure			
(10)		Y	es	No	N/A		other miscellane	ous)				ate				
BASEMENT			]			VAT			180			$\vdash$				
			_													
						-						Ш				
Name of Registered Waste	- Haules															
CENTURY WASTE S				H	JDEP \ auler II <b>32787</b>	O No.	Cubic Yards of Waste	Name of Regis	stered Landfill ANAGEMENT							
City, State					J=101		Disposal Date	City, State								
ELIZABETH NJ								TULLYTOV	VN PA							
Completed By (Print or Typ	oe)	Title	70				Signature			Date						
ANTHONY JONES		PROJECT MANAGER					Dill	la Tipues 11119								

			(Deep.	990m							F	Print F	orm			
10793	NOT	IFICATIA	State of New Jersey FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8 60 and 12:120							$\mathbb{V}$	III,	n				
Date of Notification (1)			Name	of Building	Owner	Operato	r (2)	AF	PR '	6	2019		IJ			
Agencies Notified Type Notification			Street	Address	167	ORS	5010		-11	1 046 1	2010	100	-			
EPA Initial Amended				orace, ZIP C	one		_	ASBES	ASBESTOS CONTROL & LICENSING							
DOL Amendment Emergency				MBC		21/1	1- A	J 08530								
DOH justification)	ig	Name	Name of Contact Telephone Number									1				
			PET	CILITY INF		R50	) er	-		Same West of	-37					
Name of Facility Where Abatement is Takin	g Place	(3)		SILIT I HAT	OKIMA	ION	Type of Facilit	ty (4)					1			
Street Address					School (F											
				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometc.)												
CAMBERT VILLE							Square Feet	Bldg.	g. Age							
County (6)			County	Code (7)			Current Use /		1							
				USE ONLY	)		Current Ose (F	Prior if being demolis	shed)							
Name of Monitoring Firm Hired by Building	3)	ASC	M No.		Name of Abatement Contractor (9)											
ATMS ENV. 185Pez Street Address	25				FR.	FRYITAR CONSTRUCTION										
POBOX 11645				Street Address												
City, State, Zip Code					City, State, Zip Code											
Project Manager for Monitoring Firm					PH1/A PA 18116											
BRIAN	Telepho		0 3	Telephone No. 2/7-784-4694 0/276												
	mpletion	Date (11)	75	Name	of OSHA Monito	679 01	2.	10								
4-23 -19	4	~->	41	9			o. Oor we worked	,								
Occupancy Status During Abatement (Check						Street A	Address									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abater y Hour	ment 's			City, State, Zip Code										
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Company of the last of the las	Renova Demoli				Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Is	Locat	ion				Non-Exemple	d (*) and Non-Friab	ement							
Location of		Norma ed Sole			Des	cription (	of		Туре							
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena todial	nce/	Asbesti (i.e. 1	os Conta thermal:	aining Ma systems	aterial (ACM) insulation,	Amount (Specify	77		E	т				
In Facility (13)	Cus	(12)	olali?		surfac	ing, VAT iscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A			.000	,000)		val	Ŧ	ulate	ure				
BASEMENT				PIPE	:- u	RAI	0	70 UF	1	-		$\dashv$				
				,				0 1								
lame of Registered Waste Hauler		IN	JDEP W	anta	Cubia V	(a - d -										
C0		Н	auler ID	707777	Cubic Y of Wast			Registered Landfill								
THYTHE CONSTRUCT	100	- C	036	199	Disposa	I Data	City State	TERN BE	RK	3						
OHI/A PA						26-/	City, Stat	USBURO	1	21						
EFRAIN DUL	Title	1	86-6	,		nature	11/11/10	Dat	e/_/	0 7	10					
SB-41 (R-06-08)					//	Do not	use this form for	r asbestos licensure				es.				

#### State of New Jersey

NOCK		NOTII	DE C	2 [		V	E									
Date of Notification (1)	11 / 19	)				Owner/Operator (2 Partnership LLC		AF	PR 1	6	2019	)				
Agencies Notified  EPA  DOLWD  DHSS  DCA (NJAC 5:23-8)	Type Notification  Initial  Amended  Amendment #  Emergency (ii justification)  Cancellation	1		2 Eth City, St Edis Name o	Address nel Rd. S ate, Zip Co on, NJ 0 of Contact Joe Bijou	8818	Telephone Number									
	L Cancellation			VSWADOO		FORMATION		(732) 248-8200 ext. 115								
Name of Facility Where A Butler Plaza (Stop & Street Address 1501-1506 Route 23	& Shop /attache								cial bui	ldings	s,					
City (5)			-3-3-27				Square Feet	# of Floors	- 1	g. Ag	е					
Butler							39,574	1	59							
County (6)				Count	y Code (7)	or if being demolish	f being demolished)									
Morris Name of Monitoring Firm	Hired by Building	Owner (	8) [4	ASCM N	do l	Name of Abateme	Vacant									
Health & Safety	rifled by Building	Owner (	"	0011	(F)		nental Services									
Street Address				0011		Street Address		-,				_				
PO Box 365						277 Fairfield	Road, Suite 10	2								
City, State, Zip Code				City, State, Zip Co	ode											
Berlin, NJ 08009				Fairfield, NJ 07004												
Project Manager for Mon	itoring Firm		Telep	ohone N	No.	Telephone No.		License No.								
Jim Proctor			85	6-452-	1311	(973) 852-344										
Start Date (10) 04 /22 /		eduled C 05 /				Name of OSHA M SAI Environn	s, LLC									
Occupancy Status During	g Abatement (Che	ck only c	ne)			Street Address										
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li><li>Time of Abatement: _</li></ul>	d Outside of Norma	al Facility	/ Hours	s - Desc		277 Fairfield City, State, Zip Co Fairfield, NJ		2								
Scope of Work (Check a  □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf	ll that apply)		novatio molitio			☐ Mini-End	g Procedure	egative Pressure								
241 02	40		Locati			ANGER STATE OF THE PROPERTY OF			Abatement Type							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Norm Used So Mainter Custodia (12) Yes No						Description of stos Containing Ma ,, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
Old Laundry Mat					Floor M	lastic		1,600 SF								
Roof over Stop & Sh	op & Stores	1	П		Various	Roofing Materi	ials	39,200 SF								
Stop & Shop Interior	•	1			Floor M	lastic	35,560 SF									
Chinese Restaurant		1			Floor T	ile		1,600 SF								
Name of Registered Wa			2.5	JDEP V		Cubic Yards of	Name of Regis	stered Landfill								
Service Transport	Group, Inc		H	auler II SW21		Waste 800	Minerva La	andfill								
City, State		Disposal Date Various	City, State Wavnesbu	burah. OH												

ASB-41 MAY 11

Completed By (Print or Type)

Mary Petrovski

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

Title

Manager

Signature

Date

4/11/2019