	Control			/₩1	μa	ge 1	because [1	(0)	1 7	э П	DD F
04/12/2018 14:01 20	126203	21			AMAC					;    	W E
1/2 IN AL	ſ		1			5 (46) 6		AP	R 1		2018
Company (1)	programad	I	想	EATIGN DE A	New Jorney SEESTON AND C 8:00 and 1		DOL-	10	DAY	Υ	10614
4/12/18			1	Mismo of Building	NG Owner from	stator cas	T AG			NSI	NTR <b>QL</b> I
Type his			_	Second Actions			TOP AFOLD	}	1113		
	t Pedrot	ř.	L				The second second	-	1	1	-
All and a second	Military des	distribute.	- 1	My, Alaba,	20		ALCOUNTS A	75	*	7-6	
199 6.50	Datificani Marijan	-many	IN		PLOUID	DINCE 'N	ללמס על			C	
Name of Facility Whom Alebanot I	Tellin			TACK TACK	SUN		h hermony.				-
Reside Reside	ACE.	ecte (EE)	,		A CONTRACTOR OF THE PARTY	Type of Fe			-	_	-
		-				- 8 2000			_		
Clip (6)	a.	-				- Cale	T - THE CO OFFICE	MARKET CO.	of phase	diagra,	haron,
	DOXE				**************	/850	- M		- 2	A. A.	
Status of Marshoring Fluor Hared by Bull			(कर	ATE GETE ONLY		Current 1 to:	Body or Michaelen d	resident	een) .	456	
The state of the s	Sing Owne	e (m)	10	WOOM No.	Pine	N of Abelianen	E STA COL	AL.			
Strong Actions		_			_ 1 ~~	まる 「日本語語」	ng Inc.				
Chy, Glada, Zip Codo					182	it Address Middlesd Ava			-		
Project Manager for Managers Party					Cay.	State, Etc Code	-	-			
			Teles	phone No.	Tology	tand Park, N.	07432	no Bi-			
Start Date (1/2)	Sched	autod C	-Orrapies	on Date (11)	201	-262-584 7 of OERIA Month	nnac				
Company States During Attachment (C	honorde d'hanh	4/2	1/18		Ome	ga Environ	Matel Services	s from			
And the second liver of	the Feedord of	# Abab	90'hiarri		<b>会外面团</b>	Address Huyler Singel					
	ALTERNATION PROPERTY.	WY HOS	Di		Cay, S	tale, Zo Code	<b></b>				
Goope of West (Class As That Apply)	DF-600				Place	ceneack, MJ (	78/16			_	and the same of th
2 am da den l	7	Ranay Demai	ggod ggod		B	Full Cassings Mirel-Groupes		Pine	医病毒		
		1.5			19	Gitterbag Pro	condition areas				. [
	1	P Eppond	lan.	1		MON-Entropy)	O Silvery	Ada Pr	Water le	1952	San
Assemble Carifornia (ACM)	4.60	P Epical Jogethia Jogethia	Elly What has		1000	TAD TAMES (19)		7	Ams	Marie Park	E
TO SE AGATED	á Jan	POTTER BOT SOL Britished Britished S	ally by	Antonias (	Description of	if Residual (ACIAN)		-	Ann	Type Type	-
TO SE ARATED	Chie Chie	POCETRAL and Solic all distributes account of (CC)	Bly Sty by Now? Deady?		Description o	e Redict (ACIA) Piculation,		-	Ann	Type Type	-
TO SE ASATEO In Facility (73)	á Jan	POTTER BOT SOL Britished Britished S	ally by	080	Description of Description of the Property and what spatients in the Property of the Property of the Contraction of the Contraction of the Contrac	e Redict (ACIA) Piculation,		Remoral	Ann	Types D	B/Troping
TO SE ASATED IN FLORE (73)  GVILLION (5)  Flore Policy	Chie Chie	POCETRAL and Solic all distributes account of (CC)	Bly Sty by Now? Deady?	Sil	Description of Description of Description of State of Sta	e Redict (ACIA) Piculation,		-	Ann	Type Type	-
IO SE ASATED IN FICELY (TS)  LEVELLOGE LIST FLOOR PORCH ZALO FLOOR	Chie Chie	POCETRAL and Solic all distributes account of (CC)	Bly Sty by Now? Deady?	S11	Device Anti-	Frank (ACA)	Account (Specify 5- or LP)	-	Ann	Type Type	-
IO SE ASATED IN FACELY (TS)  LST FLOOL POLCH  Zalo Flool	Chie Chie	Martinal Sale State of Sale Sale Sale Sale Sale Sale Sale Sale	MEA	Sil 51	Democration of Democratic Services Serv	Review (ACMA) Pleasing (ACMA) CIP CAMA)	Sto st	Remoral	Ann	Type Type	-
GYTELOG IST FLOOL POLCH  ZNO FLOOL  1ST 9 ZNE FLOOL  IST	Chie Chie	PAGETHAN NES SCADE NES SCA	NEA /	Sill Shirt	Democration of Democratical Party St. Cock	Section (ACAM) Parameter (ACAM) Annual (ACAM) Annual (ACAM) Annual (ACAM) Annual (ACAM)	Sto se	Table C///	Retyde	Type Type	-
GYTHT-OF  IST FLOOL POLCH  ZAID FLOOL  15T F 2NP FLOOL  IST STAND White Header  IST STAND WHITE HEADER  IST STAND HEADER	Chie Chie	PAGETHAN NES SCADE NES SCA	MEA	Silver Com	Description of Description of Description of the Control of the Co	Rentes (ACA) Principal Colors Principal	Sto st	Table C///	Retyde	Type Type	-
IOSE ASSATED IN SECURITY (TS)  IOSE ASSATED IN SECURITY (TS)  IN SECURITY (TS)  IOSE S	star star Case	PAGETHAN NES SCADE NES SCA	NEA /	SIII SHEET COMMENT OF THE SHEET COMMENT OF THE SHEET OF T	Description of Description of Description of the De	Penne of Car, Shela	Sto st 18.50 1	Table C///	Retyde	Type	-
IOSE ASSATED IN FACILITY IN FACILITY IN FACILITY IN FACILITY IN FACILITY IN FLOOR POLICY ZNO FLOOR ZNO FLOOR IST F ZNE FLOOR IST F ZNE FLOOR IST WARRE Carting Inc. In Solan Invents, NJ 07105 Interpleted by	Chie Chie	PAGTTAN ned Solg in the name in the least of	NEA / / / / / / / / / / / / / / / / / / /	SIII SHEET COMMENT OF THE SHEET COMMENT OF THE SHEET OF T	Description of Description of Description of the Control of the Co	Memor of Fi	ASSO SE LISE LISE SANDO PA 08702	Removal C///	Retyde	Type	-
GENTET-OF  IST FLOOR POLICE  IST FLOOR POLICE  LST FLOOR FLOOR  LST F 200	State	PAGTTAN ned Solg in the name in the least of	NEA / / / / / / / / / / / / / / / / / / /	SIII SHEET COMMENT OF THE SHEET COMMENT OF THE SHEET OF T	Democration of Democratic Part of Part	Neme of Care Pen Arg	Sto se 18 Se	Removal (///	Response	Errapoulerio	Sanka 10

		-	111	- 11	- 11 -	10	1 (2)		Inc.	5 P C		WI	K	T
Date of Notification (1)	3/18	U L	Na	me of B	uilding Ow	vhet/Opera ANA (	L H	ASSANE	-(0)			W	5	
Agencies Notified	Type Notification		St	reet Add			- //	1		APR 1	Ω	2018		
□ EPA □ DEP DOL	Initial Amended Amendment #		Ci	ty, State,	Zip Code	7.	ī. C	7470_		APR I	0	CUIC	)	
DOH DCA	☐ Emergency (inc justification) ☐ Cancellation	cluding		ame of C	ontact	A Ne			Teler	hone Number	CO	VTR(	)L&	
				FACILI	TY INFO	RMATIO	N	CD . Th. (4)				1.5		-
Name of Facility Where Al			1 -	\				pe of Facility (4)					88	
Street Address	SAMAL HI	ASSAM		110	<del>-</del> .	i.		School (K-12 Subchapter 8 Other (i.e. pri	(Other ti	han K-12) ommercial bu	ilding	s, hom	es, etc	s.)
G: (6)					, .		Sc	quare Feet	# of	Floors		lg. Ag		$\neg$
City (5)	INE		(4.5)					2200		2		19	45	1
County (6)	· -			ounty Co			. C	urrent Use (Prior	if being					
County (6)	SAIC		(S	TATE US	SE ONLY)	S	-	1		ENCE				
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASCM	No.	1	Name of A	Abatement Contra	actor (9)					
						E	Best	Removal	Inc		_			$\dashv$
Street Address							Street Add	outh Ri	vor	Straat				
City, State, Zip Code						100		; Zip Code	VCI	DUICE		100-100		$\neg$
City, blate, zip code						H	Hacke	nsack,	NJ C	7601				
Project Manager for Monit	toring Firm		T	elephone	No.		Telephone			License No.				
						2	201-3	29-7444		00388	3			-
Start Date (10)		Scheduled C		0	e(11)			OSHA Monitor						
Occupancy Status During	Abatement (Check On		/ /	0		-	) mega Street Ado	Enviro dress	nmer	ITAL				
	ated During Entire Peri		nent			2	280 H	uyler S	tree	t				
	4 O daile of Normal E	agility, Llour		M.			City, State	e; Zip Code						
Other - Describe: _		0 3:0				- S	South	Hacken	sack	, NJ (	76	06		-
Scope of Work (Check Al	l That Apply)						-	Full Containme	me sreigh d	Jacative Press	ure			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novatio molitic					Mini-Enclosure		vegative i tess	uio			
2 2100 52 03 200 12					240			Glovebag Proce Non-Exempted	edure (*) and i	Non-Friable P	rocedi	ıre		
		Τ.,						Tion Entire	( ) ===			Abate		
Locatio	on of	79360	ocatio rmally	200		Desc	cription of					Ту	pe	
Asbestos-Containing	Material (ACM)		Solely		Asbes	stos Contai	ining Mate	erial (ACM) ion, surfacing,		mount Specify	R		En	E
TO BE AF		10	dial St	aff?	(i.e. ther	V	AT, or			or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other m	iscellaneo	us)			val	Η.	ılate	ure
		Yes	No	N/A										
BASEMEI	57			/		VAT	<u> </u>		83	SOSF	X			
							14 34 m. + 16 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
	•													
Name of Registered Wast	e Hauler			DEP Wa		Cubic Y of Wast		_		ed Landfill			. 2	
Best Remova	l Inc			1710	)9	Disposa		Mine City, State	rva	Enter	ri	ses	,_]	ьLС
City, State								Wayn		ira Ni	T /1	468	8	
Hackensack, Completed by	NJ 07601	Title	-0.50			1	ignature	Λ		Dat		1	^	
J. Maiorano		Est	ima	tor			_ \ \	Moion	سم	3 6	1/1	3/1	8	
		1 0					()	1		shooton lines	FB 01/0	meter	l activ	ities
ASB-41 (R-06-08)							O * [	Oo not use this fo	rm for as	suesius licensu	ic exe	mptec	activ	ido.

NOTURICATION OF ASBESTOS ABATEMENT
Pursuant to NIAC 8:60 and 12:120)

CK 9559

Date of Northeaten Northead   Agencies Northead   Annotated   Annota	Date of Notification (1)			N	ame of l	Building Ow	mer/Operat	or (2)	•	haman	FA	P	П	0.77	2 -
Agencies Northol    Pro	1 1 1	18			Ra	. His	CHÁE	ت	CUMIS	ske	VE G		]	W L	
DEP   Amendment   Amendment   Security   Control   Content   Con		Type Notification		St							{ '				1100
DEP   Amendment   Amendment   Security   Control   Content   Con	□ EPA	Initial									A PE	1	8-2	018	
DOH	□ DEP	☐ Amended		C	ity, Stat	e, Zip Code	10	_	_	1			· L	010	1
DOH	DOL DOL		luding	-	8	ERG	EN4	TIEC		77	. 016	61	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rt consistence	1
Name of Facility Where Abadement is Taking Place (3)	DOH DOH	justification)	8	1	ame of	Contact				I ele	phone Numb	SI - C - C	76 10.1	TRAI	2
Name of Facility (Whee Absternet is Taking Place (3)  If C U MI SKEY  Street Address  Clay (3)  Bell General Bidge Age 79 5  County (6)  Bell General Bidge Age 79 5  County (6)  Bell General Bidge Age 79 5  County (7)  County (8)  Bell General Bidge Age 79 5  County (8)  Bell General Bidge Age 79 5  County (8)  County (9)  Bell General Bidge Age 79 5  County (9)  County (9)  Bell General Bidge Age 79 5  County (9)  County (9)  Bell General Bidge Age 79 5  County (9)  County (9)  Bell General Bidge Age 79 5  County (9)  Bell General Bidge Age 79 5  County (9)  Bell General Bidge Age 79 5  County (9)  Bell General General Bidge Age 79 5  County (9)  Bell General G	□ DCA	☐ Cancellation													
Street Address  City (5)  BERGEN FLEW  County Code (7)  Square Feet  # of Floors  #	Name of Facility Where Ah	patement is Taking Plac	ne (3)		FACIL	ITY INFO	RMATION		e of Facility (4	1)					
Street Address  City (5)  Bellen Fellow  County (6)  County (6)  County (7)  Street Address  County (7)  Street Address  County (8)  County (8)  County (8)  County (8)  County (9)  Street Address  Street Ad	1													12	
County (6)  County (6)  County (6)  County (7)  County (7)  County (8)  County (8)  County (9)  County (10)  County (1		C014342			-	.~	Herman Harris		Subchapter 8	(Other	than K-12)				
County (6)  Bevices  County (6)  County (7)  County (6)  County (7)  County (7)  County (7)  County (7)  County (7)  County (8)  County (9)  County (9)  County (9)  County (1)  County (8)  County (1)  County (1	Direct I dance					- 1		1	Other (i.e. pr	ivate &	commercial b	uilding	s, hor	nes, etc	c.)
County (6)  Bevices  County (6)  County (7)  County (6)  County (7)  County (7)  County (7)  County (7)  County (7)  County (8)  County (9)  County (9)  County (9)  County (1)  County (8)  County (1)  County (1	City (5)			10.7			+	Squ			Floors	Bl	dg. A	ge _	
County (6)  Bellow  County (6)  Bellow  County (6)  Name of Monitoring Firm Hiried by Building Owner (8)  Street Address  Street Addre		GENFIL	EUD		•	•			1800		2		15	9 4 5	
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Start Date (10)  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  201 - 3.29 - 74.44  O0.38.8  Start Date (10)  Project Manager for Monitoring Firm  Telephone No.  201 - 3.29 - 74.44  O0.38.8  Start Date (10)  Project Manager for Monitoring Firm  Telephone No.  201 - 3.29 - 74.44  O0.38.8  Name of OSHA Monitor  Omega Environmental  Storet Address  Storet Address  Start Date (10)  Absence of CSHA Monitor  Omega Environmental  Storet Address  South Hackensack, NJ 0760.6  South Hackensack  City, State, Zip Code  South Hackensack, NJ 0760.6  South Hackensack, NJ 0760.1  Title  Name of Registered Landfill of the Hauler Hauler Doo.  The Address of Waste Hauler  Name of Registered Landfill of the Hauler Doo.  Title Signature  Disposal Date  Waynesburg, OH 4468.8  Date  Dat	County (6)			C	ounty C	ode (7)		. Cur	rent Use (Prior	if being	demolished)	_			
Best Removal Inc.	3€	RGEN		(3	STATE U	SE ONLY)		-	E	ESI	DENC	2			
Street Address  450 South River Street  City, State, Zip Code  Hackensack, NJ 07601  Froject Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  1 Telephone	Name of Monitoring Firm I	Hired by Building Own	ner (8)	$\neg \neg$	ASCM	No.	N	ame of Ab	atement Contra	actor (9)					
Street Address  450 South River Street  City, State, Zip Code  Hackensack, NJ 07601  Froject Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  1 Telephone							В	est F	emoval	Ind	·				
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Hackensack, NJ 07601  Icleans No.  License No.  201-329-7444  Occupancy Status During Abatement (Check Only One)  Reality Closed/Vacated During Entire Period of Abatement Periomed Outside of Normal Entiry Hours Other - Describe:  City, State, Zip Code  Name of OSHA Monitor  Omega Environmental Street Address  280 Huyler Street  City, State, Zip Code  Soope of Work (Check All That Apply)  Cocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Soope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Soope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Fall Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  Signature  All 3 / 18  Date	Street Address														
Hackensack, NJ 07601										ver	Stree	t			
Project Manager for Monitoring Firm	City, State, Zip Code				ALDS-HARTS-S		C	ity, State,	Zip Code						
Start Date (10) 27/8 Scheduled Completion Date (11) Name of OSHA Monitor  OmegaEnvironmental  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606  South Hackensack, NJ 07606  South Hackensack, NJ 07606  South Hackensack, NJ 07606  Description of Abatement (ACM) Abatement Type Abatement Type Abatement Type  Abate							H	acker	sack,	NJ (					
Start Date (10) 27/18 Scheduled Completion Date (11) 0me ga Environmental Street Address 2280 Huyler Street City, State, Zip Code Stouth Hackensack, NJ 07606 Scope of Work (Check All That Apply) 28 or 23 lf 26 or 23 lf 26 of or 2260 lf Demolition Demolition Demolition Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606 South Hackensack, NJ 07601 South Hackensack, NJ	Project Manager for Monito	oring Firm		T	elephon	e No.	Te	elephone l	Ńо.		License No.				
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement   Street Address   280   Huyler Street							20	01 - 32	9-7444		0038	8			
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours     City, State, Zip Code	Start Date (10)	1 0	Scheduled (	Comple	etion Da	te (11)	N	ame of OS	HA Monitor						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State				7 /	28/	18	01	nega	Enviro	nmei	ntal				
Abatement Performed Outside of Normal Facility Hours Other — Describe: 3:00 AM TO S:00 (H  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted	Occupancy Status During A	Abatement (Check Only	y One)												
Scope of Work (Check All That Apply)    Source   Store   Stor	☐ Facility Closed/Vacat	ted During Entire Perio	d of Abater	nent						tree	<u>e t</u>		-		
Scope of Work (Check All That Apply)    Source   Store   Stor	Other - Describe:	B:00 AM	CO S	: ၁၀	OH				04.0- 30			076	0.6		
Solution   Demolition   Paul Containment with Negative Pressure   Mini-Enclosure   Mini-								outh	Hacken	sacl	c, NJ	0/6	06		-
Demolition    Secondary   Demolition   Demolitic   Demolition   Demoli		Inat Apply)		10							N Desa				
Clovebag Procedure   Cloveba											negative ries	suie			Ì
Is Location of Normally Used Solely by Maintenance Custodial Staff? (12)   Yes   No   N/A	2100 St 01 2200 H		L 20.					P (	Glovebag Proce	edure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Best Removal Inc City, State Hackensack, N.I 07601  Completed by J. Maiorano  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Type  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Type  Type  Type  Type  The End Os  Type  Type  Lift End Os  Type  To the miscellaneous  Type  To the mount (Specify SF or LF)  The Dos  Type  The Dos  Type  The Dos  Type  The Lift End Os  To the miscellaneous  Type  The Lift End Os  To the miscellaneous  Type  To the mount (Specify SF or LF)  The Dos  Type  The Lift End Os  Type  The Lift End Os  To the miscellaneous  Type  The Lift End Os  The Lift End Os  To the miscellaneous  Type  The Lift End Os  To the miscellaneous  Type  The Lift End Os  Th			Г	**					Non-Exempted	(*) and	Non-Friable	Tocea		ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  NIDEP Waste Hauler ID No. City, State  Hackensack, N.I 07601 Completed by J. Maiorano  Normally Used Solely by Maintenance/Custodial Staff? (12)  Ves No N/A  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  NIDEP Waste Hauler ID No. 17109  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF Registered Landfill  Signature  Waynesburg, OH 44688  Date  Ali 3/18			D1 (125) (125)												
Asbestos-Contaming Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Best Removal Inc City, State  Hackensack, N.J. 07601  Completed by J. Maiorano  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAT, or other miscellaneous)  SF or LF)  Registered Landfill  Name of Registered Landfill  Minerva Enterprises, LLC City, State  Hackensack, N.J. 07601  Title Signature  Signature  A/13/18									1/4 (2) (1)		mount				
Name of Registered Waste Hauler  Name of Registered Landfill  Minerva Enterprises, Lilica City, State  Hackensack, N.I 07601  Completed by  J. Maiorano  Estimator  Name of Registered Landfill  Minerva Enterprises, Lilica City, State  A 30/18  Waynesburg, OH 44688  Date  A 13/18			Mair	ntenano	ce/					(0)		Re	R	Enc	En
Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Minerva Enterprises, Lilico  City, State  Hackensack, N.I 07601  Completed by  J. Maiorano  Estimator  Name of Registered Landfill  Minerva Enterprises, Lilico  City, State  A 30/18  Waynesburg, OH 44688  Date  A 13/18	In Facil	ity			aff?				,	SI	For LF)	mov	epai	apsu	dos
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Best Removal Inc  City, State  Hackensack, N.I 07601  Completed by  J. Maiorano  Title  Estimator  INDEP Waste  Cubic Yards of Waste  1/207  Minerva Enterprises, LLC  City, State  Waynesburg, OH 44688  Signature  Faioner  A/13/18	(13)			()			other mis	cellaneous	)			'al	-	late	ıre
Name of Registered Waste Hauler    Name of Registered Waste Hauler   Name of Registered Landfill			Yes	No	N/A										
Name of Registered Waste Hauler    Name of Registered Waste Hauler   Name of Registered Landfill	BASEMEN-	+				THERM	UAC 11	NSULA	TION	. 1	52F	X			
Hauler ID No.  City, State  Hackensack, NJ 07601  Completed by  J. Maiorano  Hauler ID No.  17207  Minerva Enterprises, LLC  City, State  4/30/18  Waynesburg, OH 44688  Signature  Signature  Signature  A/13/18															
Hauler ID No.  City, State  Hackensack, NJ 07601  Completed by  J. Maiorano  Hauler ID No.  17207  Minerva Enterprises, LLC  City, State  4/30/18  Waynesburg, OH 44688  Signature  Signature  Signature  A/13/18			1												
Hauler ID No.  City, State  Hackensack, NJ 07601  Completed by  J. Maiorano  Hauler ID No.  17207  Minerva Enterprises, LLC  City, State  4/30/18  Waynesburg, OH 44688  Signature  Signature  Signature  A/13/18			-											$\vdash$	
Hauler ID No.  City, State  Hackensack, NJ 07601  Completed by  J. Maiorano  Hauler ID No.  17207  Minerva Enterprises, LLC  City, State  4/30/18  Waynesburg, OH 44688  Signature  Signature  Signature  A/13/18		·		1	DPD ::		0.11.11		Nows	Pacieta	ad I andfill				
Best Removal Inc 17109 1227 Minerva Enterprises, LLC City, State  Hackensack, N.I 07601 Completed by  J. Maiorano Estimator Signature    Minerva Enterprises, LLC City, State   City, State   Waynesburg, OH 44688   Date   A/30/18   Completed by   Date   City, State   Ci	Name of Registered Waste	Hauler		1000		SSS-7-70 C. 1		,	1 32000000000000000000000000000000000000	register	ed Falidilli				
City, State  Hackensack, N.J. 07601  Completed by  J. Maiorano  Disposal Date  4/30/18  Waynesburg, OH 44688  Signature  Signature  Oiconacce  A/13/18	Best Removal	Inc						1,50	InTHE	rva	Enter	ori	ses	<u>.</u> , T	LC
Completed by  J. Maiorano  Estimator  Wayneshire  Value  Alialia							(	1 1	. City, Stat	e		7			
Completed by  J. Maiorano  Estimator  Signature  Paioren  A/13/18	Hackensack	NJ 07601					4/3	30/18	Wayn	esbi	irg, 01		468	8.8	
o. Matorano Estimator	Completed by		Title				Sign	nature	0		Da	te //	, ,	1,0	
1	J. Maiorano		_ Est:	ima	tor			\ \ '	Joion	qui		9/	13,	118	
								0-						1	ri a r

B & G proj. #: 2018-99

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(4)				TEMER	16	HIN CY***	Chec	ck #8919	9			
		1	Name of	Building Ov	vner/Operator (2	2)		brown	E 6				
Agencies Notified			Scotch	h Plains/ I	Fanwood Bo	ard	of Education		E C			$\mathbb{V}$	Eli
EPA	Type Notific	ation	Street Ad					118		and of shared	CATALOGRAPH		311
☐ DEP	Initia	. ]]	2280	Evergree	n Avenue				ADD	18	2 21	140	
DOL DOL	☐ Amen	idment		e, Zip Code		-		lad lead	ALI	1 0	20	18	116
DOH			Scoto	h Plains,	NJ 07076			<del> </del>	en zacinacia		CK-Tares	- Comment	
_	☐ Cance	ellation	Name of (					Teleph	SBESTO	etivis	NO	SOL	0
☐ DCA		mation	Debo	rah S. Sa	ıridaki, B.A.				232-616	Witness Street,	IVG movement		little outside
Nome of Seattle				FA	CILITY INFORM	MATIC	ON	I		0.00			
Name of facility whe			lace (3)					Type of Facility					
Terrill Middle S	chool (non	sub 8)							ool (K - 12				
Street Address									chapter 8 ( r (Private/				
1301 Terrill Ro	ad							Bldgs	./Homes,	etc.			
City (5)		Cor	unty (6)			Co	ounty Code (7)	Square Feet	# of Flo	ors	E	3ldg. A	Age
Scotch Plains,	NJ	Unio	on				tate use only)	Current Use (	Prior if hai	ing de	nolici	2041	
Name of Monitoring	Firm Hirad h							school (nor	sub 8)	ny der	HOHS	iea)	
n/a	r min r med by	blag. Owr	ier (8)		ASCM No.		Name of Abatement (	Contractor (9)					
Street Address				,			B & G Restoratio	n, Inc.					
							Street Address	03					
City, State, Zip Code						_	105 Ryerson Roa	d					
							City, State, Zip Code	0.500.5					
Project Manager for N		n	F	Phone Numi	per	-	Lincoln Park, NJ Telephone Number	07035	License	. Niver			
Guillermo Morale			6	09-259-8	077		973-696-6869		0378	: Num	ber		
Scheduled Start Date	(10)	Sche	d. Comple	tion Date (1	1)	-	Name of OSHA Monit						
04/13/2018		04	1/14/2018	8			B & G Restoration	n, Inc.					
Occupancy Status Du	ring Abateme	nt (Check	only one)	The same of the sa		-		1					il ext
Facility closed/v	acated during	entire per	od of abat	tement.			105 Ryerson Road	<u> </u>					
Abatement performance Describe: 4:00	p.m. start	or normal	facility hor	urs-			- Ny, otato, zip oode						
U Other-Describe:						_	Lincoln Park, NJ	07035					
Scope of Work (check	k all that appl		20000 - III (III A 2000)						□ wran	& cu	t	_	
		Renovation					Full Containment w/nega	ative pressure	Glove			ure	
>3 sf or >3 if		≥160 sf or				1	Mini-enclosure			riable			
Location of asbestos-contain	ning	ls location	n normally enance/cus	used solely	1			T		TR	R	E	
material to be	V	staff(12)		otoulai -	Description	n of a	sbestos-containing	Amount		e m	е	n	E n
abated in facility	(13)	Yes	No	N/A	material (A	ACIVI)		(Specify S	SF or	0	a	c	C
hallway adjacent	- cafeteria			X	pipe insulati	on				v e	i r	р	-
					Pipe modiati	011		8 If					
								-	-	井	屵	부	부
						Victoria de la constantina della constantina del				H	Η	-	1
Registered Waste Haul	Or.									H	님	금	1
B & G Restoration,	Inc.	NJDE 195	P Hauler 63	ID# C	ubic Yards of W	aste	Name of Registered L	andfill	1000 III			<u> </u>	
City, State				Disposal D			Tullytown Resource City, State	e & Recovery	Center				
Lincoln Park, NJ 0					6/2018		Tullytown, PA						
Completed by (Print or Gordana Luna	Type)	Title Secretors	·/T	_	Signature		Gordana Luna		Date				
		Secretary	/ 1 reasure	er			Jordana Luna		04/12/	2018	\$		

					KECETVED 04/	/13/	2018 03:	43PM					
Apr 13 2018 15:40 NJ A	sbestos Control	609,633	0664		page 1	18		n E		, [c		$\mathbb{V}$	
WGAIA 36 9 proj. #: 2018-99		Notifi (Pursua	sate pation of Aer to NJAC I	008 8:50	tos Abatement 1-7 and 12:120-7) E N C Y ***	1	Cha	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AP	The		2018	An annual and the second secon
Date of Notification (1)	I Normada	3.35	The state of the s	With the last of t		-	Ale	A TOSVE	Distance.			NTROL	. &
014/1/2/118	Seedah	mineral Offi	Tor/Operator (2	)			1   L		PRINCE /		IVUIT	10	-
Agencies Notified   Type Notificat	tion Street Addr	Pens/F	anwood Bos	ard (	of Education		1 1	Air .	4	1	į	1	
DEP Initial		valäteeu usti	Avenue					-	TT.	+	+	-	
DOL   Amane	City, State,	Zlp Code	To the second second		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1	14/27	Tries a					
	ment Scotch	Plains, N	NJ 07076				1 1)	7 1 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	. 1		1.17	T	
DOH _	Name of Co	ntact											
DCA Centrell	etion Debora	ah S. Şar	idaki, B.A.				The Property of the Pr	one Number 232-618					
Blancasti		FAC	LITY INFORM	ATK	PN					-			
Name of facility where abalement (	a taking piece (3)			- Million	-	TI	yre of Facility	1.745					
Terrill Middle School (non t	3ub 8)						Sch	(역) ppl (K - 12	)				
Street Address							☐ Sub	chapter 8 (d	Other	ihan !	(-12)		
1301 Terrili Road							Othe	r (Privater	amm.	ercial			
City (5)	County (6)	- 177 - 16 16 H 170 -				11.	Square Feet	# of Floo	PIC.	1 9	idg. A		
Scotch Plains, NJ				Ç	ounty Code (7)	١.		_		-	ug. c	ė.	
	Union			(5	tate use only)	1	Climent Use (	Prior if beir	tg dat	nolish	ed)		
Name of Montioring Firm Hired by I	(8) 1enwO .gbil		ASCM No.	_	Name of Abstame	1 1	SCHOOL (not	sub 8)		towards.	etientist.		
ń/a					B & G Restora								
Street Address			The West Street	=	Street Address	nor b	15.2.	FILL COLUMN TABLE SAN		-			
City, State, Zip Code				-	105 Ryerson R	180							
2.4 dww. 20 0005			The Colon of the		City, State, 2tp Cod				-	-	*******		
Project Manager for Monitoring Pirm	In	one Numb			Lincoln Park, 1	M) I	7035						
Guillermo Moreles	1	9-259-80			973-696-6869			License	Num	bar	No.		
Scheduled Start Dela (10)	Sched, Completit				Name of OSHA Mo	REGIO E		0378	_				
04/13/2018	04/14/2018		4		B& G Restorat		ltip.						
Occupancy Status During Abasemen					Street Address	mma fi				like year	-	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	
Facility slosed/vecated during a	perfire period as about	eneni		-	105 Ryerson R	084							
Abstament performed cubide obscribe: 4:00 p.m. start	of normal facility hour	18-			Glay, State, Zip Cod	9						and in	
CRiter-Descripe;					I incole Best b		10.10					39	
Scope of Work (check all that apply)				- 1	Lincoln Park, 1	47	U13				-		
	Renovation				Full Conteinment win	A#+ ^	an Aur	- WEED	-				
S >3 at ot >3 k □ 5	160 af or ≥250 if				Mini-endosura	eğ: s		Glovel			0.00		
Location of	is location normally o	used solely						Non-fr	table .	27002			
### ##################################	by maintenance/cust staff( 12)	odial	Description	n of s	gninistnoo-sotsedas		Amount		2 0	R	E	E	
abated in femility (13)	Yes No	N/A	material (A	(CM)	Taraa aanaa ma		(Specify	B≓ or	E	Þ	ė	ກ ກ	
hallusu adlesaus	140						LF)		¥	i	a	L	
hallway adjacent - cafeteria		X	pipe insulati	01			8 H		a	+	-		
						=====	-			+	+	=	
						- F			1	H	+		
									H	H		H	
agistered Weste Hauter	NJDEP Hauler II		bic Yards of W						H	F	7	H	
B & G Restoration, Inc.	19563		1/2	azi6		7	dill,						
Lincoln Park, NJ 07035	T.	Disposal Da	te		Tullytown Resor	т. 5	a: Kecovery	Center		-			
completed by (Print or Type)	Title	04/16	/2018	_	Tullytown, PA								
C	Secretary/Treasure	r	Signature		Grading Lane			Date					
					a			04/12/	2018	}			

					F	atala of I	New Jefsey	F	<b>&gt;</b>	<b>-</b>	пл		
341710	Ġ		NOT	IFIC (F	CATIO	STOF AS	BESTOS ABA AC 8:60 and 5:1	EMENT [		- I	$\underline{\mathbb{W}}$		
Date of Notification (1)	9 /	18					ng Owner/Operator (		U APR	182	2018		IJ
			_				y Economic Deve	elopment Author	ority				
Agencies Notified  EPA	Type Notific	cation			and the second	t Address			ASBECTOS	CON	TROI	. &	
☑ DOLWD	Amende	d					ate Street, PO Bo	x 990	LICE	NSIN	3		
□ DOH	Amendm	nent#_				State, Zip enton, N.							
DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	g		e of Conta			Talaahaa N	-b			
(145/10/5.25-0)	Cancella					m Catap			Telephone Nun 609-858-66				
						•			009-050-00	31			
Name of Facility Where	Abatement is	Taking	Place	(3)	ГА	CILITY	NFORMATION	Type of Facility	(4)				
Former Tech Build		3		(0)				School (K-12					
Street Address								☐ Subchapter 8	Other than K-1	2)			
651 S. Route 1								Other (i.e., pr homes, etc.)	rivate and comme	ercial b	uilding	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
North Brunswick								46,000	2		~50	65 100 117	rs
County (6)					Cou	nty Code (	7)(STATE USE ONLY)		or if being demol	ished)			
Middlesex								Offices					
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Group Service	es						Tricon Enter	prises, Inc.					
Street Address							Street Address						
3 Terri Lane, Suite	4						322 Beers St	reet					
City, State, Zip Code	4.0						City, State, Zip Co						
Burlington, NJ 080							Keyport, NJ (	07735					
Project Manager for Mon	litoring Firm			2 500 3	lephone 609-386		Telephone No. 732-739-1200		License No.				
Start Date (10)		Schedu	led C	0.1	letion Da		Name of OSHA M		1000				
_4 / _23 /	18	5	/	_ 3	31_ /	18	N/A						
Occupancy Status During	g Abatement (	Check	only o	one)			Street Address						
☐ Facility Closed/Vacate													
Abatement Performed Time of Abatement:	d Outside of No	ormal F	acility			scribe AM	City, State, Zip Co	ode					
						AW							
Scope of Work (Check a	If that apply)						⊠ Full Cont	ainment with Neg	otivo Deserves				
≥3 sf or ≥3 lf		WORTHLAND COMPANY	Re				☐ Mini-Encl	losure	alive Pressure				
≥160 sf or ≥260 lf			☑ De	molit	ion		☐ Glovebag	g Procedure mpted (*) and Nor	. Eriabla Dragadi				
			Is	Loca	ation		Z Non-Exe	impled ( ) and Not	I-I Hable Floceut		atem	ont T	vno
Location				Norm	DESCRIPTION OF THE PERSON OF		Description of						
Asbestos-Containing TO BE ABA		1)			lely by ance/		estos Containing Mat e., thermal systems i		Amount	Remova	Repair	inca	nclo
IN Facili			Cust	100000000000000000000000000000000000000	Staff?	(".	surfacing, VAT,	or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	(12 No			other miscellaned	ous)				late	е
Lower Roof						Silver F	Roofing Paint		660 sf		П	П	П
First Floor		JERRY III					tting Insulation		2 ea			П	
First Floor							sulation		35 If				
First Floor				П			e Board		15 sf				
Name of Registered Was	te Hauler				NJDEP	NESSY THE	Cubic Yards of	Name of Regist			Ш	П	
Olexion Rubbish H				15.080 169	Hauler II	O No.	Waste		agement, Fairl	ess			
City, State					14042		40 Disposal Date	City, State	J				
South Plainfield, N.	J						7/31/2018	Morrisville,	PA 19067				
Completed By (Print or T	ype)	Title					Signature	- 0		ate /	/	,	
Thomas Camarda		Sr.	Proj	ect	Manag	er	1			4/	9/	18	1
ASB-41		1								1	/ '	0	
IAN 13		* D	o not	use t	his form	for asbes	tos licensure exemp	ted activities		1 /			

Ch4739	<i>*</i>		NOT	IFI (	CA7	IQI	LOF AS	ew Jersey BESTOS ABAT IC 8:60 and 5:1	EMENT (	DEC	E.	$\underline{\mathbb{W}}$		
Date of Notification (1)	12 /	18	3		1			g Owner/Operator (	2)	] APR	18 2	2018		IJ
Agencies Notified  EPA	Type Notific	cation			8	Stree	t Address	130 North		ASPE.			- &	
□ DOLWD	Amende	d							- lore		EHSIM			
☑ DOH	Amendm						State, Zip (							
DCA	☐ Emerger		cludin	g	-		of Contac	n, NJ 08109		1			- 57	
(NJAC 5:23-8)	justificat  Cancella	SECTION.					tthew Mo			Telephone 856-663				
						FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Takin	g Place	e (3)	)				Type of Facili	ty (4)	75			-
Temple Lutheran Ch	nurch								School (K-	12)				
Street Address									Subchapte	er 8 (Other than	K-12)	N 122/13		
5600 Route 130 Nor	th								homes, et	, private and con c.)	nmercial	buildin	gs,	
City (5)		90							Square Feet	# of Floors	i [	Bldg. A	Age	
Pennsauken									5,000	2		70		
County (6)						Cour	nty Code (7	)(STATE USE ONLY)	Current Use (	Prior if being der	molished	(		
Camden					ĺ				Church	•				
Name of Monitoring Firm I	Hired by Buil	lding (	Owner	(8)	AS	SCM	No.	Name of Abateme		(9)			-	-
TTI Environmental, I	nc.							Shade Enviro		1. 70				
Street Address							+	Street Address						
1253 N. Church Stre	et							623 Cutler Av	renue					
City, State, Zip Code								City, State, Zip Co						
Moorestown, NJ 080	57							Maple Shade						
Project Manager for Monit				T	eleph	ono	No	Telephone No.	143 00052	N				
Jim Guilardi	ornig i iiii						-8800	856-755-0099		License No	Ο.			
Start Date (10)		Schoo	ulad C		PRESIDE.		te (11)			00842				
04/30/			15 /					Name of OSHA M EMSL Analyti						
Occupancy Status During								Street Address						
☐ Facility Closed/Vacated								200 Route 13	0 North					
Abatement Performed	Outside of N	ormal	Facilit	y Ho	ours -	Des	cribe	City, State, Zip Co	de					-
Time of Abatement:	AM	P	Λ/	_P	M		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re		ation ition			☐ Mini-Encl ☐ Glovebag	osure . Procedure	egative Pressure				
			100		cation	ľ		- 1	36		A	batem	ent T	уре
Location o Asbestos-Containing M		41)			nally olely	hv		Description of		-	7	Z	m	ш
TO BE ABAT		1)			nance			stos Containing Mat , thermal systems is		Amount (Specify	1	Repair	Encapsulate	Enclosure
IN Facility			Cust		al Sta	ff?	(	surfacing, VAT,		SF or LF)	) Va	=	psu	Sur
(13)				(12				other miscellaned	ous)				late	0
Throughout			Yes	N		V/A						_	_	-
					-			le and Mastic		3,700 SF				
Throughout					-			d Ceiling		3,470 SF		+	Ш	
Choir Room					L		Block P	ipe Insulation		20 LF		-		
Name of David 1984				Ц	L									
Name of Registered Waste Freehold Cartage	nauler				Hau		Vaste No.	Cubic Yards of Waste 60	Name of Reg	istered Landfill _andfill				
City, State				- 1	- 10			Disposal Date	City, State					
Freehold, NJ								05/18/2018	Morrisvill	e, PA				
Completed By (Print or Typ	e)	Title	9					Signáture			Date			-
Christina Lynch		Vi	ce Pr	esic	dent	of C	peration	1 11 -				21	0	

ASB-41 JAN 13

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

h53489564	8	NOTII	D. CATIO	State of New N OF ASSES at to NJAG 8:	Jersey STDS ABATI 60 and 42:14	EMEN	IT		E C	K		₩ P	rint E
Date of Notification (1) 04/10/2018				of Building O	wner/Operato	r (2)			API	<del>1</del>	8 2	018	-
Agencies Notified  Type Notification  Initial  DEP Amended Amendmer	n			Address					ASSET:	10.87 10.6N	CINT SINC	FROL	. &
Emergency			Allen	tate, Zip Code dale, NJ 07									
DOH justification Cancellatio	)	9		of Contact k Bianco				Teler	hone N	umber			
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INFOR	RMATION	Tyr	e of Facility (				-		
House	•	,				T I	School (K-1	0040					
Street Address						×	Subchapter Other (i.e. p	8 (Other	than K-	12) cial bui	ildings	s, hom	es,
City (5) Allendale						Squ N/A	uare Feet A	# of F N/A	loors	11.3	Bldg N/A	Age	
County (6) Bergen			(STATE	Code (7) USE ONLY)		Но	rent Use (Prid USE			shed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.			patement Con atement, In		)				
Street Address					Street 11 R		ess ngren Aver	nue					
City, State, Zip Code					City, S	State,	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 973-		No. 8685		icense 1	Vo.			
Start Date (10) 04/24/2018	Schedul 04/25/		npletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor Itement, In						
Occupancy Status During Abatement (Chec	ck Only O	ne)		100	Street	Addr	ess				111111111111111111111111111111111111111		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of nal Facility	Abaten y Hours	nent		City, S	tate,	Zip Code	ue		011			
Scope of Work (Check All That Apply)					1010	wa, i	NJ 07512						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolit			×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				·e	
Location of	1	Locati Normali ed Sole	ly		Description						Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	(i.e. the	Containing Marmal systems surfacing, VA ther miscellan	insu T, or	lation,	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
101 1000	Yes	No	N/A							<u>a</u>		ate	ге
1st floor	-	Х		F	Pipe Insula	tion		20 1	_F	X			
Name of Registered Waste Hauler		N	JDEP W	asta	ubio Va-d-		I Nov. 5						
0&S Abatement, Inc.		H	auler ID 1996	No. of	ubic Yards f Waste BD		Name of R Fairless						
City, State Totowa, NJ					isposal Date BD		City, State Morisville	e. PA					
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Signature		AU		Da 04	ite 1/10/2	2018		

Chimi	ê	мот	S FICATION Pursuant	ate of N VOF ASI	w Jerse ESTOS 8:60 an	ABATE d 2:12	MENT 0)			D)-	<u>E</u>	<u>C</u>	E T	<u>I</u>	
Date of Notification (1) 04/09/2018				of Building		Operator	(2)				A	PR	18	201	8
Agencies Notified Type Notification			Street A	× *					+		 	11 P. 12 P.		TT ry trops	e de la same de la se
X EPA X Initial Amended Amendment Emergency			Cranfo	ate, Zip C ord, NJ	07016					A.	o Division	Lici	ENSI	NIR	OL &
DOH justification)  DCA Cancellation			Bever	of Contact ly Espu	ga				Te	lephon	e Nur	nber			
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)	)						
House Street Address								School (K-12 Subchapter 8 Other (i.e. pri	) B (Oth	er than	n K-12	2)	dingo	ham	
City (5)								etc.) re Feet		f Floor:			Bldg. A		es,
Cranford County (6)			County	Code (7)			N/A	ent Llee (Dries	N/		t' - t	N	V/Å		
Union				USE ONLY	)		Hou	ent Use (Prior ISE	If be	ing den	nolish	ied)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	И No.				ement Contr		(9)					
Street Address						Street 11 R		ss gren Avent	10						
City, State, Zip Code						City, S	tate, Z	ip Code IJ 07512							- Julia
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	0.		Licen		o.			
Start Date (10)			mpletion I	Date (11)			of OSI	HA Monitor		0131	17			D-1	
04/23/2018 Occupancy Status During Abatement (Chec	04/24/2		1			D&S Street		ement, Inc.	14						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of A	hater	ment s			11 R	osen	gren Avenu	ie			in the second			
		- 1001						IJ 07512							
Scope of Work (Check All That Apply)			+843				,	1000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (	dure	9175				0	
150 8 8		Locat						Lxcmpted	) ain	u 14011-1	Habi	10	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole	ely by		tos Cont thermal surfac		aterial insula T, or		(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>		ate	le l
Basement		X			Pipe	Insulat	tion		5	0 LF		Х			
Name of Registered Waste Hauler		LA	ווחבטייי		0.11										
D&S Abatement, Inc.		H	IJDEP W lauler ID 0996		of Was			Name of Re Fairless L			ndfill				
City, State Fotowa, NJ					Dispos TBD	al Date		City, State Morisville	. PA						
Completed by Ned Joksimovic	Title Proied	ct Ma	anager			gnature		SAN	/		Date 04		018		

THILL OHN

				10		HF	F						-	
				1			]]							
Project #			NOTI	FICATIO	State of New Jers	ABATE	MEN	Т	[	heck # 4	240			
			(	Pursuar	nt to NJAC 8:60 a	nd 12:12	0)		10	neck # 4	246			
Date of Notification (1)				Name	of Building Owner	/Onerator	r (2)			Nie Taren (no reconst	Sanconnos			
04/10/2018					n BOE	roporator	(-)				FI	P 1	E	U U
Agencies Notified	Type Notification	1			Address		-		A11000	11111		la l	<u></u>	II W
☐ EPA	Initial			745 C	Clifton Ave					113				
DEP	Initial Amended			City, S	itate, Zip Code								1 0	
DOL	Amendmen				n, NJ 07013						A	PR	1 0	201
■ DOH	Emergency justification		ng		of Contact				Te	lephone Nu	mber		-	
☐ DCA	Cancellatio			AMar	chione				(9	73)470-2	276		- 10 · 1	HITA
N				FAC	CILITY INFORMAT	TION			1/0	10)+10-2	41.0	11.	ME	HiG
Name of Facility Where	Abatement is Taki	ng Place	(3)			.1	Тур	e of Facility	(4)	Even Colonia State State State St	THE PERSON NAMED IN	7-1412/89	779.3	H 1731FORESCA
Clifton HS								School (K	-12)					
Street Address								Subchapte	er 8 (Oti	ner than K-1	2)	9 65		
333 Colfax Ave								otner (i.e.	private	& commerc	ial bu	ildings	s, hor	nes,
City (5) Clifton, NJ							Squ	are Feet	# 0	of Floors		Bldg.	Age	
County (6)				County	Code (7)		Cur	rent Llee /D	rior if he	ing demolis				
Passaic County					USE ONLY)		Cui	ient use (F	noi ii be	ang demons	nea)			
Name of Monitoring Firm	Hired by Building	Owner (	8)	TASC	M No.	Name	of Ah	atement Co	ntracto	r (0)		_		
AHERA Consultant			•	1				toration L		(3)				
Street Address						Street		-2.37, 02, 12, 12	LU					
PO Box 385								side Rd						
City, State, Zip Code								Zip Code						
Oceanville, NJ 0823						1788		NJ 078	369					
Project Manager for Mon	itoring Firm			Telepho	one No.	Teleph			,00	License N	lo.			
John Smoyer				(609)6	552-1833	973-9	33-2	2550		01358				
Start Date (10)		Schedu	iled Co	mpletion	Date (11)			HA Monitor		10.000		-		
05/02/2017		05/09/				IRIS								
Occupancy Status During	Abatement (Chec	k Only C	ne)			Street	Addre	ess					_	
Facility Closed/Vaca	ated During Entire	Period of	Abater	nent		2333 I	RT 2	22						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facili	ty Hour	S		City, St	tate, 2	Zip Code						
						Union,	, NJ	07083						
Scope of Work (Check Al	I That Apply)	22												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				FL	III Containm	ent with	Negative F	ressu	ıre		
2100 \$101 2200 11			Demoli	tion			Mi	ni-Enclosur	е	- 5				
							No	ovebag Pro	cedure d (*) an	d Non-Friab	le Pro	cedur	e	
		1	s Locat	ion							1	Abat		nt
Location			Norma	ly	De	scription	of					Ty	ре	
Asbestos-Containing I TO BE ABA			ed Sole aintena		Asbestos Cont	taining Ma	ateria		А	mount			ш	
In Facilit			stodial 8		(i.e. thermal surface	systems cing, VAT		ation,		pecify or LF)	Rer	Re	nca	Enc
(13)			(12)			niscellane			or.	UI LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	1	late	re
Auditorium Fan Roo	m		×		elbows/ wrap	& cut	-		45 elk	OWS				$\vdash$
	11.		_					1	I COLL	CVV	1	II.	I	1

NJDEP Waste Hauler ID No.

33782

Title

President

Cubic Yards of Waste

Disposal Date

Signature

TBD

TBD

Name of Registered Landfill

Date

04/10/2018

G.R.O.W.S

City, State Tullytown, PA

Name of Registered Waste Hauler

City, State Randolph, NJ 07869

Nick Restoration LLC

Completed by

Nikica Mrda

Clerk 17501

Date of Notification (1)			Name	of Building	Owner	Operato	r (2)		(,	1	<i>l</i> –	, ,	-	
4/11/18								CD Capi	tal-I-C					
Agencies Notified Type Notification				Address						EG	E	11	V7 [	
			350 N	/Jain Roa	ad, Sui	te 201			11111-	<u> </u>		<u> </u>	7	=
DEP X Amended			City, St	ate, Zip C	ode				1111			4100		
□ Amendmen     □ Emerganger			Mont	ville NJ	07045					APF	1 1	8 20	18	11.
➤ DOH Emergency justification)		1	Name o	of Contact						phone Nu				Î
DCA Cancellation	1		Antho	ony Ciall	ella				908	-897-0	730	1 5 T T T T	***: *****	
Name of Facility Where Abatement is Takir	a Diago /	27	FAC	ILITY INF	ORMAT	ION				1	CENIS	MG	YO'L	34
Commercial	ig Place (	3)					- 17-2	of Facility		Section 4.7.11	The Residence	CONTRACTOR	- NOT SHEET TO	NAME OF STREET
Street Address								School (K-			.01			
171 West Fort Lee Road								Subchapte Other (i.e.				ldinas	. hom	ies.
City (5)							-	etc.)					i.	
Bogota				20			320	re Feet	# of F	loors		Bldg.	Age	
County (6)		Т	County	Code (7)						1 0		68		111
Bergen				USE ONLY	)			ent Use (Pr nmercial	or it being	g demolis	inea)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name	1000000000	itement Co	ntractor /C	)\				
,	oor (o	,	7.001	vi ivo.				ronmenta			C			
Street Address	Address						Addre		ar COI VIC	, , , ,				
	Address							83, 4 E G	Sate Driv	ve				
City, State, Zip Code								ip Code		<u> </u>				
						Control of the Control		, NJ 074	118					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi	hone N	0.	I	icense N	Vo.			
						973-	-764-2	2276	17	703				
Start Date (10)			npletion	Date (11)		Name	of OSI	HA Monitor						
4/11/18	6/11/1													
Occupancy Status During Abatement (Chec	52	100				Street	Addres	SS						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abaten	nent											
Other – Describe:	nai Facility	/ Hours	3			City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	[V] -		<b>(1</b> (1) (1) (1)				7							
× ≥160 sf or ≥260 lf	- Commence	Renova Demolit					Ful Mir	l Containm ni-Enclosur	ent with N	legative	Pressu	ıre		
2							Glo	vebag Pro	cedure					
	1					×	1 No	n-Exempte	d (*) and N	Non-Frial	ble Pro			
	0.00	Locati Vormali	5.7										emen /pe	t
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashos	De: tos Cont	scription	of	(A CAA)				T		
TO BE ABATED	200000000000000000000000000000000000000	intenar todial S			thermal	system	s insula			ount ecify	Z.	-	Enc	四
In Facility (13)	Cus	(12)	otan :		surfac	cing, VA niscellar	T, or	**********	SF o		Remova	Repair	aps	Enclosure
()	<b>—</b>		T		outern	nscenar	ieous)				val	a:	Encapsulate	sure
	Yes	No	N/A										Ф	
Roof			Х		en	tire ro	of		1,200	0 SF	×			
Roof			Х		tar 8	& flash	ing		1,280	) SF	х			
Roof			X		wind	ow gla	zing		13 win	ndows	Х			
											1			
Name of Registered Waste Hauler		100	JDEP W auler ID		Cubic of Was			Name of	Registere	d Landfil	1	1		
Freehold Cartage	ehold Cartage							GROW	S/FAIRI	LESS L	AND	FILL		
City, State					TBD Dispos	al Date		City, State	е					
Freehold					TBD			Morrisv						
Completed by	Title				S	ignature	//	,		Da	ate	-		
A. Scott Higgins	Presi	dent					//	_	_	4.	/11/1	8		

		1	T C	/.\	State	OI New	Jersey				A. Carrie		-
		J	(Ex	OTIFIC Islant	ATION	FASBE	STOS ABA	PEMENT	ME	可尼	7 11	// [7	
Date of Notification	J. (T)						er/Operat			2		J [L	311
_ 4/14/18					INA	0.000	a mer						
Agencies Notified	Type Notifi	cation	St	treet A	ddress	Du	11101-	+	IUL AP	R 18	3 20	18	
[ ]EPA	[X]Initia	L				1	9						1
[ ]pep	Notif:	cation	Ci	tv st	3to 7:	p Code			Α			201.3	2.
[X]DOL	[ ]Amended	3	11	a loci	ace, 23			17 - 0	Antifection the second	17.11.1	MG		
[X] DOH	Notifi	cation	I L	大子り	N	٠, ١	NJ,	07093	5			1000	Park Park Labor
[ ]DCA	[ ]Cancell		1		Contact	Mer	+	Tele	ohone Number				
Name of Facility When	e Abatement	ie Mak	ina	F	ACILITY	INFORM	MATION						
Joe Barr	122  _	. is tak	ing	brace	(3)			Type of Fa	cility (4)				
Street Address	14 1		_					[ ]School	ol (K-12)				
Street Address								[x]Other	hapter 8 (Ot	her th	an K	-12)	
		90						cia	l buildings,	homes	, et	mer- c.)	
City (5)		County	(6)		la-			Square Feet			Bldg		je .
West New 4	LICK	-	100000		(5	unty Co	SE ONLY)					3 95	
Name and the second second				301			•	Current Use	(Prior if )	being	demo:	lishe	ed)
Name of Monitoring Fig Owner (8)	nm hired by	Buildir	ıg Z	ASCM No		Name	of Abate	Reside	nce	260 - 200			
N/A			6	67		AZ!	TECH M	MANAGEMEN	TOT (9)				
Street Address			- 1,	-			t Addres		, IIIC.				
22.00						1		topher S	!+				
City, State, Zip Code						11	State,						
								r, NJ 07	042				
Project Manager for Mo	nitoring Fi	rm Te.	lepho	one Num	ber		none Numb		COL REGION	L .			
		N					73) 744			Licens 003		mber	,33
Scheduled Start Date (	10) Schee	i. Comp	Letic	on Date	(11)	11	of OSHA M			003	· / ⊥		
04 - 16 - 18	1 0.	4 - 1		- 18		N/A	obile F	OHILOI					
Occupancy Status During	T Abatement	(Chook	ay	Yea	r								
[X] Facility Closed of Abatement	Vacated Du	ring En	tire	Perio	f	Street	Address	*					
[]Abatement Perfo	rmed Outsid	e of No	rma 1	Tagili									
nours - Describ	e: OffHours	Descri	ntn		- cy	City,	State, Z	ip Code					
Scope of Work (Sh	e: Other Oc	cupancy	Desc	cript»									
Scope of Work (Check a.	I that app	·A)											
[X]≥3 sf or 2° [ ]≥160 sf or	lf ≥260 lf			novatio molitio		E	XMini-E XiGloveb	ontainment w nclosure ag Procedure iable Proced	i	e Pres	sure		
Location of			Is cati							Ab	atem	ent :	Type
Asbestos-Contai			rmal Used			Asbes	cription og-Conta	of ining	Amount	R		E	E
Material (AC) TO BE ABATEI			olel Mai			Mate	erial (Ad	CM)	(Specify	F	R	CA	C
In Facility		te	nanc	e/	ins	(1.e., tulation	thermal s	systems ing, VAT,	SF or	0	PA	PS	os
(13)		Sta	ff (	12)	0.	r other	miscell	aneous)	LF)	A	I R	U	U
Basement		Yes	Мо	N/A			1 -			1		L	RE
- DUALIFULIT				X		25	LF	- : Pipe	254	FX			
								Sulation		,			
Name of Posistanda													
Name of Registered Waste AZTECH MANACEME			EP W	aste ID No.		c Yards	(i) 100 (ii) 100 (ii) 100 (iii) 100	Name of Regi	stered Landf	ill			
	INT, INC	17	040	ID NO.	of W	aste [	1.5	Minerva	Interani	SP	INI		
.ity, State	52.46				Disp	osal Da	ite (	City, State	uncijii	JC	114(		
Montclair, NJ 07	042				1	11911	8	120 50			7 .		>
Completed By (Print or T	ype) Title				17	1		Raynes		0,	44	68	18
Constantine Vivi		siden	t			olgr	nature	//	/	Date	111-	1,	2
						$ \!$	0118/	ative!	14.am	4	112	118	5
						1		1					2576598

Check # 1

						<b>5</b> 1. n.	7	п								
Ch472			NO	TIFIC	ursu	ant to MJ	SBI	8/60 and 5.1	(6)	DE	CE		$\mathbb{V}$			
Date of Notification (1)	11/	1	88					Owner/Operator of New Jersey	(2)	III AF	PR 1	8	2018			
Agencies Notified	Type Notif	ication	ı		Stre	et Address	;					_			1	
⊠ EPA					20	000 Penni	ina	ton Road		ASDE	70.00		ITRO	1 9.	-	
⊠ DOLWD	☐ Amend	323311				State, Zip			Letter 10	ASD.	111 gas	SIN	G.	C CK		
☑ DOH ☐ DCA	Amend  Emerge			_		wing, NJ							ACT THE CHARMS	TENER PROPERTY.	- Townser	
(NJAC 5:23-8)	justifica	ation)	includii	ng		ne of Conta				Tolophone	Mumb					
	☐ Cancel	lation			Aı	manda Ra	ado	sti		Telephone						
					F	ACILITY	NF	ORMATION		000-11	1-200					
Name of Facility Where A	batement is	Takir	ng Plac	ce (3)		COLLITT		OKWATION	Type of Facility	, (4)						
The College of New					lfe Ha	II			School (K-1							
Street Address					10.5	220			☐ Subchapter	8 (Other than	K-12)					
2000 Pennington Ro	oad								Other (i.e., in homes, etc.)	private and co	mmerc	ial b	uildin	gs,		
City (5)									Square Feet	# of Floo	re		Ildg. A	100	_	
Ewing									50,000	10		-	60	ige		
County (6)					Cou	inty Code (	(7)(S	TATE USE ONLY)	Current Use (P		emolish	ed)	-		_	
Mercer	of Monitoring Firm Hired by Building Owner (							\$1.50 mm Carlo Arthur (100 mm)	Residence		0,1101101	ou,				
							N	lame of Abateme	ent Contractor (9							
	Environmental Management, Inc.								onmental, LLC							
Street Address	Address						S	treet Address	•							
344 West State Stree	Vest State Street							623 Cutler Av	renue							
City, State, Zip Code							C	ity, State, Zip Co	ode							
Trenton, NJ 08608								Maple Shade,	NJ 08052							
Project Manager for Monito	oring Firm				ephone		Te	elephone No.		License N	lo.					
John Duggan						5-8101		856-755-0099		00842						
Start Date (10)04/25/			duled (		etion Da	ate (11) 18	1 .	ame of OSHA M EMSL Analyti								
Occupancy Status During							-	treet Address				-7		_		
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment			200 Route 130								
Abatement Performed ( Time of Abatement:	Outside of N							ty, State, Zip Co								
			VI/	PM		_AM		Cinnaminson	, NJ 08077							
Scope of Work (Check all t	hat apply)								ainment with Neg	native Pressu	ro.					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovat					osure	,						
				month	711			☐ Glovebag ☐ Non-Exen	Procedure npted (*) and No	n-Friable Pro	cedure					
				Locat					The Country of the Co	TT TIABLE T TO	CCUUTE	۸h	ateme	nt T	un o	
Location of				Norma ed Sole			94	Description of			-	No37		572 228		
Asbestos-Containing Ma TO BE ABATI		11)	Ma	intena	nce/			Containing Mate		Amount		Removal	Repair	Encapsulate	Enclosure	
IN Facility	) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		Cus	todial (	Staff?	(1.0	.,	surfacing, VAT,	or	(Specify SF or LF		ova	₩.	nsdı	uso	
(13)		3	Voc	(12) No	N/A	-	Of	ther miscellaneo	us)		'	_		late	o,	
Elevator Equipment Ro	1.57						(08	&M Hole Drillir	na)	20 SF		$\boxtimes$				
Elevator Equipment Rooms						Louver			.9/		-					
Elevator Equipment Ro				Door Ca				60 LF 42 LF	_							
Elevator Equipment Ro				Fire Doo		•							<u> </u>			
						Vaste	_	hia Vanda af	No. (5)	2 Each				Ц	Ш	
						No.		bic Yards of aste	Name of Regist							
City, State							5	i	Fairless La	natili						
Freehold, NJ					posal Date 5/04/2018	City, State Morrisville,	PA									
Completed By (Print or Type	2)	Title						Signature			Date					
Christina Lynch		Vi	ce Pre	eside	nt of C	peration	s	mela			41		11			

Thusby		NOTII	I SUATION IN SUATION	State of New ON OF ASB of to NJAC	Jersey 570S ABAT 190 and 12:1	EMEN 20)	ΝΤ	DE	C E	]	<u>W</u> [	eint,
Date of Notification (1)			Name	of Building C	Owner/Operato	or (2)		H A	PR 1	8 2	018	1000
4/9/2018			EWA	Moonach	hie 77, LLC							-
Agencies Notified Type Notification	1	2	Street	Address				60.15		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOOL	9.
X EPA X Initial			1001	Passaic A	venue			Acon	JUNE MOE	45IN(	inol 3	CL
X DEP Amended			City, St	tate, Zip Coo	de					and the second	TOTAL PROPERTY.	enclosed to
X DOL Amendmen			Fairfi	ield, NJ 07	7004							
➤ DOH Emergency		g	Name	of Contact				Telephone	Numbe	r		
DOH justification Cancellation			Greg	ory Wovn	ıa			908-319		1.0		
				ILITY INFO	MANY TO SERVICE AND ADDRESS OF THE PARTY OF			000 010	7 1170			
lame of Facility Where Abatement is Takir	ng Place	(3)				Ту	pe of Facility (	(4)				
77 Moonachie Ave							School (K-1	100.00 100.00				
Street Address						H		8 (Other than	K-12)			
77 Moonachie Ave						×		rivate & comm		uilding	s, hom	es,
City (5)						200	etc.)	4-651		DILL	•	
Moonachie Avenue						1000	uare Feet 00000	# of Floors		Bldg.	Age	
County (6)			Count	Code (7)		0.000		1		54		
Bergen			(STATE	Code (7) USE ONLY)				or if being dem	olished)			
lame of Monitoring Firm Hired by Building	O /-					1	ffice Space					
Bio Terra Solutions	Owner (8	)	ASCI	M No.			batement Cor					
treet Address							Contracting	, Inc				
					Stree							
1130 West Chestnut Street								e Unit 365				
ity, State, Zip Code					City,	State,	Zip Code					
Jnion, NJ 07083					Clift	on, I	NJ 07012					
roject Manager for Monitoring Firm			Telepho	one No.	Telep	hone	No.	Licens	se No.			
Rick Eustaquio			97349	943762	973	4509	9500	0103	36			
tart Date (10)	Schedu	led Cor	npletion	Date (11)	Name	of O	SHA Monitor					
1/23/2018	5/4/20	18			Inci	nia C	Contracting	Inc				
ccupancy Status During Abatement (Chec	k Only O	ne)			Street							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Ahaten	nent		136	0 Cli	fton Avenu	e Unit 365				
Abatement Performed Outside of Norm	nal Facilit	y Hours	5				Zip Code					
Other – Describe:					- 1		NJ 07012					
cope of Work (Check All That Apply)						, .	10 0.012					
≥3 sf or ≥3 lf	x	Renova	tion		Г	7 -						
≥160 sf or ≥260 lf		Demolit			5		uii Containme Iini-Enclosure	ent with Negativ	ve Press	ure		
	_					G	Slovebag Proc	edure				
	1				D	S N	on-Exempted	(*) and Non-F	riable Pr	ocedu	re	
		Locat					1				temen	Ċ
Location of		Normal ed Sole			Description					1	уре	_
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intena	nce/		s Containing Nermal system			Amount	-		Щ	ш
In Facility	Cus	todial S	Staff?	(1.6. u	surfacing, VA		nadon,	(Specify SF or LF)	Remova	Re	Encapsulate	ncl
(13)		(12)		(	other miscellar		(3)	J. J. L. ,	Nov	Repair	Insc	Enclosure
	Yes	No	N/A						1 10		ate	9
Ground Front Office		X	X		VAT			1001.05			-	
	-	3000	1		7.00			1934 SF	X	_	-	
Ground- Throughout	d- Throughout X X Muddled Pipe Joint Insulation 100 LF x											
me of Registered Waste Hauler			JDEP W		Cubic Yards		Name of F	Registered Land	dfill		1	
lantic Carting			auler ID		of Waste		7050 300	Central Sani		ndfill		
		N	J641/J		40 YRDS			1	tary La	uulill		
y, State					Disposal Date	A A	City, State	A Comment of the Comm				
ayne, NJ			20		TBD /	1 ()	Pen Arg	jyl, PA				
mpleted by	Title				Signature	11	N/X		Date			
ilena Zoric	Dire	rtor			15	1 1	TV AL		110101	240		



Date of Notification (1)	I ILL	32	,		f Duilding			,		E	PE	n W			
4/16/2018	5.			Chery	of Building /I Swart	z and \	Nendy :	Stoltm	an [[]	15	<u>u</u> = .	() N		7	
Agencies Notified	Type Notification			Street A	Address					A COLONIA	ADD 1	8 20	18	1	1
EPA DEP DOL	Initial Amended Amendment	_			ate, Zip C a NJ 07			<u> </u>			APR 1				and the same
<b>▼</b> DOH	Emergency justification)		3		of Contact				•	Tele	ephone Nu	mber		- Area is '	
DCA	Cancellation			TEXT	Stanko	100000000000000000000000000000000000000		lanage	er '						
Name of Facility Where N/A	Abatement is Takin	g Place (	3)	FAC	ILIT INF	ORWAI	ION		of Facility	1.0					
Street Address								x C		r 8 (Othe	er than K-1 & commerc		dings	, hom	es,
City (5) Sparta								Square 1300	Feet	# of 2	Floors		Bldg. A	Age	
County (6) Sussex	1001461400001100000				Code (7) USE ONLY	)			t Use (Pri ence	or if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	)	ASCI	M No.		Name of Chec	of Abate	ement Co	ntractor rial	(9)	<u> </u>	1500		
Street Address								Address							
City, State, Zip Code	P4						City, St	tate, Zip ta NJ	Code						
Project Manager for Mor	oject Manager for Monitoring Firm						Teleph	one No			License N	10.			
Start Date (10)		Schodul	od Co	mplotion	Date (11)			570-26	345 A Monitor		01334		5		
4/27/2018		5/4/20		mpietion	Date (11)		Chec	ckmarl	Indust	rial					
Occupancy Status Durin								Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of an all Facility	Abater y Hour	ment s			City, St	tate, Zip		10000000000000000000000000000000000000	<del></del>		7000		
Scope of Work (Check A	II That Apply)								11					-11-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Department.	Renov Demol				×	Mini- Glov	Enclosure ebag Pro	e cedure	Negative I			e	
		Is	Loca	tion									Abate	ement	
Location Asbestos-Containing		Use	Norma	ely by	Achoo		scription aining M		A CAA)				1 1	pe	
TO BE AB, In Facil (13)	ATED		intena todial (12)	Staff?		thermal surface	systems cing, VAT niscelland	insulat T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Covos		Yes	No	N/A			N. D.							le l	
Garag			X				M Pipe				5 LF	X			
			X			//	Insulat				SF	X			
Laundry F	10011		Х			FIC	or Tiles	S		80	) SF	X			
Name of Registered Was	eta Haular			NJDEP W	lasts	Cubic	Varda		Name	D1-4-					
OWNER OWNER	ste i laulei		1.00	Hauler ID		of Was					red Landfill ity Landf				
City, State						Dispos	sal Date		City, Stat Layfett	e e NJ					
Completed by Corey Stankovic		Title CEC	)			S	ignature	( <	tarko	·		ate /16/20	018		



MAY 11

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

Date of Notification (h)	D	ATT			(P	ursua	nt to NJA	/C 8	:60 and 5:1	6)	27/16 PRAINS				
DOLWD   Samended Amendment #1   Decarpose (Including DIAS)		17 /	18					-		(2)	DE	9 =	l n	20.00	7
Second Floor   Second   Seco		1000	ation			Stree	t Address			P. C.					111
DHSS	I San Annual Control of the Control					588	From R	oad			II III AP	R 18	201	3	IIJ
DCA (NJAC 223-9)	100 20					City,	State, Zip (	Code					2011		1
Name of Facility Where Abatement is Taking Place (3)   Sears Department Store   Tolephone Number   Tolepho						Par	ramus, N	J 07	652	į	L	سر سود			
Cancellation   Kelly Webb		justificati	ion)	ciuunig	,	Name	of Contac	t		F 2	Telephone N	lumber	1	· i · à	,
Name of Facility (Where Abatement is Taking Place (3)   Sears Departement Store   Street Address   S85 Form Road   Street Ro						Ke	lly Webb			798	A CONTRACTOR OF THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRE		, ( <del>)</del> , 2-	:.·.	
School (K-12)   School (K-12)   Street Address   Signature   School (K-12)   Street Address   Street Addre						FA	CILITY IN	IFOI	RMATION						
Size			Taking	Place	(3)					Type of Facility	(4)				
Septemble   Sept		Store													
Name of Nontroing Firm Hired by Building Owner (8)   ASCM No.										Subchapter Other (i.e., r	8 (Other than K	(-12) mercial h	uildin	10	
Paramus, NJ 07652	A SECTION OF THE PROPERTY OF T											irriciciai	Junum	<b>j</b> 5,	
County (6) Bergen    County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)										Square Feet	# of Floors	E	Bldg. A	ge	
Sergen											- 37		199000		
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Hillmann Consulting						Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	rior if being den	nolished)			
Hillmann Consulting	3							_							
Street Address			ding C	wner (	(8)		10000	1			)				
1600 Route 22 East		9				622	52	_	Parameter in However parameter	tion Inc					
City, State, Zip Code								1							
Union NJ 07083															
Project Manager for Monitoring Firm Tammy Lomax								The state of the s							
Tammy Lomax   908-577-6171   718-605-6256   00774	Project Manager for Monit	torina Firm			Tel	enhone	No	-		1 10 10 30 9	Liconco No				
Start Date (10)  03 / 26 / 18  10 / 31 / 18  Testor Tech  Cocupancy Status During Abatement (Check only one)  25 Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/PM-AM  Scope of Work (Check all that apply)  23 sf or 23 if  2160 sf or >260 if  Cocupancy Status During Abatement (Check only one)  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility (13)  Second Floor Throughout  First Floor Throughout  Name of Registered Waste Hauler  Name of Registered Landfill  IESI  City, State  Signature  Date  Street Address  10 59 Jackson Avenue  City, State, Zip Code  LiC NY 11101  Stype Ode  LiC NY 11101  Abatement Waste Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation, Specify on the Material (ACM)  (i.e., thermal systems insulation,		<b>J</b>			1 30										
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement	Start Date (10)	3	Sched	uled C	ompl	etion Da	te (11)	-			00114				
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM PM PM AM   PM PM	03 /26 /	18	_1	0_/	_3										
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ PM- AM City, State, Zip Code LIC NY 11101  Scope of Work (Check all that apply)	Occupancy Status During	Abatement (	Check	only o	ne)										
Time of Abatement: 7:00 PM PM PM LIC NY 11101    Scope of Work (Check all that apply)	□ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement	ment 10 59 Jackson Avenue								
Scope of Work (Check all that apply)	Abatement Performed	Outside of N	ormal	Facility	/ Hou	ırs - Des	AM Oily, State, 219 oode								_
Saf or ≥3 if   Saf or ≥260 if   Saf o			PIM/	P	M		AM I								
≥ st or ≥ s	Scope of Work (Check all	that apply)	100 V 11 (200)		1.1-2127	7-7-17-17-1							-	-	-
Second Floor Throughout   Styrofoam Glue Dots   Styrofoam Glue D	≥3 sf or ≥3 lf										gative Pressure	9			
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Second Floor Throughout	≥160 sf or ≥260 lf			☐ De	moliti	on			☐ Glovebag	Procedure	n Frieble Dree				
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Second Floor Throughout  First Floor Throughout  Name of Registered Waste Hauler Newark Carting  Name of Registered Waste Hauler Newark Carting  Name of Registered Waste Hauler Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Roberts Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Styrofoam Glue Dots  10,000SF  Name of Registered Landfill  IESI  City, State  Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Project Manager				Is	Loca	ition		-	M MOII-EXE	impled ( ) and No	ni-Friable Proce		h =4 =	T	
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Second Floor Throughout  First Floor Throughout  Name of Registered Waste Hauler Newark Carting  City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  SF or LF)  SF or LF)  SF or LF  SF									Description o	f					
Second Floor Throughout   Completed By (Print or Type)   Ralph Barnhardt   Second Floor Manager   Styrofoam Glue Dots   Styrofoam			1)			, ,			Containing Ma	terial (ACM)		den	Rep	Enc	Enc
Second Floor Throughout    Yes   No   N/A					odial	Staff?	(I.e					Jova	을	aps	losu
Second Floor Throughout  Styrofoam Glue Dots  10,000SF  10,000S  10,00	(13)	2 9	-	V			-				0, 0, 1,	=		ulate	re
First Floor Throughout	Second Floor Through	hout		_		_	Church		Clus Data		40.0000	-  -	-	6	
Name of Registered Waste Hauler Newark Carting  City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Project Manager  Name of Registered Vaste Hauler ID No. NJ-566 NJ-566  Name of Registered Landfill Waste 100  Cubic Yards of Waste 100  City, State 100  City, State 100  Disposal Date 105/31 /18  Bethlehem,PA					_	+=-		am	Giue Dots			_	+		
Name of Registered Waste Hauler Newark Carting  City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  NJDEP Waste Hauler ID No. NJ-566 NJ-566  Cubic Yards of Waste 100  LESI  City, State Disposal Date 05/31 /18  Bethlehem,PA  Date Project Manager	Thist roof Throughot			+	VAI				25,650SF			Ш	Ш		
Name of Registered Waste Hauler Newark Carting  City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  NJDEP Waste Hauler ID No. NJ-566  NJ-566  Disposal Date O5/31 /18  Cubic Yards of Waste 100  City, State Disposal Date O5/31 /18  Bethlehem,PA  Date Project Manager			<u> </u>												
Newark Carting  City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Hauler ID No. NJ-566  Disposal Date O5/31 /18  Disposal Date O5/31 /18  Bethlehem,PA  Date Project Manager	Name of Desister 1144		Ц	Ц											
City, State Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  NJ-566  NJ-566  NJ-566  Disposal Date O5/31 /18  Bethlehem,PA  Date Project Manager				Hauler ID No.											
Newark, NJ  Completed By (Print or Type) Ralph Barnhardt  Title Project Manager  Date Project Manager						I IESI									
Completed By (Print or Type) Ralph Barnhardt Project Manager  Date Project Manager					A CONTRACT OF A										
Ralph Barnhardt Project Manager								0	5/31 /18	Bethlehem	em,PA				
		pe)	50000000						_Signature	-	Date				
	0.400 VI 1.00 C 1.00		Pr	oject	Man	ager			7		5	4	17	-	

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

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator (	(2)	7 (2) (2) (3)	1 7 7 2	5		
04/17	/1	3				owth Properties					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Agencies Notified Type I	Notification			Stree	t Address		1124			111	111	
⊠ EPA ☐ Init				58	5 From R	Road	A COLUMN TO THE PERSON TO THE	APR 18 2	018	-		
	ended	192		City	State, Zip	Code	1 1 1 1 1	APR 18 2	.U10	Leo	2	
	endment #				ramus, N		1,140			ŀ		1
	ergency (intification)	ncludin	g		of Contac			(A.)	2 - 1 - 4			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ncellation			40000000000000		T. T.		Telephone Num				
	Tochation				lly Webb			312-960-500	0		21	
Nome of Facility 18th, and				FA	CILITY IN	NFORMATION						
Name of Facility Where Abateme Sears Departement Store	ent is Takin	g Place	e (3)				Type of Facility	5)(5)				
Street Address							School (K-12	2) 8 (Other than K-12	١			
585 Form Road							Other (i.e., p	rivate and comme	<i>)</i> rcial bui	ldina	S.	
							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	lg. Ag	ge	3:4
Paramus, NJ 07652							10,000	2	4	5		
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Bergen		- 1					5.50					
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consulting				622	52	JVN Restorat	tion Inc					
Street Address	20					Street Address				_		
1600 Route 22 East						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co						
Union NJ 07083						Staten Island						
Project Manager for Monitoring F	irm		Tel	ephone	No	Telephone No.	111 10003	License No.				
Tammy Lomax			1,000,000	08-577		718-605-6256		00774				
Start Date (10)	Schee	duled C	-	etion Da		Name of OSHA M		00774				
03/26/18		10 /	_3	1_/		Testor Tech	ionitoi					
Occupancy Status During Abaten	nent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During	g Entire Pe	riod of	Abate	ment		10 59 Jackso	n Avenue					
Abatement Performed Outside	of Norma	l Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					_
Time of Abatement: 7:00AM	7:00PM/_	F	PM		AM	LIC NY 11101						
Scope of Work (Check all that ap	oly)											
☐ ≥3 sf or ≥3 lf		N 5	73			☐ Full Cont	ainment with Neg	ative Pressure				
\(\simes \geq 160 \) sf or ≥260 lf		□ De	novat			☐ Mini-Enc ☐ Glovebag	losure					
				011			mpted (*) and No.	n-Friable Procedur	re.			
			Loca						1	teme	nt T	vno.
Location of	0202000		Vorma	illy elv bv		Description o	f			_	5-30	
Asbestos-Containing Material TO BE ABATED	(ACM)		inten		Asbe	stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility		2000-200	todial	Staff?	(I.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12)	35-7557	1	other miscellane	ous)	SF OI LF)	<u>a</u>		Encapsulate	re
		Yes	No	N/A						1	9	
Second Floor Throughout					Styrofo	am Glue Dots		10,000SF	$\boxtimes$			
First Floor Throughout					VAT			25,650SF				
								231.0 15-20 000 300000 0 2000 00		n		
		П	П									
Name of Registered Waste Haule	r			JDEP /	Macto	Cubic Yards of	None of Devi				Ш	Ш
Newark Carting			10,0	lauler II		Waste	Name of Regis	tered Landfill				
City, State				NJ-56	6	100	IESI	E - 78 ( C - CA- J C				
Newark, NJ						Disposal Date	City, State	102.38				
						05/31 /18	Bethlehem	,PA		1		
Completed By (Print or Type)	Title	9				Signature		Da	te , r	/		_
Ralph Barnhardt	P	roject	Man	ager			/		4	1-	2_	
ASB-41					190	<b>**</b>			_/	17		
MAY 11	*	Do not	use ti	nis form	for asbest	tos licensure exemp	ted-activities.		1			

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	I CA C 2 C				
04//	18	_		10000		wth Properties	4					
Agencies Notified	ation			5000000	Address	and	1 1 1 1 1 1	ADD 1 9 00	10	-		
☑ DOLWD ☑ Amende	d			22562072			1 [1]	APR 18 20	18	lous	1	
☑ DHSS Amendm	ent #1				State, Zip (							
☐ DCA ☐ Emerger		uding	3		ramus, N		4m		7-2-	7	1	
(NJAC 5:23-8) justificati				Name	of Contac	t		Telephone Num	ber 🌣		1	
☐ Cancella	tion				ly Webb		* * * * * * * * * * * * * * * * * * * *	312-960-500	0 ′	*1-7-52-1	á	
Name of Facility Where Abatement is	Takina E	Dlaco	(2)	FA	CILITY IN	FORMATION	T	773				
Sears Departement Store	raking r	lace	(3)				Type of Facility ( ☐ School (K-12)	1.54				
Street Address							☐ Subchapter 8	Other than K-12	?)			
585 Form Road								rivate and comme	rcial bu	uilding	IS,	
City (5)							homes, etc.)					
Paramus, NJ 07652							Square Feet	# of Floors		dg. A	ge	
							10,000	2		45		
County (6) Bergen				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Name of Monitoring Firm Hired by Buil	dina Ow	vner (	(8)	ASCM	No	Name of Abateme	ent Contractor (0)					
Hillmann Consulting	unig Ovi	,,,,,,	.	622	7000	JVN Restorat						
Street Address				0223	)2		ion inc					
1600 Route 22 East						Street Address						
						47 Foster Ro						
City, State, Zip Code Union NJ 07083						City, State, Zip Co						
Project Manager for Monitoring Firm			Tolo	nhono	No	Staten Island	NY 10309	Tr.				
Tammy Lomax			1000	phone 08-577		Telephone No. 718-605-6256		License No. 00774				
	Schedul	led C	1 200			Name of OSHA M		00774				
03/26/18				/	100	Testor Tech	omtor					
Occupancy Status During Abatement (						Street Address						
Facility Closed/Vacated During Enti	re Perio	od of	Abate	ment		10 59 Jackso	n Avenue					
Abatement Performed Outside of N	ormal F	acility	y Hour	s - Des	cribe	City, State, Zip Co	ode			- 21		
Time of Abatement: 7:00AM-7:00	PIVI/	P	'IVI		AM	LIC NY 11101						
Scope of Work (Check all that apply)						□ EII C	-i	- t' - D				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf	_	_	novati molitic	-		☐ Mini-Enc		ative Pressure				
	_	7 00	monac	<i>7</i> 11				n-Friable Procedu	re			
			Locat						Ab	atem	ent T	ype
Location of	.		Norma d Sole			Description o	7.1			_		_
Asbestos-Containing Material (ACN TO BE ABATED	n)		intena			stos Containing Ma ., thermal systems i		Amount	Removal	Repair	nce	Enclosure
IN Facility		Cust	todial	Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	ova	₩.	psu	nso
(13)	-	.,	(12)	T	-	other miscellane			-		Encapsulate	Э
Second Floor Throughout		Yes	No	N/A	Styrofo	am Glue Dots		40.00005				
First Floor Throughout	_			-		am Glue Dots		10,000SF				
riist rioor i nrougnout		_			VAT			25,650SF		Ш	Ш	П
	] [				0							
Name of Registered Waste Hauler  Newark Carting			10.277	JDEP \ auler II	7	Cubic Yards of Waste	Name of Regist	tered Landfill				
				NJ-56	6	100	THE STATE OF THE S					
City, State Newark, NJ						Disposal Date	City, State					
	_					05/31 /18	Bethlehem	,PA			/	
Completed By (Print or Type)	Title					Signature		Da	ate	0/		
Ralph Barnhardt	Pro	ject	Mana	ager				)	2	4/1	7	
ASB-41 MAY 11	* Do	o not	use th	is form	for asbest	os licensure exemp	ted activities		10	/		

Date of Notification (1)					TM	(5.31)					P	ktory etalogi.	erriture.	11-11/4		
03 /	15 /	18						wner/Operator ( n Properties				7.3		13	7 . 1	i
Agencies Notified							OWL	Properties		11111				11	111	
⊠ EPA	Type Notific	ation				t Address					APR 18	2018	)	1	11	
□ DOLWD	☐ Amende	d				From R					1000 000 5	2010	_	1	ner /	
☑ DHSS	Amendm					State, Zip				1 1.				1	1	
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	3		ramus, N		1002			- 1		2 15	_	I	
(10/10/3.23-0)	☐ Cancella				1000000	lly Webb	2000				Telephone N	1000				
		100.000			-			DEMATION			312-960-5	0000				
Name of Facility Where A	Abatement is	Taking	Place	(3)	ГА	CILITY	NFO	RMATION	Ι τ	F III (4)						
Sears Departement		· untillig	, , , , , , ,	. (0)					100	pe of Facility (4) School (K-12)	):					
Street Address										Subchapter 8 (	Other than K	-12)				
585 Form Road										Other (i.e., priv homes, etc.)	ate and comi	mercial	bui	lding	s,	
City (5)									Sa	uare Feet	# of Floors		Bld	g. Ag	10	
Paramus, NJ 07652									1 8	10,000	2			5. As	,0	
County (6)					Cou	nty Code (	7)(ST/	ATE USE ONLY)	1	rrent Use (Prior		olished		_		
Bergen											3		4			
Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	ASCM	No.	Na	ime of Abateme	ent C	Contractor (9)						
	Hillmann Consulting eet Address							JVN Restora	tion	Inc						
Street Address	eet Address						Str	reet Address								
	600 Route 22 East							47 Foster Ro	ad							
City, State, Zip Code							Cit	ty, State, Zip Co	ode							
Union NJ 07083							5	Staten Island	YN E	10309						
Project Manager for Monit	toring Firm			3	ephone			lephone No.			License No.	X.			Heri	
Tammy Lomax Start Date (10)	1.0			4	08-577			718-605-6256			00774					
03 /26 /					etion Da	1000 00		me of OSHA M	/lonit	or						
					1_ /	10		Testor Tech								
Occupancy Status During    Facility Closed/Vacate						Street Address										
□ Abatement Performed	Outside of No	ormal	Facility	Abate v Hor	ement irs - Des	s - Describe City State Zin Code										
Time of Abatement: 7	:00AM-7:00	PM/_	P	M		AM	1	y, State, Zip Co _IC NY 11101								
Scope of Work (Check all	that apply)			-				LIC NT TITUT	1				_			
	mac apply)								tainn	nent with Negat	ive Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re     De     De     De     Te     Te     De     Te     De     Te     De     Te     De     Te     Te     De     Te     Te     De     Te     De					☐ Mini-Enc	closu	re						
			□ ре	monu	1011			☐ Glovebag		ocedure ed (*) and Non-l	Friable Proce	dure				
				Loca									Aba	teme	ent T	vpe
Location of Asbestos-Containing N		.		Norma	ally lely by	0.1		Description o					T		20.75	
TO BE ABA	TED	''	Ma	inten	ance/			Containing Ma ermal systems			Amount (Specify	1	Removal	Repair	nca	nclo
IN Facility (13)	у		Cust	todial (12)	Staff?			surfacing, VAT,	, or		SF or LF)	1	2	=	Encapsulate	Enclosure
(13)			Yes	No	9.628.295	1	ot	ther miscellane	ous)						ate	(b)
SEE ATTACHED			П									-	7			
SEE ATTACHED															Ц	Ш
												[				
												Г	1	П	П	П
Name of Registered Wast	e Hauler			1	NJDEP	Vaste	Cul	bic Yards of	Na	ame of Register	ed Landfill				_	_
Newark Carting				ŀ	Hauler II		3	ste	- 1	IESI						
City, State					NJ-56	00		posal Date	Ci	ity, State			_			
Newark, NJ							- 24	5/31 /18		Bethlehem,P	A					
Completed By (Print or Type) Title								Signature		1//	$\overline{}$	Date	_			
Ralph Barnhardt	7. I.S.		oject	Man	ager					///	1	O3-	7 7	<u> </u>	12	
		1287 (105)		- amorados	-			11/11/1	1	chand	/	-	12		-	

ASB-41 MAY 11

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

TO DIT STATE THE TOTAL CONTRAINING INICIAINS ( ACIVI)		Amount	
IO BE ABAIED	Description of Asbestos Containing Material (ACM)	(SF or LF)	Abatement Type
2 <sup>nd</sup> Floor Northeast Data File Room	Floor Tile and Mastic	300 SF	Removal
2 <sup>nd</sup> Floor Garment Elevator	Floor Tile and Mastic	15 SF	Removal
2 <sup>nd</sup> Floor Storage Room	Floor Tile and Mastic	350 SF	Removal
2 <sup>nd</sup> Floor Styrofoam Wall Panels	Wall Adhesive / Mastic	600 SF	Removal
1st and 2nd Throughout	Floor Tile	41,000	Removal
12		The second secon	
		The state of the s	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APR 12 0	0110
			0171 0171
		j	
		1	3

Se de la constant de

hour

### NOPEN

Print Form

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

			-		
NoT	F	CA	Tio	N	10
	Land.				

Date of Notification (1) 4/12/2018	514G-744-		Nam	ie of Building Owne	r/Operator	(2)		-			
Agencies Notified Type Notificat	ion			et Address 10 HADLEY RO	AD			APR	1.8	20	18
DEP Amender Amender Amender		na	City,	State, Zip Code UTH PLAINFIEI		7080	· · · · · · · · · · · · · · · · · · ·				
DCA justification Cancellat	on) ion			e of Contact MARK	MAR.	SAN	Telephone N	Number 214	er - 4	197	19
Name of Facility Where Abatement is Ta  PSE + G  Street Address  727 ABBOTT  City (5)				ACILITY INFORMA		Other (i.e. etc.)		-12) rcial b	uilding	js, ho	mes,
FORT LEE  County (6)  BERGEN			Coun	ty Code (7)	A	Square Feet	# of Floors		Bldg Apg x	Age 90	1 YR
Name of Monitoring Firm Hired by Buildin	a Owner	'O\	(STAT	E USE ONLY)	_	SuB S	TATION	ished) ]	• •	Beside	-/
ENVIRONMENTAL TACTICS Street Address	y Owner (	8)		CM No. 145	Name o	f Abatement Co	ontractor (9) IS OF AMERIC		IC		
64 BROAD STREET	BROAD STREET  State, Zip Code					<sup>ddress</sup> /HITEHEAD	AVE.		3-540		
MATAWAN, NJ 07747 Project Manager for Monitoring Firm					City, Sta	ite, Zip Code H RIVER, N	J 08882				
TOM GEIGER Stert Date (10)			732-2	none No. 290-2217	Telepho 732-43	ne No. 32-8350	License   01111	No.			
4/11/18	1	5	mpletion /3/	Date (11)	Name of UNIQU	OSHA Monitor JE SYSTEM	S OF AMERIC	A IN	C.		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of	Abate	223		City, Sta	HITEHEAD ,					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ø	Renovi Demoli	ation	,	3001	Glovebag Prod	ent with Negative I			ra.	
Location of Asbestos-Containing Material (ACM)		S Locat Norma ed Sole	lly	Des	scription of				Abat	emen /pe	t
TO BE ABATED In Facility (13)	Ma	intena todial (12)	nce/	Asbestos Cont (i.e. thermal surfac	aining Mate	erial (ACM) sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
WINDOWS, DOORS		X		ACM C	AUIK,	'Ng	128 LF	X		Ю	
						+					
Name of Registered Waste Hauler VASTE MANAGEMENT		H	JDEP Wauler ID	No. of Wast	'ards	Programme and the	egistered Landfill				
Sity, State LIZABETH, NJ			125	APPX Disposa		City, State					_
ompleted by AROL RAIMO	CE M	GR.	Sig	B D gnature	MORRIS Vral La	WILLE, PA  Date 4/12/2018					

NOUK CK# 8827

-		-	
Ur	mt	Form	
	1111	1 01111	

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

		(F)	uisuaiii	to NJAC	5.00 an	iu 12.120	1						
Date of Notification (1) 3/29/2018			Name o	of Building ( G	Owner/	Operator	(2)		A	PΠ	1 .	2018	2
Agencies Notified Type Notification		1		Address HADLEY	ROA	D			Ĺ			4010	)
DEP Amended  DOL Amendment				ate, Zip Co TH PLAIN		D, NJ 0	7080	71	A			1	- 12
□ Emergency (	including	_	Name o	of Contact			SAN	Tele	phone Nu	mber	49	370	<u></u> 7
Name of Facility Where Abatement is Taking	Disc. (0)		FAC	ILITY INFO								. /	
PSE4 G	g Place (3)						Type of Facilit						
Street Address 727 ABBOTT D	BLVD						School (k Subchapt X Other (i.e etc.)	ter 8 (Other private &	r than K-1 commerc	2) ial buil	dings	, hom	es,
City (5) FORT LEE							Square Feet		Floors		Bldg.		YRS
County (6) BERGEN				Code (7) USE ONLY)			Current Use (F	rior if bein	g demolis	hed)	19×	70	yrs
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)		ASCI 004			Name o	Sab 5 of Abatement C UE SYSTER	ontractor (	9)				
Street Address 64 BROAD STREET						Street A	Address VHITEHEAD		WEIGO	( 1140			
City, State, Zip Code MATAWAN, NJ 07747		-					ate, Zip Code TH RIVER, N	JJ 08882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho	ne No. 90-2217		Telepho			License N 01111	lo.			
Start Date (10) 4/11/18	Scheduled	Com		Date (11)			of OSHA Monito			A INC		West b	
Occupancy Status During Abatement (Check	Only One	)	1010	710		Street A	Address			11110	,. 		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Mecassay a	al Facility H	dours				City, Sta	VHITEHEAD ate, Zip Code				10-00 T-00-00		
Scope of Work (Check All That Apply)			1			SOUT	TH RIVER, N	1J 08882					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novat moliti					Full Contains Mini-Enclost Glovebag Pr Non-Exempt	ire ocedure					
Location of	T 30000	ocatio							101111100		Abate	ement pe	4
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenan	ce/	Asbesto (i.e. t	s Cont hermal surfac	scription of aining Ma systems cing, VAT niscellane	iterial (ACM) insulation, , or	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		ate	lie
WINDOWS, DOORS		<		ACM	1 C	AUIK	ing	128	LF	×			
Name of Registered Waste Hauler		NJ	IDEP W	aste	Cubic '	Yards	Name o	f Registere	d Landfill				
WASTE MANAGEMENT			uler ID 125		of Was	ste	FAIRL		= =unumi				
City, State ELIZABETH, NJ				1	Dispos	al Date	City, Sta	ite RISVILLE	, PA				
Completed by CAROL RAIMO	E M	GR.			ignature	aral X	Λ	Data					



Check No. 4945

Date of Notification (1)					Name	of Buildi	ng Owner/Operato	r (2)	- 1 1/2 (1/2)	7 5 1			100
February 12, 2018	February 12, 2018						NJ		Ę	:,"			
Agency Notified	Type I	Votification				t Address			i suprementation of			-	
□ EPA	200				Goe	thals B	Bridge, 2777 G	oethal Road I	North		2018		1
BEP Not equied per State Reg. 10-2004	☐ Initi	57 St				State, Zip			North APE	1.9	2010		- Leman
⊠ DOL		endment # 02					nd, NY 10303-	8413					j
⊠ DOH		ergency (includin ification)	g	ì		of Conta			Telephone Nu	ımber			9
□ DCA		cellation			Uda	y Mehta	а		201-595-48				
							FORMATION		1		1942		
Name of Facility Where A	bateme	nt is Taking Plac	e (3)	)				Type of Facility	(4)				
Goethals Bridge - I	New J	ersev Side o	f Bi	ridae					0. <b>*</b> ) E/*-				
Street Address		,						☐ School (K-12 ☐ Subchapter 8	:) 3 (Other than K-1	(2)			
2777 Goethals Roa	d Nor	th						Other (i.e. pr homes, etc.)	ivate & commerc	ial buildir	ngs,		
City (5)								Square Feet	# of Floors	Bldg	. Age		
Staten Island, NY 1	0303-	8413						440,758	1	88 -	+/-		
County (6)							) (STATE USE	Current Use (Pr	or if being demo	olished)			
Union					ONLY	)		Bridge					
Name of Monitoring Firm	Name of Monitoring Firm Hired by Building Owner A						Name of Abatem	nent Contractor (9	))				
BSI Services and S	N/A			B&N&K. Res	storation Con	npany, Inc.							
Street Address				Street Address		. ,,							
121 West 36th Street	et, 3rd	d. Floor					223 Randolp	oh Avenue					
City, State, Zip Code			1217				City, State, Zip C						
New York, NY 1001	8						Clifton, NJ 0	7011					
Project Manager for Monit	oring F	rm	T	elepho	ne No.		Telephone No.		License No.				
<b>Dmitry Khusidman</b>			2	12 29	90 632	23	973-478-468	1	00120				
Start Date (10)		Scheduled Con	nplet	tion Da	te (11)		Name of OSHA	Monitor				250	
February 14, 2018		February 1					McCabe Env	rironmental S	ervices, L.L.	.C.			
Occupancy Status During	Abaten	nent (Check only	one)				Street Address						
☐ Facility Closed/Vacated	During	Entire Period of	Aba	tement			464 Valley B	rook Avenue					
☐ Abatement Performed Company	Outside	of Normal Facility	v Ho	urs			City, State, Zip C						
☑ Other - Describe: Nor			ork	(			Lyndhurst, N	NJ 07071					
Scope of Work (Check all	that app	oly)						Containment with	Mogative Pressu				
≥ 3 sf or ≥ 3 If						ovation		Enclosure	Negative Pressu	re			
<b>⊠</b> ≥ 160 sf or ≥ 260 If					⊠ Dem	olition		ebag Procedure Exempted (*) and	Non-Friable Pro	codure			
THE RESIDENCE OF THE PROPERTY							Z Non-	Exempled ( ) and	Non-mable Pro	cedure	Ab	atem	ent
				Locati Normal								Туре	-
Location Asbestos-Containing		I (ACM)		d Sole		Acho	Description of		*				
TO BE ABA		ii (Aoiii)		intena Sustodi			stos Containing Ma ., thermal systems i		Amount (Specify		교.	Enc	E
IN Facili	ity			Staff?			surfacing, VAT		SF or LF)		Removal	apsu	Enclosure
(13)				(12)			other miscellane	ous)			val	Encapsulate	ure
			r'es	No	N/A								
Bridge to Nowhere							Encased Transite Pipe (Para	pet) - South Side	20	00 In ft	X		
						Concrete I	Encased Transite Pipe (Duct	t Bank) - South Side		50 In ft	-	+	
										00 111 10		+	+
											+	+	+
Name of Registered Waste Hauler NJDEP V					/aste H	auler	Cubic Yards of	Name of Regist	ered Landfill				
Jimmy Byrne Trucking ID No. 19551						Waste 125		terprises, In	C 1				
City, State						Disposal Date	City, State						
Bronx							02/15/2018 - 02/13/2019	Waynesbur	g, OH				
Completed by Title							Signature	11/1/1/		Date		2. 11	
G. Roger Woodman Project Manager							1111	// //		4/13/2	2019		

DATE

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

Check 10328

Date of Notification (1)		Name o	f Building Own	ner/Operator (2)	,	715		-		1.4
4-16-1	8	reamo	. Dunding Own	W	llian	Cheu	19			- 10
Agencies Notified Type Notification		Street A	ddress	M - 0	**************************************	Ä	PR	8	2018	
□ EPA  Initial □ Amended	1 1 1 1 1 1	City, Sta	ate, Zip Code	Λ .	* J.					
DOL Amendment Emergency			7/	lounta	insid		(	70	192	7
DOH justification)	•	Name o	f Contact	Che	4119	Telephone N	umber		0	
		FACI	LITY INFORM	IATION		1				
Name of Facility Where Abatement is Takin	Diace (3)	1:00			ype of Facility					
Street Address	DAKE	1175			Subchapte	r 8 (Other than K-		2.2547.0107	300	
					etc.)	private & commer				es,
City (5) Mechanical	NIT	- /	17/19	∧ I <sup>s</sup>	quare Feet	# of Floors	B	Ildg. A	ige	_
County (6)	100		Code (7)	C	urrent Use (Pr	ior if being demoli	shed)			
Name of Monitoring Firm Hired by Building	Ouror (8)	ASCN	USE ONLY) _	Name of	DINS C Abatement Co	family	Dn	(e li	ring	· 
EPC Technology	Swiler (8)	ASCI.	NA	Kaille Of	PC TE	choole	eie!	<b>S</b> .	In	36
Street Address Roy 2	22			Street Ad	dress	332	J			
City, State, Zip Code	<u> </u>	00	E22	City State	e, Zip Code	117	- A	0	<b>P Q</b>	-
New Egypt	N2	90	393	Neu	S Egy	ist M	0	8	)5	5
Project Manager for Monitoring Firm	•	Telepho	ne No. 7 <i>58-</i> 336	Telephon	58-33	License	No.	49	4	
Start Date (10)	Scheduled Co	ompletion			OSHA Monitor				-	
Occupancy Status During Abatement (Chec	k Only One)	-21	-18	Street Ad		hnologie	s I	nc		
Facility Closed/Vacated During Entire I	274 S	ement		/	) Box	337				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:				City, State	e, Zip Code	/ 1~~			_	
Scope of Work (Check All That Apply)				laca	Egypt	NJ	08	کدد	3	*
≥3 sf or ≥3 if	☐ Renov	vation			Full Containm	ent with Negative	Pressu	ге		
☐ ≥160 sf or ≥260 lf	Demo	lition			Mini-Enclosur Glovebag Pro					
	T		l		Non-Exempte	d (*) and Non-Fria	able Pro	222 01	e ement	t
Location of	Is Loca Norm	ally		Description of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten			Containing Mate mal systems in	erial (ACM)	Amount (Specify	D Z	_	Enc	Ē
In Facility	Custodia (12	1.07 (	, si	urfacing, VAT, oner miscellaneo	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes No		Out	iei miscelianeo	us)		val	=	llate	ure
1 Floor Walls	100 110		Piga	Insula	1	30 LF	X			
I Hour (Man)	+ 1		THE.	Trijan	ROOJ	70	1			
Name of Registered Waste Hauler		NJDEP W Hauler ID		ubic Yards Waste		Registered Land		,		Λ.ς
EPC Technologie	S	170		sposal Date	City, Sta	te Manage		to	Ft	14
City, State New Equat	N5 .			1-27-1	8 More	usville	PA			
Completed by SchenKer	Presio	0 +		Signature	250		Date 4	-/0	1_1	10
DRUE JOINEN NOW	Mesic	Jen 1		Vers	p 12-0 Che	on	1	16	21	0

MO#24776113915

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

Date of Notification (1)	9.		182	Name	of Buildin	a Owner!	Operator /	27	Sign Control of the C		-1		1
D	12 / 18					g Owner	operator (2	-)	La transfer			11	
					d Raho			5- 11	and the second		1		
Agencies Notified  EPA	Type Notification  Initial			Street	t Address				APR 1	3 2018		(LIVE	7 (
☑ DOLWD	Amended							X .	API				j.
☑ DHSS	Amendment #			City, S	State, Zip (	Code						<i>,</i> • · · · ·	
☐ DCA	☐ Emergency (in	cluding			on, NJ 07				×				-
(NJAC 5:23-8)	justification)  Cancellation				of Contac	t			Telephone Nu	ımber		68	
	Caricellation				d Raho								
				FA	CILITY IN	FORMA	TION						
Name of Facility Where A	sbatement is Taking	Place	(3)					Type of Facility	(4)				
Private house								School (K-1)	2) 8 (Other than K-1	. 01			
Street Address								Other (i.e., p	orivate and comm	i 2) nercial bu	ildinas	S.	
01. (5)								homes, etc.				i.	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	e	
Madison, NJ 07940													
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being demo	olished)			
Morris Name of Monitoring Firm	Lliead by Duilding C		35 1			,							
Name of Monitoring Firm	nited by Building C	wner (	3)	ASCM	No.	Name o	of Abateme	nt Contractor (9)	)				
Street Address						Gr Tec							
Street Address						Street A							
City, State, Zip Code							lley Rd #2						
Oity, State, Zip Code						Total Control	ate, Zip Co						
Project Manager for Moni	toring Firm		Tolo	phone	No	-	NJ 0747	0	Tr. V				
	toring i ii iii		I EIE	priorie	NO.	Telepho			License No.				
Start Date (10)	Sched	uled Co	mnle	tion Da	te (11)	973-638	8-1777 of OSHA M	it	01127				
04 /21 /				_ /									
Occupancy Status During								nsultants,Inc					
□ Facility Closed/Vacate				mont		Street A							
Abatement Performed	Outside of Normal	Facility	Hou	s - Des	cribe	20-21 V	Vagaraw I ate, Zip Co	Road, Bldg .#	35E				
Time of Abatement:	AMP	1/	_PM_		AM	10000 2000							
Scope of Work (Check all	that apply)					rair La	wn, NJ 07		nation with negat	ivo proce	ure		
	,							ainment with Ne		ive piess	uic		
>3 sf or >3 If ≥ 160 sf or ≥260 If		Rer Der	novati	on		$\forall$	Mini-Encl	osure	Tent with Negat	ve Press	uro		
			i i o i i ci c				Non-Exer	npted (*) and No	n-Friable Proce	dure	ure,		
			Locat							Ab	ateme	nt Ty	vpe
Location Asbestos-Containing N			orma	lly ely by	l		scription of			70	D I	ш	т
TO BE ABA		Mai	ntena	nce/			aining Mat I systems ii	erial (ACM)	Amount (Specify	em	Repair	nca	nclo
IN Facilit	у	Cust	odial (12)	Staff?	,,,,,	surfa	cing, VAT,	or	SIF or LF)	Removal	l ≝i	Encapsulate	Enclosure
(13)		V		T NUO		other r	niscellaneo	ous)		-		ate	
Dan		Yes	No	N/A		3 100							
Basement		Ц	Ц		Pipe inst	ılation			230 LF	$\boxtimes$			
		Ш											
										П	П	П	П
			П		1								
Name of Registered Wast	e Hauler		N.II	EP Waste	Hauler ID No.	Cubic Va	rds of Waste	Name of Regis	stered Landell				
Gr Tech LLC									SIELEN FULLILIE				
City, State			(	03378	3	TBI		T.R.R.F. Inc			CHOUSE		
N. 2423:									9				
Wayne, NJ 07470 Completed By (Print or Ty	pe) Title			-		TBI		Tullytown, P.					
						Sig	nature	1		Date			
N.Jevtic	Own	er					<i>[]</i> e	which wena	d C	4/12/18			

P001/00

### New Jersey Dopartment of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975 MT Dept. 6 Health & Senior Services

1044 (Figurature)

Date: 412 18 Time: 8:33

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	1 44 1					-			
Date of Notification:		2018	Emergency (mu	ist include in	etification	st.		APR	18
Sype of Work: Demo			Cincidency (in	tor tilninge In	2011036101	"			
ype of work.   Define	Mindl Musical						*:		
	· · · · · · · · · · · · · · · · · · ·	II. BUILD	ING INFORMA	TION					
Name of Building Owner/O	perator:		T	eryell Jack	son				_
Street Address:		City: _	Somerset		States	NJ	Zip:	08873	_
Name of Contact: Terry	eli Jackson			Telephor	e No.:				_
		III, FACII	LITY INFORMA	TION	. 1 .		·	". ";;	
Name of Facility Where W	ork Activity is to Take	Place:		Jacks	on Resi	dence			
Describe Facility Use:	,	***************************************		dence	***				
Street Address:		City:	Somerset		State:	NJ	Zip:	08873	
County Name: Somerse	t		County Cod	de (State Us	o Only):				
						04	/ 20	/ 201	8
Scheduled Start Date:	04 / 19 /	2018	Scheduled	d Completion	Date:	04	1 40	1 200 11	•
Scheduled Start Date:			Scheduled	d Completion	Date:	U4 .	1 20	, 201	<u>-</u>
Occupancy Status During	g Activity (check onl	ly one):	Scheduled	d Completion	Date:		7 20	, 201	<u>-</u>
Occupancy Status During	g Activity (check onl During Entire Activity	ly one);				29/2/II			
Occupancy Status During    Facility Closed/Vacated   Activity Performed Outs	g Activity (check onl During Entire Activity side Normal Facility H	ly one);				29/2/II			<u>.</u>
Occupancy Status During    Facility Closed/Vacated   Activity Performed Outs   Other—Describe:	g Activity (check onl During Entire Activity side Normal Facility H	ly one);				29/2/II			<u>.</u>
Occupancy Status During Facility Closed/Vacated Activity Performed Outs Other—Describe:	g Activity (check only During Entire Activity Side Normal Facility H	ly one); y lours—Desc	zńbe:		And the second s	•			
Occupancy Status During    Facility Closed/Vacated   Activity Performed Outs   Other—Describe:	g Activity (check only During Entire Activity side Normal Facility H that apply): Square Foo	ly one); y lours—Desc otage:	500 SF	P	ercentag	e Asbes		%	
Decupancy Status During Facility Closed/Vacated Activity Performed Outs Other—Describe: Scope of Work (check all	g Activity (check onl During Entire Activity side Normal Facility H that apply): Square Foo Square Foo	ly one); y lours—Desc otage; otage;	500 SF 500 SF	P	ercentag	e Asbes	stos:	% %	
Decupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe:  Scope of Work (check all  Floor Tile	g Activity (check onl I During Entire Activity side Normal Facility H I that apply): Square Foo Square Foo	ly one); y lours—Desc otage; v, CONTR	500 SF 500 SF 500 SF ACTOR INFOR	P P	ercentag	e Asbes	stos:	% %	
Decupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe:  Scope of Work (check all  Floor Tile  Mastic  Company Name:	g Activity (check onl I During Entire Activity side Normal Facility H that apply): Square Foo Square Foo h Shade Enviro	ly one); y lours—Desc otage; v. CONTR	500 SF 500 SF 500 SF ACTOR INFOR	P P MATION Tel	ercentag ercentag	e Asbes	stos:stos:	% % 5-0099	S. S
Decoupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe:  Scope of Work (check all  Floor Tile  Mastic  Company Name:  Street Address: 623 CU	g Activity (check onling Entire Activity ide Normal Facility Hotels that apply):  Square Foo Square Foo Square Foo Shade Environtier Avenue	ly one); y lours—Desc otage: v, contra onmental, City:	500 SF 500 SF ACTOR INFOR	P P IMATION Tel	ercentag ercentag	e Asbes	stos:stos:	% %	S. S
Decupancy Status During Facility Closed/Vacated Activity Performed Outs Other—Describe: Scope of Work (check all Floor Tile Mastic  Company Name: Street Address: 623 Cu	g Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check online)):  Square Foo Square Foo (check online)  Shade Environter Avenue (check online)	ly one); y lours—Descriptage; otage; V. CONTR. conmental, cable);	500 SF 500 SF ACTOR INFOR LLC Maple Shade	P P MATION Tel	ercentag ercentag ephone l' State:	e Asbes e Asbes lo.:	stos:stos:	% % 5-0099 08052	S. S
Decoupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe: Scope of Work (check all  Floor Tile  Mastic  Company Name: Street Address: 623 Cu	g Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check online)):  Square Foo Square Foo (check online)  Shade Environter Avenue (check online)	ly one); y lours—Descriptage; otage; Clty: cable); iro. Cons	500 SF 500 SF ACTOR INFOR LLC Maple Shade	P P P P P P P P P P P P P P P P P P P	ercentag ercentag ephone l' State:	e Asbes e Asbes lo.: NJ	stos:stos: 856-75 Zip:	% % 5-0099 08052	S. S
Decoupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe:  Scope of Work (check all  Floor Tile  Mastic  Company Name:  Street Address: 623 Cu  New Jersey Asbestos Lice  Monitoring Firm (If applica	g Activity (check online) I During Entire Activity Ide Normal Facility H I that apply): Square Foo Square Foo Square Foo Shade Enviro Iter Avenue Inse Number (if application): Mgmt. & Er	one); y ious—Descritage; otage; City: cable); iro. Cons	500 SF 500 SF ACTOR INFOR LLC Maple Shade 008 sulting Servic	PP POINT Tele	ercentag ercentag ephone i State:	e Asbes e Asbes NJ	856-75 Zip:	% % 5-0099 08052	S. S
Decupancy Status During  Facility Closed/Vacated  Activity Performed Outs  Other—Describe:  Scope of Work (check all  Floor Tile  Mastic  Company Name:  Street Address: 623 Cu  New Jersey Asbestos Lice  Monitoring Firm (If applica	g Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check onling Entire Activity (check online)):  Square Foo Square Foo (check online)  Shade Environter Avenue (check online)	one); y ious—Descritage; otage; City: cable); iro. Cons	500 SF 500 SF ACTOR INFOR LLC Maple Shade 008 sulting Servic	P P P MATION Tel B 42 Ces Tel	ercentag ercentag ephone i State:	e Asbes e Asbes NJ	stos:	% % 5-0099 08052	S. S



Date of Notification (1)					Nam	ne of Buildin	g Owner/Operator (	(2)					
04/	12 /	18			St	ate of Ne	w Jersey		E C			*334 K	
Agencies Notified	Type Notific	ation			Stre	et Address			<u> </u>			145.5	
⊠ EPA	☐ Initial				12	25 W. Stat	e Street						
⊠ DOLWD					City	State, Zip	Code		API	3 1 6	2018		1111
⊠ DOH	Amendm		-			enton, NJ			Ai i	3 3 9	CUIO		longs:
DCA (NJAC 5:23-8)	☐ Emerger justificat		ciuain	g		ne of Contac			Telephone N	Jumher			
(110710 0.20 0)	Cancella	2000					n (Haverstick-Bo	rthwick)	610-825-			-	
					_	THE THE CHILD ST. ST. ST.	NFORMATION	turwiok)	010-025-	3300			
Name of Facility Where	Abatement is	Taking	Place	(3)	г	ACILIT II	NFORMATION	Type of Escility	(4)				11-3-3
New Jersey Execut			, , , , , , ,	, (5)				Type of Facility  ☐ School (K-1)					
Street Address						-		☐ Subchapter	8 (Other than k				
125 W. State Street								Other (i.e., p	private and com	mercial b	uildin	gs,	
City (5)								homes, etc.	# of Floors	Te	Ida A	~^	
Trenton								100,00	4	-	ldg. A 80	ge	
County (6)					Co	untu Cada (	7)(STATE USE ONLY)			F 1 B	00		
Mercer					100	inty Code (	(STATE USE ONLY)	Current Use (Pr		nolishea)			
Name of Monitoring Firm	Hirod by Duil	dina O	humar	(0)	ASCN	A NI-	TN	State Hous	Z.,				
N/A	mired by Bull	aing O	wner	(8)	ASCI	/I NO.	Name of Abateme	A CORE TO COMPANY OF STATE OF	600				
Street Address								onmental, LLC					
N/A							Street Address						
							623 Cutler Av						
City, State, Zip Code N/A							City, State, Zip Co						
1000000				1 = 1			Maple Shade	, NJ 08052					
Project Manager for Moni	itoring Firm				ephone	e No.	Telephone No.		License No	les.			
1/7/02/01/0					/A		856-755-0099		00842				
Start Date (10)						ate (11)	Name of OSHA N						
03 /26 /						18	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate						0000001 <b>#8</b> 000000	200 Route 13	0 North					
Abatement Performed Time of Abatement:	AM-	ormai PM	racilit; 1/	y Hou PM	rs - De -	SCribe	City, State, Zip Co						
			"	_' ''		_/	Cinnaminson	, NJ 08077					
Scope of Work (Check all	I that apply)						П F./// Оста	-i					
≥3 sf or ≥3 lf			⊠ Re	novai	ion		☐ Full Cont	ainment with Neg losure	gative Pressure	1			
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebac	Procedure					
	·							mpted (*) and No	n-Friable Proce	edure			
1 anathur				Loca			_			Al	atem	ent T	ype
Location Asbestos-Containing I		n			ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	E	m
TO BE ABA	TED	'			ance/ Staff?		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	ty		Cusi	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>/a</u>		Encapsulate	ure
(13)		Ī	Yes	No	N/A		other miscellane	ous)				te	
Exterior			П			Window	v Caulking		330 LF			П	
Exterior			_		1_					_	분		
LATERIOR				_		vvindov	v Glazing		407 LF		1	П	
			Ц	Ш	Ш						Ш	Ш	Ш
Name of Registered Wast	te Hauler	**************************************				Waste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage					lauler 1593	ID No.	Waste 5	GROWS N	orth Landfill				
City, State		-11-5-1115			1000	-	Disposal Date	City, State					
Freehold, NJ							04/27/2018	Morrisville	, PA				
Completed By (Print or Ty	rpe)	Title			-746		Signature (			Date			
Christina Lynch		17.15.15.844.85.4	ce Pr	eside	ent of	Operation		(d)			) 11	1	
		Vice President of Operations (M) 4/12/18											

ASB-41 JAN 13

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



PAID

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

Date of Notification (1)			f Building Owne	그런 사람이 경우 아이라 얼마를 하는데 뭐.		1770.000 1 100-0 1000			10					
4/12/18				Cumb	erland Cour	nty Impro	veme	ent Authorit	y					1
Agencies Notified	Type Notification			Street A							APR	1 8	201	8 1
⊠ EPA					igh Street					al .	831 11		5500	
DEP DOL	Amended				ite, Zip Code					10	191			2
	Amendment Emergency		-	STAND STANDS	e NJ 08332		Haring .					51		100
⊠ DOH	justification)				f Contact						Number			
☐ DCA	Cancellation				Dragotta	TION			608	9-405-	-0807			
Name of Facility Where	Abatement is Takin	g Place (3	)	FACI	LITY INFORM	ATION	Type	of Facility (4)	)					
Warehouse			,					School (K-12)						
Street Address				-8466	*/ <del></del>	V		Subchapter 8	(Othe					
57 west Park Ave								Other (i.e. pri etc.)	vate &	comme	ercial bu	ldin	s, hor	nes,
City (5)								re Feet	# of	Floors		Bldg	. Age	
Vineland NJ 08360	)						100		2			35-	1000 OH	
County (6)					Code (7)		Curre	ent Use (Prior	if bein	g demo	olished)			
Cumberland				(STATE U	USE ONLY)									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.	Name	of Aba	atement Contr	ractor (	9)				
N/A						Perr	naco l	Inc.						
Street Address	Street Address						Addre							
							Box 3							
City, State, Zip Code						7,000,000		Cip Code						
								lin NJ 0809	91					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	200000	hone N			Licens				
Start Date (10)		Cabadula	d Com	nlation l	Data (11)		-753-9			0072	I.			
4/26/18		4/30/1		ipietion i	Date (11)	Sam		HA Monitor						
Occupancy Status Durin	g Abatement (Chec						Addre	99		_				
		- 3 3		and the		Olloct	Addic	33	J					
Facility Closed/Vac Abatement Perform						City, S	State, Z	ip Code	-					
Other – Describe:						,,								
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf		X R	enova	tion			] Fu	II Containmer	nt with	Negativ	e Press	ure		
≥160 sf or ≥260 lf			emolit			-	Min	ni-Enclosure		3				
						>		ovebag Proce in-Exempted		Non-Fi	riable Pr	oceo	ure	
		le	Locati	on					/				ateme	nt
Location	a of	l N	Iormall	у		Description	n of						Туре	
Asbestos-Containing	Material (ACM)		d Solei		Asbestos C	ontaining N	//ateria			nount			ш	
TO BE AB		2-33/373	odial S			nal system rfacing, VA		ation,		oecify or LF)	Ren	1 3	nca	incl
(13)	2		(12)			er miscellar			O.	01 2. )	Remova	Nepan	Encapsulate	Enclosure
.A=		Yes	No	N/A							=		ate	(O)
Mezzanin	ιο Λεο		-		Floo	r Tile & I	Mactic		35	0 SF		+	+	+-
				Х			ABOUT	_			x	+	+	+
Warehouse		X	l ra	ansite Pa	anels		12	8 SF	Х	1	_			
					C= 11			to hope at a remain						
Name of Registered Was	100000	JDEP W		oic Yards		Name of R	egister	ed Lan	dfill					
Pernaco Inc.	100000	auler ID 1787	No. of V	Vaste		Cumberl	land (	Count	y landf	ill				
City, State						posal Date		City, State				MAN,		
West Berlin NJ					10.000000	905ai Dale 30/18		Millville I	NJ 08	096				
Completed by Title				5	170	Signature	90	1		7	Date			
Anthony T Perna	ident			1	_				4/12/	18				



### PAID

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

	一人是是是产	, , , ,	(P	ursuar	t to NJA	C 8:60 and 5:1	6)	) EC				. 3
Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	XI TO STATE	2	1.5		717.1
04/	11 /	18		Ca	mden Co	ounty College W	ilson Complex	1				Hi
Agencies Notified	Type Notifica	ation		Street	Address			ANT T	3 2	118	Ti	17/1
⊠ EPA				200	College	Drive	#	i		20.000	14	man
□ DOLWD	☐ Amended			100000	State, Zip C			<u>, k., </u>			1	-1
□ DHSS	_ Amendme		-			NJ. 08012			1.22	7	1	ŀ
DCA	☐ Emergene justification	cy (includin	g		of Contac			Telephone Numb	er			_
(NJAC 5:23-8)	☐ Cancellat			This programmer	is Sabat			856-227-7200		8		
	L			FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is T	aking Plac	e (3)				Type of Facility (	4)				
Camden County Co	llege Wilso	n Comple	x				School (K-12)					
Street Address		-					Subchapter 8	(Other than K-12)		11 - 11	_	
200 College Drive							homes, etc.)	ivate and commerc	ciai du	lliaing	S,	
City (5)							Square Feet	# of Floors	Ble	dg. A	je	
Blackwood							25500	2		+/- 7	3	
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demolish	ned)			
Camden					5 10		Vacant	350				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pennoni Associate			` '				mental Manage	ement, Inc.				
Street Address						Street Address						-
515 Grove St. Suite	В					8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip Co						
Haddon Heights NJ	1. 08035					Philadelphia,						
Project Manager for Moni	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Allan LLoyd			2	15-407	-0585	215-365-5810	)	1156				
Start Date (10)	18	Scheduled (	Compl	etion Da	te (11)	Name of OSHA M	Monitor					
04 /23 /				0 /		USA Environ	mental Manage	ement, Inc				
Occupancy Status During	Abatement (0	Check only	one)			Street Address						
□ Facility Closed/Vacate	ed During Entir	e Period o	Abat	ement		8436 Enterpr	ise Avenue					
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: 7	:00 AM-5:30	PM/	PM	AM		Philadelphia,	PA 19153					
Scope of Work (Check al	I that apply)							W 52				
≥3 sf or ≥3 lf		Пр	enova	tion		☐ Full Con	tainment with Neg	ative Pressure				
≥3 si oi ≥3 ii     ≥160 sf or ≥260 lf			emolit			⊠ Gloveba	g Procedure					
						Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Procedure	-			
			s Loca						Ab	atem	ent T	ype
Location Asbestos-Containing		n Us	Norm ed So	lely by	Acho	Description of stos Containing Ma		Amount	Re	Re	En	E E
TO BE ABA		'   M	ainten	ance/		., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili		Cu	stodia (12	Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes		1	1	other miscellane	eous)				ite	
SEE ATTACHED SHE		1000								П		
SEE ATTACHED SHE			1						-			
										Ш	П	
Name of Registered Was	te Hauler			NJDEP		Cubic Yards of	Name of Regist	tered Landfill			V. 2	
Service Transport (	Group			Hauler II 2099(		Waste 150	Minerva La	ndfill				
City, State						Disposal Date	City, State	P. 170014				
New Castle, DE						9/30/18	Waynesbui	rg, OH				
Completed By (Print or Type) Title						Signature	a 1	Da				
√Kevin Meldrum		Projec	t Mai	nager		V X 046	ldru	. 4	/11	118		

ASB-41 MAY 11

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

Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca Solely YES	tion Normally by Maint./Cu Staff? (12)	stodial	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)		ent Typ		
Wilson Complex	150	NO	NA X	miscell.) Floor Tile and Mastic	40 400 05	Rem.	Rep. I	Encap	Enclose
Throughout			X	Floor Tile and Mastic	19,430 SF	Х			1
Wilson Complex			х	Pipe Insulation	1,845 LF	X	-	+	-
Throughout			^	i ipe insulation	1,045 L1	^			1
Wilson Complex			X	Door & Window Caulk	8,392 LF	x	-	+	+
Throughout				Door a window duan	0,002 Li	_ ^	1	1	1
Wilson Complex			Х	Glazing	7,700 LF	х	_	1	+
Throughout			- 55		1,100 E.	^			
Wilson Complex			Х	Mastic	23,394 SF	х			_
Throughout				100000000000000000000000000000000000000	,				
Wilson Complex			Х	Transite	4.400 SF	х	$\overline{}$		
Throughout									
Wilson Complex			Х	Roofing	21,000 SF	х			
Throughout						10.0		1	
Wilson Complex			Х	Flashing	3,100 LF	х			
Throughout						12.00			
Wilson Complex			X	Pipe Fittings	200 LF	х			
Throughout				The state of the s		1,120,			
Wilson Complex			X	Interior Boiler Insulation 1	155 SF	х			
Throughout									
Wilson Complex			Х	Interior Boiler Insulation 2	136 SF	х			
Throughout									
Wilson Complex			Х	Leveling Compound	125 SF	х			
Throughout									
Wilson Complex			X	Pipe Insulation	340 LF	х			
Throughout								-	
								+	-
					1	0 150 157	111	V	
							1		111
								111	Hil
								1	
				0	All III All	R 1 a	2018		4/1
		-			[ [.] [.] [ ]	1.5	2010	1 ion	-
			-			1.0			
					A = A A A	2000	*	. O.	

PAGE 03/84

0#24776114703 PA	SA. 185		ION		STOS ABAT	3 1 2 1 2 1 2 1 2	ENT		12.			7	٦
		•			8:80 and 5:16	•	<u>!</u>			APR	J 0	20	118
the of Notification (1) 04 , 10 , 11	2	14	ame of	Building (	Winer/Operator (2	4)	}	1	A	***			
				on Colen	nan		<u> </u>	<u>_</u> _				-	4
encles Notified Type Notification		8	treet A	agress			1	· - • •		/		1	1
DOLWD Amended			ile Ste	te, Zip Co	da		1 .	4// 2	A STATE OF THE STA		-	-	$\dashv$
DHSS Amendment			)					• •	or of min	····			
DCA Sinargency (Injury Sinargenc	ncluding			Contact	41	-		<b>-</b> T	Telephone Numb	er	_		$\dashv$
Cancellation				on Cols	Max								
-		مرا			ORMATION		-				_		$\dashv$
ame of Facility Where Abelement is Taki	no Flace (	3)	10101	Mest v Stab	A4/80 .14.1	Ty	ne of Fa	they (4	()				$\neg$
ivate house							Schoor	K-12)					1
Frent Address							Subcha Other II	Agr 5	(Other than K-12)	l cial bułk	lings.		
							homes,	eic )					ACORE
My (5)						Sc	uare Fu	1	# of Floors	Bldg	, Age	6	
aworth, NJ 07641					receiving anno.	1		-	or if being demolis	had!			_
County (6)			County		TATE USE ONLY)	14	Manual C:	e (HIB	ne a name desirons	maaj	8		
ergan Isme of Montoring Firm Hisad by Buildin	Owner (	1 14	SCM N	The state of the s	Name of Abstern	Homes .	Contract	ar (513					_
and a second	, - tina, (	"   T		7 * 1	Gr Tech LLC		Caralle of miles	1 672,	•				
Bireet Address					Street Address								_
			- 1e		576 Valley Rd	#28	3		~				
City, State, Zip Code				-	City, State, Zip C				:				11.51.6
					Wayne, NJ 074	70							
Project Manager for Monitoring Firm		Tele	phone h	lo.	Talaphone No.				License No.				
Start Date (10)   Sc	heduled C	omolet	ine Del	n (11)	973-638-1777 Name of OSHA	Man	itor		01127	200			
04 / 11 / 18	04 /			10	Bavigovision C						4		
Docupency Status During Abatement (Ch	-				Street Address	ODS	unanis.	.164		-			_
Facility Closed/Vscated During Entire			nent		20-21 Wagaray	w R	nad. Bl	p ±	35E				
Abatement Performed Outside of Non	mal Facility	r.Hour	s - Des	cribe	City, State, Zip			3.					
Time of Abstement: AM-	_PM/	_PM_	-	AM	Fair Lawn, NJ	074	10	- 1	April - 1				
Scope of Work (Check all Item apply)					Clean	abi	nd deco	L NA	nation with regath gative Pressure	uc press	The .		Mission.
70 p3 af ot >3 tf	⊠ Re	novati	חם	9 36						- D			
☐ ≥ 160 stor ≥250 if		molitic	an .		PO Glovet	ARTHUR N	rocedu:	md 14	Tent with Negatives-Frieble Proced	nia Liaco	-WE-CV		
and the same of the same of the		Local		1	5 . S . F . W.			155		Ab	zlem	ani Ty	pe
Location of		Norma ad Scie		1.	Description stos Containing 1	T GT	del (ACI		Amount	Z.	R	10.E	E
Asbestos-Containing Material (ACM) TO BE ABATED	AA:	iniens	incs/	ASO(	:. thems avster	e ind	eviation,		- (Specify	Removal	Repair	Ericapsulate	Enclosure
IN Facility (13)	Chi	todial (12)			surfacing, V/	AT, C	rt m\		SIF or LF)	Ē		helu	A.G
(12)	Yes	_			dring mederne			74.153				a)	100
Sesement-boiler room		П	M	Pipe ins	ulation	1			MOLF	K			
SESSIBILITATION TO SESSIBLE SE		后	10	Tripo mon	ALDER OF ALLER AND ALLER A					In	П	П	П
	12	+=		+	· · · · · · · · · · · · · · · · · · ·					ᅥᆖ	后	n	
			10	-						1	분	1	-
							E 41				L		-
Name of Registered Waste Hauler		- 1	and F		Cabic Yards of W	Leola .							
Gr Tech LLC			00337	B5	TBD		FRR		<u> </u>				-
City, Scase					Disposal Date	-	CHY, S	-	-ia,				
		9 9	-		TBD		Tollyo	1		Date			
Wayne, NJ 07470	Title				Sidivatnus	8.1	Ac	1	El la	)4/10/1	g		
Completed By (Print or Type)					143	//2	THE .	her.		P9/14/1	9		
Completed By (Print or Type) N.Jevtic	Owner		7.1		Created . T	30.4	A STATE OF THE PARTY OF THE PAR						
Completed By (Print or Type) N.Jevtic	* Do n	of man	this for	ret for asb	nton licensulve en	impt	ed activ	11	TP 1: A A TO A CONTRACT OF THE				
Completed By (Print or Type) N.Jevtic	* Do n	ol usu	this for	ra for ass	istor Ucan alea au	наре	ed activ	7 IZ	1				



Page 1 (Intail)

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)			Name	e of B	uilding	Owner / Operato	r (2)		White Activities .	1000 a 20 ( 1000) a		14-11		
4-0	6-2018		Kenn	edv U	Iniversi	ity Hospital	(2)				7 3	4.1	- 1	
Agencies Notified Type	Notification			t Add		ny 1100pital		i i lb			11 1.00		+	
⊠ EPA		1				Campus	1					111		
DEP	Initial				& Zip (		- 1	1111	5 mg m ,	1 12 01	146	1111	1	
□ DOL □	Amended(Scope-Se	ee page	Cherr	v Hill	NJ 08	002	Ì	11 (11	APR	1820	018	l los	/	
	2)			<i>j</i> ,	, , , , , ,	002						1		
□ DOH □	Emergency	Ī	Name	of Co	ontact			1	)		Falantis	A1		
□ DCA □	Cancellation	- 10			Closke	2//		<i>#</i>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telepho			
				.01 1110	Olooki	- y					608	9-472	-0640	)
			F	ACILI	ITY INI	ORMATION					90	5 5		
Name of Facility Where A	batement is Taking Pl	ace (3)		MOILI	11 1111		/4)							
Jefferson Health-Admin C	orridor Demo Enablia	ace (3)				Type of Facil								
Street Address	orndor Derrio Eriabilit	9	-			School (								
2201 Chapel Hill Campus						☐ Subchap	oter 8 (C	ther than	n K-12)					
2201 Griapei I III Campus						Other (i.e.)	e. privat	e & com	mercial b	uildings	, home	s, etc	:.)	
City (E)	T <sub>2</sub>					Square Feet		# of Floo	ors		ldg. Ag			
City (5)	County (6)	Co	unty (	Code	(7)	250,000	0		2		0 0	52		
Cherry Hill, NJ	Camden					Current Use (		heina de	molished)		-	02		_
						Hospital	(	being de	inonsneu,					
Name of Monitoring Firm	Hired by Building Own	er (8)		IASC	CM No		tomont	Contract	05 (0)					
Criterion Laboratories	, ,	(-)		,	0.01 110	Resource Ma	nogome	COINTACK	01 (9)					
Street Address					-	Street Addres	mageme	ent Group	o, LLC					
3370 Progress Drive, Suit	a J						T-1-7-14							
						2115 Hamilto								
City, State & Zip Code						City, State & 2	Zip Cod	е					-	
Bensalem, PA, 19020						Trenton, NJ 0	8619							
Project Manager for Monit	oring Firm	Telep	hone	Numb	per	Telephone Nu	ımhar		I ion	naa Ni				
Mr. Mike Panepresso		215-2				609-914-4279			Lice	ense Nu				
Scheduled Start Date (10)	Cabadulado										0118	5		
3-23-2018	Scheduled Co			(11)		Name of OSH								
		5-11-2	018			J&S Environm	nental L	aboratori	es, Inc					
Occupancy Status During	Abatement (Check on	ly one)				Street Addres	S							
Hacility Closed/Va	cated During Entire Po	eriod of	Abate	ement		2333 Route 2	2 West							
Abatement Perform	ned Outside of Norma	al Hours				City, State & 2	Zip Cod	9						
Describe: Projec	t to be conducted 6:00pt	m to 2:00	am-w	eekda	ys									
Describe: Projec	t to be conducted 12:00	noon to 8	3:00pn	n-wee	kends	Union, NJ 070	083							
Facility Occupied I	During Abatement													
Scope of Work (Check all	hat apply)													
7 - 10 100 to 10 100 to								Full Cont	ainment v	with No.	active F	)ross		
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovatio	ก			/lini-Encl	oeuro	MILL ING	Janve F	1688	ure	
≥160 sf ≥260 lf				olition					g Procedi	uroc				
							H ;	lon-Ever	npted and	d Non E	Friable	Droo	dura	
Location	of	ls L	ocatio	on		Description	of	TOTT LACT	Amo			teme		
Asbestos-Co	ntaining	Norm				Asbestos-Cont			(Spe		Aba	iteme	in ry	pe
Material (A			lely b			Material (AC			SF or				ш	_
TO BE AB	ATED	Mainte				(i.e., thermal sy			01 01	Li )	Removal	Z	Encapsulate	Enclosure
in Facil	ity	Custo	dial S	taff?		insulation, surfaci	ing VA	г 1			3	Repair	aps	6
(13)			(12)			or other miscella					%	a.	<u>ű</u>	Su
		Yes	No	N/A		72 33 000 -					35		ate	ē
1 <sup>st</sup> Floor Hallway Reading i	oom	П	$\Box$	$\boxtimes$	Plasto	r Ceiling			0.05					
1 <sup>st</sup> Floor Hallway @ Nuclea	r Medicine 2	H	井	-					0 SF			ᆜ	Ш	Ш
Basement Plant Operations			井			r Ceiling			0 SF			Ш		
Basement –Outside Elevat			片			ittings & Pipe Ins	ulation		5 each/1	5 LF				
1 <sup>st</sup> Floor Infection Control C			닏ㅣ			nsulation			0 LF					
st Floor infection Control C	тісе		Ш		Fire P	roofing		5	0 SF					
1st Floor-Ram next to Infect					Fire P				00 SF			TIT	TI	Til
Name of Registered Waste	Hauler		NJD	EP W	Vaste	Cubic Yards of	Name	of Regist	ered Land	dfill				_
=			Hau	ler ID	No.	Waste								- 1
Resource Management Gro	oup, LLC		003	5218	1	TBD	Grows	Landfill						
City, State						Disposal Date	City, St	10000					-	
renton, NJ								ille, PA						
Completed By (Print or Typ	9)		Tiel				WOITISV	me, FA				507	8 6.	
Ar. Brian J. Haney	<b>-</b> )		Title			Signature					Date	uttales to		
y			ries	sident	.	1					4-06-2	018		
						16								

2344

PAID

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	Page 2	- Arended
NT	Scope	Below

Date of Notification		Name	e of B	uilding	Owner / Operator	r (2)	; F=	The second second	F-Vanar am					
	4-6-2018			Kenn	edy U	Iniversi	ty Hospital	(-)			11.7	77 mg (m. 1.)	11112	
Agencies Notified  EPA	Type Notifica	ation			t Add		2		HAST	3 41		1.77		1
DEP	☐ Initia	I.				el Hill ( & Zip (	Campus			17-		- 1	HII	1
□ DOL		nded(Scope-See	page			NJ 08			[4] [1]	APR 1	§ 2018			
□ DOH		rgency				ontact			7. 1		Telepho	ne N	umb	er
□ "DCA	☐ Cano	ellation				Closke							-0640	
Name of Facility Wh	oro Abotomo	at in Taking Die	(2)	F	ACIL	ITY INF	ORMATION							
Jefferson Health-Adr	min Corridor I	nt is Taking Pia Demo Enabling	ce (3)				Type of Facili							
Street Address		J	-	33-7-11-11-1					Other than K-1	2)				
2201 Chapel Hill Car	mpus						○ Other (i.e.)	e. privat	te & commerc	=/ ial building	gs, home	s, etc	:.)	
City (5)		[C(0)	10		<u> </u>	/max	Square Feet		# of Floors		Bldg. Age	9		
Cherry Hill, NJ		County (6)	100	ounty	Code	(7)	250,000		2			52		
							Hospital		being demolis					
Name of Monitoring Criterion Laboratorie	Firm Hired by	Building Owne	r (8)		AS	CM No								
Street Address	et Address						Resource Ma Street Addres		ent Group, LL	С				
	370 Progress Drive, Suite J						2115 Hamilton		Suite 202					
City, State & Zip Coo Bensalem, PA, 1902					City, State & 7 Trenton, NJ 0		le							
Project Manager for Mr. Mike Panepresso		rm		ohone 244-1	Numl	ber	Telephone Nu 609-914-4279			License 1	Number 0118	E		
Scheduled Start Date	e (10)	Scheduled Com					Name of OSH		tor		0110			
3-23-2018	3		5-11-	2018	o ()	(1)	J&S Environm			nc				
Occupancy Status D	uring Abatem	ent (Check only	one)		(0		Street Addres							
Abatement P	enformed Ou	uring Entire Pe tside of Normal	rioa o	r Abat	emen	t	2333 Route 2 City, State & 2							
Describe:	Project to be c	onducted 6:00pm	to 2:0	0am-v			Oity, State & 2	zip Cou	е					
		onducted 12:00 n	oon to	8:00p	m-wee	kends	Union, NJ 070	083						
Scope of Work (Chec												-11-11-1		
Coope of Work (Chec	on all triat app	ny)						$\boxtimes$	Full Containm	ent with N	logativo E	rocc	uro	
≥3 sf or ≥3 lf			$\boxtimes$	Rer	novatio	on			Mini-Enclosur		regative r	1688	ure	
≥160 sf ≥260	) If			Der	nolitio	n			Glove Bag Pro					
Lo	cation of		le	Locat	ion	Т	Description	⊠ I	Non-Exempte	d and Nor Amount				
Asbest	os-Containing	3		nally l			Asbestos-Cont		1 3	(Specify	ADa	leme	ent T	ype
	erial (ACM)			olely I			Material (AC	CM)		F or LF)	71		ᄪ	Ш
	E ABATED Facility			tenan			(i.e., thermal sy insulation, surface		-		em	Repair	cap	nck
	(13)		Cust	(12)	Jian :		or other miscella				Remova	oair	Encapsulate	Enclosure
	- 10 N		Yes	No	N/A			,,,,,,,,,,,,			=		ate	Ö.
2 <sup>nd</sup> floor					$\boxtimes$		ite windows		735 S	SF.				
	ew)	2W)				_	ite windows		50 SF					
Admin Corridor- per a	$\vdash$	$\dashv$		Fire p	roofing		380 S	SF						
	H	H	H	-					ᆜH	井	붜	H		
			$\exists$	H	Ħ							片	ㅐ	+
Name of Registered \	Naste Hauler					Vaste	Cubic Yards of	Name	of Registered	Landfill				
Resource Management Group, LLC					uler II 35218		Waste TBD	Grows	Landfill					
City, State							Disposal Date	City, S						
Trenton, NJ						-1115-214 3	TBD		ville, PA					
Completed By (Print o Mr. Brian J. Haney	or Type)			Titl			Signature				Date			
Drian o. Haney		Pre	esiden	ı	1				4-6-20	18				

Completed by

ASE-41 (7-08-00)

Joseph Vocaturo

Vice President

City, State

OF THE STATE

Pen Ary 1, PA 08702

do this form for a bounds between controlled soundspo.

123/18

2018

15181

### STATE OF NEW JERSEY

### NOTIFICATION OF ASBESTOS ABATEMENT

				31	ATE OF	NEW JERSEY			· I The Arrander	masso was suu	lear of 15 constitut	and constraints	······································
	SBESTOS ABAT		MEG										
	C. 8:60 AND 12:	120)	5 (	14	Marks	20 50 5		111					
Date of Notification (1)	Name of Build		- 7		ADE	1 0	2010						
	-		nity Action C	orp	APR	18	2018	- Interest					
Agencies Notified Notification Type						Street Addres	S						
X EPA						800 31st Stree	et	į				* 1	e sale
DEP	Amended #					City, State, Zi	p Code	- I.				*	
X DOL	Emergency (including						07087						(A) (C)
X DOH	☐ justification) ☐ Cancellation					Name of Contact Tel. Number							
DCA		Ms. Lesley Frank 201.210.0100											
Name of Facility Where Abater	NFORMATION												
Traine of Pacifity Where Abater	Type of Facility (4)												
						School (K-12)							
Street Address													
5301 Broadway						Subchapter 8 (Other than K-12)							
City (5) County (6)			County Code (7)			Other (i.e., private & commercial buildings, homes etc.)							
West New York Hu	est New York Hudson			se Only)		homes,	etc.)						
Name of Monitoring Firm Hired	Nome of Centr	notes (0)											
Whitman	- 7 3		ASCM N 00110	<u></u>		Name of Contractor (9) MTM Metro Corporation							
Street Address								uon					
						Street Address							
7 Pleasant Hill Rd						135-137 McBride Ave							
City, State, Zip Code						City State, ZipCode							
Cranbury, NJ 08512						Paterson, NJ 07501							
Project Manager for Monitoring Firm Telephone Number						Telephone Number License Number							
KevinLovely 609 298 5						973-742-50	00809						
Scheduled Start Date (10) Scheduled Comp				Date (1	1)	Name of OSHA Monitor							
4/23/2018 4/30/2018						MTM Metro Corporation							
Occupancy Status During Abatement (Check only one)						Street Address							
Facility Closed Magested During Father Barbar A						135-137 McBride Avenue							
Facility Closed/Vacated During Entire Period of Abatement						City, State, Zip Code							
Abatement Performed Outside of Normal Facility Hours						Paterson, NJ 07501							
Other-Describe:													
Source of Work (Check all that		Renovation											
> 3 sf or > 3 lf	Containment with Negative Pressure Mini-Enclosure												
> 160 sf or > 260 lf		Demolition	Demolition Non-Exempted(*) & Non-Friable Procedu								Procedure	е	
Location of Asbestos- Is Location Normally Used Description of A Containing Material (ACM) in Solely by Maint./Custodial thermal system						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Containing Material (ACM) in Facility (13)	todial thermal system surfacing, VAT,												
Facility (13) Staff? YES		NO N/A miscell.)			W 1000	, or other				Rem.	Rep.	Encap E	Enclose
Boiler Room	×			Breeching	Insulation	250 SF				X		×	
Boiler Room	×		Pipe, Elbow and Joints in				100000000000000000000000000000000000000			X		X	
Boiler Room Boiler Room	×	-	Boiler Insulation & Cemer			ent	300 SF 300 SF			X		×	
Name of Reg. Waste Hauler NJDEP Waste H			te Hauler I	D#		Cubic Yards of Waste			X   X   Name of Reg. Landfill				
MTM Metro Corporation 26552						20			Tullitown				
City, State													
135-137 McBride Ave						Disp. Date					City, State	- 10 mm	
Completed by (Print or Type)   Title						Signature	5/01/2018 Tullytown, PA						
									Date				
Mike Damevski Project manager						Mike Damevski			4/10/20	18			

ASB-41

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

(KH-7074

			T A1	ama of F	Building Owner/O	nerator (	2)					
Date of Notification (1)			10	anie di E		147	1/501	Janaca	na	41	10	.
HILLY			-	reet Ada	TOUNK	TIV		777	A I	37	OTR	-
Agencies Motified	Type Notification		1 9	i 🔿	11622	15	A	- Al	4.6	T 16	.010	
TO EPA	initial ·		-	10	, Zip Code	0)	1			-		-
DEP DEP	Amended		10	ny, State	s, Zip Code	100	12-50	, A.				
DOL	Amendment #	cluding	-	lame of	Contract	MIL	102 CC	Telephone Nur	nber		1.	
☐ DOH	justification)		1 27	ianie oi	Contact			1	164	1.0	11.	- Anna
回 DCA	☐ Cancellation		<u>i</u>	5000	ITY INFORMATI	1085		1 10	104	107	V	
Name of Facility Where	Abatament in Tokian	Diago (3)		PAUL	er i der Origina	1014	Type of Facility (	(4)				
			,			j	School (K-1					
	agna+ Pi	She!	7				Subchapter	8 (Other than K-12	()			
Street Address	-754					į		rivate & commercia	at buildi	ngs, i	iome	5.
J 100	<u>い d 5 ナ</u>						etc.) Scuare Feat	∫ # of Flaors	Blo	ig. Ag	6	
City(9)						1.00	1800	1		50	)+	1
MOMBO			10	County C	ode (7)	-	11/	or if being demalish	ed)			$\neg \uparrow$
County (6)					SE ONLY)	]		idence				1
Name of Monitoring Firm	Why Building O	over (E)		ASCM	No.	1 Name	of Abatement Co				-	
Mame of Montoring ran	if refer by busing o	(M:0)				An	Manager 1	C+107 Co	1	7		1
						Street	Address	- 1.0 // -	<i>j</i>	1 400		
Street Address						195	Montr	oselic				j
City, State, Zip Code							tate, Zip Code	-01				
City, State, Zip Code						1/3	H) Wecu	i NJO	170	20	)	Ì
Project Manager for Mor	nitorina Firm		T	elephon	e No.	Teleph	one No.	License N				1
1. 10 sections and						730	1294175	3   OL	10a	9		1
Start Date (10)	T:	Scheduled	Com	pletion D	)ate (11)	Name	of OSHA Monitor	,		*		1
Ulacili	8	4)	23	418	<i>'</i>	-						
Occupancy Status Duris	nd Abatement (Check	Only On	) )			Street	Address					
	cated During Entire P			ent		1						
Abatement Perform	ned Outside of Norma	a Facility	Hours			City, S	State, Zip Code					
Other - Describe:	70m-	lpin				j			osenie v			
Scope of Work (Check /	All That Apply)	-}	1227. W			100 mag		10				
23 sf or ≥3 If		☐ Re	novat	ion		1		ent with Negative I	ressur	е		
≥160 sf or ≥260 II		De De	melik	075		los.	Mini-Enclosur Glovebag Pro					
		~				1	g Giotebag Fili g Non-Exemple	iceumo id (*) and Non-Frial	ile Prot	cedure	à	
		1					751		4	Abate	ment	
		O. 100000	Location or mail	NO.000 13	0.	ascription	- nf		1	Ty	pe	
Location Asbestos-Containin		Used	i Sofel	yby			Material (ACM)	Amount	į	ţ	517	_
TO BE A			ntenar Idial S		(i.e. therma	al system	is insulation,	(Specify	70	2	nca	ind
In Fac		Cush	(12)	120111		acing, W miscella		SF or LF)	Romoval	Ropair	Encapsulate	Enolosure
(13	}	-			Object	11110001154		Ī	9		late	6
		Yes	No	N/A				- h .	N.			
Bedroom	$\cap$	-		X	floort	·W		1500	X			
				1								
								† 				
		<del>l - l</del>							1	-		
				JDEP W	(cata	c Yards	1 Marson	   Registered Landii	1	1	l	
Name of Registered Wa			1 14	auter ID			7	r registered Carton	.1			
ARR TOS	1c+:00 (3.	ENC		1201	10		) ("	4105				
City, State			-		Disp	osal Date		7 1 1				
1 ( 5 H) NOG	K. NT					1/27	1 10 1 11 1	) to 11				
Completed by		Title			12	Signatur	e ¦	D	ate /	, 1		Y
Breem buce	-	Soll	ter	Y THE	with 1	$-\mathcal{L}$	Dr. Ar		4		LX	F
		ACT A	1000 Park 17 12	1		-	Ţ			- 1		

PAID

Date of Notification (1)		10.		Mama	f Duilding	0	10	- (0)	13		- "		13.		111
4/12/18					of Building onstruct		/Operato	r (2)			APT	1 1 8	201	ġ	
Agencies Notified	Type Notification				Address nd St, S	uite 3	02								
DEP X DOL	Initial Amended Amendment	#	-	City, Sta	ate, Zip Co	ode	14 14						4		. <u></u>
	Emergency	(including	-		of Contact	0070				Tole	ephone N	li imph a s		-	92
DOH DCA	justification) Cancellation			Mosh						100000000000000000000000000000000000000	7-388-7				
Name of Facility Where A	Abatament is Takin	a Place (3	1	FAC	ILITY INF	ORMA	TION	T	of Coolin	(4)					
Traine of Facility villere 7	Abatement is Takin	g Flace (3	9)					proved .	of Facility	S 50					
Street Address						-15000		×	School (K- Subchapte Other (i.e.	r 8 (Othe			ildings	, hom	es,
City (5)	Table Heart Town								etc.) re Feet	# of	Floors		Bldg.	Age	
Lakewood								1036					3	3	
County (6) Ocean					Code (7) USE ONLY	,		Curre	nt Use (Pri	or if beir	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		11 200 00 00 00 00 00 00 00 00 00 00 00 00		tement Co		A				
Street Address								Addres	SS DOVE C	OURT					
City, State, Zip Code								3 (4.10) 441 /4	ip Code						
Draiget Manager for Man	Hariaa Firm								DD, NJ 0	8701			5		
Project Manager for Mon	itoring Firm			Telepho			0.0000000000000000000000000000000000000	none N 668-9			License 1200	e No.			
Start Date (10) 4/22/18		4/24/18	3	npletion	Date (11)		1 2000		HA Monitor PROFE	SSIO	NALS				
Occupancy Status During	Abatement (Chec	k Only On	e)					Addres		0110=			-(//	-00	
Facility Closed/Vaca Abatement Performs	ated During Entire F ed Outside of Norm	Period of A nal Facility	baten Hours	nent					DOVE Co p Code	JURT	-				
Other – Describe: _							LAK	EWO	OD, NJ 0	8701					
Scope of Work (Check Al	I That Apply)	_					-	7	-0.000 KB 5E						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*	greened	enova emolit				L	Min Glo	Containm i-Enclosure vebag Pro	e cedure	•				
		le	Locati	00			<u> </u>	1001	n-Exempte	a (*) and	NON-FI	lable Pr	TWO CO SE	emen	t
Location	of	N	lormal	ly		De	escription	of					T	/ре	
Asbestos-Containing TO BE ABA			d Sole ntenar			tos Cor	ntaining M	<b>Naterial</b>			nount	-		m	m
In Facili		Cust	odial S (12)	Staff?	(1.6.	surfa	acing, VA	T, or	iuori,		pecify or LF)	Remova	Repair	caps	Enclosure
(13)				Γ		other	miscellar	neous)				oval	air	Encapsulate	sure
INTERIO	<b>D</b> D	Yes	No	N/A								_			
INTERIO	JK					-	loor Til	e		15	0SF	X	-		
												-	-		
	7		-	-									1		
Name of Registered Wast	ne of Registered Waste Hauler						Yards		Name of	Register	ed Land	fill			
NEWARK CARTING		JDEP W auler ID 1509		of Wa			IESI			10000310					
City, State NEWARK, NJ	III (9-22-11 )					Dispo 4/24	sal Date /18		City, Stat BETHL		PA				
Completed by JOSEPH PERLSTEII	N	Title OWN	ER				Signature	)	II			Date			
		1													



#### PAID

Date of Notification (1)			ame of Building			r (2)	1111	1				
4/12/18			agnico Con	tractin	g 		1,11		AFF	11	8 2	0112
Agencies Notified Type Notification  EPA Initial			reet Address Fernwood F	Rd				Ĺ			-	D 150, D
DEP Amended Amendmen		1 2530	ty, State, Zip C vingston, N.		19	<del></del>		<del></del>				, s
Emergency justification)  DCA  Cancellation		7,000	me of Contact oshe Braud				Telepho 732-6					
			FACILITY INF	-7-1	TION		732-0	02-30	90			
Name of Facility Where Abatement is Takin	ng Place (3)					Type of Facility (4	1)				_	_
Street Address				************		School (K-12 Subchapter 8 Other (i.e. pretc.)	8 (Other th	an K-12 nmercia	?) al buil	dings	home	es,
City (5) Livingston						Square Feet 1515	# of Floo	ors	1	ਮੋਰਕੂ. ,'	gc	
County (6) Essex			unty Code (7) ATE USE ONLY	)		Current Use (Prior home	r if being de	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM No.			of Abatement Cont		_S				
Street Address					Street	Address HITE DOVE CO						
City, State, Zip Code					City, S	tate, Zip Code EWOOD, NJ 08						
Project Manager for Monitoring Firm		Tel	ephone No.		Teleph	ione No. 668-9078		ense No	).			_
Start Date (10) 4/22/18		Comple	etion Date (11)		Name	of OSHA Monitor						
Occupancy Status During Abatement (Chec	4/25/18	500000			<u> </u>	LEAD PROFES	SSIONAL	_S				
The state of the s	-					Address HTE DOVE CO	URT					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	nal Facility Ho	ours			City, S	tate, Zip Code EWOOD, NJ 08						
Scope of Work (Check All That Apply)					LAN	_VVOOD, N3 00	701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	provinces.	ovation olition	1		×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
	Is Lo	cation	ĺ			· 1				Abate	ement	
Location of	Non Used S	Tially		De	escription	of			-	Ту	be	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custodi (1	nance al Staf 2)	ASDES	therma surfa			Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
EXTERIOR		$\top$			Siding		3000	)	x			
		1										
				-								
Name of Registered Waste Hauler			EP Waste er ID No.	Cubic of Wa	Yards	Name of R	egistered l	_andfill				
NEWARK CARTING		0450		15		IESI						
City, State NEWARK, NJ				Dispo 4/25/	sal Date 18	City, State BETHLE		Λ.				
Completed by JOSEPH PERLSTEIN	Title OWNER	₹			Signature			Dai	е			

page 1

PAID of the other process of the party of th	04/11/2018 02:	24PM 2	01329	7440				BES	T REM		L INC					Р	AGE	82/
REQUEST WAN UPA  INCORPRICATION OF ARRESTOR ANATOMENT ("Granace Name of New Color of the Color o						P	AT					. 1		4 - 2-3-21	1	(		
REQUEST WAN VALUE  (Internation of Mark C 600 and M	Empreseur				NATE	Day of A way	State of N	en Jerse				-			:15			.,
Display of New Process   10   10   10   10   10   10   10	*	משע והו			(APE)	(Colding)	et to NJA	28:60 EE	d 12:120	imen 1	T (	40	2 5		-	-		
Agentive holding  Page 1  Sept. Address  Doc.   Sept.   Sept.	Date of Netification (1)		$\vdash$			Name	of Building	Owner/C	porutor (	2)	/		2	154	1	^	PR	13
BRA	Company of the last of the las	-	Ш			7.	C				-				F.	. 7		
Deep Doug Plant Service (Coloridate)  Doug Doug Doug Doug Doug Doug Servic		1 "	11			Street /	Actornas				0			<del>,                                    </del>	1	12	7/	1
DON DESCRIPTIONS   The process of th	D DEP	CI ARE	1			Crty, S	tata, Zin Ci	ode					<u>ت ح</u>		12			
DOA   Demoletion		Em	Halimey (In	cludine		S	mm	T	N:	1	0	200	t	., . ,			•	
Name of Reality Wines Aberteemed is Ring Flact (3)  The RTESE  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed is Ring Flact (3)  Section of Reality Wines Aberteemed Incidence of Reality Reali		D Can	idection)			-		12				The Person of th	-	Number	¥		-	
Schools of	Many of Stabilla and		11	_	_	FAC	ITUA DA	FORMA	TION			$-\bot$						
School (1)  Surphy (2)  Surphy (3)  Surphy (4)  Surphy (5)  Surphy (6)  Surphy (6)  Surphy (7)  Surphy (7)  Surphy (7)  Surphy (8)  Surphy	To Pre	CC C	Taking Pi	acz (3)		,,-				Typ	of Facil	y (4)	-					$\dashv$
Country (6)  Country (70 Count	Street Address	26	-		~						School (	\$-15)		0.000				
Square Foot									0101010 W-044	至	Other (:	- Di vata d	er ensen e E comm	-12) trafal h	Mdie	sga, i,	ômes,	ME)
Name of Monitaring Flam Hisad by Stabiling Owner (8)   ASCM No.   Name of Abstiments (7)	SUMA	7								Squ	are Feet	#1	of Ploon		_			_
Neme of Monitoring First Mined by Stabling Owner (8)  ASCM No.  Name of Abstraces: C. retractor (9)  Best Reprove Inc  Server Address  450 South R. Set Street  City, State, 250 Code  Project Mininger for Monitoring First  Project Mininger for Monitoring First  Tolightern No.  201-329-7: 44  Conspacy States During Abstraces (Completion Date (11)  September No.  201-329-7: 44  Conspacy States During Abstraces (Control Incident Completion Date (11)  Publicy Constituted Abstraces Provide Entire Period of Abstraces:  Adolessment Performed Control Statis of Formal Penalty Bloom  Project Mininger for Monitoring First  Publicy Constituted Provide Entire Period of Abstraces:  Adolessment Performed Control Statis of Formal Penalty Bloom  Server Address  280 Huyler S. Tr. R.  280 Huyler S. Tr. R.  280 Huyler S. Tr. R.  City, Seate Set One  Control of Seat Statis During Abstract (Acts)  Monitoring Malanted (Acts)  Date Statis Control of Seat Statis (Control of Seat Statis (Control of Seat Statis (Control of Seat Statis) Malantenances  To PER ABOTED  To Penalty Control of Set Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis  To Penalty Control of Seat Statis  Adolescency Statis (Control of Seat Statis) Malantenances  To Penalty Control of Seat Statis  To Penalty Control of Seat Statis  Adolescency Statis  Ad					-	County	Coda (7)		-	5	500		Z			9.8	YA	25
Best Remove   Inc.	UNION					(STATE	USE ONLY	· —	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	4	P=5	JEST C	1E CERIO	(mired)				
Street Advances  450 South River Street  City, State, Zip Code  Project Manager for Monitoring Firm  Tolophone No.  1	Larren or sociational Last	I PRIMED BY 181	Mirth On	mer (8)		ASC	M Na.		Name	of Ab	sizzent C	INTERIOR (	7)		_		-	-
Project Manager for Modeling Even  Foliation No.  Signification (10)  Sophished Correlated Correlation Date (11)  Congress Status During Administrative (Seek City) One)  Septiment Performed Date (11)  Douglassy Status During Administrative (Seek City) One)  Septiment Performed Date (11)  Douglassy Status During Administrative (Seek City) One)  Septiment Performed Date (Seek City) One)  Septiment Description of Septiment (Seek City) One)  Administration of None (Seek City) One)  Septiment Description of Septiment One)  Septiment City One)  Septiment Description of Septiment One)  Septiment Description of Septiment One)  Septiment City One)  Septiment Description of Septiment One)  Septiment Description One)  Septiment Descript	Street Address		1			٠			Street .	Addre	emove	Itic						_
Project Manager for Modeling Even  Foliation No.  Signification (10)  Sophished Correlated Correlation Date (11)  Congress Status During Administrative (Seek City) One)  Septiment Performed Date (11)  Douglassy Status During Administrative (Seek City) One)  Septiment Performed Date (11)  Douglassy Status During Administrative (Seek City) One)  Septiment Performed Date (Seek City) One)  Septiment Description of Septiment (Seek City) One)  Administration of None (Seek City) One)  Septiment Description of Septiment One)  Septiment City One)  Septiment Description of Septiment One)  Septiment Description of Septiment One)  Septiment City One)  Septiment Description of Septiment One)  Septiment Description One)  Septiment Descript	Chry, State, 219 Code		H			-			45	0 5	outh Ri	er Str	ect					
September No.    September No.   Telephone No.   201-329-7/44   Linning No.   00388									Hac	Mary 2	to Code	10060	1					$\neg$
September Completion Date (11)  Congress Settles During Attribution Completion Date (11)  Congress Settles During Attribution Completion Date (11)  Congress Settles During Attribution Completion Date (11)  Congress Settles During Settles Period of Abanament  Abstances Fertinened Outside of Cornel Featily Hours  City, State, Zip Code  South Hacker Header  City State, Zip Code  South Hacker Header  City State, Zip Code  South Hacker Header  City, State, Zip Code  South Hacker Header  City State, Zip Code  South Hacker Header  City State, Zip Code  South Hacker Header  City, State  Normal Victorial Settles  Administration  City State  City, State  Hacker Header  Normal City State  City, State  Hacker Header  City, State  Cit	Project Manager for Mon	itoring Firm				Telepho	me Ng.		Telaph	one N	Q.		A	SO NO.				
Omega Envir intended  Omega Envir intended  Omega Envir intended  Screek Address  Perfilir Closel/Vacatorial Parthress of Sive Period of Abatament Abatament Performed Outside of ornal Pacility Recurs  Abatament Performed Outside of ornal Pacility Recurs  Other Describe  Essay of Work (Chaok All That, Apply)  As after 2 is and Country Intended outside of ornal Pacility Recurs  Description of Asternation Described on De	Start Date (10)			Schedul	nd Cour	plético I	late () 11							003	8			
Famility Closed/Vacated During Buise Period of Abstances  Abstances: Performed Cutalida of Cornal Famility Riouse  Cotter - Describes:  Described (Chaole All That Apply)  State Case if  Empered Water (Chaole All That Apply)  State Case if  Enter Value Contains and with Nagative Pressure  All Contains and with Nagative Pressure  Mini-Encine as Glovebag Product as Containing Metavoid (ACM)  Asbattanc Containing Metavoid (ACM)  In Partitly  In Partitly  Cutal Sampr  Cutalist Sampr  Cutalist Sampr  VAT, or other miscalisheous)  Yes No N/A  TAFRMAL INSULATION  Name Product Inc  City, Sate  Hauter D No.  17109  Partitly  Altitude Case Incentified  Altitude Case Incent			11 1	24-	16.	18	(.,)						-s-1					$\neg$
South Hacks and ck, NJ 07606	Facility Closed/Vaca	Mousement () and Durine F	More On	y One) w we a bu					Street J	Address	15		AME		-			$\dashv$
South Hacket stanck, NJ 07606	Abstament Performe	d Outside of	orreal F	mulity H	europa Carro Guarre				City, St	kt. 2	in Code	Polyton Malessan.					- the	_
Demolition  Demolition  Demolition  Demolition  Demolition  Description of Mini-Encirs as Mini-E		That Aprily							So	unth	Hacks	mack,	NJ 07	606				
Location of Normally Used Sobily by Asbestos Cantening Mesocial (ACM)  Asbestos Cantening Mesocial (ACM)  In Partity  (13)  The Resident Contening Mesocial (ACM)  Type  Asbestos Cantening Mesocial (ACM)  (La thermal systems installation, surfacing, (Specify (ACM))  (La thermal systems installation, surfacing, (Specify (ACM))  (13)  The No N/A  The Resident Contening Mesocial (ACM)  (La thermal systems installation, surfacing, (Specify (ACM))  (Specify (Specify (ACM))  (Specify (Specify (ACM))  (Asbestos Cantening Mesocial (ACM))  (La thermal systems installation, surfacing, (Specify (Specify (ACM)))  (Asbestos Cantening Mesocial (ACM))  (Asbestos Cantening Mesocial (ACM))  (Asbestos Cantening Mesocial (ACM))  (Asbestos Cantening Mesocial (ACM)  (Asbestos Cantening Mesocial (ACM))  (Asbestos Cantening Mesocial (ACM)  (Acming thermal systems installation, surfacing (Specify (Specify (Specify (Specify (ACM))))  (Asbestos Cantening Mesocial (ACM))  (Asbestos Cantening Mesocial (ACM)  (Asbest				K	Ranova	žion.			-	1 or.	di 🗢 👵			_				<u> </u>
Location of Asbusene-Contaming Majorial (AC M)  Asbusene-Contaming Majorial (AC M)  In Facility (13)  Yas No N/A  Name of Registered Waste Hauler  Best Removal Inc  City, State  Hackensack, NJ 07601  Is Location Normally Used Solally by Maintenance/ Custodial Smit? (12)  Yas No N/A  TAFRMAL INSULATION  Chibic Yards Name : Rejintered Landful Asia None : Rejintered Landfu	D SINKESTON			ח	Demot	tion			<b>1</b>	- 101	101-Exect0.1	124	<b>Ligitalin</b>	ė Pracy	(¢			
Astronoc Containing Material (ACM)  TO BE ABOTED  To PE AB			_	١.						N	m-Example	4(,)	Non-Fr	able Pro	ondi			
Maintenance Containing Masserial (ACM) In Facility (13)  Task No. NO.  Task No. NO.  Task Proof Front i REAR  Name of Registered Waste Plauler  Best Removal Inc.  Number Waste Facility D. No.  17109  Park Facility Containing Masserial (ACM) (Le thannels Systems Installations, purposing, (Specify Service)  Service (Specify Service)  For LF  The Containing Masserial (ACM)  Amount (Specify Service)  Service (Specify Service)	Lécution	n of			Normal	ly		De	***********									
VAT. or Stories   VAT. or Other miscellaneous   VAT. or Stories   VAT. or Other miscellaneous	TOBEAR	ATED	м)	M	in number	D89/	Ashe (Le the	tins Cent	mine Me	faired!	(ACM)						D4	$\neg$
Name of Registated Waste Healer  Best Removal Inc  City, State  Hackensack, NJ 07601  X TAGRMAL INSULATION 65 LF X  Name: Rejinated Landful  Aistroprises, LLC  Uspecial Disc  City, State  Hackensack, NJ 07601				]					VAT. or		eu saying,	Si	or LF)		Maria	Hep	dison	Engl
Name of Registered Waste Mauler  Best Removal Inc  City, State  Hackensack, NJ 07601  NIDEP Waste  Cubic Yards  of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Disposal Date  City, So in  Vol. 1000  Of City, So				Yas	No	NA		Antol I	TA DICERLIANCE	EOUII)			•		1	Ē.	Suleza	M.
Name of Registered Waste Mauler  Best Removal Inc  City, State  Hackensack, NJ 07601  NIDEP Waste  Cubic Yards  of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Child Yards  Of Waste  Disposal Date  City, So in  Vol. 1000  Of City, So	1 ST FLOOR FROM	TIRE	AR			K	TAGE	MAL	1875	I AS	(2)	+-	1 5	, -		_		$\dashv$
Best Removal Inc    Haulet D No.   City, State   Part   City, State   City, City								-	170	-	100	+-	en_	LF.	4	-	-	$\dashv$
Best Removal Inc    Haulet D No.   City, State   Part   City, State   City, City												+-		$\dashv$	+	-	-	-
Best Removal Inc    Haulet D No.   City, State   Part   City, State   City, City	News of Registered Waste	Mauler			L						-			$\dashv$	1	-	-	$\dashv$
City, State Hackensack, NJ 07601  Disposal Disc City, St. in  V-/G-/8  We markens CH 44602	1 1/2 MA ANYON ATTOCK					muley ID	No,	of West	Pose		Name :	Rejister	d Land	a)				-
Hackensack, NJ 07601	City, Strate		_			171	9	1/2	YD.			Airver	ve Er	terpr	isc	8, L	LC	
Robert Veldran Estimator R. Veldran 4-11-2018		07601							LI LIBERTON	8	1		^		-			
Estimator R. Voldran 4-11-2018				X				3	gretter		W1;	nesbu	re, Ol	1 446 Data	48			-
	SAMUEL A DIVERSI	-		E	stima	tor			R.V	elde	ian			4-1	11-	- 2	018	

<sup>\*</sup> Do not use this ! On its asbestoe liesesure exemplad activitie

34/11/2018 09:06 20	12620321			AM	AC.			- drawn	manager C	there are a	PAGE	9
878 A 7	Non-Sugraphy.						•		e (i pre (	7		
PA]	D	NO.	TIFICAT (Funna	State of New Jer ION OF ARBESTO 03:8 DALK colored	ME AD AW	ESCENT 20)	p.qq	_ <b>c</b>	滑門	p#4	10	3
Date of Hotel carried (1)		<del></del>		e of Building Owne						A		201
ACENCIE MOSTRAT THAN ALTO		-	10	210 STAT	s m	ACC	9	tide s	1	(:i/,	. 1	
Shear tarbet				Address				11	1/1	11	+	-
DEP DOL AND	( ndled			500 /2T	18		<u> </u>	99	V	1	1	
DOL Ante	क्रकेन्द्रकर्ता स्व		E	AST BRUK	Norce.	w 61	- 4	8-21/	0	dorement	-	-
DOH Justi	gency (Includ oction) Silving	pré	Natra	of Contract	-		ار ا			3 4 12		
D DCA D Can	abrion			OHN				773 - 8	Lionbo	X 4	auu	ý
Name of Feddy Where Abelement	a Talone Pier	A (7)1	FA	CILITY INFORMA	TION			110-0	700	- 1	1.6	) 
MIN STATE	pagall(	m (a)				Type of F	南 (4)	***************************************	-			
Street Address		~				Schu	(K 12)					
300 RT 18						Subt Othe	Per ente	(Other than K-	12)	n Matha.	ne An	
Diey (5)						The state of			416) gi	THOUS	ge, no	THEE
EAST BROWS OF	-		211			Bouers Fe	y esea	# 96 Floors			. Age	
MIDECLIFAC			Count	y Code (7)				bijing demali	1		0	
some of Mordiorus Firm Hand by Bu	State Primar	785	-	-75	-	7ک	70,756	/ warek	درسند درسند	u R		
A STATE OF THE PARTY OF THE PAR	RING DAUGE	(6)	ASC	M No.	Name	of Absterne	Centre	otor (E)				-
Ilmed Address					-	ac Contra	e grai ju	Ç.				
						Address Vreetand	. ua.		-			
City, State, Zip Code			-		1	tate, Zip Co		The second	-			
Toject Manager for Monitoring Firm					Midla	ind Park,	الد أ					
Xuan manual on int Maumound Latti			Taleph	oge Na.		one No.		License N	(b.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i		
ten Deby (10) volv	I Schart	del to		The state of the s	100000000000000000000000000000000000000	82-6841		00156	008.00			
	4	110	17	Date (11)	Name :	OSHA MA	Ror	Serviças Ir				PRINCIPAL
Coupancy Status During Abatement	Check Only I	Jone's				Address See Internal	1 4142-13-25E1	OBIVIÇAS II	IG,	Pendo		
Facility Closed/Vaceted During E Abatement Performed Outside of Other - Describer Approximation	ritire Period o	Abete	THEFT			luylar Sin	e st					
Abatament Performed Outside of Other - Describe: 4,977%.	Normal Facts	Hour	*		City. 8t	ais, Zip Cor						-
SEPT OF WANK (CHECK AS THE APPLY)				1000	Hack	enaeck, A	1.0780	06				
20 वर वर अपनेत स 20 वर वर अपनेत स	8	Pen avi Demoil				Glovebac	i ⊒m∴adia Ciligita	ran Negeliya F ra and Non-Frieb				
		s Local				1000		and Mon-Lund			a man	
Asbanios-Containing Material (ACI	an l Us	Normal ed Sola		Des	icription e	of the state of th					Was a	
TO BE ABATED	1 10	dimental Hodbel &	nea <i>l</i>	Asbeetas Cont (i.s. themal	dring Ma	iena (ACM		Amount			D	_
In Facility (13)	1	(12)	SAGITS F	ระกาษต ใ	DO. VAT.	67		(Specify 8F or LF)	Removes	Repet	ğ	Endosue
	Yes	No	NA	Cumit 6:	Scaliana	018)			BAND	E P	Entrapedata	NATION.
BACK HALL	1,11	-	-	VAT			4-				e.	-W
	-	-	X	VAT	-	-	1_	1600 35	大			
	-	-		7			1					
		-						1		-		-
the of Flegheisted Waste Heuler		لي.		70			7	1				
ewark Carring, Inc.		H	DEP WAREN	Mo. , at West	ards 7			rei Senitary	Lan	dfilli	LI	
9 wark, N.J. 07105	4			Disposs	i Daja	76.			Name and Address	(m)	- ACCURAGE	
inpleted by	Title					Pen Pen	ing w. P	A 08072				
MoDonald .		ldent		Sk	Mental V	1251	* A	Date	7	7		

mo 25066008270

Print Form

PA			NOTII	FICATION	tate of No N OF ASI to NJAC	BESTOS	ABATE	MENT	Ē	Property of the state of the st				
Date of Notification (1)				The Control of the Co	of Building			(2)	Î.			i i		
04/10/2018	- 11 110				een Gra	ham-C	hilds		AF	n 18	2018		14/	
gencies Notified	Type Notification			Street A	Address							1		
) process	× Initial			611 61								A 62.5		
X DEP X DOL	Amended Amendment	#			ate, Zîp C Orange		147							į p
	Emergency		7		of Contact		111				S. S	55		
DOH DOA	justification) Consoliation				en Gra	•	hilde		Te	elephone Ni	umber	*		-
<u> </u>					ILITY INF				ŧ.					
Name of Facility Where At	patement is Takin	g Place (	3)	IAG	ILL I HAL	OKMAI	ION	Type of Faci	lity (4)					
Maureen Graham-Cl	hilds							School						
Street Address								Subcha	pter 8 (Ot	her than K-	(2)			
Were to second								Other (i etc.)	.e. private	& commen	cial bui	ldings	, hom	<del>86</del>
City (5)								Square Feet	# (	of Floors	Ti	Bldg.	Age	
East Orange													J	
County (6)					Code (7)	_	denista	Current Use	(Prior if be	eing demolis	shed)			
Essex			_	(SIAIE	USE ONLY	0								
Name of Monitoring Firm F	fired by Building (	3) Dwner	<b>)</b>	ASCA	/ No.			of Abatement		r (9)				
Observa A.I.I.								temoval LL	C					
Street Address								Address						
City, State, Zip Code							1	Newkirk A						
City, State, Zip Code								tate, Zip Code						
Project Manager for Monito	oring Firm		1	Telepho	na Ma		1	Bergen, N	01041					
· · · · · · · · · · · · · · · · · · ·	saig raa			relebrio	HE NO.			one No. 582-0422		License:1	No.			
Start Date (10)		Schedul	ed Cor	moletion l	Date (11)		-	of OSHA Mon	itor	01300				
04/20/2018		04/25/					rvamo	31 001 IA 141011	itoi					
Occupancy Status During	Abatement (Chec	CONLY O	ne)				Street	Address						
Facility Closed/Vacate	ed Durina Entire F	eriod of	Abater	nent.										
Abatement Performed	Outside of Norm	at Facility	y Hour	s			City, St	ate, Zîp Code				3370		
Other – Describe:			-											
Scope of Work (Check All	That Apply)													
23 sf or ≥3 lf			Renova					Full Contai	nment wit	h Negative	Pressu	ire		
X  ≥160 sf or ≥260 lf			Demoli	tion			×	Mini-Enclo	sure-					
								Glovebag I Non-Exem		nd Non-Fria	ole Pro	cedur	е	
		Is	Locat	ion		Nille-						most cons	ement	
Location o		1	Norma	lly		Des	scription	of				T	pe	
Asbestos-Containing M	laterial (ACM)		ed Sole			tos Cont	aining Ma	aterial (ACM)		Amount.			m.	_
TO BE ABAT		Cus	todial :	Staff?	(F.G.		systems cing, VA7	insulation,		Specify F or LF)	Ren	Re	ncar	ne
(13)			(12)			other n	niscellan	eous)		0. 2. ,	Removal	Repair	Encapsulate	Ericlosure
		Yes	No	N/A							=		ate	e
Basemer	nt		х		1	TSI (Pig	oe Insul	lation)		200	x			-
											1			
											+			
									-		+			1
Name of Registered Wests	Unidan			LIDED W		0.11								
Name of Registered Waste	nauler			JDEP W. lauler ID		Cubic of Was			2 00000	ered Landfil				
Newark Carting			0.00	4509		]	- <del> </del>	Was	te Mngn	nt Grows	North	1		
City, State			- 3			Dispos	al Date	City, S	itate				16-761	
Hillside, NJ								Morr	isville, P	A				
Completed by		Title				S	ignature	1		Da	ate			
Bryan Parra		Own	er			1	1	. /	ノ	0	4/10/	2018		ij

Se-not use this form for asbestos licensure exempted activities.

	.23V	(1	Pursuan	t to NJAC	8:60 an	a 12:12	0)	(	Rea	ak	1172	540	)	
Date of Notification (1) 4/12/18		Į)	10.07	of Building		Operator	(2)			E	6	Telephone (1)		75.
	#!==	-		& Sons	inc.				- 11		1.7		ηf.	171
	luon			Address /ne Roa	4				1170					
EPA   X Initial   Amende	. u			ate, Zip C					- 111	111	PR	-9	2010	1
DEP Amende				all Parke		8824					11   1		ZU10	and and a
	ncy (including		200000000000000000000000000000000000000	of Contact	Service and	0021			To	lephone N	lumbar	-0.7 (a)	7.55	-
DOH justification DCA Cancella			Sam	or oornaot					3355	08-420-3				in and
			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is T	aking Place (3	3)					Туре	of Facility	(4)					
house								School (K-	12)					
Street Address							×	Subchapte Other (i.e.   etc.)	r 8 (Oth private	er than K & comme	-12) rcial bu	ilding	s, hom	ies,
City (5)								re Feet	# 0	f Floors		Bldg.	Age	
Westfield							220	0	2			72		
County (6) Union				Code (7) USE ONLY	n		Curre	ent Use (Pri	or if be	ing demo	lished)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCI	M No.		Name	of Aba	tement Co	ntractor	(9)				
A-A-M								ronmenta			_C			
Street Address						Street	Addre	SS						-
						POE	30x 4	83, 4 E G	Sate D	rive				
City, State, Zip Code								ip Code						
						Glen	wood	I, NJ 074	118					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License	No.			
Start Date (10)							764-2			703				
4/21/18	4/30/1		mpletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (0		_				Street	A alalas							
Facility Closed/Vacated During En						Street	Addre	SS						
Abatement Performed Outside of N	Normal Facility	Hour	nent s			City, S	tate, Z	ip Code						27-1-1-
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	X F	Renova	ation				1	1.0						
× ≥160 sf or ≥260 lf	permeter	emoli						l Containm		i Negative	Press	ure		
						×		vebag Pro						
		V 1				<u> </u>	J NO	n-Exempte	d (*) an	d Non-Fri	able Pr		ire temen	
Location of	1970	Locat Iorma			22000		102						ype	L.
Asbestos-Containing Material (ACM	Use	d Sole	ely by	Asbes		scription aining M		(ACM)	Δ	mount			Τ_	
TO BE ABATED		intena odial	ince/ Staff?		thermal	systems	insula		(5	Specify	Re	R	Encapsulate	En
In Facility (13)		(12)				cing, VA niscellan		1	SF	or LF)	Remova	Repair	sde	Enclosure
	Yes	No	N/A	1		. no o o n a r					l a	=	ılate	ure
Exterior Siding	165	INO				مامانه م			4.0	200.05		-	-	
Exterior oldring			X			siding			1,2	200 SF	X	-		-
														_
Name of Registered Waste Hauler		1 2 2 2	JDEP W		Cubic			Name of	Registe	red Land	fill	4		la constant
Freehold Cartage		11 (7.4	lauler ID 5939	140.	of Was	ste		GROW	S/FAI	RLESS	LAND	OFILI	<u>2</u> ,	
City, State						sal Date	V20-1-1-1-1	City, State	e					
Freehold					TBD	_ 3.0		Morrisv		A				
Completed by	Title				S	ignature					Date			
A. Scott Higgins	Presi	dent					/	1 ~			4/12/1	8		

Project#		NOTI		tate of No			MEN	 T	[	heck # 42	270			-
PAIN		(1	Pursuan	t to NJAC	8:60 ar	id 12:120	0)		10	11ECK # 42	2/0			_
Date of Notification (1)			Name	of Building	Owner/	Operator	(2)			12 /2		un iyai	- Industrial	
04/11/2018				ammon			(-/						.7)	22
Agencies Notified Type Notification				Address	u			-						
					Ī									-
EPA Initial DEP Amended			City. St	ate, Zip C	ode					APF	1	0 2	018	-
DOL Amendment	#			pany T		le								at a tas
Emergency	including	9		of Contact		15			Th	lephone Nu	mhar		-	- 1
DOH justification) DCA Cancellation				ammon	50				10	ieblione Ma	IIIDEI			47.
E Carronator	<i>b</i>	-	Contract of the Contract of th	ILITY INF		ION								
Name of Facility Where Abatement is Takin	g Place (	(3)	1740	11111111	ONMA	1014	Тур	e of Facility	(4)					
House								School (K-	12)					
Street Address							Ħ	Subchapte	r 8 (Oth	ner than K-1	2)			
1								Other (i.e.	private	& commerci	ial bu	ildings	, hom	es,
City (5)							Sau	etc.) are Feet	1#	of Floors		Bldg.	Age	
Parsippany Troy Hills							- 1-		1			Diag.	.90	
County (6)			County	Code (7)			Cur	rent Use (Pr	ior if be	ing demolisi	hed)			
Morris				USE ONL	n			(		g	,			
Name of Monitoring Firm Hired by Building (	Owner (8	)	ASC	M No.		Name	of Ab	atement Co	ntracto	r (9)				
			10000000					oration L		(-)				
Street Address		_	-			Street								
						72 Br	ook	side Rd						
City, State, Zip Code								Zip Code				-	-	-
						_		, NJ 078	30					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License N	lo.		_	
		- 1				97393	33-2	550		01358				
Start Date (10)	Schedul	led Co	mpletion	Date (11)	)			SHA Monitor	0					
05/01/2018	05/02/2	2018				IRIS								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire F	eriod of	Abate	ment			2333	Rt 2	2 West						
Abatement Performed Outside of Norm	al Facilit	y Hour	S			City, S	tate,	Zip Code						
Other – Describe: 313M	-					Union	. N.	J 07083						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf		Renov	ation				F	ıll Containm	ent with	n Negative F	ressi	ire		
≥160 sf or ≥260 lf		Demoli	tion				M	ini-Enclosur	е	· · · · · · · · · · · · · · · · · · ·				
						-		lovebag Pro		d Non-Friab	lo Dr	and u	-	
	le le		lian.			-		on Exemple	u ( ) ai	d North Hab	T	Assert Consu	ement	_
Location of		S Locat Norma			-								ре	
Asbestos-Containing Material (ACM)		ed Sole		Ashes		scription		al (ACM)	Δ	Mount				
TO BE ABATED	<b>■</b> 1107557	aintena todial	TOTAL TOTAL CO.		. thermal	systems	insu			Specify	20	71	Enc	E
In Facility (13)	000	(12)				cing, VA			SI	F or LF)	Remova	Repair	aps	Enclosure
(5-7		T	T	1	Ou let 1	nscenar	eous	'			Val	<del>=</del>	Encapsulate	ure
	Yes	No	N/A										Ф	
Basement-Crawl Space Area			1	TSI					100 L	F	×			
										-	-	-	_	
			-								-	-		
Name of Registered Waste Hauler			LIDES		I a									
			JDEP W lauler ID		Cubic of Was			Name of	Registe	ered Landfill				
Nick Restoration LLC		- 1	03378		TBD			G.R.O.\	N.S					
City, State					_	sal Date		City, Stat	е				-	
Randolph, NJ					TBD	Λ		Tullytov		1				
Completed by	Title				S	ignature			,	Da	te	-		
Nikica Mrda	Presid	dent				W	1	1 M.	1	04/	11/2	2018		





Date of Notification (1)		T	Name o	f Building C	Owner/O	perator	(2)	1 1			PATRICIA.			
04/11/2018			Scott I	C. C			: 1							: 1
Agencies Notified Type Notified	cation		Street A	ddress			: 1	1 1 1	ADO -		ostrania		111	111
EPA Initial Amend	ied	H	City, Sta	ate, Zip Coo	de			± ‡	APR	1 3	201	3	11	<u> </u>
X DOL Amend	dment # ency (including			lair, NJ 0				1		72.			1	-
DOH justific	ation)	100		f Contact					Telephone	Num	ber		-	+
DCA Cance	llation		Scott I	LITY INFO	DMATIC	NAI.						-		#
Name of Facility Where Abatement is	Taking Place (3)		TAGI	LITTINFO	RIVIATIO	JN.	Type of Fac	cility (4)						
House Street Address								l (K-12)						
Street Address							Subch Other	apter 8 (C (i.e. priva	Other than te & comn	K-12) nercia	l buil	dinas	, hom	ies.
City (5)							etc.) Square Fee		of Floors			Bldg. /		
Montclair							N/A	17.00	N/A			I/A	nge	
County (6) Essex			County (	Code (7) JSE ONLY)			Current Use	e (Prior if	being dem	nolishe	ed)			
Name of Monitoring Firm Hired by Bui	Idina Owner (8)		ASCM	- 53		Name	House of Abatemen	t Contrac	tor (0)					
	g = 1111a1 (o)		710010	. 140.		D&S	Abatemer	nt, Inc.	tor (9)					
Street Address							Address							
City, State, Zip Code							osengren A							
only, state, zip odde							tate, Zip Cod va, NJ 075							
Project Manager for Monitoring Firm			Telephor	ne No.			one No.		Licens	se No.	•10			_
Start Date (10)	0-1-1-1		1 11 =				345-8685		0131	1				
04/13/2018	Scheduled 04/14/20		pietion L	Jate (11)			of OSHA Mo Abatemen							
Occupancy Status During Abatement (	Check Only One)	)					Address							
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of Ab	atem	ent				osengren /							
X Other – Describe: Occupied	Normal Facility F	iours			_		ate, Zip Cod va, NJ 075							
Scope of Work (Check All That Apply)							14, 110 070							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	printered .	novat	355252				Full Conta	ainment w	ith Negati	ve Pre	essui	e		
2 100 St 01 2200 H	□ Der	molitio	on			×	Mini-Enclo Glovebag	Procedu	e					
			T		0.000		Non-Exer	npted (*)	and Non-F	riable	Pro	STATE OF THE STATE	Control of Control	4
Location of	No	ocation rmally	/		Desc	ription	of						emeni pe	L
Asbestos-Containing Material (ACM TO BE ABATED	Maint			Asbesto	s Contai	ning M	aterial (ACM	)	Amount				ш	
In Facility (13)	Custod	lial St 12)	taff?		surfacir	ng, VA7			(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(15)		No I	NI/A		other mis	scellane	eous)				oval	air	sulate	sure
1st floor		X	N/A		Dinali	201104			1015				w	
1st floor		X			Pipe II				16 LF		Х			
TOURIOUS		^			Duct	isulai	1011		60 SF		X			
										-				
Name of Registered Waste Hauler		NJ	DEP Wa	ste	Cubic Ya	ards	Nam	e of Regio	tered Lan	dfill				
D&S Abatement, Inc.		Ha	uler ID N 996	No.	of Waste		1 Sec. 103	less Lar		i Gilli				
City, State	<u> </u>	20			Disposal	Date		State						
Totowa, NJ					TBD			isville, F	PA					
Completed by Ned Joksimovic	Title Project	Mar	nager		Sig	nature	12	/		Date		040		
OF STATE OF	rioject	ivial	iayei				TA	1		04/1	1/2	018		

Date of Notification (1)	(	Name of Building O MERCK SHARP & D		2)				
4 / 13/ 18		Street Address		Ti Ti	2 /3	notion 2 Feet	12	1' ;
Agencies Notified Type Notification	n	126 E. LINCOLN AVI	- 1711 - 184 - 194 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 -	2000, RY28-414	a :	1.31		afe -
X DOL Cancellati	Notification -	City, State, Zip Code RAHWAY, NEW JER		V 2000 0 000 0 000 0 000 0 000 0 000 0 000 0	AP	R 1	3	2018
X DOH On Hold EMERGE	NCY NOTIFICATION	Name of Contact ON PATRICIA JOHNSOI	N	Telephone Numb 732-594-7746	per			
		ACILITY INFORMATION						¥.
Name of Facility Where Abatement is Ta	king Place (3)		Type of Facility School (K		500			
MERCK SHARP & DOHME CORPORATION	N			er 8 (Other than K private & commcl		. hom	es. e	etc.)
Street Address			Square Feet	# of Floors		Bldg.		
126 EAST LINCOLN AVENUE - BUILDING	53A		42,776	2		45		
City (5) County (6 UNION	5)	County Code (7) (STATE USE ONLY)	Current Use (Pr VACANT	ior if being demol	ished)			
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASCM No.	Chronical Control of the Control of	ment Contractor	(9)			$\neg$
ENVIRONMETAL HEALTH INVESTIGATION	ONS, INC.	104	PAR ENVIRON	MENTAL CORPO	RÁTIC	N		
Street Address 655 WEST SHORE TRAIL		•	Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code	/ JERSEY 07871		City, State, Zip SUFFERN, NEV					
Project Manager for Monitoring Firm	Telephone	Number	Telephone Num		nse Nu	mber		
WILLIAM S. KERBEL, CIH	973-729-56	49	845-369-7500	110	1			
Expected State Date (10)	Sched. Complet	tion Date (11)	Name of OSHA	Monitor		17,187,0110		
4 / 17 /18 Month Day Year	4 / Month	30 /18 Day Year	AMERISCI LAB	ORATORIES INC	;	#11	480	
Occupancy Status During Abatement (Che X Facility Closed/Vacated During   Abatement Performed Outside of Other - Describe MONDAY-FRID	Entire Period of Ab of Normal Facility F	Hours - Describe: AM		Code V YORK, NEW YO	ORK 10	0016		
Scope of Work (Check all that apply)  Demolition  X  >3SF OR LF  >160 SF OR 260 LF	Renovation	X Mini Enclo	inment with Neg ) ,  procedure le Procedure		T WIPE			
Location of	Is Location	Description of As				ateme		
Asbestos-containing	normally used	Containing Materia		Amount	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM) TO BE ABATED	solely by Maint/Custodial	(ie. Thermal sy- insulation, surfaci		(Specify SF or LF)	0	NA I	SA	[은 ]
in Facility (13)	Staff (12)	or other miscella		Of Or Ell)	≨	~ ∥	Sc	SC
	Yes No N/A	517791			1		_	고
2ND FLOOR JANITOR CLOSET	x	VAT & MASTIC		45 SQ. FT.	Х			
					$\sqcup$			
( <del>)</del>	1 1 1				$\vdash$			
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Regist	ered Landfill			-	
FREEHOLD CARTING 825 HIGHWAY 33	Hauler ID No. 15939	2	LYCOMING CO	OUNTY RESOURCER DRIVE/ROUT		NAGE	MEN	IT SE
City, State		Disposal Date	City, State	_ NONVE/NOOT	_ 10			
FREEHOLD, NEW JERSEY		04/16-04/30/18	MONTGOMER	Y , PA 17752	/	1	4	
Completed by (Print or Type) Title	ECTOR OF OPER	RATIONS Signature	K/X	Date	411	3/	S	

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

CK 32007

Date of Notification (1)  4 / 05/ 18  Agencies Notified  EPA  DEPA  Amended Notification  Cancellation  DOLA  DOL  DOLA  DOL  DOLA  DOL  DOLA  DOL  DOL
Agencies Notified  EPA DEP Amended Notification Cancellation DCA
EPA   X   Initial Notification   City, State, Zip Code   Amended Notification   Cancellation   DCA   Cancellation   On Hold   On Hold   DCA   EMERGENCY NOTIFICATION   Name of Contact   PATRICIA JOHNSON   Tolephone Number   732-594-7746   PATRICIA JOHNSON   PATRICIA JOHNSON   Tolephone Number   732-594-7746   PATRICIA JOHNSON   Tolephone Number   73
Amended Notification Cancellation On Hold DCA  EMERGENCY NOTIFICATION Name of Contact PATRICIA JOHNSON  FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3)  MERCK SHARP & DOHME CORPORATION  Street Address 126 EAST LINCOLN AVENUE - BUILDING 53A  City (5) RAHWAY NEW JERSEY 07065  RAHWAY, NEW JERSEY 07065  Name of Contact PATRICIA JOHNSON  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldgs., homes, etc. Square Feet # of Floors Bldg. Age 42,776 2 45  County (5) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL City, State, Zip Code  AMHWAY, NEW JERSEY 07065  Name of Contact PATRICIA JOHNSON  Telephone Number 732-594-7746  County (6) School (K-12) Subchapter 8 (Other than K-12) County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address 655 WEST SHORE TRAIL City, State, Zip Code  City, State, Zip Code
Name of Contact   Telephone Number   732-594-7746
Street Address   City (5)   RAHWAY   UNION   CSTATE USE ONLY     Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.   Street Address     Street Address   Street Address     City, State, Zip Code   City, State, Zip Code   City, State, Zip Code     City, State, Zip Code   Type of Facility (4)   School (K-12)     Subchapter 8 (Other than K-12)   X Other (ie. private & commcl. bldgs., homes, etc.     Square Feet
Name of Facility Where Abatement is Taking Place (3)  MERCK SHARP & DOHME CORPORATION  Street Address 126 EAST LINCOLN AVENUE - BUILDING 53A  City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  City, State, Zip Code  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldgs., homes, etc.  Square Feet # of Floors Bldg. Age 42,776 2 45  Current Use (Prior if being demolished) VACANT  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  City, State, Zip Code
MERCK SHARP & DOHME CORPORATION  Street Address 126 EAST LINCOLN AVENUE - BUILDING 53A  City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldgs., homes, etc.  Square Feet # of Floors Bldg. Age 42,776 2 45  Current Use (Prior if being demolished) VACANT  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  City, State, Zip Code
MERCK SHARP & DOHME CORPORATION  Street Address 126 EAST LINCOLN AVENUE - BUILDING 53A  City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  Cother (ie. private & commcl. bldgs., homes, etc.  Square Feet # of Floors Bldg. Age 42,776 2 45  Current Use (Prior if being demolished) VACANT  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  County Code (7) (STATE USE ONLY) VACANT  Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION  Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code
126 EAST LINCOLN AVENUE - BUILDING 53A  City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  Square Feet 42,776 2 45  County Code (7) (STATE USE ONLY) VACANT  Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code
City (5) RAHWAY  Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  County (6) UNION  County Code (7) (STATE USE ONLY) VACANT  ASCM No. 104  ASCM No. 104  PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code  (STATE USE ONLY) VACANT  Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  (STATE USE ONLT)  ASCM No. 104  Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION  Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  104 PAR ENVIRONMENTAL CORPORATION  Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code
Street Address 655 WEST SHORE TRAIL City, State, Zip Code Street Address 313 SPOOK ROCK ROAD City, State, Zip Code
City, State, Zip Code City, State, Zip Code
Oity, State, Zip Gode
SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number
WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101
Expected State Date (10)  Sched. Completion Date (11)  Name of OSHA Monitor  A / 16 /18  AMERISCIA ROBATORIES INC. #41400
Month Day Year Month Day Year Month Day Year
Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET
Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe MONDAY-FRIDAY5:30PM-12:30AM  City, State, Zip Code
NEW YORK NEW YORK 10016
Scope of Work (Check all that apply)  Full Containment with Negative Pressure
Demolition X Renovation X Mini Enclo , WET WIPE & HEPA VAC Glovebag Procedure
>160 SF OR 260 LF X Non-Friable Procedure
Location of Is Location Description of Asbestos- Abatement Type
Ashestos-containing permelly used Containing No.
Material (ACM) TO BE ABATED in Facility (13)  Material (ACM) Solely by Maint/Custodial Staff (12) Yes   No   N/A    Containing Material (ACM) (ie. Thermal systems (insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  AMOUNT Specify SF or LF)
TO BE ABATED   Maint/Custodial   insulation, surfacing, VAT,   SF or LF)   A   A   B   B   B   B   B   B   B   B
Yes No N/A
2ND FLOOR JANITOR CLOSET X VAT & MASTIC 45 SQ. FT. X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill
FREEHOLD CARTING Hauler ID No. 2 LYCOMING COUNTY RESOURCE MANAGEMENTS
City, State Disposal Date City State
FREEHOLD, NEW JERSEY 04/16-04/30/18 MONTGOMERY PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ  Title DIRECTOR OF OPERATIONS  Signature Date

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

was a second and the			de esta-torio	en to rupo esto	desire were seems		CIM. 4:3	80	, 1
Date of Notification (1).	2	-	Nam	e of Building Own			Marie de la companya del companya de la companya de la companya del companya de la companya de l	× -	
Agencies Notified Type Notificat		***************************************	Stran	KATH LEG	EN FI	12 GE	RAID		
O EPA de initial			on the same			7.4	• 1		
DEP Amended Amended		142000		State, Zip Code	N 0		PH 18 2018		
DOH Demergen	y (includ	ling	RE	D BANK e of Confect	N.J.	<u> </u>	) [   Telephone N	lumbor	-
D DCA D Cancellat			Mos	K. FIT	2 GER	Ald	1010031011011	ed/688444	, i
Name of Facility Where Abatement is Tal	ing Plac	9 (3)	FA	CLITY INFORMA	Photographic and the second second	te of Facilit	v 18\		-
		·			0	School (I	- , -		
Street Address					7,9	Subchap	ter 8 (Other than K- . private & commer	12) dat bulk	lotinoi
City (5)			Consideration or security	Andrews of the second second second second	$-\downarrow$	etc.) are Feet	1 # of Floors	5 V242	
RED BANK N.O.	0-	77 C	51	Lee Control of the Co		3000	12	Č	log.
County 18) HON HONTH		-	Count	y Code (7) EUSE ONLY)	Cur		nor if being demolis	shed)	especial-database
Name of Monitoring Firm Hired by Building	Owner (	(8)	ASC	M No.	Name of Ab	atement Co	HOUSE		
Colores S. A. 18 S. A					LNOVAT	<u>ech</u>	100		
Street Address				1740	Street Addr	SON F	314		
City, State, Zip Code		<del>acomonicioni</del>	belle service parameter and the service of the serv	and the state of the second	City, State,	Zip Code	and the second s	c O av	puniterada ring
Project Manager for Wonltoning Firm		-	promision educations	nintimen dageneral araba ana care araba ana	the second contract was a second	ridge	was the same of th	885	1
rioject manager for monaoring rim		and the second	Teleph	one No.	Telephone !	12×24	SOO DOG	10. 306	
Start Date (10) 4 21 18	Schedu		mpletion	Date (11)	Name of OS	HA Monitor	· •	1CAD	prospinst.
Occupancy Statue Daring Alpatement (Cha	Se Carles C	5/	<u> 1118</u>		NOVA I	<u>Edn</u>	INL		
Facility Closed/Vacated During Entire			nent	,	P.O. (	Box 8	114		33.0 W
Abatement Performed Outside of Norm  Other - Describe:	iet Fedil	ly Flour	s		City, State, Z	io Code	Ch.	000	
Scope of Work (Check All That Apply)			ntagabagapagapalag		OID K	sriege	N.O. 09	885	7
( ≥3efor≥3#		Renova			X Fü	l Containm	ent with Negative P	reasure	ŧ-
1 ≥160 slot ≥260 ll		Demail			AL MI	il-Enclosur webaa Pro	eridiume	-	
de antante de la companya de la comp	7			<del></del>	1 No	n-Exemple	d (") and Non-Friab		belts fisso
Location of	1 1	s Locati Normali	M	Nice	scription of	edDynaminan			T
Asbestos-Containing Material (ACM)		od Sole untenar		Asbestos Com	aining Material	(ACM)	Amount (Specify	m	***
TO BE ABATED In Facility	4.0	fodial S (12)		surfac	systems insula ing, VAT, or iscellaneous)	MON.	(Speciny SF or LF)	Removal	70
(13)	Yes	No	N/A	omerm	istenaneous)			Je.	***
and dissipation and the contribution and the contri	100	140	1000		Commence and Commence of the Comment				inscription
BASEMENT:	1	Lucian	X	PIPEIN	SNATIO	31.1	<1204F	X	
Miller Commission of the Commi	1	and the state of t	$\vdash \hookrightarrow \vdash$	1115 110		4	minimum anning minimum formaning		dopout
am alamaga ang mada ang ang ang ang tip timon manang ang ang ang ang ang ang ang ang an					marine del deservo				Anasye
ime of Registered Waste Hauler	glisterinaen et erenta militario la	Ha	ider vid iyler (D.)	iate   Gubic it	fairds a.		Registered Landfill		
nonaigh inc		11	850		3 ,	G.RO		-	nejoración.
v, state 15 Bridge NO. 08	857			Dispose 5	18/18/	City, State	ENE KI	1. 1	
mpleted by ()	Tille )	ny 1 h		- Isin	habire )	MI.	T/ Date		18
ARUGS AMEIDA	1,11	J (C?	DENT		(Amha)	Dim	<u>Vº 14</u>	124	
3-41 (R-06-08)				*	Do not use thi	s form for a	sbestos liceneure (	brempte	ed.

2489

	6 T 3 A		(1-11	ırsuan	nt to NUA	C 8:60 and 5:1	5)/	TE G E	1		ä,				
Date of Notification (1)				Name	of Building	Owner/Operator (	2)		1.00		237 1 1				
04 / 13 / 18				PD	I Inc.		PAGE AND ADDRESS OF THE PAGE A	and the second	120 Park		and the same				
Agencies Notified	Type Notification			Street	Address			<del>[[ APR 1</del>	8 20	)18		5			
☐ EPA				400	Chest	nut Ridge Ro	d.	İ			-				
☑ DOLWD	Amended Amendment #				state, Zip C			A. A. A.		. 7	_				
☑ DOH □ DCA	Emergency (in	كالبطائمة		Wo	odcliff	Lake, NJ 070	677	Fitting C							
(NJAC 5:23-8)	justification)				of Contact		Telephone Number								
☐ Cancellation					liam Ca	avazzini	845-792-5086								
	CILITY IN	FORMATION													
Name of Facility Where		Type of Facility (4)													
PDI Corporate (	School (K-12)														
Street Address		☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,													
400 Chestnut R			homes, etc.)												
City (5)							Square Feet	dg. Ag	ge						
Woodcliff Lake				,											
County (6)				Coun	ty Code (7)	)(STATE USE ONLY)	Current Use (Prior if being demolished)								
Bergen						r.,									
F	3 , 3 , 4 , 7				No.	n militario con confirma meneralizare ni fi	nent Contractor (9)								
Competent Sup	ervisor					Street Address	Construction Inc.								
Street Address							West Suite 14								
City, State, Zip Code						City, State, Zip Co									
						Totowa, No									
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephone No.	, 0, 0, 12	License No.							
The state of the s						973-832-42	44	01155							
Start Date (10) Scheduled Comple					te (11)	Name of OSHA M	Monitor								
04 / 23 / 18 04 / 30					_ / _18 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 Hour Time of Abatement:AMPM/PM/PM/					cribe	City, State, Zip Co	ode								
					- Alvi										
Scope of Work (Check al	II that apply)					□ Full Con	tainment with Nea	ativa Dragovina							
☐ ≥160 sf or ≥260 lf ☐ Demolitio					☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
Is Location						Abatement Type									
Location of			lorma	lly		Description of	of			_		1			
Asbestos-Containing Material (ACM)			d Sole intena			stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure			
TO BE ABATED IN Facility			odial s	Staff?	(i.e.	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur			
(13)			(12)	T		other miscellane		1046 - 51560105-1 <b>4</b> 0			ate	е			
			No	N/A						-		_			
Electrical Room		Ш	X	Pipe	elbows		20 lf	X		X					
									П						
	39-10-10-10-10-10-10-10-10-10-10-10-10-10-		П	П					1						
Name of Registered Waste Hauler N					Vaste Vaste	Cubic Yards of	Name of Registered Landfill								
Academy Construction Inc.					No.	Waste 1 Fairless Landfill									
City, State					22	Disposal Date	City, State								
Totowa, NJ						TBD	Morrisville, PA								
Completed By (Print or T	vpe) Title	Signature ,													
JOHN GEL		h /7/	/ //		3/18										
1/1N OPA	100 9 16	1 5		- 1	AANAGE	11 /10	110	/	TIL	110					

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



Date of Notification 4/9/18 Name of Building Owner / Operator (2) Al Holcomb AgenciesNotified Type of Notification Street Address **EPA Emergency Notification** DEP Initial Notification City, State & Zip Code DOL X Amended Notification Princeton, NJ 08540 X DOH Cancellation Name of Contact Telephone Number DCA Al Holcomb **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2.500 70+ Princeton Mercer Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** N/A Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/23/18 Global Abatement Services, LLC 4/27/18 Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project X Mini-Enclosure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair. TO BE ABATED Maintenance or (i.e., thermal systems Linear Feet) Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)(12)or other miscellaneous) Living Room N/A Joint Compound 126 SF Removal Closet N/A Joint Compound 85 SF Removal **Basement Stairs** N/A Joint Compound 150 SF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 **Cumberland County** City. State Disposal Date City, State Freehold, NJ 4/27/18 Newburg, PA Completed By (Print or Type) Title Signature Date Dominick Tringali Manager Dominick Tringali 4/9/18



#### \*Project off hold

		(Pu	rsuant	to NJAC	8:60 an	d 12:120	0)		E A	(22 ) Sections		(13)	n				
Date of Notification (1) 04/13/18	100	Name of Building Owner/Operator (2) Studio Park LLC															
	Type Notification				Street Address 1800 E State Street, Suite 220  APR 1 8 2018												
X   EPA     X   DEP     X   DOL     Initial     X   Amended     Amendment	Initial Amended				City, State, Zip Code												
III Emergeno	Amendment #2 Emergency (including				Hamilton, NJ 08609												
	justification)  Cancellation				Name of Contact Michael Competielle					Telephone Number 609-658-4210							
				LITY INFO		ON											
Name of Facility Where Abatement is Ta Metal shack roof							Type of Facility (4)  School (K-12)										
Street Address 1800 E State Street							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Hamilton							Square Feet # of Floors Bldg. Age 6000 1 Unknown										
County (6)			County (			Current Use (Prior if being demolished)											
Mercer		0.000.000.000	JSE ONLY)		Construction material storage												
Name of Monitoring Firm Hired by Buildir n/a	g Owner (8)		ASCN n/a	No.		Name of Abatement Contractor (9) SA2 LLC											
Street Address				Street Address													
0'1- 0'1- 7'- 0-1						0 Federal Street											
City, State, Zip Code						City, State, Zip Code Camden, NJ 08105											
Project Manager for Monitoring Firm		T					ephone No. License No.										
Ct-+ D-4- (10)	To	$\perp$				856 630 3288 01303											
Start Date (10)         Scheduled Co           04/07/18         05/01/18				ompletion Date (11)			Name of OSHA Monitor Self monitor										
Occupancy Status During Abatement (Ch	Street				Address												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied						City, State, Zip Code											
Scope of Work (Check All That Apply)							<u> </u>										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	novati molitic			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
	ocatio	n				- '''	on Exemple	a ( ) and	TYON-I Hac	Abatement							
Location of Norm						escription of				20 00 00			Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo	tenan dial St (12)	ce/ taff?	Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellar			ns insulation, AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
D ,	Yes	No	N/A		5 "												
Roof			Х	Roofing m		ng mai	g material		5200		х						
Name of Registered Waste Hauler				NIDED Wests			Name of Registered Landfill										
Champion Disposal	Ha	Hauler ID No. of			Cubic Yards of Waste		Name of Registered Landfill  Grows Landifill										
City, State				32707 43			osal Date		City, State								
Hainsport, NJ				Ongoi						ville, PA							
Completed by Jeff Yekenchik Owner				Signa			ignature Date 04/13				18						
							10										