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

DECEIVED

APR 2 0 2017

Name of Building Owner/Operator (2) CONTROL Date of Notification (1) MAITCHEL Type Notification Street Address Agencies Notified Initial DEPA Amended City, State, Zip Code DOL Amendment #_ RIO GRAMDE Emergency (including **⊠** DOH justification) Name of Contact Telephone Number DCA Cancellation SAME FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50+ 1500 UICNUWD County Code (7) (STATE Current Use (Prior if being demolished) County (6 USE ONLY) VACANI Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEM CO Street Address Street Address 36 City, State, Zip Code City, State, Zip Code SHAD MAPI Telephone No Telephone No. Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 4-79-17 Street Address Occupancy Status During Abatement (Check only one) A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ___≥3 sf or ≥3 lf Glovebag Procedure **Demolition** 160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Encapsulate (i.e., thermal systems insulation, surfacing, VAT, or (Specify Custodial Remova TO BE ABATED Staff? SF or LF) IN Facility other miscellaneous) (12)(13)N/A Yes No 2600SF TRIAN SIDING Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste Hauter ID No 103 Disposal Date City, State City, State WOODB Signature Title Completed By ICHAT

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

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

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treet Address						Street Address				_		-
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Matawan, NJ 07747												
roject Manager for Monitori	ing Firm		Tel	ephone	No	Woodland Par Telephone No.	rk, NJ 0/424					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Data of Notification (4)								100	APP	2	0_2	017
Date of Notification (1) 04/17/2017					of Building Ow Kalinka/ Kali						4676	
Agencies Notified	Type Notification	1		Street	Address			ASI	BEST	OS (CON	TRO
□ EPA	× Initial										SIN	
X DEP X DOL	Amended Amendmen				ate, Zip Code River, NJ (٠,			
⊠ DOH DCA	Emergency justification) Cancellation)			of Contact Calinka		*	Talanhana Ni	ımhar			
	E Caricellation				ILITY INFOR	MATION		21				
Name of Facility Where A Residence	batement is Takir	ng Place (3)	1 40	icii i ilii oki	WATION	Type of Facility (4	+)				
Street Address							School (K-12		10)			
	30							8 (Other than K- ivate & commer		ldings	, hom	es,
City (5) Bridgewater							Square Feet	# of Floors		Bldg.	Age	-
County (6)			. 1	County	Code (7)		Comment Head (Date					
Somerset				(STATE	USE ONLY) _		Current Use (Prior residence	r it being demolis	snea)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASCI	M No.	Name Lilich	of Abatement Cont Corporation	ractor (9)				
Street Address				1			Address					-
City, State, Zip Code							McBride Ave					
ony, orate, zip code						Woo	state, Zip Code dland Park, NJ	07424				
Project Manager for Monit	oring Firm			Telepho	ne No.	Teleph	none No.	License I	No.		-22:2-2	
Start Date (10)		Schedule	ed Cor	nnletion	Date (11)		25-8400 of OSHA Monitor	01104				
04/27/2017		04/28/2	2017	inpiction	Date (11)		nvironmental La	aboratories, L	LC			
Occupancy Status During							Address					
X Facility Closed/Vacat Abatement Performed Other – Describe:	ed During Entire d Outside of Norn	Period of A	Abaten Hours	nent S		City, S	Route 22 West	lo La				
Scope of Work (Check All	That Apply)					Unio	n, NJ 07083					
X ≥3 sf or ≥3 lf	,	× F	Renova	ition			Full Containmer	nt with Negative	Dracei	ıro		
2160 sf or ≥260 lf			emolit	ion		×	Mini-Enclosure		16330	ii C		
							Glovebag Proce Non-Exempted		hle Pro	redur	e	
		ls	Locati	on				7 4114 11011 114	1	Zalami Sili	ement	
Location of		. 1	lormal	ly		Description	of				ре	
Asbestos-Containing N			d Sole intenar		Asbestos (Containing N	laterial (ACM)	Amount			m	
TO BE ABAT In Facility			odial S			mal systems urfacing, VA		(Specify	Rei	ZD.	nca	Enc
(13)			(12)			er miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>		ate	re
basement a		X		TSI		160 LF	х					
									-			
Name of Registered Waste	Hauler		1000000	JDEP W		bic Yards	Name of Re	egistered Landfil	1			L
Lilich Corporation			auler ID 3724	No. of	Waste	GROWS	CA PARAMETERS					
City, State Woodland Park, NJ			Dis	sposal Date	- City, State							
Completed by Title						Signature	Morrisville	111	ate			
Adriana Oejarova	lent				1.0		4/17/2	2017				

Print Form

h15111010083)		FICATIO	State of Ne DN OF ASE nt to NJAC	BESTOS	SABATE		т	B		E		W I	
Date of Notification (1) 04/14/2017				of Building ard Rudd		/Operato	r (2)		JU L	AF	PR 2	0 2	017	1
Agencies Notified Type Notificatio Type Notificatio Initial Amended Amendmer			City, S	Address State, Zip Cott Hills, N.		18			Ā	SBES	STOS (L&
□ Emergency i justification □ DCA □ Cancellation)	3	Name	of Contact ard Rudd					Tele	phone 1	Number	_		
Name of Facility Where Abatement is Taki	na Diago /	2)	FAC	CILITY INF	ORMAT	ION								
House Street Address	ng Flace (3)					l yp	School (K- Subchapter Other (i.e.) etc.)	2) 8 (Other	r than K comme	(-12) ercial bu	ildings	s, hom	ies,
City (5) Short Hills							Squ N/A	are Feet	# of F N/A	Floors		Bldg. N/A	Age	
County (6) Essex				Code (7)	,		Curr	rent Use (Pri use	or if being	g demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				atement Cor tement, Ir		9)				
Street Address						Street 11 R	dinountaring	ess igren Avei	nue					1.5
City, State, Zip Code						City, S	tate, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-3	one N	lo.		License				
Start Date (10) 04/25/2017	Schedul 04/26/2		mpletion	Date (11)				HA Monitor tement,Inc	:					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Occupied	Period of	Abaten	nent		- 180	City, S	osen tate, Z	ess gren Aver Zip Code NJ 07512	iue					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	percentage of the last of the	Renova				×	Fu Mi Gle	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					
Location of	1	Locati	ly		De	scription						Abat	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbest (i.e.	thermal surfa	ain ng M systems cing, VA niscellan	insula r, or	I (ACM) ation,	Amo (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		Pine	insulat	ion		80	I F	x		ite	Ф
					po					Li				
lame of Registered Waste Hauler		Н	JDEP W auler ID 0996		Cubic of Was TBD			Name of R						
City, State otowa, NJ						al Date		City, State Tullytow		حالات				
Completed by led Joksimovic	Title Proje	ct Ma	nager		payments.	gnature		FAI	**************************************	1000	ate)4/14/2	2017	2	

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Date of Notification (1) 04/14/2017				of Building (lie Gross		perato	r (2)		1 1		APR	2 0	20	17
Agencies Notified Type Notification I have been been been been been been been be				ate, Zip Coo						ASBI		S C ENS		ROL
X DOL Amendment Emergency justification) DCA Cancellatior	(including	_	Name o	of Contact ie Gross	7666				Tel	ephone Ni	umber	Z.		7.27
E Sanceilation				ILITY INFO	RMATIC	MC						<u> </u>		
Name of Facility Where Abatement is Takir House	ng Place (3)					Туре	of Facility (95-9					
Street Address							x	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ldings	, hom	es,
City (5) Teaneck			-11-3-4				Squa N/A	are Feet	# of N/A	Floors	1100	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY)			Curn	ent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				atement Cor tement, In		(9)				
Street Address						Street 11 R		ess gren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				License 1	No.			
Start Date (10) 04/26/2017	Schedul 04/27/		mpletion	Date (11)				HA Monitor ement,Inc	l					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street		(T)(T)						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: Occupied	Period of nal Facilit	Abater y Hour	nent s		_	C ty, S	tate, Z	gren Aver ip Code IJ 07512	nue					
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Basement	Basement						tion		71	5 LF	X			
Name of Registered Waste Hauler		1.1	JDEP W		Cubic Ya			Name of F	Registe	red Landfil	1			
0&S Abatement, Inc.		1 2 2 3	lauler ID 0996		of Waste			Waste N		ement o	f PA			
otowa, NJ					Disposa TBD	Date		City, State Tullytow						
Completed by Ned Joksimovic	Title Proje	ect Ma	anager		Sig	nature		AN		Da	ate 4/14/2	2017		

N09368	54916-7 NO	State of New TIFICATION OF ASBE (Pursuant to NJAC 8
Date of Notification (1 04/14/2017)	Name of Building (Anthony Marin
Agencies Notified	Type Notification	Street Address
× EPA	× Initial	
× DEP	Amended	City, State, Zip Co.
x DOL	Amendment #_	Bloomfield, NJ
X DOH	Emergency (including justification)	Name of Contact
DCA	Cancellation	Anthony Marin
	-	FACILITY INFO
House Street Address	e Abatement is Taking Place (3)	
City (5) Bloomfield		
County (6) Essex		County Code (7) (STATE USE ONLY)
ESSEX		

State of New Jersey TON OF ASBESTOS AEATEMENT ant to NJAC 8:60 and 12:120)	DECEIVE	rm N
e of Building Owner/Operator (2) hony Marin	APR 2 0 2017	لسا

								0				1000	2020 0	2 2		-
Date of Notification (1) 04/14/2017	04/14/2017						Operator (r (2)		-		Al	PR 2	2-0	201	7
Agencies Notified	Type Notification			Street /	Address						AC	DEC	TOO	00	NITO	01.
X EPA	× Initial										AC		LICE		NTR	UL
EPA DEP DOL	Amended		1	City, St	ate, Zip C	ode				1			LIUL	110.711	VCI_	
× DOL	Amendment				nfield, N		3								7	
X DOH	Emergency		1	Name o	of Contact					I Te	elenhor	e Nu	mher			
DCA	justification) Cancellation				ny Mari											
					ILITY INF		ION									
Name of Facility Where	Abatement is Takir	g Place (3	3)	170	121111111	ORMAI	ION	Type	of Facility (4	1)						
House									3 32							
Street Address								H S	chool (K-12 ubchapter (2) 8 (Ot	her tha	n K-1	2)			
								X C	ther (i.e. pr	rivate	& com	merci	al buil	dings	, hom	es,
City (5)								_ e	tc.)	1 "				21.1		
Bloomfield								Square N/A	e reet	N/	of Floor	S	11 8	3ldg. /	Age	
County (6)				County	Code (7)	-		0	111 /D:				1	W/A	11/2/2	
Essex					USE ONLY	2		Hous	t Use (Prior	r IT DE	eing dei	molisi	nea)			
Name of Monitoring Firm	Hirad by Building	Oumor (9)		ASCI	M NIa		1 2	2/05/35/3			(0)					
N/A	i mired by building	Owner (6)		ASCI	W NO.				ement Cont ment, Inc		r (9)					
Street Address										<i>.</i> .						
Street Address							100 mm	Address								
Oite Otata 7ia Oak						- 0		ren Aven	ue							
City, State, Zip Code								state, Zip								
							7		07512							
Project Manager for Mon	itoring Firm			Telepho	ine No.			none No.			100000000000000000000000000000000000000	nse N	0.			
							973-3	345-86	85		013	11				
Start Date (10)				npletion	Date (11)		A. 40.00 P. 50.00 P.		A Monitor							
04/24/2017		04/25/2	7070100				D&S	Abate	ment,Inc							
Occupancy Status During	g Abatement (Chec	k Only On	ie)					Address								
Facility Closed/Vaca	ated During Entire I	Period of A	Abaten	nent			11 R	osengr	en Aveni	ue						
Abatement Perform	ed Outside of Norn	nal Facility	Hours	S			C ty, S	tate, Zip	Code							
				100-0-		_	Toto	wa, NJ	07512							
Scope of Work (Check A	II That Apply)													970		
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J. Maiorano

Quinnon

4/17/17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 1:2:120)

Date of Notification (1)		Nam	ne of Buildir	ng Owner/Operat	or (2)	in the second	APR	2	0-20)17
04/13/2017	2	Ma	xons Res	storation	J. (2)	che	eck#	4649	ı	
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□ Emergency justification Cancellation	()		ne of Contac	ct lon/owners re	present	Telephone	Numbe			
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Name of Facility Where Abatement is Takin Residence	ng Place (3)	-			Type of Facilit	5. Acces:				
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City (5) Morristown					etc.) Square Feet	# of Floors		Bldg.	Age	
County (6) Morris		Cour (STA	nty Code (7) .y	Current Use (F	Prior if being demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	AS	SCM No.	Name	e of Abatement C	ontractor (9)			-	
Street Address				Stree	t Address McBride Ave					
City, State, Zip Code				City,	State, Zip Code odland Park, N	11.07404				
Project Manager for Monitoring Firm		Telep	hone No.	Te ep	hone No. -225-8400	License	No.			
Start Date (10) 04/17/2017	Scheduled 04/18/20	Completio	on Date (11) Name	of OSHA Monito					
Occupancy Status During Abatement (Chec					Address	Laboratories,	LLC			
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of Ab-	atamont		2333	Route 22 We	est				
Other – Describe: Scope of Work (Check All That Apply)					State, Zip Code on, NJ 07083	1				
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Lilich Corporation		Hauler II 18724		of Waste		Registered Landfi 'S Landfill	II.			
City, State Woodland Park, New Jersey				Disposal Date	City, Stat	te ville, PA				
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DEP Amended Amendment #		of the first of the second	City, Sta	RUSSell te, Zip Code Cn Purt		r ewderse	<u></u>	SBEST LI	CEN	ON	TROL	-&
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Project Manager for Monitoring Firm		į	Telephor		732	none No. 294 1757	0	icense N 10029	3.			
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* Do not use this form for asbestos licensure exempted activities.

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City, State, Zip Code					2	itate, Zip Code s Neck, New J	ersey				and against the first of the
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City, State Colts Neck, New Jersey				5	sal Date	7 Easton	, PA				A PARTITION OF THE PART
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Date

City, State

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Disposal Date

Secretary Treasurer

Bree McGuire

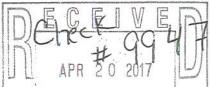
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Colts Neck, New Jersey

City, State

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



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Date of Notification (1) 4-7-1	7	- 4		_	Li De	molit	ASPERTOS S	DIA	RS	L NUI	ces
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City, State Brick, New Jersey						Dispo	sal Date	7	City, Sta	te					
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City, State, Zip Code									Zip Code y NJ 07087	7						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Te ept				Licens 0120					
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Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219184814 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 / 17 / 17 Able Rumph Type Notification Agencies Notified Street Address ASBESTOS CONTROL & **⊠** EPA X Initial LICENSING □ DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS East Orange, NJ 07017 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Able Rumph **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age East Orange, NJ 07017 County (6) County Code (7) (STATE USE (WLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 26 / 17 __04 _ / _ 27 _ / _ 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM-___ PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Encapsulate Enclosure Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement \boxtimes Pipe insulation 110 LF Basement X VAT floor tiles 220 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic wenad N.Jevtic Owner 04/17/17 ASB-41

CK4048

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

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Street Address						Street Add	3222						
City, State, Zip Code					<u> </u>	City, State	South Rive	er Stre	et				* **
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Project Manager for Monitoring Firm			Telepho	ne No.		Telephone		A	License N				
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City, State Hackensack, NJ 07601					Disposa 41	al Date	City, State	:					
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